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An Assessment of Janani Shishu Suraksha Karyakaram in India

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Abstract

Maternal Mortality Rate (MMR) was reported to be 97 deaths per 100,000 live births and NNMR was around 29.5 per 1,000 live births in 2021 (NFHS-5). The government has been implementing various programs and initiatives to reduce maternal mortality. One such initiative is the *Janani Shishu Suraksha Karyakram* (JSSK) which was launched to provide free maternal and neonatal health services by the Ministry of Health and Family Welfare in 2011. The program aims to provide free and cashless services to pregnant women and sick newborns at public health facilities.

The key components of the JSSK include free and zero expense delivery, free C-section, free drugs and consumables, free diagnostics and free blood. It also covers free transport from home to health institutions, between facilities in case of a referral and drop back home after 48 hours of delivery. In India for reducing Maternal Mortality Rate (MMR) and Newborn Mortality Rate (NMR) requires a comprehensive and multi-faceted approach that addresses various factors contributing to maternal and newborn health.

In this paper, the secondary research data were reviewed from various government official websites and research reports. After analyzing various official documents and research studies data, it can be concluded that after the implementation of JSSK both maternal and neonatal deaths decreased in India.

Keywords: Infant mortality, maternal mortality, health, cashless, service.

1.0 Introduction

Government of India launched the *Janani Suraksha Yojna* (JSY) to reduce the burden of maternal and infant mortality rates in April, 2005. This scheme was aimed to promote institutional deliveries so that skilled attendance at birth is available and women and new



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born can be saved from pregnancy related deaths. Institutional deliveries have increased with the launch of JSY. However, there were many pregnant women who still hesitate to access the health facilities provided under *Janani Suraksha Yojna* (JSY) scheme and the factors that was affecting the access of the health facilities were high out of pocket expenses on user charges for OPD, diagnostic tests, blood and admission, purchasing medicine and other consumable from market due to non availability of diet in most of the institutions and very high expenses in case of caesarean operation (NRHM, 2011).

Janani Shishu Suraksha Karyakram (JSSK) was launched in 2011 to assure the free services to all the pregnant women and sick newborns in government health institutions in both urban and rural areas. This scheme was implemented in all state and union territories (NRHM, 2011). After the inception of Janani Shishu Suraksha Karyakram scheme Neonatal Intensive Care Unit (NICU) admission rates was increased by 21.96 percent and neonatal death rate is reduced by 1.32 percent with significant decrease in pre-term mortality rate by 12.99 percent. Janani Shishu Suraksha Karyakram is successful in increasing the number of institutional deliveries (Kakkar K. M. et al. 2014). A study of rural Haryana shows that institutional deliveries increased after launch of JSSK by 2.7 times more. (Salve H R et al. 2017).

2.0 Objectives of the Janani Shishu Suraksha Karyakram

The main objectives of the *Janani Shishu Suraksha Karyakram* is to eliminate out of pocket expenses for both pregnant women and sick new born accessing public health institution for treatment (NRHM, 2011). This scheme is estimated to benefit more than 12 million pregnant women who access government health facilities for their delivery (NHM, 2023).

3.0 Entitlements for Beneficiaries under the Scheme

1. Entitlements for Pregnant Women: Pregnant women under this scheme benefited with free and cashless delivery, free drugs and consumable products, free essential blood tests, urine tests and etc., free blood transfusion, free transportation from home to health facilities, free meals during hospital stay or stay in health facilities, free transportation between facilities in case of referral, as well as drop back from institutions after 48 hours of hospital stay (NRHM, 2011).



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2. Entitlements for Sick Newborn till 30 Days from Birth: This scheme also provides free and zero cost treatment for sick neonates. Under this scheme drugs and consumables, diagnostics, blood, transport from home to healthcare institutions and transport between facilities in case of referral and drop back from institution to home are also provided for free to the beneficiaries (NRHM, 2011).

4.0 Beneficiaries of the Scheme

The main beneficiaries under the scheme are women from all section of society i.e. general, OBC, SC, ST, etc or BPL category (Kuruvilla A. *et al.* 2018). Other beneficiary is a sick newborn (till 30 days from birth).

Table-1: Year wise Maternal Mortality Rate (MMR) data

Year	2007-	2010-12	2011-13	2014-16	2015-17	2016-18	2017-19	2018-20
	2009							
India	212	178	167	130	122	113	103	97
Uttar Pradesh	359	292	285	201	216	197	167	167

Source- SRS (Sample Registration System)

According to the Sample Registration System (SRS) Maternal Mortality Rate was high (212 per one lakh live birth) from 2007 to 2009 but after the implementation of JSSK scheme maternal mortality rate was reduced (97) from 2019 to 2020 in India and Uttar Pradesh State (Table 1).

Table-2: Year wise Infant Mortality Rate (IMR) data

Infant Mortality Rate (number of deaths per 1000 live births)											
Year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
India	47	44	42	40	39	37	34	33	32	30	
Uttar Pradesh	61	57	53	50	48	46	43	41	43	41	

Source- SRS (Sample Registration System)



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Infant Mortality Rate (IMR) is the number of deaths per 1,000 live births of children under one years of age. In 2019, IMR was 30 in India and 41 in Uttar Pradesh State, a 1.2 percent decline from 2012 after the implementation of JSSK Scheme (Table 2).

5.0 Major Gaps

After the implementation of the JSY scheme few gaps were identified. During pregnancy diagnosis is being affected due to inadequate laboratory services in many places. In emergency situation insufficient stock of blood in blood banks is also a reason of maternal and infant mortality (Barot D B & Bhagyalaxmi A, 2019). There is major shortfall of the medical and paramedical staff members at the CHC and PHC level. (Malik S *et al.* 2022). Transport service during obstetric emergency is also not proper in many remote areas and villages (Sivanandan V *et al.* 2017). Out of pocket expenditure has been incurred by most the families as the health facilities are lacking in peripheral areas (Chaudhari S *et al.* 2017). Due to lack of awareness regarding the benefits of JSSK scheme women are not able to avail the benefits of the scheme (Chandrakar A *et al.* (2017) and Kuruvilla A *et al.* (2018).

6.0 Conclusion

The Janani Shishu Suraksha Karyakram (JSSK) scheme provides benefits to pregnant women and sick newborns, including free delivery, drugs, diagnostics, blood, transportation, and diet. The scheme supports women from all societal categories. The scheme has been successful in increasing institutional deliveries and reducing maternal and infant mortality rates. After the launch of JSSK scheme Infant Mortality Rate and Maternal Mortality Rate were reduced in India. This scheme also provides free diet and drugs to the beneficiaries (Chaudhari S et al. 2017). The major gap of the Janani Shishu Suraksha Karyakram (JSSK) is that many pregnant and lactating women are not aware about all the entitlements provide in the scheme, so in order to maximize the program's potential outcomes, it is essential to increase community knowledge of every aspect of Janani Shishu Suraksha Karyakram (JSSK) scheme.

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