

# Access to Antenatal Care Services under NRHM Framework: An Assessment in Nalbari District of Assam

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**Abstract-** Due to the poor maternal health condition, India was unable to reach the MDG-4 and MDG-5 within the time period. Antenatal Care (ANC) service is one of the major parts of maternal health service. With the implementation of NRHM, and announcement of Janani Suraksha Yojana (JSY) and Janani Suraksha Yojana (JSSK) within the framework of NRHM, Govt. of India has also given special recognition for upgrading the condition of maternal health. Here, in this study, an attempt has been made to assess the ANC services under NRHM with the implementation of the provisions of JSY and JSSK in Nalbari district of Assam, the highest ranking district in the state, providing health services under NRHM.

**Index Terms-** Maternal Health, Antenatal Care, NRHM, JSY, JSSK.

## I. INTRODUCTION

“**H**ealth is a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity.”<sup>1</sup>

The term human health generally comprises the health of both male and female. Men and Women are two indispensable halves of humanity. Woman's development forms the grassroots of social development. But it seems that health is one of the neglected fields in our social life, where the women section of the society becomes more vulnerable having an additional responsibility of reproduction and motherhood. This negligence towards health directly has an impact on the development of women, development of society, and at the same time, it lessens the position of women also. Therefore, it becomes the utmost responsibility of the state and other organizations to take special care of women. Keeping in mind these things, in the Alma-Ata Conference, 1978, organized under the auspices of WHO, almost 166 countries have pledged for “Health for All” by 2000 A.D. aiming at proper distribution of the resources for health and access of essential health care to all. The International Conference on Population and Development (ICPD) held in Cairo in 1994 has given emphasis on women's reproductive health and it has influenced many countries of the world to formulate policies on this part. Again, the Beijing World Conference on Women, 1995, also highlighted the need to ensure universal access to appropriate, affordable and quality health care to women.

Women health is now a growing concern which basically relates to Reproductive and Maternal Health. WHO defined maternity health as “the care of a pregnant woman, her safe delivery, her post-natal examination, the care of her newly born infant and maintenance of lactation. In the wider sense, it begins much earlier in measures aimed to promote the health and well-being of the young people who are potential parents, and to help them develop the right approach to family life and to the place of the family in the community. It should also include guidance in parent craft and in problems associated with infertility and family planning.”<sup>2</sup>

United Nations, in its Human Development Report (UNDP), has emphasised on reducing Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR) as the key indicators to assess of human development. MMR and IMR are the two important concerns related to maternal health. With the growing international concern on women health and being a member state of UN, India has also adopted the Millennium Development Goals (MDGs) as explained by UN that was to be fulfilled by 2015. IMR and MMR come as the MDG-4 and MDG-5. But, due to the poor maternal health condition, India was unable to reach its goal within the time period. Antenatal Care (ANC) service is one of the major parts of maternal health service. With the implementation of NRHM in 2005, and announcement of Janani Suraksha Yojana (JSY) in 2005 and Janani Shishu Suraksha Yojana (JSSK) in 2011 as the schemes within the framework of NRHM, Govt. of India has also given special recognition and care for women for upgrading the condition of maternal health.

## II. NRHM: A HEALTH PROGRAMME IN INDIA

NRHM 2005-2012 was launched in 18 states that were identified as low-performing states in the field of health care with poor public health indicators and weak infrastructure to provide effective healthcare to rural population throughout the country. The main goal of NRHM is to provide equitable, affordable, accountable and effective primary healthcare for rural people and to make it accessible especially for poor women and children and to reduce Infant Mortality Rate (IMR), Maternal Mortality Ratio (MMR), Total Fertility Rate (TFR) which are certain key indicators of women's Reproductive and Child Health (RCH) by promoting newborn care, immunization, antenatal care, institutional delivery and post-natal care.

<sup>1</sup> World Health Organisation. 1946. Preamble- WHO Constitution. Geneva: WHO.

<sup>2</sup> World Health Organization. 1952. Expert Committee on Maternity Care: First Report- A Preliminary Survey. Technical Report Series No. 51. Geneva: WHO. p.3

Antenatal care is the primary stage relating to maternal health services followed by delivery care and postnatal care. All the stages are equally important and equal areas of concern that need specific care for the protection of women health as a whole. NRHM has also taken various initiatives to protect maternal health providing antenatal care services under its framework. Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK) are the two important schemes under this mission. JSY is a safe motherhood intervention under NRHM being implemented with the objective of reducing maternal and neo natal mortality by promoting institutional delivery among poor pregnant women. For this, compulsory registration of pregnancy with four antenatal checkups has implanted as the provision under this scheme. Further, a new initiative has taken in the name of JSSK to provide completely free and cashless services to pregnant women including normal deliveries and caesarean operations and sick new born (up to 30 days after birth) in Govt. Hospitals and accredited Pvt. Hospitals in both rural and urban areas. As ANC services, JSSK provides free drugs and consumables, free diagnostics tests such as blood test, urine test, ultrasound etc.

Within the framework of NRHM, Assam, one of the 18 Low Performing States, has also initiated several schemes for the improvement of the health condition of Assam. The present study on the assessment of ANC services in Nalbari district of Assam is based on the implementation of the following initiatives by the Govt. of Assam.

#### A. Janani Suraksha Yojana (JSY)

JSY is a safe motherhood intervention under NRHM being implemented with the objective of reducing maternal and neo natal mortality by promoting institutional delivery among poor pregnant women. The scheme provides cash assistance to mothers who have delivered in Govt., health institutions and accredited private hospitals. A mother from rural area get Rs. 1400/- and mother from urban area get Rs. 1000/- as a cash assistance through this scheme.

#### B. Janani Shishu Suraksha Karyakram (JSSK)

Implemented from February, 2012 JSSK is a National initiative to make available better health facilities for women and child. The new initiative of JSSK would provide completely free and cashless services to pregnant women including normal deliveries and caesarean operations and sick new born (up to 30 days after birth) in Govt. Hospitals and accredited Pvt. Hospitals in both rural and urban areas. Entitlements for pregnant women: Free and cashless delivery, free caesarean section, free drugs and consumables, free diagnostics tests such as blood test, urine test etc.

#### C. Mamoni

Cash assistance to pregnant women for nutritional support @ Rs. 1000/- is to be given in two instalments under the scheme named "Mamoni". JSY is a program of the Government of Assam that encourages pregnant women to undergo minimum 4 ante-natal checkups which identify danger signs during pregnancy (needing treatment) and offer proper medical care. Under this scheme, at the time of registration, every pregnant woman receives a booklet on tips on safe motherhood and newborn care titled 'Mamoni'. During subsequent ANC check-

up, the pregnant women are provided with an amount of Rs. 1000/- (in two instalments, first for 2nd ANC and second for 3rd ANC) for expenses related to nutritional food and supplements. Every Govt., health institution offers these services for the women who have registered in their place. The source of fund is given by Assam Bikash Yojana, State Govt., sponsored schemes under Health & Family Welfare Department.

#### D. Distribution of free Iron tablets

Anaemia is characterized by a low level of haemoglobin in blood. Anaemia usually results from a nutritional deficiency of iron, folic, vitamin B12, or some other nutrients. It may become an underlying cause of maternal mortality and prenatal mortality. In India, 100 Iron and Folic Acid (IFA) tablets are provided by free to pregnant women in order to prevent anaemia during pregnancy.

#### E. Village Health and Nutrition Day (VHND)

The main objectives of Village Health and Nutrition Day are to ensure safe motherhood, child care and awareness generation among the rural masses right at the village level. On that day, routine immunization of children aged between 0-9 months and vaccination of pregnant women are done at the village itself. These services are also available at the Sub-centres. Organized on a pre-determined and publicized date every month, the VHND allows people to get in touch with health workers and discuss health related issues. ASHA organizes VHND in her village in a Wednesday once in a month in cooperation with the Village Health & Sanitation Committee where in ANMs delivers the services.

Thus, the Govt. of Assam has started various initiatives for the protection and promotion of reproductive and maternal health in the name of different schemes which become popular during the last decade. Janani Suraksha Yojana (JSY) is one of the vital steps under the framework of NRHM to increase institutional delivery providing ANC services to reduce MMR followed by Janani Shishu Suraksha Karyakram (JSSK) as a companion to it.

### III. OBJECTIVES

1. Understand the functioning of JSY and JSSK as Antenatal Care Services under NRHM.
2. Examine women's access to Antenatal Care Service.
3. Find out the problems in realizing of the provisions of JSY and JSSK.
4. Provide some solutions through research for proper implementation of NRHM and its schemes.

### IV. METHODOLOGY

The study was carried out in Nalbari District of Assam which is basically a rural district only with 2.39% urban population according to the Census Report, 2001, GOI. It is the lowest among all the districts of Assam in terms of urban population and highest in terms of rural population comprising 97.61%. According to Assam Human Development Report, 2003, in 2001, Nalbari district occupied 16<sup>th</sup> and 17<sup>th</sup> position in Human Development Index (HDI) and Gender Development

Index (GDI) respectively.<sup>3</sup> The district has achieved a milestone in the state for securing 1<sup>st</sup> Rank for two consecutive years in 2014-15 and 2015-16 for best performance in 16 Dashboard Monitoring Indicators (as per GOI norms) and keeping its constituency till the current year 2016-17 up to January'17.<sup>4</sup> NRHM, being a rural based health mission, covers the rural health sector under its dimensions. That is the reason for selecting this particular district as the study area to make comprehensive study as a whole.

Having geographical area of 1052 sq. Km., 996.56 sq. Km. comes under rural areas, with 6, 88,909 (89.28%) of rural population out of total population of 771,639 in the district. There are 7 development blocks, 65 Gaon Panchatats, 7 Anchalik Panchatyats, 1 Zila Parishad, 1 Town Committee and 1 Municipal Board. The number of villages in the district is 456.<sup>5</sup> The health infrastructure comprises of 1 District Hospital (DH), 10 Community Health Centres (CHCs), 47 Primary Health Centres (PHCs) and 121 Sub Centres (SC).<sup>6</sup> But it will not be possible to study all the beneficiaries and health institutions for which sampling method will be adopted for primary data collection.

For primary data collection, field survey has been conducted. For survey, women beneficiaries were taken on the basis of purposive sampling who got pregnant and delivered within five years. For understanding the health condition of women as vulnerable group, emphasis was given on women from BPL category, are vulnerable in terms of their socio-economic condition too. From seven CD Blocks, 158 respondents were interviewed. As Barkhetri is the biggest Block in terms of population and geographical area, highest respondents were taken from that block which was 30 in number. Interview was conducted through previously structured questionnaire. Further, discussion was made with health provider, i.e. Doctor, ANM, ASHA, Employees under NRHM, AWW and PRI members working with the Mission.

Considering the nature of the topic, the research is a descriptive and analytical both. Both secondary and primary data were for this research. Secondary data were collected from a survey of literature from books, journals, articles, newspapers, internet sources etc. Primary data were collected from field survey, Govt. Reports, NRHM Reports, Statistical Handbooks, DLHS-3, NFHS-4, DCHB 2011 etc. For data analysis, both qualitative and quantitative methods have been used.

## V. DATA ANALYSIS

Collection of data and its analysis is a popular method in social science research. During this study data was collected from different areas or villages of Nalbari district on the basis of survey conducted during 2015 to 2017 (March). Applying both the methods of qualitative and quantitative and using of tables and figures, analysis and interpretation of data has been done to find out the result of this study.

<sup>3</sup> Assam Human Development Report. 2003.

<sup>4</sup> Progress Report on Health. NHM. Nalbari. Assam.

<sup>5</sup> Census of India 2011. Govt. of India.

<sup>6</sup> Assam Rural Health Statistics. 2016.

### A. Access to Antenatal Care Services:

Antenatal is the first step for motherhood. To receive basic, professional antenatal care is the basic criteria for safe motherhood. During antenatal care, health professionals should monitor pregnancy for signs of complications, detect and treat pre-existing and concurrent problems of pregnancy, and should provide advice or counselling on preventive care, diet during pregnancy, delivery care and postnatal care during pregnancy. The ANC package comprises of physical checks, checking position and growth of foetus, measuring blood pressure might check of pregnant women, blood test to check the haemoglobin level (Hb level) giving IFA tablets and giving Tetanus Toxoid (T.T) injection at periodic intervals during the time of pregnancy. NRHM, under the scheme of JSY has mentioned at least 4 antenatal check-ups for the completion of ANC during first trimester, 4<sup>th</sup>-6<sup>th</sup> month, 7<sup>th</sup>-8<sup>th</sup> month and in the 9<sup>th</sup> month of pregnancy respectively. The complete course of ANC is necessary to safeguard a woman from pregnancy related complications and warning them about possible delivery complications. The accessibility and availability of the ANC services in Nalbari district can be discussed as follows:

**Table I: Access to ANC services**

Services	No. of Respondents	%
Registered Pregnancy	157	99.4
Registration Card Received	157	99.4
Consulted Anyone for ANC	157	99.4

The study on the respondents regarding their access to ANC services has revealed that out of 158 respondents, 157 respondents consisting of 99.4% reported registering their pregnancy with ANM, the same respondents reported having registration card from ANM and consulted with a doctor or nurse or ANM for ANC check-up. Only one (1) respondent found not being able to avail the ANC services due to the support of her to go for ANC check-up as for them no necessity of it.

As already mentioned, out of 158 respondents, one respondent has not availed the ANC services. Hence, the next analysis regarding ANC has done on 157 respondents considering it as total sample.

**Table II: Registration of ANC within First Trimester**

Registration of ANC	No. of Respondents	%
Within First Trimester	146	93
After 3 months	11	7
Total	157	100

Among the 157 registered women for ANC, result showed that 146 women constituting 93% have registered their pregnancy within 3 months with ANM and 11 respondents constituting 7% have registered after 3 months. NRHM has been giving emphasis on 3 ANC is necessary during the pregnancy of 9 months. As Assam comes under Low performing States (LPS),

JSY has given emphasis on at least 4 ANC check-up for the pregnant mothers. It was found that 88 respondents constituting 56.1% have approached 3 times check-ups for ANC, 27 respondents constituting 17.2% have availed 4 times ANC check-ups and 28 respondents constituting 17.8% have availed more than 4 times check-ups during their pregnancy. Despite this positive attitude of women regarding ANC, it was found that 14 respondents constituting 8.9% have availed less than 3 ANC check-up. While asked the reason for less than 3 ANCs, 5 respondents mentioned about their unawareness regarding times of complete ANC, 2 of them shared about their communication problem to reach the health facility, 5 of them informed that they did not go as they did not face any problem and 2 of them mentioned about their loss of wages as they were the daily labourer. Yet, it can be seen that the trend of seeking ANC among pregnant women has started within the study area.

ANM is the main personnel behind ANC who takes the responsibilities under NRHM. This study shows that 76 respondents constituting 48.4% went to Doctors for ANC, 55 respondents constituting 35% went ANM and 26 respondents constituting 16.6% have approached both the doctors and ANM. Regarding their place of ANC visit, it was found that all the pregnant women visited govt. health institutions at least once, while 9 of them has gone to private hospitals too.

It was observed that 154 respondents constituting 98.1% were measured their weight by health providers, 155 respondents constituting 98.7% reported about the checking of blood pressure during ANC, 152 respondents (96.8%) have done their urine test

at least once, 150 of them (95.5%) have done blood test at least once, 147 respondents constituting 93.6% reported that their abdomen were checked during pregnancy, and 132 respondents constituting 84.1% have done ultrasound at least once. Data revealed that only 8 respondents constituting 5.1% have done X-Ray during ANC check-up 141 respondents constituting 89.8% were advised for hospital delivery and 152 respondents constituting 96.8 were advised for nutrition's diet during pregnancy. To prevent anaemia and to keep haemoglobin level stable, consumption of IFA tablet is necessary. 155 respondents constituting 98.7% reported about their consumption of IFA during pregnancy. But unfortunately, maximum numbers of women are not aware about consumption of IFA for 100 days and they cannot remember their completion of course regarding IFA tablet. Almost 83% of women reported availability of IFA tablet for free either from ASHA or from PHCs or sub-centres, But still they cannot remember whether it was for 100 days or not as they are unaware of it, 154 respondents constituting 98.1% have received TT vaccination, other 2 respondent have received TT booster as the last child has not completed 2 years of age during pregnancy. Among the 3 respondents who died not received TT vaccination, one reported that she was that she was not informed by ASHA, while the other two could member whether they have received or not. 153 respondents constituting 97.5% got their expected delivery date from the health providers as a part of ANC. These can be shown through the following diagram:

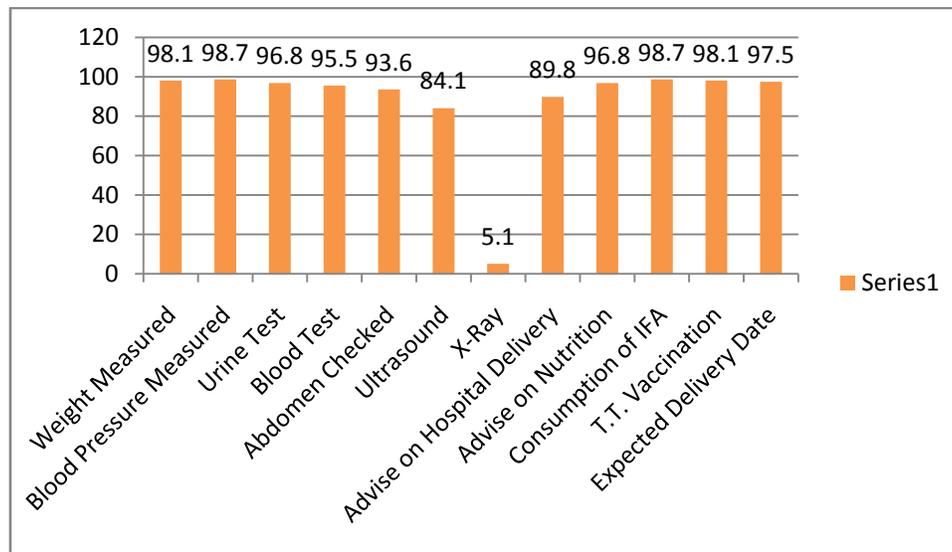


Figure 1: Access to ANC Services

156 respondents constituting 99.4% were assisted either by ASHA or by family members during ANC visit 82 respondents Constituting 52.2% reported that they were informed where to go if any pregnancy complications occur and 75 of them constituting 47.8% were not aware about it as they were not informed by anyone. 154 respondents informed that ASHA visited them during last 6 months of their pregnancy at home, while 3 respondents reported that that ASHA did not visit as they have consulted with doctors from private nursing home. During ANC check-up, 139 respondents were advised for breastfeeding

the newborn, 86 respondents were advised how to keep the newborn warm, 101 were advised for cleanliness and only 33 respondents were counselled not to do heavy works, like-climbing steps not to lift heavy things, keep themselves outside from any other heavy works. 5 respondents reported that they did not get any counselling regarding these.

As regard to maintenance of privacy during check-up, 87 respondents constituting 55.4% mentioned that privacy was maintained during check-up. On the other hand, 70 respondents constituting 44.6% have mentioned that there was no privacy in

the govt. hospitals. There was no special room for the pregnant women and hence they have to stand in a 'queue' to consult with the doctor. Even in the CHCs and DH, the specialized doctors have to take the burden the burden of other patients too and hence it creates problems in maintaining their privacy. As a result of this, consulting certain problems freely with doctor is not possible sometimes.

With the implementation of JSY and JSSK, the whole process of maternal health service was made free for all women especially in low performing state (LPS). Assam, as a low performing state, should provide it to the women under NRHM.

Despite this, it was revealed from the women during their 3 phases of maternal stage, have to pay for different services in difference health institutions.

Regarding expenditure during ANC, a shocking data was found which revealed that despite the provision of free ANC services to women 107 respondents including 4 availing Pvt. Facility, constituting 68.2% have to pay in various services. The following figure will show the details of their expenditure during ANC:

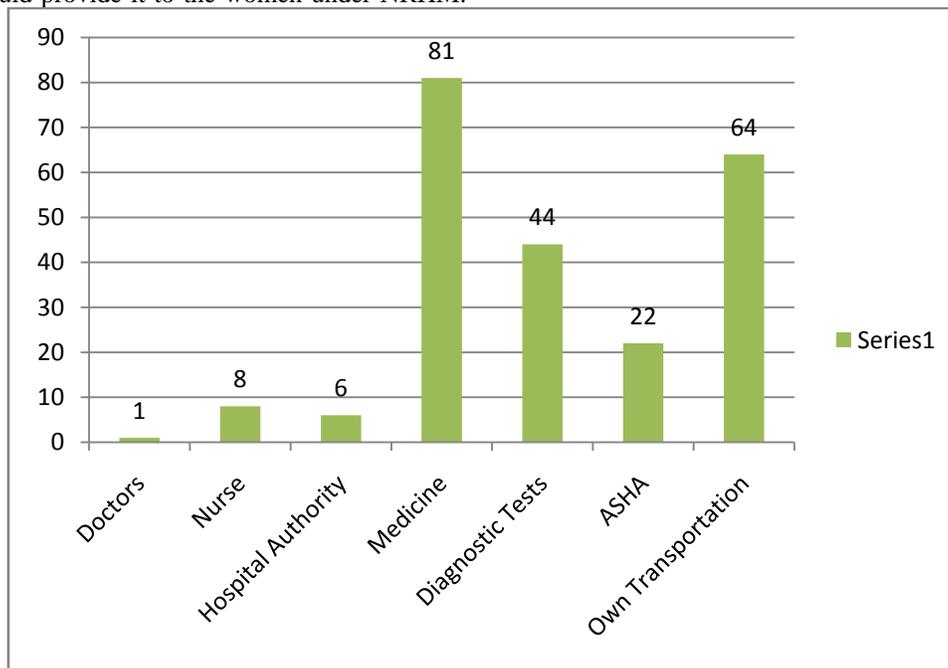


Figure 2: Expenditure in different Services

It was reported that among the 107 respondents paid for ANC, 66 respondents constituting 61.7 have done the expenditure of less than Rs. 2000/-, 33 respondents constituting 30.8% spent Rs. 2000/- to Rs. 5000/- and 8 respondents constituting 7.5% spent more than Rs. 5000/- for ANC. For these expenditures, 80 respondents managed it from their husbands income, 21 respondents managed it borrowing from micro finance group on interest, 17 respondents have taken loan from Bandhan Bank 7 of them have managed taking help from others, like- parental family, relatives or neighbours and 15 respondents incurred the cost of ANC from their own earning.

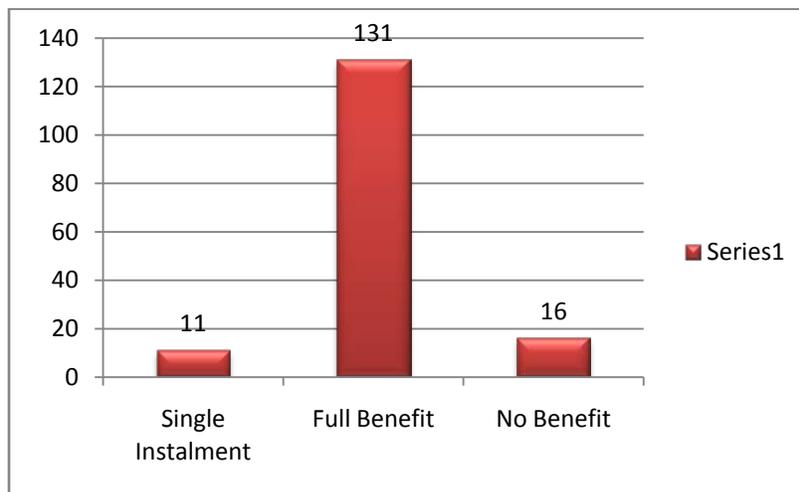
Pregnant women should have proper diet inclusive of all nutritious value. It was found that 122 respondents constituting 77.2% have maintained nutritional diet during pregnancy increasing the amount of food along with some added supplements like – milk, fruit, juice, Horlicks, vitamin etc. 36 respondents constituting 22.8% were unable to maintain proper diet during pregnancy due to eating problem, unable to buy food

because of financial problems and unaware of the necessity of proper diet.

Table III: Maintenance of Nutritional Diet

Maintenance of Diet	No. of Respondents	%
Diet Maintained	122	77.2
Not Maintained	36	22.8
Total	158	100

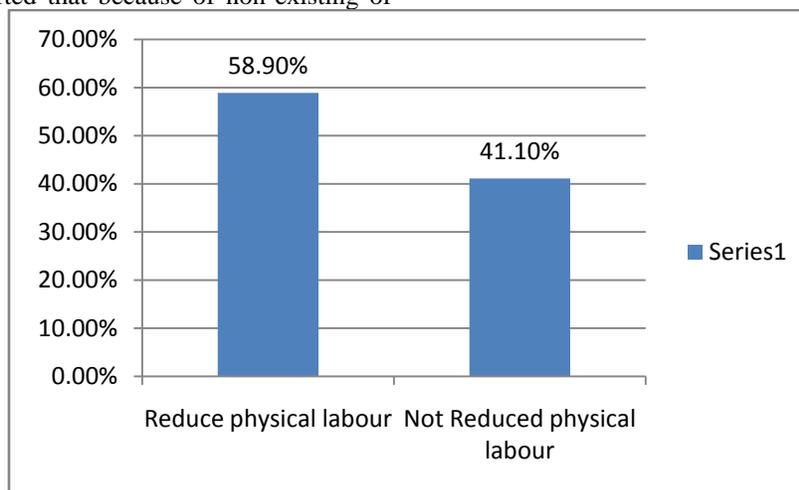
'Mamoni' is a scheme under JSY launched by govt. of Assam to give nutritional support to pregnant mother which is actually due during the time of their pregnancy. Figure-3 will show the status of beneficiaries of 'Mamoni' which comes as Rs. 1000/- in two instalments dividing Rs. 500/- each by check for ANC.



**Figure 3: "Mamoni" Beneficiaries**

Among the total respondent of 158, 157 respondents has availed the facility of ANC, hence are entitled to receive the amount under 'Mamoni'. It was reported that 131 respondents constituting 82.9% has received the full amount under 'Mamoni' for nutritious diet, 11 respondents constituting 7% received Rs. 500/- or only one instalment and 16 respondents constituting 10% did not get any amount under 'Mamoni'. Regarding the non-receiving of the amount under 'Mamoni', it was reported that maximum 7 respondents from Barkhetri Block did not received the amount including 1 respondent without ANC. One from Madhupur block reported that because of non-existing of

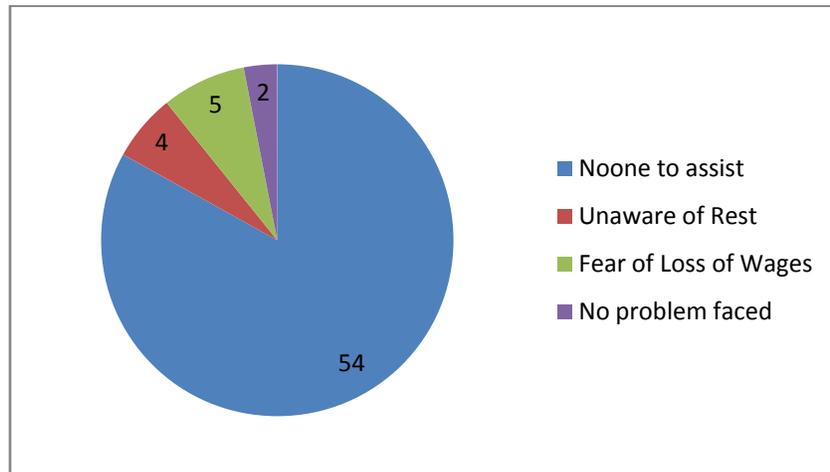
any Bank account for her, she did not receive the amount. Another one from Tihu Block reported that she did not receive the amount because she did not have her voter ID. Respondents from each the Block except Borigog-Banbhag mentioned that due to non-availability of fund as reported by ASHA to them, they did not get the amount at all or half paid. Respondents from all the blocks mentioned about giving bribe to ASHA for receiving their entitlement under 'Mamoni' which costs Rs. 30 to Rs. 500/- sometimes.



**Figure 4: Status of Physical Labour during Pregnancy**

Pregnant women should take rest at least for 10 hours in a day. Figure-4 shows that 93 respondents constituting 58.9% among the total respondents of 158, reduced their physical labour, while 65 respondents constituting 41.1% did not abstain from physical labour within and outside households 54 of the respondents who did not reduce physical labour was due to unavailability of any one to assist their work, 4 reported that they

were unaware that they were unaware of taking rest during pregnancy and 5 of them reported that they did not want to lose their daily wages taking rest, 2 nos. of respondents mentioned the as they did not face any problem during pregnancy they did not reduce their physical labour, 57 among 65 respondents who did not take rest mentioned that doing household work is the responsibility of every women.



**Figure 5: Reason of not taking Rest during ANC**

From the services as discussed, during ANC by 157 respondents out of total 158 respondents, 101 respondents constituting 64.3% reported that they were satisfied with the ANC services provided by the health personnel. Maximum respondents were unaware of the facilities provided by the govt. under NRHM. A little improvement in public health care sector they have seen with the implementation of NRHM and they were happy with it. As the respondents were unaware of respondents were unaware of services, they could not measure the adequate application of different schemes under NRHM. On the other hand, 56 respondents constituting 35.7% were not satisfied with overall services during ANC. They were complaining regarding the role of ASHAS, hospital facilities, availability of drugs and manpower too.

## VI. FINDINGS

From the above analysis, the key findings of the study can be extracted as follows:

1. Study showed 93% women registered their pregnancy in their first trimester which reflects the positive role playing by the grass-root level workers like- ASHA and ANM. ANM under NRHM has a performance based salary structure where registration of women within first trimester is one of the most important indicators. It was found that ANM insists the ASHAs to make sure the registration for ANC within the time period as mentioned under JSY.
2. During four antenatal checkups, JSY, under its provisions mentioned about BP check up, urine examination, weight measurement, and abdominal check up, HB test, T.T. vaccination and IFA consumption for the pregnant women. But study result showed only 35% out of the total respondents who completed 4 ANC checkups.
3. While JSY has made certain provisions for diagnostic tests during ANC checkups, JSSK has made are these tests free and zero cost facility. The research found that despite the implementation of JSSK, 68.2% respondents have to pay for different services during ANC. This expenditure varies which costs maximum of Rs. 5000/-

6000/-. Maximum 51.6% respondents have to pay for medicines followed by 28% for diagnostic tests including ultrasound.

4. Scarcity of manpower to run the laboratories, and lack of quality equipments along with some structural problems e.g. adjustment of manpower in some other areas or institutions resulted to unavailability of laboratory facilities for women during ANC.
5. Through only 15.2% respondents reported about availability of essential drugs in their nearby health institution, it was found that 51.6% respondents paid for medicines during ANC which is the highest category of expenditure. It reflects that the essential medicines to be provided freely to pregnant women under JSY were not fulfilled.
6. Giving emphasis on this indicator, Govt. of India, has decided to provide free delivery services to women through the implementation of JSY and JSSK under NRHM. Special provisions are made for the women from BPL categories that are more disadvantaged in terms of their socio-economic conditions and unable to afford quality health services for them. But, this study showed that 24.1% respondents took money on interest for ANC expenditure and others who had to spend for ANC checkups had incurred their expenditure from their savings.
7. Again, giving special emphasis on maternal health, JSY has included provisions on proper diet and rest for women during pregnancy under the scheme "Mamoni". A gap can be seen regarding the receiving of full assistance under Mamoni and maintenance of nutrition diet. The researcher found that a few respondents did not utilize the entitlement for them for having proper diet and they utilized it for the cause of their family as most of them belong to the lower economic background. So, for them, health comes later in comparison to other socio-economic problems.
8. Though accessibility of information is necessary, confidentiality should be maintained regarding personal health data as a part of medical ethics. It was reported that 44.6% respondents did not found privacy during their ANC while consulted with the doctors. For ANC

there were no separate room for the pregnant women. As there is a rush in the Govt. health institutions women have to consult everything in front of others and it becomes difficult for the doctors and other staffs to control the people from gathering surrounding the doctor's table. As a result of this, pregnant women get disturbed in consulting their problems with doctors and they cannot become satisfy with the services provided by the doctors. For doctors too, certain assessments, like- abdomen checkups during ANC become problematic which has an impact on detection of complication regarding maternal health of women.

It is essential to take special care during pregnancy as it is the primary stage of maternal health which may have an implication on overall health condition of a woman along with the newborn. The above analysis on the findings of the study reveals that despite these initiatives, the health sector is unable to provide full ANC services in the study area. The basic problems can be discussed as follows:

#### VII. PROBLEMS IN REALISING THE PROVISIONS OF JSY AND JSSK

It was found that there is a scarcity of doctors and other staffs in many parts of the district. As the public hospitals are over-crowded, doctors feel over-burdened. It creates problem in receiving health services in Govt. health facilities.

1. Irregular supply of medicines, non-functioning laboratory, poor quality of machines for diagnostic tests, less number of ambulances, scarcity of vehicles for referral services etc. have been hampering in the enjoyment of maternal and child health services under JSSK.
2. There is unavailability of usable staff quarters and that is why doctors and other staffs have stay outside the facilities. It resulted to unavailability of manpower that makes health services inaccessible during emergency.
3. The Health Information System is not strong under NRHM. People do not get information on the schemes, provisions and facilities under NRHM. It can be seen regarding the implementation of JSY which hampers in realisation of maternal health care services.
4. Lack of co-operation between NRHM and State Health Employees is visible in health delivery services. NRHM employees are demoralised sometimes by some other officials as they are contractual employees.
5. Again, there is a gap between the planning and execution of different provisions under NRHM. Planning in higher level and its implementation at ground level is mismatched which is one of the major defects of NRHM.
6. The major problem in implementing NRHM was found as huge corruption in each and every layer of the health system in the study area. It was found that despite the provision of free and zero cost delivery for women and free treatment for children under NRHM, women had to bribe or cut their entitlement as incentives. For this kind of expenditure, pregnant women are not interested to avail the facilities of the provided schemes.

#### VIII. SUGGESTIONS

From the above mentioned problems for implementing NRHM, it is clear that these problems and barriers can be removed with proper planning and execution of this Mission. For this, certain strategies have to be maintained:

1. Initiatives should be taken from the Govt. in contributing their development of socio-economic background through Public Distribution System and Panchayat & Rural Development. It will help them to concentrate on their health coming out from the basic necessities of life.
2. Opening of Bank Accounts should be made compulsory to receive the benefits of schemes like JSY and JSSK and the Mission should have to be strict and direct in disbursing the entitlements to the beneficiaries.
3. Infrastructure should have to be developed, emphasis should have to be given on work environment for the health personnel to maintain comfort, and laboratory should have to be well-equipped and organised with new and developed technology to attract the women towards Govt. health services.
4. Number of specialised doctors should have to be increased. Appointment of Lady Doctors in every health institutions should have to be made compulsory to remove some social and cultural barriers.
5. Monitoring system should be effective and transparent. To prove the accuracy of the survey reports, survey should have to be separately evaluated with confidentiality.
6. There should have to be the provision of rewarding the expecting mothers or becoming mothers for the best availing of ANC.
7. Behaviour of health provider matters a lot to understand the problems of women. Reproductive and maternal health is a closed area which people do not want to share with others. To extract actual information from women, health providers need to behave them softly, clearly, with caring attitude and respectfully.
8. Above all, lack of information is the main problem behind the implementation of the schemes under NRHM. Health Information System should have to be strengthened. Though, NRHM publishes some small publications on its schemes, these are not reachable to the women from every nook and corner. Again, using of medical terms makes it difficult to understand. Therefore, the language of these publications should have to be multi-lingual and easy to understand avoiding the medically recognised terms. For giving information to the women from remote backward areas, "door to door approach" can be done.

#### IX. CONCLUSION

Experience from the study on NRHM showed that NRHM is an important inclusion in the Indian Health Sector. The Mission in its Preamble itself has declared about improving the

availability, accessibility and quality of health services for the people in India with special focus on the poor, women and children from rural areas. Reproductive and Maternal Health is considered to be the key indicator to assess Women's Health. It is the responsibility of the state, government and other governmental organizations to ensure it for reducing MMR and IMR to reach the Millennium Development Goals (MDGs). For this, a proper care during pregnancy is vital for everyone. JSY and JSSK were implemented by the Govt. of India within the framework of NRHM to improve the quality of maternal health care with a view to its availability, accessibility and acceptability. Despite this, there are so many problems that women have been facing regarding the provisions of these schemes and its enjoyment due to the unavailability of infrastructure, manpower, unavailability of information and lack of co-ordination at different levels of the Mission. But these problems can be solved with an adequate strategy, active manpower, proper monitoring, technical support, involving different stakeholders and collaboration from every group of people living in the society with their strong mental and moral support.

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