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Maternal Health Care Services in India with Special Reference to Janani Suraksha Yojana in Assam

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Abstract

Improvement in the standard of living and health status of the population has remained one of the important objectives in Indian planning. The right to have a safe pregnancy is a fundamental human right. The Government of India gave high priority to promote institutional deliveries to improve maternal survival as part of national policy and also being a signatory for Millennium Development Goals (MDGs) (4). Janani Suraksha Yojana *was launched in April 2005 under the umbrella of National Rural Health Mission (NRHM) of India with the objective of promoting institutional delivery with the special focus on below poverty line and SC/ST pregnant women. According to the report 2011, Sample Registration System,(SRS) Registrar General, Assam has recorded 390 MMR against 1,00,000 per live birth whereas the Annual Health Survey 2010-11 has recorded 381 MMR against 1,00,000 live birth. The Janani SurakshaYojana (JSY) marks an important step in realizing this right, and forms a cornerstone of the MoHFW'sstrategy to reducing maternal mortality and morbidity. The study is based on the following objectives:*

1. *To study the initiatatives taken by govt. for Maternal Health and the Maternal Health Care Services provided in PHC, CHC and Sub- Centre level through Maternal Health Programmes in India.*
2. *To study the status of Janani Suraksha Yojana in Assam.*

The study is mainly based on primary and secondary data. Primary data collected through attending training and monthly meeting in health department and visited District Hospital, PHC s, CHCs, sub- centres and focus group discussions (FGDs) with doctors , ANMs, GNMs , ASHA supervisors , LHVs and health officials regarding the status of JSY and the services and facilities providing by PHC , CHC , Sub- centre level for maternal health care .Secondary data are collected from different sources like NRHM Annual report, Coverage Evaluation Survey (CES) reports, State Programme Impletation Plan Assam, and official publications of govt. and health related materials both the centre and state, NRHM Operational Guideline and Ministry of Health and Family Welfare Statistical Report.

Keywords- JSY, NRHM, RCH, Institutional delivery, Maternal Health

Introduction: India's Maternal Mortality and Infant Mortality Rates are high compared to many other Asian countries. Most of the maternal deaths are preventable with good ante natal care, timely identification and referral of pregnant women with complications of pregnancy and timely provision of emergency obstetric care. (IIPS, 2010). Therefore, Indian government introduced the National Population Policy (NPP) 2000 with defined goal to increased institutional

delivery by 80.0 percent, safe delivery by 100 percent and reducing MMR by 100 per 1,00,000 live births.

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the NHRM with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery and making available quality maternal care during pregnancy, delivery and immediate post delivery period along with appropriate referral and transport assistance, in the BPL groups, with special focus on low performing states. ASHA, a village level health worker in l0 low performing states, namely the 8 EAG states and Assam and J&K will act as an effective link between the field level Government health provider and the poor pregnant women. JSY, a 100 % centrally sponsored scheme integrates cash assistance with delivery and post-delivery care.

Maternal health is the health of women during pregnancy, childbirth, and the postpartum period. It encompasses the health care dimensions of family planning, preconception, prenatal, and postnatal care in order to reduce maternal morbidity and mortality. Antenatal care ensures maternal foetal health wellbeing and also prepares women physically fit for labour, delivery and the postpartum period. Antenatal care is the care that a woman receives during pregnancy, helps to ensure healthy outcome for women and newborns (WHO/UNICEF 2003).

Maternal Health Programmes: Promotion of maternal and child health has been one of the most important objectives of the Family Welfare Programme in India. Under the NRHM and the RCH Programme, the Government of India is actively pursuing the goals of reduction in Maternal Mortality by focusing on the 4 major strategies of essential obstetric and new born care for all, skilled attendance at every birth, emergency obstetric care for those having complications and referral services. The other major interventions are provision of Safe Abortion Services and services for RTIs and STIs. The National Population Policy 2000 and National Health Policy 2002 have set the goal of reducing MMR to less than 100 per 100000 live births by the year 2010.

Background of the Study: All pregnant women face some level of maternal risk. According to the WHO, about 40% of pregnant women will experience delivery complications, while about 15% need obstetric care to manage complications which are potentially life threatening to the mother or infant. Despite the importance of antenatal care to predict and prevent some complications, many are sudden in onset and unpredictable.

According to District level Household Facility Survey, Assam, 2007-08, in Assam 74.3 percent of the women who had their last birth during the three year period preceding the survey, had received at least one antenatal care (ANC) service. Majority of women (83.5 percent) had received the service from a government health facility. In Assam, ANC coverage is reasonably good with more than 83 percent of women receiving ANC irrespective of socio-economic background.This has been progressing because of successful implementation of **Janani Suraksha Yojana**. A distinctive feature is that any ANC increases sharply with education and wealth index. There is rural-urban gap of 16.4 percentage points in availing any ANC, with 89.2 percent among urban residents and 72.8 percent among rural residents.

The population of Assam is 3.12 crore according to the Census 2011. It is spread across 27 districts. The population of the State has grown by 16.93% from 2001-2011. The sex ratio is 954 females to 1000 males. The following table highlights the Demographic and Health profile of Assam:

Table – 1

Demographic Indicators (Census 2011)		**State Health Indicator (SRS 2013)**	**PC**
Population 2011	**31,169,272**	Birth Rate	**22.5**
Sex Ratio	**954**	Death Rate	**7.9**
Number of districts	**27**	IMR	**55**
Total Area	**7 8523sq km**	Growth Rate	**14.6**
literacy rate	**7 4.04%**	TFR (SRS - 2007)	**2.4**
Total **Gaon Panchayats**	**2,490**	MMR(SRS 2010-12)	**328**

A society's maternal wellbeing (or lack of it) depends on a range of underlying determinants, including social, cultural, health system, and economic factors. These have a profound effect on maternal health and, ultimately, on maternal mortality.

Objectives of the Study:

1. To study the initiatives taken by the government for Maternal Health and Maternal Health Care Services provided in PHC, CHC and Sub- Centre level through Maternal Health Programmes in India.
2. To study the status of Janani Suraksha Yojana in Assam.

Methodology and data base: The study is based on both primary and secondary data. Primary data collected through attending training and monthly meeting in health department and visited District Hospital , PHC s, CHCs, sub- centres and face to face interaction and focus group discussions (FGDs) with doctors , ANMs , GNMs , ASHA supervisors , LHVs and health officials regarding the services and facilities providing by PHC , CHC , Sub-centre level for maternal health care and the status of JSY in Assam , the programmes for maternal health care services like NHM , JSY , JSSK , MCTS ,quality ante-natel care and its operation in DH, PHC , CHC , and sub- centre level . Secondary data are collected from different sources like NRHM Annual report, Coverage Evaluation Survey (CES) reports, State Programme Impletation Plan report Assam, Census 2011 Assam, and official publications of govt. health related materials both the centre and state, NRHM Operational Guideline and Ministry of Health and Family Welfare Statistical Report.

Findings of the Study: One of the biggest challenges facing Assam in the area of children and women development is high **maternal mortality.** High level of illiteracy, poverty and cultural background has been attributed to increase in the number of maternal mortality in the Assam. Apart from that many are residing in remote part of the society especially in the village where there poor infrastructural facilities like access to good health care, good road electricity, good water and access to radio and television.

Present Status Health Indicators in Assam:

Table – 2

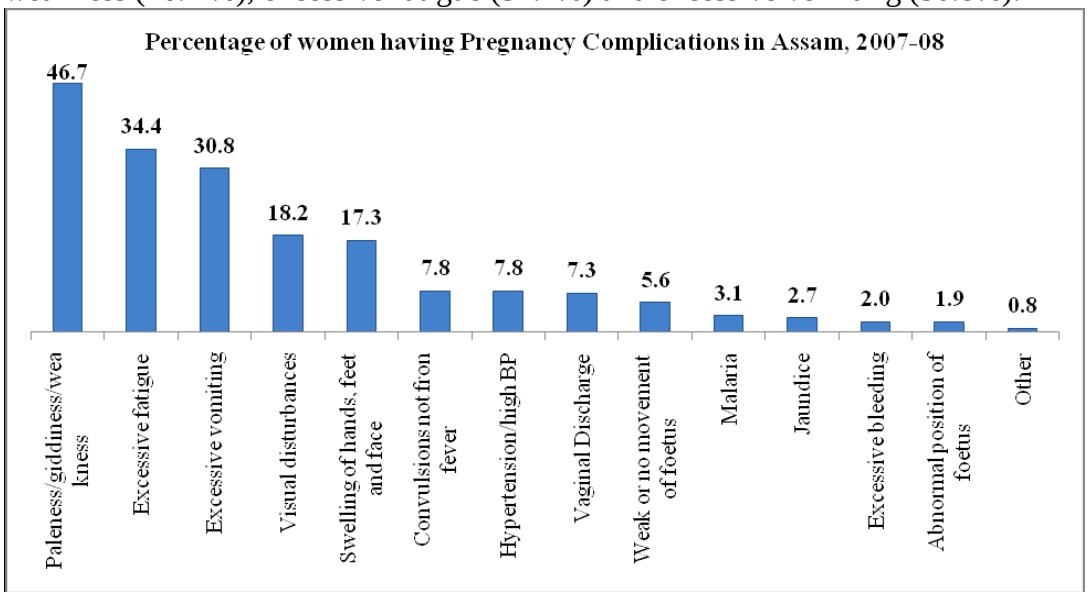
Parameter	**Assam**		**India**		**Target for 12th Plan - Assam**
	At the inception of NRHM	**Present Status**	**At the inception of NRHM**	**Present Status**	
Maternal Mortality Ratio (MMR)	**480** (2004-06)	**301** (AHS 2012-13) **328** (2010-12, SRS)	**254** (2004-06)	**178** (2010-12, SRS)	**177**

Infant Mortality Rate (IMR)	**68** (2005)	**55** (2012, SRS Bulletin)	**58** (2005)	**42** (2012, SRS Bulletin)	**32**
Total Fertility Rate (TFR)	**2.9** (2005)	**2.4** (SRS 2012)	**2.9** (2005)	**2.4** (SRS 2012)	**2.1**

- Source- **AHS: Annual Health Survey, conducted by Registrar General and Census Commissioner, India**
- **SRS: Sample Registration System, conducted by Registrar General India**

Reproductive health problems in Assam

Te problems or complications during pregnancy reported by women in Assam, where maximum number of women reported of having complications like paleness or giddiness or weakness (46.7 %), excessive fatigue (34.4%) and excessive vomiting (30.8%).



Source- District Level Household Survey Assam – 2007-08.

Health Aspects of Assam women

Health is one of the factors that determine the status of women in a society. Pregnancy and childbirth are physiological events in the life of a woman. Care during pregnancy also requires reproductive health services to be provided along the continuum of care.

Maternal Mortality Rate: Poor maternal health is a cause for concern globally and improving maternal health is one of the important millennium development goals, to be achieved by the target date of 2015. As per the SRS (July, 2011), the Maternal Mortality Ratio (MMR) in Assam (2007-09) of 390 per 100000 live births is the highest in the country, the corresponding national attainment level is 212. Nevertheless, the state has come a long way since 2001-03. In 2001-03, Assam's MMR was 490 (India 301) which declined by a mere 2 percent to 480 (India 254) in 2004-06. However, the decline during 2006-2009 has been remarkable i.e. near 19 percent considering the high base. This has been possible due to progress in institutional deliveries especially initiatives under the **Janani Surakhsa Yojana (JSY).** As per the DLHS-3(2007-08) data, approximately 40 percent of deliveries in Assam are attended by trained attendants while the corresponding figure for all India is 52.7 percent.

Anaemia deficiency: Most of the women in Assam are suffering from anaemia. The causes are lack of nutritional food due to extreme poverty, illiteracy and lack of awareness. As per

NHFS-III, the incidence of anaemia has been found among 72 Percent of pregnant women within the age group of 15-49 years in Assam.

HIV/AIDS: HIV/AIDS is most prevalent among young people. As per Assam AIDS Control Society, till December 2011, blood test had been carried out among 1,82,834 people across the state, out of this, 112 pregnant women tested positive for the HIV virus and 76 of them have already been delivered.

Girls marrying before 18 years: As per the DLHS-III (2007-08), in Assam 40 percent of women in the age group of 20-24 years were married before the legal age of 18 years. The corresponding all India figure is 42.9 Percent. Girls married below age 18 (marriages occurring during reference period i.e. 2004) is 20.8 percent in the state against the all India figure of 22.1 percent.

Institutional Deliveries: In Assam, the institutional deliveries have gone up . In 2006, there were only 66,000 institutional deliveries in Assam while 420, 000 institutional deliveries have been recorded in the state last year. In 2005-06, institutional deliveries in Assam increased by 39 percent compared to the year 2001-02 and in 2011-12, institutional deliveries increased by 212 percent compared to 2005-06 according to the NRHM report.

Skilled Birth Attendant Training: As one of the major goals of the National Health Programme is to reduce MMR and IMR of the country, emphasis is given on enhancement of skill of birth attendants. The objective of the proposed SBA training is to upgrade skills of ANM/Staff Nurse posted in district hospital / CHC / PHC/24X7 and SC to reemphasis of quantitative improvement of ANC/INC/PNC and new born care in institution and achieve better maternal and infant salvage.

The JSY is a safe motherhood intervention under the National Rural Health Mission (NRHM) which focuses on reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women. With the introduction of the JSY in Assam from the year 2005, there has been almost 22 times increase in institutional delivery in the State.

Service guarantees for maternal health care in India

(a)Antenatal care

Antenatal care includes early registration of all pregnancies, ideally within first trimester (before 12th week of Pregnancy). However even if a woman comes late in her pregnancy for registration, she should be registered and care given to her according to gestational age. Minimum four antenatal check-ups is needed for pregnant women .First visit to the antenatal clinic as soon as pregnancy is suspected, 2nd between 4th and 6th month (around 26 weeks), 3rd at 8^{th} month (around 32 weeks) and 4th at 9th month (around 36 weeks) Antenatel Care associated services like general examination such as weight, BP, anaemia, abdominal examination, height and breast examination, Folic acid supplementation in the first trimester, Iron and Folic Acid supplementation from twelve weeks, Injection Tetanus Toxoid, treatment of anaemia, etc. (as per the Guidelines for Antenatal care and Skilled Attendance at Birth by ANMs and LHVs). Minimum laboratory investigations like haemoglobin, urine albumen and sugar. ANC identify the high-risk pregnancies and appropriate and prompt referral for pregnant women.

(b) **Intra natal care**

Intra natal care includes Promotion of institutional deliveries. Skilled attendance at home deliveries as and when called for and appropriate and prompt referral.

(c) Postnatal care

Postnatal care includes a minimum of two postpartum home visits (first within 48 hrs of delivery, second within seven to ten days). And initiation of early breast-feeding within half

hour of birth. Counselling on diet and rest, hygiene, contraception, essential newborn care, infant and young child feeding and STI/RTI and HIV/AIDS.

Service Guarantees from PHCs for Maternal Health are below - 24-hour delivery services both normal and assisted. Appropriate and prompt referral for cases needing specialist care.Pre-referral management (Obstetric first-aid).Facilities under Janani Suraksha Yojana.

Service guarantees from CHCs

All services provided at CHC are free of cost for BPL families. The CHCs are designed to provide referral health care for cases from the primary level and for cases in need of specialist care approaching the centre directly. All services provided by PHC are also provided by CHC. Some specialist services provided in a CHC are Care of routine and emergency cases in surgery and medicine, 24-hour delivery services including normal and assisted deliveries, essential and emergency obstetric care including surgical interventions. Full range of family planning services , Safe abortion services. Newborn care and routine and emergency care of sick children. Diagnostic services through the microscopy centers. Blood storage facility, e ssential laboratory services. Referral transport services. All National Health Programmes should be delivered through the CHCs. E.g. HIV/AIDS Control Programme, National Leprosy Eradication Programme, National Programme for Control of Blindness.

(***Source of information NRHM framework for implementation, Annexure –III, website of NRHM GOI)***

Role of National Rural Health Mission for Maternal Health Care Services:

The National Rural Health Mission (NRHM) and under its umbrella, the Reproductive and Child Health Programme Phase II, the Government of India has taken a number of steps to accelerate the pace of reduction in Maternal Mortality by focusing on the following strategies and interventions:

1. Promotion of institutional deliveries through Janani Suraksha Yojana.
2. Antenatal, Intranasal and Postnatal Care including Iron and Folic Acid supplementation to pregnant & lactating women for prevention and treatment of anemia.
3. Mother and Child Protection Card in collaboration with the Ministry of Women and Child Development to monitor service delivery for mothers and children.
4. Operationalization of Sub-Centers, Primary Health Centers, Community Health Centers and District Hospitals for providing 24x7 basic and comprehensive obstetric care services.
5. Delivery Points (DPs) : Government of India has introduced the concept of Delivery Points for all the States/UTs for prioritizing and focus attention in terms of strengthening and upgrading the facilities where there is demand for services and which are conducting deliveries above a certain benchmark.
6. Capacity Building of health care providers in basic and comprehensive obstetric care.

Initiatives for maternal health care services in India

MCTS: Name Based web enabled tracking of Pregnant Women to ensure and monitor preventive, promotive and curative health services to them. An online MCTS has been made operational for all the States and UTs. After entering the data, work plan is being generated for the ANMs and ASHAs to deliver the health services during any point of time. MCTS call centre has been setup to call the beneficiaries and validate their data. Now SMS has started being sent to the pregnant women reminding her of impending visits for her due services.

Janani Shishu Suraksha Karyakram (JSSK) has been launched on 1st June, 2011, to eliminate any out of pocket expense for pregnant women delivering in public health institutions and sick newborns accessing public health institutions for treatment till 30 days

after birth. 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. The State will provide nutritional supplement to the pregnant women during their stay in the Hospital.

Referral Transport: "108- Mritunjoy" Ambulance Service free of cost will continue to transport PW in labour for institutional delivery. The EMTs of the "108- Mritunjoy" Ambulance Service have been trained to handle the women in pregnancy related problems while in the ambulance in transit for better care. The RKS money given to all the Hospitals are also used for referral from home to hospitals where "108" services cannot reach.

Quality Antenatal Care for all pregnant women: ANMs in Sub-Centres will examine weight, BP, fundal height, urine for Sugar and albumin by using urine sticks for each PW in every visit. All the logistics are made available through subcentre untied fund. The ANM will provide Folic Acid Tablets (5 mg) to the PW registering for ANC in the first trimester i.e. 1 tab to be taken daily by the pregnant woman in the first three months of pregnancy alone. MCP Card (introduced by GoI, 2010), JSY Card will be filled up by ANMs in Sub-Centers. Micro Birth Planning for each PW needs to be carried out by the SC ANM and ASHA. High risk pregnancies and complication of pregnancies need to be identified and referred to the PHC or higher facility accordingly.

Reduction of Anemia during pregnancy to reduce MMR: Improving the quality of ANC is vital for effective service delivery. Anemia and PIH are a leading cause of maternal deaths and appropriate screening measures at the time of ANC needs to be ensured. Increase of compliance rate of consumption of IFA Tablets among pregnant women- IEC/ BCC activities through ANMs and ASHAs will be focused upon to increase the consumption of IFA tablets.

Social Mobilization for institutional delivery (JSY): Social mobilization through ASHA for increasing the institutional delivery will be continued. JSY benefit for the pregnant women and ASHA for support to the PW is proposed to be continued.

Improve Postnatal Care : The ASHA/AWW/ANM will ensure 3 post partum visits within 48 hours, 7 Days and 14 days of delivery in respective sub-centre areas. In case of LBW baby, 3 additional visits are proposed.

Schemes for Improving Obstetric Care Services: Several initiatives are under implementation to achieve the goal of reduction in Maternal Mortality. These interventions are Essential Obstetric Care; Quality Ante Natal care; Prophylaxis and treatment of Nutritional Anemia; Post natal care for mother and newborn; Skilled Attendance at Birth; Provision of Emergency Obstetric and Neonatal Care at FRUs; and Referral Services at both Community and Institutional level.

Village Health and Nutrition Day: Organizing of Village Health & Nutrition Day (VHNDs) at Anganwadi centre at least once every month to provide ante natal/ post partum care for pregnant women, promote institutional delivery and health education apart from other various services**.**

Improve Complete Abortion Care Services (CAC): The Constitution of Dist. level committee on comprehensive abortion care, as per guidelines, is under process. Certification of Health Institution for providing safe abortion services at Govt. facility / Pvt. Facilities and IEC/BCC activities on safe abortion services will be undertaken thereafter. Access to CAC, by detecting pregnancy through "Nischay Kit" (GoI) is available with ASHA and ANMs and subsequent advice for Safe Abortion Services at Govt. approved centers is provided.

Maternal Death Review (MDR) : To review every maternal death at facility and community, Maternal Death Review has been initiated and States have started reporting the progress made. Maternal Death Review (MDR) is one of the important interventions under the RCH Programme to accelerate the pace of decline of MMR in the country. The MDR process has been institutionalised across the country to Serve as a tool for improving the quality of obstetric care and reducing maternal mortality and morbidity.

Quality Assurance in RCH II: Quality Assurance approach is a way to monitor and improve the service delivery in Health Institutions so that effective, safe care is provided, resulting in better performance and client satisfaction.

Janani Suraksha Yojana: Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NRHM), was launched on 12th April 2005 to promote institutional delivery among the poor pregnant women. The Yojana is being implemented in all States and Union Territories. JSY is an is an incentive -based programme and 100% Centrally Sponsored Scheme**.**The main objective of this programme is to ensure that each delivery is conducted in an institution and is attended to by a Skilled Birth Attendant (SBA) to prevent maternal deaths and pregnancy related complications in women and at the same time ensure the well -being of the mother and the new -born.

Maternal health activities in Assam through JSY

Involvement of 30,508 trained ASHAs equipped with drug kit and pregnancy kit for maternal and child health care. Support to ASHAs by appointing 2664 ASHA Supervisor. Organizing Village Health & Nutrition Day every month. Micro Birth Planning by the ANM for all the pregnant women and c ash assistance to mothers under JSY scheme. Encouraging mothers to stay in the Hospital up to 48 hours after delivery to prevent post partum hemorrhage by providing Baby Kit (Mamata Kit). Training of ANMs/Staff Nurse for SBATraining of Medical Officers on BeMOC, CeMOC and LSAS etc.

Adaptation of JSY Guidelines and its Operationalization in Assam

The state of Assam has adapted the national guidelines for JSY with some modification for implementing JSY in relation to cash assistance being given to every woman that delivers in public facility irrespective of their income status. The state JSY nodal officer administers the JSY implementation in the state. At the district level, the Chief Medical Officer or the Reproductive and Child Health Officer (RCHO) were made responsible for JSY intervention. Program Manager at DPMU was responsible for the performance and financial monitoring. At the block level, block Medical Officer Incharge was the key person implementing the JSY. At the community level, ANMs, Anganwadi workers, and ASHAs were responsible and were accountable to PRI members for promoting the scheme.

Institutional delivery trend in Assam through JSY : Table -3

Year	No of Institutional Delivery
2010-2011	**420,424**
2011-2012	**465,090**
2012-2013	**497,006**
2013-2014	**513,859**
2014-15 (April- June)	**110,322**

Source- NRHM progress report up to June 2014

Conclusion: In conclusion it can be said that Maternal Health Services have a significant role in the improvement of reproductive health. Maternal Health Care services are significantly increasing the use of antenatal care services and institutional delivery. With the launch of the National Rural Health Mission, RCH programme efforts got further boost with the two-pronged policy of restructuring the rural health care system (the supply side) along

with stimulating the demand side with the introduction of the innovative conditional cash transfer scheme for pregnant women to deliver the child in public health facilities. Even though the JSY seems to have a positive impact on the institutional deliveries, ASHA is playing a great role for reduction of maternal mortality, and counseling women for maternal health care services which is provided by the Health Centre. For improvement of maternal health a large numbers of medical and paramedical staff has been taken on contract to augment the human resources. A number of maternal health care programmes are implementing by the government from time to time for reduction of maternal mortality and improvement of maternal health status.

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