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A SWOT Analysis of Government Schemes for Pregnant and Lactating Women in India

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Abstract: ***India's current Maternal and Child Health Nutrition (MCHN) statistics reflect poorly of the country's existing government programme. Experts recognize the phase of pregnancy and lactation as a critical window of opportunity for influencing the MCHN status. A clear identification and clinical assessment of government schemes/ programme that may have an impact on pregnant and lactating women can assist in identifying the strength, weakness, opportunities and threats in these interventions. The objective of the study was to review the government schemes for pregnant and lactating women. A review of all government programme and policies in areas of MCHN was undertaken using multiple strategies namely electronic reference libraries, journals, research papers and reports. The finding of paper identified the strength and weakness of government schemes and it proposes a coping strategy which might be useful for the policy makers in making the programme more enriching in order to implement the program with full potential. The threat analysis of these interventions has shown scope of improvement and areas of learning. The Indian government has implemented a number of measures that have a significant impact on pregnant and lactating women. However interventions focusing on health care needs, immunization, financial benefits are needed to increase the nutrition component. The necessity of nutrition was solely recognized in terms of providing adequate food, with no emphasis on macro and micro nutrients. This is an area where intervention should be strengthened.***
Index Terms: Government health schemes, Lactating mothers, pregnant women, Nutritional status, SWOT analysis.

I. INTRODUCTION

In the last few decades, India's rapid economic expansion has not been able to envision full development, with health and nutrition being integral to it. According to WHO (World health Organization), around the world it was seen that in developed nations Maternal mortality Ratio (MMR) ranges at 13/100,000 live births, in developing regions the figure is 440 /100,000 live births. Government of India has begun numerous national health programmes like Integrated Child Development Services (ICDS), Janani Suraksha Yojana (JSY), Pradhan Mantri Matru Vandana Yojana (PMMVY), Pradhan Mantri Surakshit Maitritva Abhiyan (PMSMA), Janani Shishu Suraksha Karyakaram (JSSK), etc. to make strides the health of antenatal mothers. National Health Mission is also playing exceptionally imperative part in improving the maternal & child well being in Urban as well as Rural range.

Women play vital part in Country building so their well being is equally important to accomplish development & improvement in all perspective of the nation (Department of Health & Family Welfare, NHM).

Since 2005, India has experienced an impressive 77% reduction in maternal mortality compared to the global average of 43%. Most of the ailment and passing among mother and children is generally preventable by improving the health of the mother and children. A few of the variables contributing to poor maternal and child health are insufficient dietary intake during pregnancy, low awareness of ante-natal care, and returning to intensive work shortly after childbirth (WHO).

Pradhan Mantri Matru Vandana Yojana (PMMVY) has shown improvement i.e., 26.4.4% (2015-16)from 11.1% (2005-06) mothers visiting more than 4 times during antenatal period. It is also observed that 86.5% of mothers have received one or more dose of TT. There is also increase in institutional delivery during 2016 from 20.6% to 67.8%, mainly due to conditional cash transfer schemes of Government (NFHS 4). Unlike PMMVY which is for all pregnant women and lactating mothers, JSY focuses on poor and marginalized women. Janani Suraksha Yojna (JSY) is also an ambitious scheme serving as a safe motherhood intervention. Efforts to address the issue of high maternal and infant mortality rate by promoting institutional deliveries have gained momentum with the formulation of National Rural Health Mission. Since the implementation of Janani Suraksha Yojana (JSY) scheme in 2005, the number of institutional deliveries has increased (National Health Mission).

The sources for getting to these schemes was from Ministry of Health and Family Welfare (MoHFW), Ministry of Women and Child Advancement, government sites, World Health Association (WHO), National Test Survey Organization (NSSO), National Family Health Survey (NFHS), journals, research papers , and conference proceedings.

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The present study attempted to do a strength, weakness, opportunities and threats (SWOT) analysis for program/ schemes. This analysis will aid in identifying potential areas for government engagement or action to combat malnutrition and to propose the efficient coping strategy to overcome the threats. Five interventions have been identified as having a direct impact on maternal health. Two interventions, Integrated Child Development Scheme (ICDS) and Pradhan Mantri Matritva Vandana Yojana (PMMVY) are supported by the Department of Women and Children Development (DWCD), and the other three interventions Janani Surakasha Yojana(JSY), Janani Shishu Suraksha Karyakaram (JSSK) and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) comes under Ministry of Health and Family Welfare (MoHFW). The above interventions were purposively selected for the study because they are currently in running status and are getting implemented at central level. There are few other schemes like IGMSY launched in 2010 and got replaced by PMMVY. Few maternal schemes were excluded from the study because they were stte specific and not getting implemented at central level for e.g. Dr. Mathulakhsmi Reddy Maternity Benefit Scheme, 1987 getting implemented only in Tamil Nadu, Sukhibhava launchd in 1999 and implemented only in AndhraPradesh, Janani Evam Bal Suraksha Yojna launched in 2006 and implemented in Bihar.

II. DISCUSSION

Centrally sponsored Government maternal schemes chosen for the study ICDS, JSY, JSSK, PMMVY and PMSMA were analyzed in terms of SWOT (Strength, Weakness, Opportunities and Threats) and they are discussed as follows.

A. Integrated Child Development Scheme (ICDS)

Launched in 1975, Integrated Child Development Scheme (ICDS) is a unique early childhood development programme, aimed at addressing malnutrition, health and also development needs of young children, pregnant and nursing mothers.

Table 1: SWOT of ICDS

ICDS (1975)	Strength	Weakness	Opportunities	Threats
	Designed to address multiple determinants under-nutrition, i.e. food security, health services and caring, supplementary feeding, growth monitoring, prophylaxis against Vitamin A deficiency, control of nutritional anemia.	Lack of focus on changing family-feeding and child care behavior.	50% increase in coverage of 0-3years children which indicates a positive intervention within 1000days.	Involvement of AWW in multiple government programs disturbs their prime role in providing nutrition education and promotion.

Table 1 represents the SWOT analysis of ICDS and it was seen that there was wide gap between original intention and actual implementation. The counseling of parents was neglected. AWW must have more time for community motivational visits and interactive at AWC. Better training to AWW will go a long way to implement ICDS better.

B. Janani Suraksha Yojana (JSY)

JSY, a scheme launched in April 2005 with the goal of decreasing Maternal and Infant Mortality. This is a contingent money move plot for pregnant ladies coming into the institutional overlay for conveyance. It has been praised as an effective plan achieving a flood in institutional conveyances for delivery.

Table 2: SWOT of JSY

JSY (2005)	Strength	Weakness	Opportunities	Threats
	Incorporates antenatal and post-natal care. Increase in beneficiaries from 109.3 lakh in 2011-12 to 454.6 lakh in 2015-16.	ASHA workers are not trained in promoting nutritional care to mothers and neonates.	Cash transfer enables in utilizing money in antenatal and post natal care and also assist with transport facility	Focus on nutritional status and dietary intake is overlooked by excessive focus on institutional deliveries.

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Table 2 depicts the SWOT analysis of JSY. JSY is a safe motherhood intervention but nutrition care is not encouraged by ASHA workers. For a sustainable improvement in maternal and child health, a comprehensive maternal care integrating multiple aspects, e.g. health education, nutrition, ANC and PNC will be required.

The number of JSY beneficiaries stood at 48.2 lakh in FY 2019-20 (as of September 2019). Tamil Nadu and Rajasthan reported over 50 per cent enrolment of JSY beneficiaries out of the estimated eligible population. Among the LPS, Telangana (7 per cent) and Haryana (6 per cent) reported the lowest enrolment out of the estimated population eligible for JSY payments. To complement JSY, Government of India launched Janani Shishu Suraksha Karyakram (JSSK) on 1st June, 2011 to eliminate out of pocket expenditure for pregnant women and sick new- borns and infants on drugs, diet, diagnostics, user charges, referral transport, etc.

C. Janani Shishu Suraksha Karyakaram (JSSK)

Government of India launched this scheme on the year 2011. In this scheme all pregnant women who give child birth in government health facilities are entitled for free facilities.

Table 3: SWOT of JSSK

JSSK	Strength	Weakness	Opportunities	Threats
(2011)	Initiative is to provide free and cashless services to pregnant women (including deliveries) and sick newborn (up to 30days after birth).	Documentation work takes very long time which leads to delay in getting benefits.	Main objective is to eliminate out of pocket expenses for both pregnant women and sick infants.	Unavailability of human resources is posing a major threat.

Table 3 represents the SWOT analysis of JSSK. These are cashless delivery services, free caesarean section, free treatment of sick new-born, free medicines/consumables, free diagnostic tests, free diet during indoor stay, free blood transfusion, free pick up and drop facility from home to health institutions This schemes aims for safe and healthy motherhood but scarcity of resources is growing threat. Timely availability of medicine and other consumable is essential to successfully implement the scheme.

D. Pradhan Mantri Matru Vandana Yojana (PMMVY)

Pradhan Mantri Matru Vandana Yojana (PMMVY), previously known as the Indira Gandhi Matritva Sahyog Yojana, is a maternity benefit program run by the government of India. It was originally launched in 2010 and renamed in 2016.

Table 4: SWOT of PMMVY

PMMVY	Strength	Weakness	Opportunities	Threats
(2016)	Under PMMVY, a cash incentive of ` 5000/- is provided directly to the Bank / Post Office Account of Pregnant Women and Lactating Mothers (PW&LM)	Since only government hospitals have authority to register/ update the MCP Card, beneficiary taking services from private hospitals can not avail the benefit.	The cash incentive provided would lead to improved health seeking behaviour amongst the Pregnant Women and Lactating Mothers	It violates the National Food Security Alert 2013 by restricting the benefit to only one child birth.

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Table 4 describes the SWOT analysis of PMMVY. By restricting the benefit to only one child birth, it violates the National Food Security Alert 2013. Every pregnant and lactating woman should be entitled to nutrition and maternity benefits.
Since the start of the scheme till 2 January 2020, 137.3 lakh beneficiaries had been enrolled. The year-wise break up of enrolment was as follows: in FY 2017-18, 21.2 lakh beneficiaries or less than half the annual target were enrolled under PMMVY. Enrolment increased in FY 2018-19, with 60.6 lakh beneficiaries enrolled. In FY 2019-20, till 2 January 2020, an additional 55.5 lakh beneficiaries had been enrolled under the scheme.

E. Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

Pradhan Mantri Surakshit Matritva Abhiyan envisages to improve the quality and coverage of Antenatal Care (ANC), Diagnostics and Counselling services. During this campaign, trained service providers and ASHA will focus their efforts to identify and reach out to pregnant women who have not registered for ANC (left out/missed ANC) and also those who have registered but not availed ANC services (dropout) as well as High Risk pregnant women

Table 5: SWOT of PMSMA

PMSMA	Strength	Weakness	Opportunities	Threats
(2016)	PMSMA is held on 9th of every month, ensure care provision by a physician/ specialist in at least one ante-natal visit in the second or third trimester. Total pregnant women examined – 29,837,125.	Women residing in urban areas are excluded from the scheme.	Envisages to improve the quality and coverage of Antenatal Care (ANC) including diagnostics and counselling services as part of the Reproductive Maternal Neonatal Child and Adolescent Health.[6]	Color coding is done which create fear in women : Green sticker and Red sticker.

Table 5 represents the SWOT analysis of PMSMA. The critical component of this Abhiyan is to identify and follow up high risk pregnancies. Color coding is done for identification green and red which create threats among beneficiaries. Detailed explanation of different color codes should be given to beneficiaries by health care workers before assigning any code.

III. CONCLUSION

As India strives towards achieving the Sustainable Development Goals (SDGs) and looks ahead to the post-2015 era, progress in reducing maternal mortality becomes an important frontier. Every pregnancy is special and every pregnant woman must receive special care' Any pregnant woman can develop life-threatening complications with little or no advance warning, so all pregnant women need access to quality antenatal services to detect and prevent life-threatening complications during childbirth. This impressive performance can be attributed to the various policies. The Government Of India has launched a wide array of interventions to reduce MMR(Maternal Mortality Ratio).
The Government steps up and strengthens its current interventions to optimize the quality and quantity of nutrition for the masses, in particular the vulnerable sections of the society like women and children.

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A. Four decades of ICDS program continues to be the world's most unique development and health scheme.The ICDS programme aims to deliver all fundamental required services to children and mothers in their villages or districts in an integrated manner. The programme has been expanded to include urban slums as well as rural and tribal areas.

B. The present SWOT (Strength, weakness, opportunities and threat) analyses of five direct health interventions reveals a well implemented; however an instead diluted and feebly empowered image of Government schemes. Policy makers to significantly enhance the well being of pregnant and lactating women and make decisions that aim to provide measurable improvements in people's quality of life.

C. It can be concluded that the implementation of other schemes getting hindered by country's size and diversity.

D. The policy context, funding mode, a lack of community awareness and poor infrastructure are another factors for inhibiting the implementation of sustainable improvement.

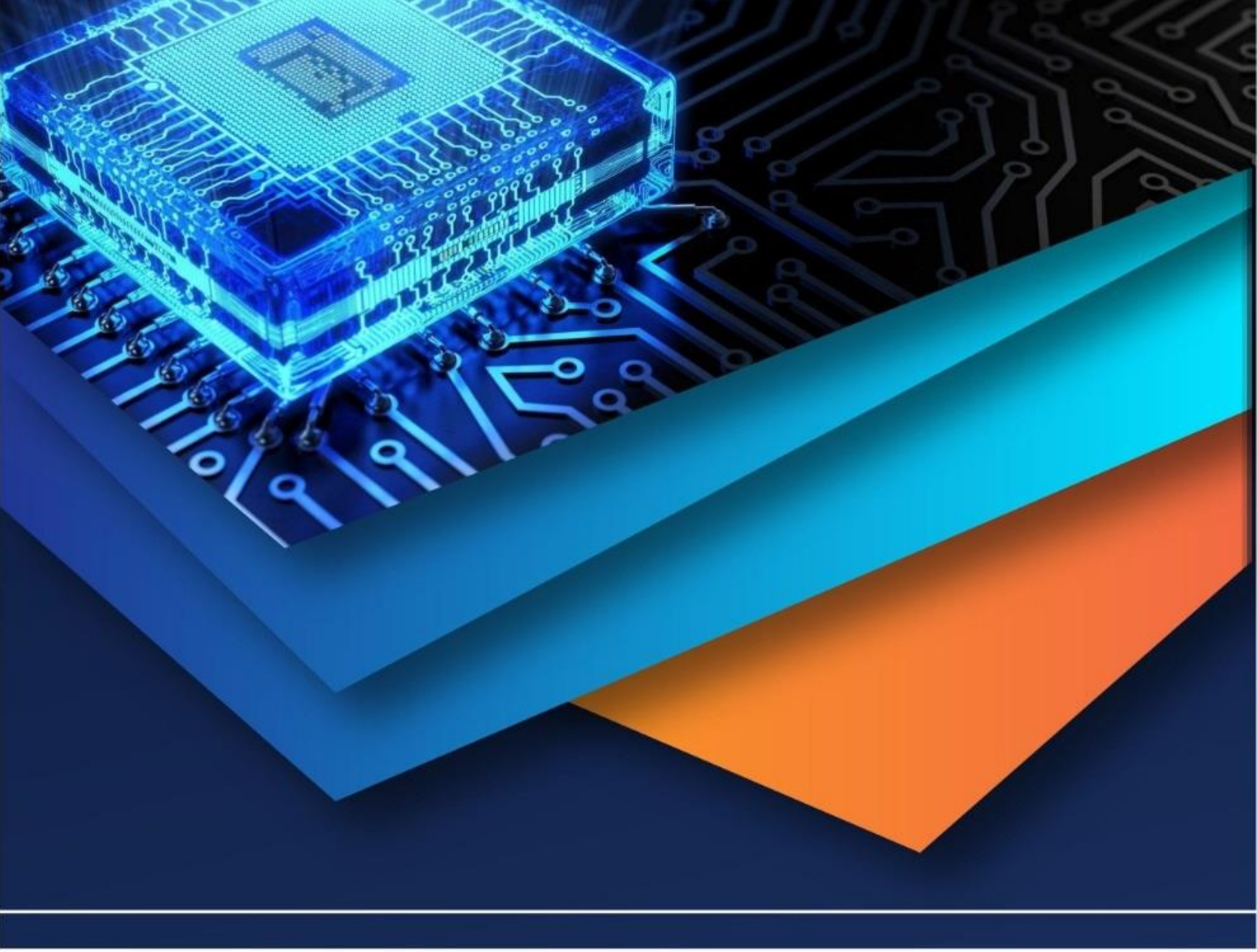
E. In addition to the more targeted approach, India has also attempted to address broader social determinants of maternal health which have contributed to improving maternal outcomes. However, the distribution of these gains is uneven across states and socio-economic groups. Along with demand side financing schemes, supply side measures are necessary to accelerate the gains in maternal outcomes in the underperforming states.

F. The implementation of the schemes could be made more impressive and fruitful if the cultural and unrecognized leaders (e.g., School teachers, Principals, Female staff at post offices, mother in laws) are trained for creating awareness and benefits of the available schemes.

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