

THE ROLE OF GOVERNMENT SCHEMES ON MATERNAL AND CHILD HEALTHCARE

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Abstract:

Maternal Mortality Ratio (MMR) is one of the important indicators of quality of health care services in any country. In last two decades, India is able to reduce MMR to a great extent. As compared to the MMR in 1990s which was 600/100,000 live births, it has now become 178/100,000 live births in 2011. This paper deals with the various challenges faced during maternal health care. In spite of these efforts, about 47,000 mothers continue to die every year due to various causes related to child birth, pregnancy and post-partum period. A variety of socioeconomic factors like illiteracy, socio economic status, early age marriages, hemorrhages, sepsis, abortion etc contribute in increase of MMR. The implementation of various schemes by the government like JSY and JSSK has reduced MMR significantly. Various interventions like RMNCH+ under NHM, PMVY, and establishment of SNCU, NBSU and KMC etc are helpful for achieving the goal to reduce MMR.

Keywords: Maternal health, child health, government schemes.

Introduction:

Maternal health is a key feature for the development of any country for reducing poverty and increasing equity. For solving large broader, economic, social and developmental changes, the survival and well being of mothers is very important. MMR is one of the important indicators for the quality of health services. India has been frontrunner in reducing maternal deaths in last 2 decades. As compared to the MMR in 1990 which was very high i.e., 600/hundred thousand live births, it has now become 178/hundred thousand live birth in 2011 as per latest SRS estimates. Global decline in MMR is about 47% while India has 70% decline in the period of 1990-2010.

Immediately after the launch of NRHM and numerous flagship schemes like JSY and JSSK, the MMR has reduced significantly.

JSY resulted in a surge in institutional deliveries since its launch. About 1.66 crore women are reported to deliver in public health institutions till date. JSSK (2011) provides service guarantees in the form of entitlement to pregnant women, sick new born and infants for free delivery including caesarean sections and free treatment in public health facilities. It includes free to and fro transport between home and institutions, diet, diagnostic services, drugs, other consumables and blood transfusion if required. More than 2000 crores have been sanctioned for these schemes in 2013-14.

But, inspite of these efforts about 47,000 mothers continue to die every year due to various causes related to pregnancy, child birth and post-partum period. The major medical causes for these deaths are haemorrhage, sepsis, abortion, hypertension, obstructed labour and other causes include anaemia. A variety of socio-economic factors like illiteracy, socio-economic status, early marrying age, less women empowerment and traditional preference for home deliveries etc contribute to delay in seeking medical care leading to these deaths.

Importance of MCH Services:

Pregnancy in women is helpful to identify existing health risks in women and ways to prevent them. These health risks include: -

- Hypertension and heart diseases
- Diabetes
- Intimate partner violence
- Genetic conditions
- Sexually transmitted diseases
- Tobacco, alcohol and substance abuse
- Inadequate nutrition
- Unhealthy weight etc

These risks to maternal and child health can be reduced by increasing access to quality preconception, prenatal and interconception care. Moreover, utilization of MCH services can prevent death or disability and would enable children to reach their full potential.

Objectives of Maternal Health Services:

- To lessen the maternal mortality and bleakness.
- To reduce prenatal and post natal mortality and morbidity.
- To regulate fertility so as to have healthy and wanted children when desired.
- To provide basic maternal and child health care to all mothers and children.
- To secure and advance the wellbeing of mothers.
- To promote and protect physical growth and psycho-social development of children.
- To reduce malnutrition.
- To prevent communicable diseases.
- To promote reproductive health and safe motherhood.

Interventions Started for MCH Services:

Indian government is implementing reproductive, maternal, newborn, child adolescent health and nutrition (RMNCHA+N) strategy for the improvement of maternal and child health outcome under National Health Mission (NHM).

The various interventions under RMNCHA+N strategy are as follows: -

- I. There should be promotion for institutional deliveries through cash incentives under JSY and JSSK which entitle that all pregnant women delivering in public health institutions for free delivery which includes caesarean section, post natal care and sick infants' treatment till one year of age. PradhanmantriMatritva Vandana Yojana (PMVY) is another maternal benefit programme under which Rs.5000 cash incentive is to be provided for pregnant women and lactating mothers.
- II. Strengthening essential newborn care at all delivery points, establishment of special newborn care units (SNCU), New Born Stabilization Units (NBSU) and Kangaroo Mother Care Units (KMC) for sick and small baby's care. Home Based New Born Care (HBNC) and Home-Based care of Young Children (HBYC) by ASHAs to improve child rearing practises and to identify sick newborn.
- III. Early initiation and exclusive breastfeeding for first 6 months and appropriate infant and young child feeding practises to be promoted under mother's absolute affection (MAA) in convergence with the ministry of women and child development.
- IV. Village Health Sanitation and Nutrition days (VHSNDs) are to be observed for provisions of maternal and child health services and to create awareness on maternal and child health care.

- Health and nutrition education through mass media and social platforms to be promoted for healthy practises and to generate demand for service uptake.
- V. Nutrition Rehabilitation Centres (NRCs) have also been set up at public health facilities for the treatment and management of children with severe acute malnutrition (SAM) admitted with medical complication.
 - VI. Universal immunization programme (UIP) is being supported to provide vaccination to children against life threatening diseases like TB, diphtheria, pertussis, polio, tetanus, Hepatitis B, Measles, Rubella, Pneumonia and meningitis caused by Haemophilus Influenza B. rotavirus vaccination has also been rolled out in the country for prevention of Rotavirus Diarrhoea. Mission Indradhanush (MI) for those who are either or partially vaccinated for various reasons. Intensified Mission Indradhanush (IMI) 2.0 is also being planned for achieving 90% full immunization as future road map for total coverage across the country.
 - VII. Screening of all the children from 0-18years of age for all 30 health conditions classified into 4 D's diseases, deficiency, defects and developmental delay under Rashtriya Bal SwasthyaKaryakaram (RBSK). For the confirmation and management of 4 D's, District Early Intervention Centre (DEIC) at district health facility levels are being established.
 - VIII. National Deworming Day (NDD) is also implemented biannually every year for the children of 1-19 years of age.
 - IX. Name based tracking of mothers and children till 2 years of age is done through RCH portal for complete antenatal, intranatal, post-natal care and immunization as per schedule.
 - X. Capacity building of healthcare providers is regularly done for building and upgrading skills in basic and comprehensive obstetric care of mother during pregnancy, delivery and for essential new born care.

Based on all the above programmes and schemes, some newer initiatives have been started under RMNCH+A which are as follows: -

- PMSMA for comprehensive and quality ante natal care universally to all pregnant women on 9th of every month.
- “LaQshya” programme for improvement of quality of care in labour room and maternity operation theatre.
- SurakshitMatritvaAashvasam (SUMAN) for assured delivery of maternal and new born health care services for quality at no cost, zero tolerance for services denial, assured management of complications along with respect for women's independence and nobility.
- Defeat diarrhoea (D2) initiative for promoting ORS and zinc use for elementary diarrhoeal deaths by 2025.
- Social awareness and actions to neutralize pneumonia successfully (SAANS) for reducing childhood morbidity and mortality due to pneumonia.
- Anaemia Mukht Bharat (AMB) strategy as a part of Poshan Abhiyaan for strengthening existing mechanism and foster newer strategies to tackle anaemia in school going adolescents and pregnant women, addressing non-nutritional causes of anaemia and a comprehensive communication strategy.

Conclusion:

It was found that the utilization of MCH services were poor in both urban and rural areas. So, it is important to create awareness in women regarding their health especially in Indian context as the ignorance is due to the poverty and lack of knowledge regarding the issue. It is therefore very important to focus on the awareness and focus on services to mother. Therefore, a sustained and focused IEC campaign for the awareness amongst community in MCH is necessary for the

improvement of community participation, thereby leading to improving of quality, accessibility and utilization of MCH services provided by the government agencies in both rural and urban areas.

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