Janani Suraksha Yojana

A Cash Support Scheme to Promote Institutional Delivery

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Maternal and Infant Mortality in India

- The national average of MMR in India is 212 per 100,000 live births (SRS-2007-09)
- This is very high, compared to other countries – Brazil (58); Sri Lanka (39); Thailand (48)
- Large interstate disparity: Assam (390); Uttar Pradesh (359); Rajasthan (318) and Kerala (81); Tamil Nadu (97); Maharashtra (104)
- IMR national average is 44; ranging from 59 in MP; 57 in UP to 12 in Kerala and 22 in Tamil Nadu
- There has been an improvement in these indicators in the last 20 years but still a lot to be achieved

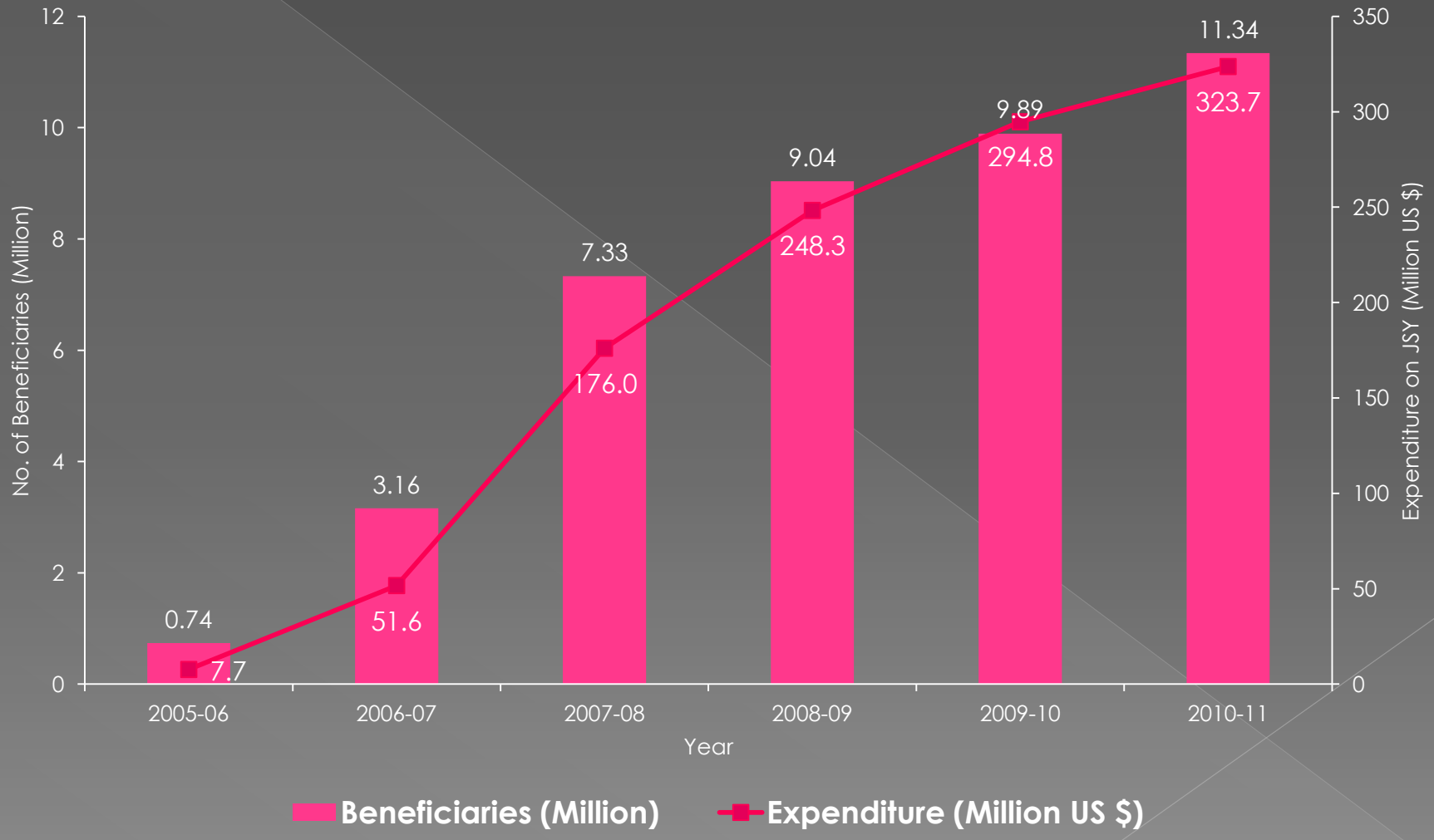
Janani Suraksha Yojana

- Janani Suraksha Yojana **(JSY)** is a safe motherhood intervention under the National Rural Health Mission (NRHM)
- The objectives of JSY are reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women
- JSY is a 100 % centrally sponsored scheme and it integrates cash assistance with delivery and post-delivery care.

JSY - Benefits

- Under the JSY, women receive a cash benefit if they choose to deliver in an institution
- Benefits and eligibility different for High (HPS) and Low Performing States (LPS)
- In HPS, BPL Pregnant women, aged 19 years and above and the SC/ST pregnant women delivering in government and accredited private institutions are given Rs. 700 ($13), up to 02 (two) live births
- In LPS, All pregnant women delivering in government health centers or accredited private institutions are given Rs. 1400 ($26)
- The ASHA (health worker) also gets an incentive of up to Rs. 600 if she accompanies the mother for delivery

JSY – Growth in Coverage



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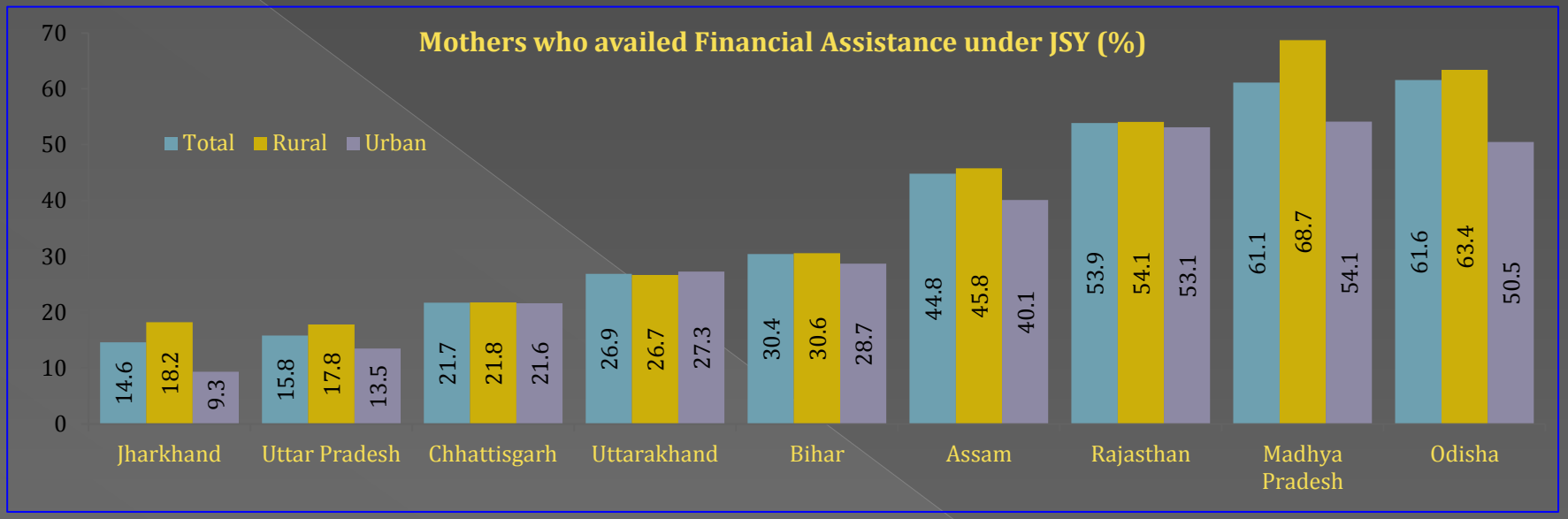


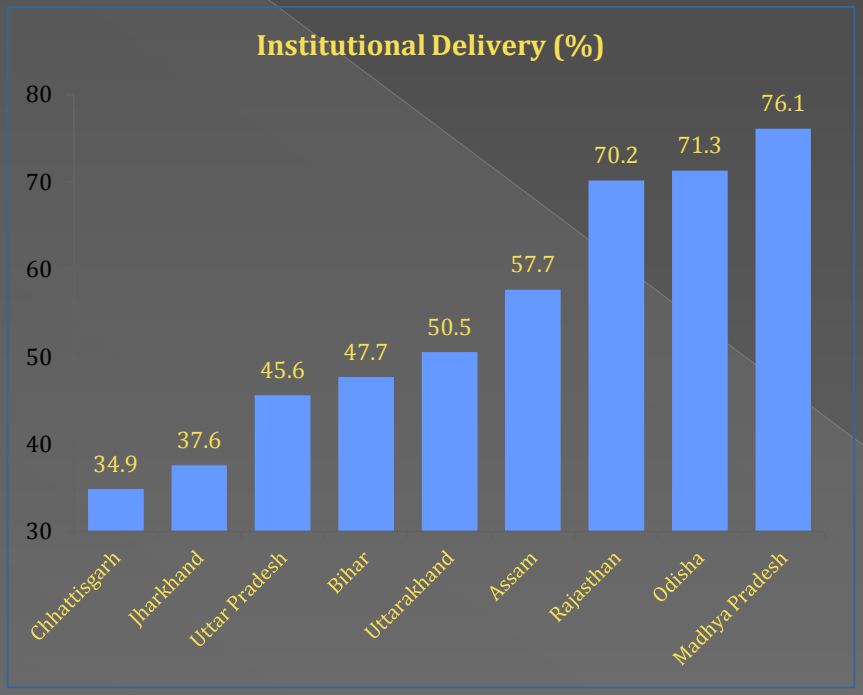
- Mothers availing JSY: 14.6% in Jharkhand to 61.6% in Odisha.
- Rural- Urban differential is acute in the States of Madhya Pradesh, Odisha and Jharkhand.

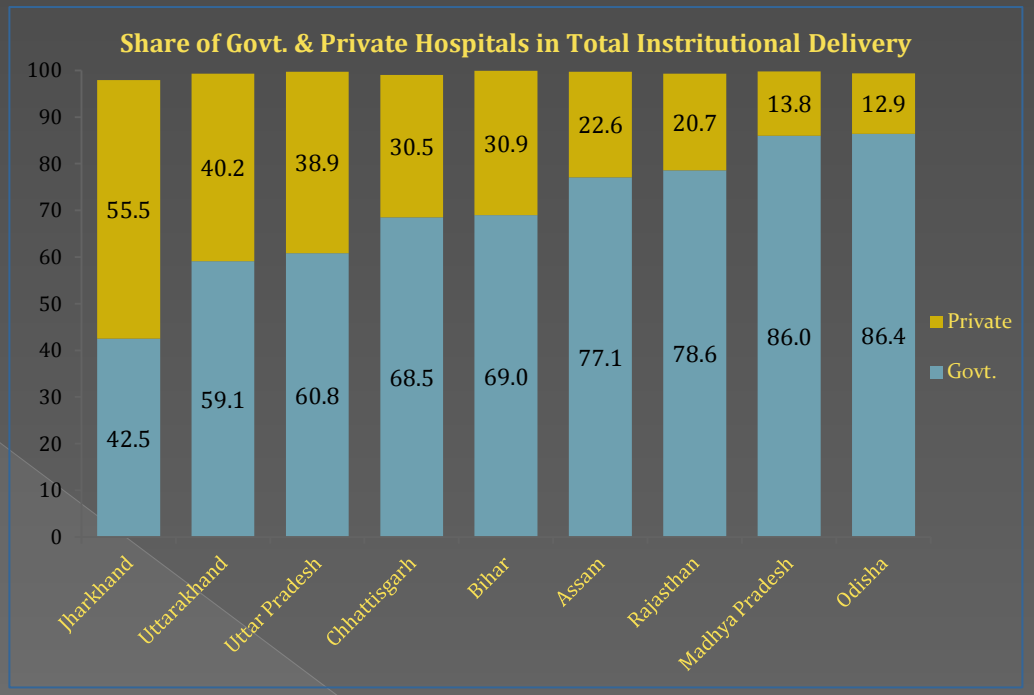
Source: Annual Health Survey, 2010

JSY – Impact on Institutional Deliveries

- JSY has clearly increased the number of institutional deliveries.
- NHSRC study shows that over 50% of women who had a previous home delivery had opted for an institutional delivery.
- Percent of institutional deliveries increased from 41% to 47% between DLHS 2 (2002-04) and DLHS 3 (2007-08) to 73% (Coverage Evaluation Survey, 2009) [Chhattisgarh, Bihar, Jharkhand still less than 50%]
- The undisputed impact of the JSY is in that it has pressured the public health facility to open its doors wider, and signalled to the women that they can use it.
- However, still wide interstate variations

Institutional Delivery





- Institutional Delivery: Ranges from 34.9% in Chhattisgarh to 76.1% in MP.
- More than 85% of total births have taken place in Govt. Institutions in Madhya Pradesh & Odisha and it is more than 60% in remaining States except Jharkhand & Uttarakhand.
- Jharkhand is the only State where more than 50% of the births are taking place in Private Hospitals.

Source: Annual Health Survey, 2010

JSY – Impact on MMR and NMR

- Not clear yet due to lack of adequate data
- Study based on two rounds of DLHS (Lim et. al. 2010 Lancet) shows some reduction in perinatal mortality associated with JSY, but small sample issues
- This study also shows that the association is greater in the better performing states
- The NHSRC evaluation also doubts how much impact JSY has had on NMR or MMR – mainly because issues of quality of care
- Women leaving immediately after delivery; only about 14% staying more than 48 hours, and only one third of women staying in the facility for at least 24 hours.

Reaching out to the Marginalised

- Lancet study and NHSRC study find that JSY has still not managed to reach out to the most marginalised
- The poorest and least educated women did not always have the highest odds of receiving JSY payments.
- The JSY excludes a significant proportion of women by virtue of the criteria, and these women who are excluded are those under 19 years, multiparous, poor women, often with no access to a BPL card, all of whom are at higher risk of maternal and perinatal outcomes, the first two directly and the third as a proximate determinant.

Out of Pocket Expenditures

- Out of pocket (OOP) payments are high, amounting to Rs. 1028, and including transport, to about Rs. 1400 to Rs. 1600.
- The main out of pocket expenditures in institutional delivery are on drugs, but there are significant expenses on fees and on surgery.

Delays

- Delays – only about 50% reached the facility within the norm of 30 minutes
- Delays in payments – its rare for the JSY payments to be made immediately. Most have to go back after delivery and make a few rounds to get the payment
- These delays makes it difficult for the poorest to access care because of OOP expenditures

Overload on a few institutions

- The increase in institutional delivery is skewed, with only a few facilities taking the load of this substantial increase.
- The load is taken up predominantly by the facilities at the block and higher levels.
- Sub-centers in every district provide a very small part of the midwifery services.

Shortage of Human Resources

- In the provision of services in public health facilities the lack of skilled human resources is the central and most resistant problem that the system faces.
- There are shortages of ANMs, nurses, doctors and specialists.
- 23% shortfall in nursing staff in PHCs and CHCs
- 24% of sanctioned doctors' posts in PHCs are vacant
- 36.9% PHCs have no lab technicians and 24.6% have no pharmacists
- There is a shortfall of 75% of Surgeons, 65.9% of ObGyns, 80.1% of Physicians and 74.4% of Paediatricians in CHCs
- Overall, there was a shortfall of 63.9% specialists at the CHCs as compared to the requirement for existing CHCs.

Poor Infrastructure

- 20% of PHCs in Chhattisgarh, 25% in UP and 60% in Jharkhand have no electricity supply (overall 8.1%)
- 50% of PHCs in Chhattisgarh, 20% in UP and 70% in Jharkhand have no regular water supply (overall 12.5%)
- Chhattisgarh, Maharashtra, MP, Jharkhand – about 20% PHCs have no all weather approachable roads
- Only 15% of all PHCs in the country are functioning as per the Indian Public Health Standards (IPHS) Norms

Not Skilled?

- The NHSRC study shows that increased institutional deliveries has not necessarily meant increased access to skilled birth assistance because most nurses and ANMs who are actually providing services were not prioritized for the training.
- Thus practices like:
  - the use of the partogram,
  - active management of third stage of labour
  - the use of injectable antibiotics, oxytocics and the use of magsulf for hypertension management,
  - neonatal resuscitation, and the identification and
  - basic management of hypothermia and sepsis in the newborn-
- all of which represent the life saving potential of skilled birth attendance are not being realized.

Why home deliveries?

- About one third of those who had home deliveries were not able to access institutions on account of not being able to afford transport costs.
- Poor service quality and high costs in institutions were also reported as deterrents of institutional delivery in another third.
- About one third had a cultural preference for the home delivery and a lack of awareness about how quality care could reduce risks.
- Messages on JSY have not reached about 40% of those who deliver at home

The Limited Role of the Cash Incentive

- It does not hold that the poor are induced to access institution only because the cash incentive.
- The choice is related to the availability of minimum services and the perceived safety and comfort of institutional delivery plus the opportunity to get away from the pressures of house work.
- What the JSY has accomplished has been to enable women and families overcome the financial barriers linked with the choice of institutional delivery.
- Given the fact that over half of institutional deliveries are paying out more than the JSY amount, the rationale and validity of the JSY as a behaviour change induced by a financial incentive requires re-examination.

Way Forward

- Understand the role of JSY and invest adequately on all other complementary interventions
- Caution to ensure that all other services (RCH, family planning) do not suffer due to an over-emphasis on JSY
- JSY is limited to institutional delivery – to address maternal and infant mortality need other interventions as well
- Some interventions already being put in place – JSSK and IGMSY

Janani Shishu Suraksha Karyakram (JSSK)

- Launched on 1st June, 2011.
- The initiative entitles all pregnant women delivering in public health institutions to:
  - absolutely free and no expense delivery, including caesarean section.
  - 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.
  - 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.

IGMSY (Conditional Maternity Benefit Scheme)

- Conditional Maternity Benefit scheme of Rs. 4000 for pregnant and lactating women
- Pilot in 52 districts in the country
- "The scheme would contribute to better enabling environment by providing cash incentives for improved health and nutrition to pregnant and Lactating mothers."
- Women to receive Rs. 4000 during the period between third trimester until child is 6 months old up on meeting conditions related to immunisation, attending health and nutrition education sessions and exclusive breastfeeding
- For those above 19 years and for first two live births

Questions Raised

- Can cash transfers work when there are enormous supply side gaps – in India there is a danger of this being seen as an either/or
- Can there be a demand side intervention without a supply guarantee – 'victim-blaming'
- What about conditionalities that keep the most marginalised out? – under 19 years; up to two births and so on
- What about 'rights-based' approach?