

Impact and Utilization of Transport System on Institutional Deliveries in Delhi

Suresh Sharma, Shruti Pandey

Population Research Centre, Institute of Economic Growth, Delhi, India

Abstract

Lack of transport facility was the major hindrance in accessing health facilities for people residing in remote areas and has become the foremost concern for policy makers to further reduce MMR and IMR. For this purpose Government of India launched JSSK in 2011 under NRHM. This cross-sectional study tries to examine availability, utilization and awareness of transport services provided free of cost under the scheme JSSK in Delhi. This study was conducted using multistage random sampling in 2014-15 in five selected district of Delhi namely North, South, South-east, East, and West districts. Total 374 Beneficiaries were interviewed who had deliveries in past six month to one year. Among the beneficiaries who were aware about the scheme only few of them used government transport and rest were dependent either on their own transport or on other mode of transportation. Transport utilisation for Home to Health facility and for drop back home was very less in West district & South-east districts. According to the study, maximum expenditure occurred for coming home to Health facility. Transport is an important tool in the implementation of the JSSK services but it is not performing well. There are various reasons behind underutilisation of transport services such as stigmas attached to ambulance services, lack of awareness, and irregularity of ambulance services etc.

KEYWORDS: Utilization, Transport, JSSK, Delhi

Introduction

The problem of mortality has become a pivotal concern across global especially for developing countries like India. Maternal deaths due to puerperal causes are high worldwide indeed approximate 800 women die because of these causes every day. Twenty per cent of those deaths are accounted from India. Annually approximate 55000 women die due to preventable pregnancy related causes in India. Similarly in case of infants' deaths approximately 130000 lakh infants die every year in India (Goyall R.C. et al 2014). High number of maternal and infant's deaths in some areas of the world reveal inequities in access to health services. In India maternal mortality ratio is disappointingly high at 178 per 100,000 live births as per SRS 2012. There are number of factors accounting for maternal death such as: poverty, lack of adequate information, distance to health facility, inadequate services and cultural practices. High rate of maternal mortality and infant mortality can be reduced by providing timely access to quality services in public health facilities. Women are still hesitant to access public health facilities because of many reasons. Some of them are, high out of pocket expense in case of taking mother from home to Institution, from institution to home and from institution to higher facility. In addition the location of facility becomes another important reason for not accessing the health facility especially in remote areas.

Under this back drop NRHM was launched in India, 2005 to provide equitable & affordable health services. The prime focus was given to maternal and child healthcare, which was lagging behind in terms of health and equality. After its

implementation still problems were faced by beneficiaries in accessing the health facility and getting quality healthcare services. Although situation got improved after the implementation of NRHM but health facilities were underutilized and beneficiaries were unable to access these services. Lack of transport facility was the major hindrance in accessing health facilities for people residing in rural /remote areas mainly, and also this was the one of reason for underutilization of public health facilities even after putting so many efforts by the government to enhance the uses of public health facilities and to improve the situation of health care system.

A strong referral system was required providing strong referral transport for effective implementation of the scheme and to make a convenient way for accessing public health facilities to people living in remote/rural areas .For the purpose, NRHM launched free transport scheme under the JSSK in 2011. Initially, it was not the part of the program but later it was included keeping in view the dire need of referral transport. There are two types of ambulance services under NRHM, i.e. '108' and '102', spread all over India. 108 is predominately an emergency response system, for accidental patients needing critical care and 102 ambulance services are for basic patient support system for pregnant women and sick new born children. There are a total of 15361 ambulances spread across India of which 8122 are of 102 type ambulances and 7239 are of 108 type ambulances. In Delhi, there is a provision of only 102 ambulances.

In the present study we have tried to access awareness about free referral transport facility provided and to estimate the burden of out of pocket expenditure due to transport used for accessing health facility. We have also tried to extract utilization of free transport facility and extent of availability of transport at health facility.

Data & Methodology

The target population for the study includes women who had delivered in the past six months to one year and had availed the benefits of the scheme. The geographical survey included the North, South, East, West and South-east districts of Delhi. A total of 374 beneficiaries were interviewed for this study. Information gathered includes socio-economic information, Awareness about Transport facility, Out-of-pocket expenditure on Transportation, Extent of availability and utility extracted from the free transport service under the scheme. For this purpose canvasser method was used for data collection through semi structured questionnaire.

For primary data collection discussions were held with the district level officers and facilities were selected according to their performance. Further at the facility level, a team of researchers interacted with the doctors, Para medical staff, ANMs and ASHAs for analysing their set of problems associated with transport services. For interaction with the beneficiaries, a team of 3-4 investigators was sent with ASHAs and ANMs to conduct household surveys. This team went to the houses of the beneficiaries and enquired about the services which they availed from the facilities under the JSSK scheme.

We have selected 5 district of Delhi according to performance indicators. The main objective of the study was to evaluate the utilization, availability and awareness of the transport facility provided under JSSK.It has been performed through three stages; at the first stage, interaction was done with the district level officials, at the second stage, with the facility level in charge and at the third stage, we have interacted with

the beneficiaries who have availed the services from the scheme.

For collecting desired information appropriate sampling design “Multi stage random sampling” was used. At the first stage, the districts have been selected by the performance of their health indicators. At the second stage, four facilities were selected from the district. At the third stage, out of the fifty beneficiaries listed, twenty-two were selected, due to non-response for reasons such as migration, non-availability of beneficiary etc., who have availed services from the respective facilities within the period of six months to one year. In this study, we have categorized the income class into three groups namely, up to Rs.5000, Rs.5001 to Rs.10000 and above Rs.10000. Collected data was analyzed through SPSS 16.0 after scrutiny of the complied data.

Results:

Average household size among study participant comes out to be 6 except for the East district where it was 7. Table 1 depicts that among beneficiaries highest percentage were of the general category (38%) across the districts and comparing with other districts, the general caste is higher in the West district (46%). Similarly, religion wise Hindus are higher across the districts of Delhi, followed by Muslims among beneficiaries. 82 percent of the beneficiaries are residing in pucca houses, which are high in the South (95%) and West districts (93%) respectively. The average literacy rate of the beneficiaries is 66 percent. Across the districts South district has highest literacy rate of 82% whereas only 62 percent are literate in the North and East districts. Majority of the beneficiaries have completed matriculation.

Table 1: Socio-Economic Characteristics of the Beneficiaries

		North	South	East	West	South -East	Total
Household Size		6	6	7	6	6	6
Caste (%)	General	43	41	27	46	38	38
	Schedule Caste	33	32	43	31	41	37
	Schedule Tribe	1	9	0	0	1	1
	Other Backward classes And No response	22	18	30	23	20	24
Religion (%)	Hindu	76	91	72	72	85	77
	Muslim	19	9	28	15	8	17
	Christian	0	0	0	1	2	1
	Sikh	1	0	0	12	1	3
	Others and No response	3	0	0	0	3	2
House type (%)	Kuchha	0	0	6	0	6	3
	Semi pucca	28	5	6	7	24	15
	Pucca	72	95	88	93	70	82
Education (%)	Literate	62	82	62	69	65	66
	Illiterate	38	18	38	31	35	34

Major Occupation of Beneficiaries		House wife	House wife	Hous ewife	Hous ewife	House wife	Hous ewife
Occupation of Beneficiary's husband	Skilled	49	32	31	55	31	41
	Unskilled	47	55	47	43	53	48
	Unemployment	1	4	0	0	2	1
	Others	3	9	23	2	14	10
Income (%)	Up to Rs.5000	22	14	17	11	7	14
	Rs.5001-Rs.10000	53	45	53	55	53	53
	More than Rs.10000	25	41	30	34	40	33
Having card (%)	BPL	17	5	17	6	16	13
	RSBY	3	0	1	0	1	1
	Aadhar	72	68	60	82	58	68
	Others	22	14	26	19	26	23
Migrating States (%)	Uttar Pradesh	28	41	52	42	26	37
	Delhi	32	36	25	34	28	30
	Bihar	24	9	18	10	23	18
	Others	16	14	5	14	23	14

Source: Field Survey Nov-Dec, 2014

Majority of the beneficiaries are housewives but husbands of the beneficiaries are working in both skilled and unskilled sector, study reveals that 41 percent skilled and 48 percent in unskilled sector respectively. Table depicts that more than half of the beneficiary families lie in the income category of Rs.5001 to Rs.10000, which is comparatively high in the West district (55%) and low in the South district (45%) because of the fact that households having more than Rs.10000 income are higher in this (South) district only (41%).

Table 2: Awareness about the Scheme and Utilization of the Transport for Reaching Facility from Home

Awareness JSSK Scheme	Mode of Transportation used to Reach Centre from Home					Total
	Own Transport	Relative's Transport	Govt. Transport	Others	No Respond / Do Not Know	
Yes	182	9	47	58	0	296
No	61	2	7	7	1	78
Total	243	11	54	65	1	374

Source: Field Survey Nov-Dec, 2014

Table suggests that pregnant women who were aware about the scheme gave first priority to use their own transport and second to other mode of transport for reaching health facility from their home and kept government transport at 3rd priority provided

under JSSK. It reveals that beneficiaries are opting their own transport or other mode of transport as compare to government transport. Reason behind this is that on an average it took more than 10 minute time to pick up and due to delay in the process of calling ambulances people prefer to go by their convenient way (fig no 1). Surprising fact that out of 80% beneficiaries who were aware about the scheme only 15.8% used government transport for accessing health facility from home.

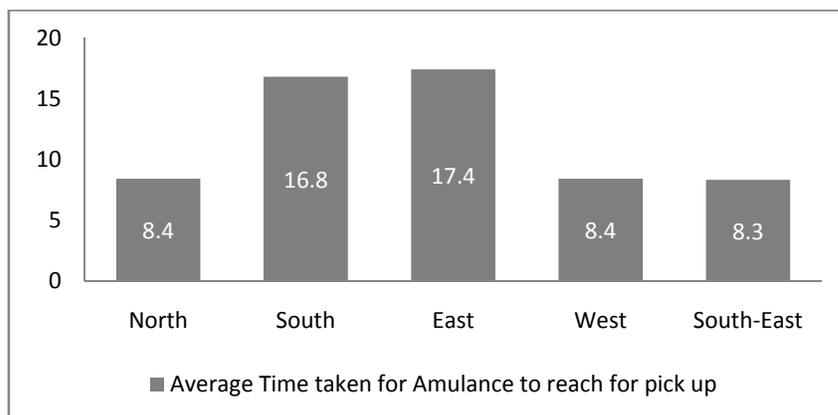


Figure no. 1

Association of Socio-Economic Profile of Beneficiaries to Transport Utilization: In table no 3, association of transport utilization with socio-economic profile of beneficiaries is described. It has been found that according to cast category 75.7 percent of the general population was utilising their own transport in going to health care centres, followed by the ST category, which also had the highest usage of the public transport (about 25 percent). It can be said that categories such as schedule caste and schedule tribe were utilising public transport more than the other categories. When it comes to religion, the government transport was mostly used by the Muslim category while Sikh category was mostly using their own transport. The Christian category was using transport from other categories, which was higher than any other category.

Table 3: Socio Economic profile of the Beneficiaries and Transport Utilization

Socio-Economic Indicators	Category	Own transport	Relative's transport	Govt. transport	Others
Caste	General	75.7	2.1	9.7	11.8
	OBC	61.7	6.2	14.8	17.3
	SC	54.7	2.2	19.0	24.7
	ST	75.0	0	25.0	0
Religion	Hindu	64.2	3.5	14.9	17.0
	Muslim	62.5	1.6	15.6	20.3
	Christian	33.3	0	0	66.7
	Sikh	92.3	0	0	7.7
Occupation of Husband	Skilled	64.5	4.6	12.5	18.4
	Unskilled	64.2	1.7	16.8	16.8
	Unemployed	50.0	0	0	50.0
	Others	71.1	2.6	13.2	13.2

Income of the Family	<2000	66.7	0	33.3	0
	2000-5000	56.0	4.0	32.0	8.0
	5000-10000	66.3	2.0	9.5	22.1
	>10000	66.4	4.1	14.8	13.9
Card Holder	BPL	66.0	4.0	14.0	16.0
	RBSY	60.0	0	40.0	0

Source: Field Survey Nov-Dec, 2014

In the occupation category, those who were unskilled were using the free referral transport more than the other categories. Further, those who were unemployed were using either other means of transport or their own transport and not using government vehicles, which is a matter of concern.

Considering income as other category for association with transport, results suggest that those earning less than Rs.2000 were using government transport more but at the same time they were having their own transport facility as well, so they were not totally dependent on the government transport. Whereas beneficiaries in the income group Rs.5000-Rs.10000 were utilising services from other sources. Those who were having Rashtriya Swasthya Bima Yojna (RBSY) card were using services of referral transport more than those who were having Below Poverty Line BPL card.

In general there were a low percentage of people who were utilising government transport and there are many causes behind this ,such as lack of awareness, inability to reach beneficiaries location ,etc .Majority of the beneficiaries (37% ,Table no 1) belong to migratory population and they usually live in slum areas where it is not possible for ambulances to reach due to narrow lanes of these areas, this is one of the major barrier for not using government transport facility .Some of beneficiaries also reported that delay in the arrival of the transport, which led them to use their own vehicle because at that moment they cannot wait for ambulance to come and pick them up.

Table 4: Usage of referral transport in Delhi

Free Referral transport Services	2011-2012		2013-14	
	Pregnant women	Sick New Born	Pregnant women	Sick New Born
Home to Institution	37497	1478	182070	4510
Institution to Institution	28788	3287	113858	12748
Drop back home	68393	7954	374041	17407

Source: District Office, 2014

In order to access the usage and pattern of utilization primary data were analyzed .Table 4 depicts the current situation of transport utilization in the state Delhi. It is clear from the graph 1 and 2 that performance has been improved considerably from year 2011-12 to 2013-14 in both section of JSSK entitlements (pregnant women and sick newborn). There is approx 5 times increase in case of pregnant women using transport for Home to Institution while in case of sick new born no of beneficiaries become triple from year 2011-12 to 2013-14.

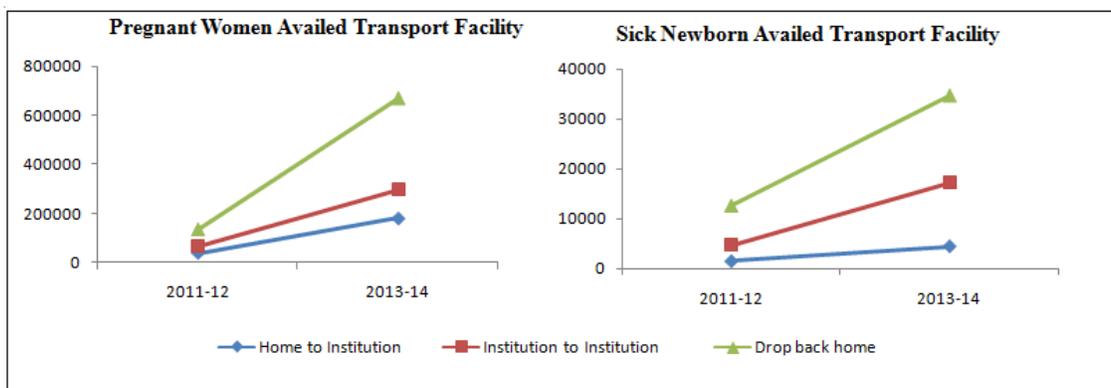


Table 5: Beneficiaries Who Aailed Facility of Transport in Different Districts:

District	No. of Beneficiaries who aailed facilities in 2013-14			
	Home to health Institution	Transfer to higher facility	Drop back home	Total
North	74	44	30	148
East	-	545	478	1023
West	7	106	3	116
South	-	240	11	251
South-east	12	619	1011	1642

Source: District Office, 2014

Table 5 shows the district wise utilisation of referral transport. In the North district, more people were using referral transport from their homes to the health institution. In the East district, the referral transport was highly used for transfer to higher facility and drop back home. In the West and South districts as well, similar pattern was noticed. In the South-East district, there were a higher number of beneficiaries who aailed drop back facilities in comparison to the other districts. It has been observed in almost all the facilities that the referral transport was highly used and acted as a catalyst in saving lives of many pregnant women. So far its utility has been limited to only referral transport to higher referral centres but the percentage share of usage of home to health institution and drop back home facilities is low except for the South-east district.

There are various reasons for underutilisation of referral transport in Delhi such as most of the beneficiaries not being fully aware about the advantage of the ambulance services, a stigma attached for using ambulance service for drop back facility as most of beneficiaries don't want to go back home in an ambulance after the birth of a child, and inaccessibility of area due to narrow lanes.

Table 6: District-wise Utilisation of Transport Services

Name of the Districts	Own transport	Relative's transport	Govt. transport	Others
North	67.0	3.4	21.6	8.0
South	86.4	.0	13.6	.0

East	52.	1.1	20.5	25.0
West	62.5	3.4	8.0	26.1
South-East	72.7	4.5	8.0	14.8
Total	65	2.9	14.4	17.4

Source: Field Survey Nov-Dec, 2014

Table 6 depicts the mode of transportation used in different districts to reach from home to the facilities. In the South and South-East districts, most of the people were using their own transport in commuting from home to the health institutions because of lack of institutions in these two districts which led people to either go for higher referral centres or commute through their own vehicles. Government transport was highly used in the North and East districts in comparison to the other districts. Relative's transport and other categories were marginally utilised for transportation from home to the facility. Overall, 65 percent of the beneficiaries were using their own transport which indicates that the transport facility is underutilised.

Table 7: Facility-Wise Usage of Transport for Home to Facility

District	Facility	Own Transport	Relative's Transport	Govt. Transport	Others
North	BhaiParmanand	54.5	.0	27.3	18.2
	Daulatpur Maternity Home	86.4	.0	9.1	4.5
	Maharishi Valmiki Hospital	63.6	.0	36.4	.0
	BabuJagjivan Ram Hospital	63.6	13.6	13.6	9.1
East	Maternity Home Geeta Colony	40.9	4.5	31.8	22.7
	Maternity Home Patparganj	45.5	0	27.3	27.3
	LalBahadurShashtri Hospital	63.6	0	18.2	13.6
	Maternity Home Kichripur	59.1	0	4.5	36.4
West	Maternity Home Vishnu Garden	77.3	0	0	22.7
	GuruGobind Singh Hospital	77.3	0	13.6	9.1
	Maternity Home Madipur	27.3	0	4.5	68.2
	Maternity Home Jawalपुरi	68.2	13.6	13.6	4.5
South-East	Maternity Home Defence Colony	86.4	4.5	0	9.1
	Maternity Home Shrinivasपुरi	77.3	4.5	4.5	13.6
	Maternity Home Badarpur	63.6	9.1	13.6	13.6
	Maternity Home Jungपुरa	63.6	0	13.6	22.7

South	Malviya Hospital	86.4	0	13.6	0
--------------	-------------------------	------	---	------	---

Source: Field Survey Nov-Dec, 2014

Table 7 shows the usage of referral transport in different facilities in Delhi. As we can see, among the facilities of the North district, Maharishi Valmiki Hospital was performing better than the other facilities in terms of usage of referral transport. On the other hand, most of the people were using their own transport to reach Daulatpur Maternity home. In the East district, uses of referral transport was more by Maternity home Geeta Colony than other facilities and in the area near Lal Bahadur Shastri Hospital; people are using their own transport mainly (63.6%). In the West district, most of the beneficiaries in the Maternity Home in Vishnu Garden, and Guru Gobind Singh Hospital were using private transport and only 13 percent of the people were using government transport in Guru Gobind Singh hospital. It can be said that majority of the population was using their own transport among the facilities of the West District. In the South-East district, Maternity home in Badarpur was performing better in terms of usage of government transport than the other facilities. Further in South, there was only one facility where most of the patients used their own transport. Overall scenario shows that Maharishi Valmiki was performing better than the other facilities when it comes to the usage of the government transport.

Usage of Drop Back facility:

In transport facilities under the NRHM, drop back service is also provided. After the delivery, patient can be sent back through ambulance, which can insure the well-being of both mother and child. But in Delhi, so far, this part of the scheme is not working well as most of the beneficiaries were not utilising the drop back facility. It has been observed that most of the times, the patients were not aware of the services and even if they were aware, they did not want to utilise them. More awareness regimes can be established so that the people have knowledge regarding the different components of the scheme.

Table 8 shows the percentage of people who have availed drop back facility through referral transport. Comparing all the districts, we see that more people were using the drop back services in the North district than any other district. In the West district, a large number of people were using their own transport rather than the government transport. Further, in the South-East district, a contrasting pattern has been observed i.e. about 26.1 % of the people have used transport but on a partial level.

Table 8: Drop Back Facilities According to Districts

District	Yes	No	Partly	No response or Don't Know
North	21.6	78.4	0	0
South	4.6	95.4	0	0
East	13.6	49	0	36.4
West	2.3	97.7	0	0
South-East	10.2	41	26.1	13.6

Source: Field Survey Nov-Dec, 2014

This can be seen from two perspectives; either the ambulance was not reachable to the point of the drop due to non-accessibility of the area, or that some amount of money

had to be given to the ambulance driver. Overall, the drop-back facilities under JSSK were highly underutilised which can be a matter of concern and can be improved easily.

Table 9: Facility Wise Usage of Free Transport for Drop Back Services

Facility	Yes	No	Partly	No response or Don't Know
BhaiParmanand	22.7	77.3	0	0
Daulatpur Maternity Home	22.7	77.3	0	0
Maharishi ValmikiHospital	36.4	63.6	0	0
BabuJagjivan Ram Hospital	4.5	95.5	0	0
Maternity Home Geeta Colony	4.5	68.2	0	27.3
Maternity Home Patparganj	27.3	27.3	0	45.5
LalBahadurShashtri Hospital	4.5	31.8	0	63.6
Maternity Home Kichripur	18.2	72.7	0	9.1
Maternity Home Vishnu Garden	0	95.5		
Guru-GobindSingh Hospital	0	100	0	0
Maternity Home Madipur	0	100	0	0
Maternity Home Jawalapuri	4.5	95.5	0	0
Maternity Home Defence Colony	0	50.5	45.5	0
Maternity Home Shrinivasपुरi	4.5	27.3	22.7	45.5
Maternity Home Badarpur	4.5	59.1	36.4	0
Maternity Home Jungpura	31.8	63.6	0	4.5
Malviya Hospital	4.5	95.4	0	0

Source: Field Survey Nov-Dec, 2014

Table 9 shows the usage of referral transport according to different facilities in the districts. In facilities like Guru Gobind Singh Hospital and Maternity Home in Madipur, there was no usage of this service. A similar trend can be seen in almost all the facilities except a few maternity homes of the North and South districts. Underutilisation of drop back services was one of the major hindrances in proper implementation of the scheme. One recurrent point which has been seen during the field visit was lack of awareness about the referral transport among the beneficiaries. Further, in most of the facilities, there was no display regarding the provision of transport provision under JSSK scheme. It can be seen that indifferent facilities, due to heavy load, integral parts of the scheme such as transport are often ignored because of lack of resources. Thus, only CATS helpline will not help in increasing the usage of referral transport and there is an urgent need of initiatives taken from both, the district and facility level.

Provision of Transport for Higher Referral Centres:

Third and the most important component of referral transport system is availability of transport facility from one centre to a higher referral centre. This service was included to save valuable lives of the mother and child if there is lack of resources at a particular centre. Any complicated case arriving at any of the facility is sent to a higher referral centre through CATS ambulances. Further, one junior resident doctor is compulsory in the vehicle with the patients. At the facility level, the referral transport has proved to be a boon for the critical patients and have saved so many lives. But most of the times the facility staff had to use their own transport to come back to the facility after the transfer of the patient, which was often difficult due to unavailability of transport during odd hours. In that scenario, it was suggested by the staff members that ambulance service should drop them at their respective duty station or their residence.

Other Factors Related to Usage of Transport: Factors such as time taken for ambulance services to reach the location and whether any health worker accompanied them or not, are some of the important indicators which reflect the performance of the transport facility in different districts. Average time taken by the ambulances to reach their desired pick up location (figure no 1). This average has been computed from the answers of the respondents who took the transport services. More time was taken in the South and East districts as compared to the other districts in Delhi. Locality of the pickup location and availability of the ambulances were some of the factors which affected the performance of the referral transport.

Table 10 Shows the percentage of beneficiaries who were accompanied by ASHAs in the districts. It can be seen that more pregnant women were accompanied by ASHAs in the East and West districts. Interestingly, in the East district, more time was taken by the ambulance to come, where most of them were accompanied by ASHAs.

Table 10: ASHA Accompanied with Beneficiaries:

District	Yes	No	Don't Know
North	20.5	75	4.5
South	4.5	95.5	0
East	37.5	62.5	0
West	27.3	71.6	1.1
South-East	5.7	94.3	0

Source: Field Survey Nov-Dec, 2014

It can be said that ASHAs were proving to be a catalyst in bridging the gap between the patient and referral transport. So, ASHAs can be encouraged more in such areas where transport can't be accessed easily. Further, ASHA can be an important tool in creating awareness regarding the provisions coming under transport facilities.

Expenditure on Transport according to different Income Class:

Table no 11 depicts that more than half of the beneficiaries' family lying in the income category 5,000-10,000 who paid for the transportation for reaching health facility from Home. Study reveals that maximum amount was paid by the income category more than 10,000 but variability was more in the income class 5000-10,000. A similar result holds for the amount of transportation paid for referred cases.

Table 11: Expenditure on Transportation Income Wise

Income of the family		Amount spent Home-Facility	Amount spent for Drop back facility	Amount of Transportation in Referred Cases
2000-5000	Mean	96.04	80.00	72.17
	N	24.00	1.00	23.00
	% of Total N	11.71	16.67	13.77
	Std. Deviation	74.96	-	61.20
	C.V	78.05		84.79
>5000 to <=10000	Mean	92.61	76.00	86.38
	N	115.00	5.00	94.00
	% of Total N	56.10	83.33	56.29
	Std. Deviation	108.29	50.30	99.36
	C.V	116.93	66.18	115.02
>10000	Mean	113.11	Nil	116.90
	N	66.00	Nil	50.00
	% of Total N	32.20		29.94
	Std. Deviation	113.71	Nil	165.99
	C.V	100.53		141.99
Total	Mean	99.61	76.67	93.56
	N	205.00	6.00	167.00
	Std. Deviation	106.74	45.02	120.07

Beneficiaries who paid for the drop back facility were few and mean amount paid for the facility in income group 5,000-10,000 was 76 (figure no. 2) and in income category more than 10,000 mean amount paid was nil because of the reason that people belonging to this class generally have their own transport .

Income Wise Expenditure on Transportation:

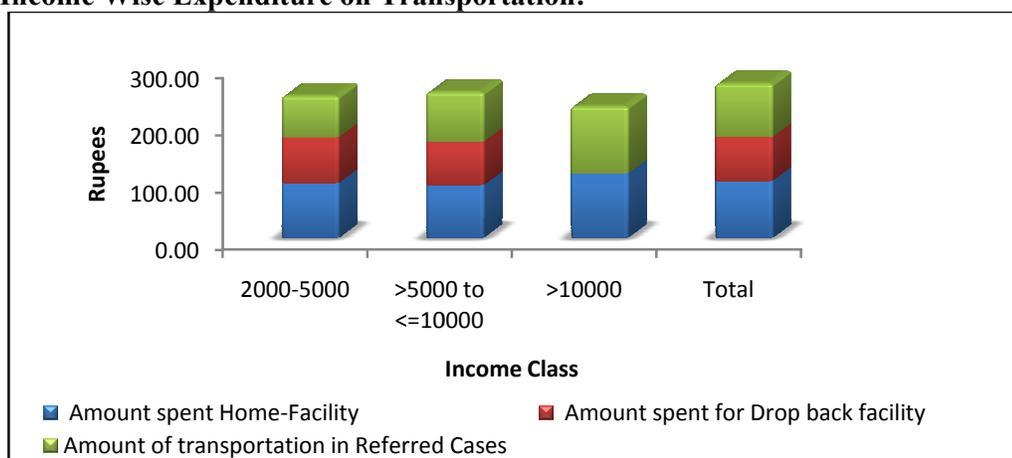


Figure No. 2

Discussion:

Socio Demographic profile of study participant revealed majority of the participant belong to General category and highest in the West district .Most of the beneficiaries were housewives and their husbands are mainly unskilled worker. Most of the participants were from Uttar Pradesh 37% followed by Bihar 18% rest were from Delhi itself and from other places. Literacy level was 66%. It has been found that half of the beneficiary families lie in the income category of Rs.5001 to Rs.10000, which is comparatively high in the West district (55%) and low in the South district (41%). The beneficiary households having more than Rs.10000 income are high in the South district (41%) and the South-East district (40%). It has been found that there is approximate 5 times increase in case of pregnant women using transport for Home to Institution while in case of sick new born no of beneficiaries become triple during the period 2011-12 to 2013-14. It is clearly noticeable from the study that transport facility under JSSK is underutilised in Delhi while in other states like Bihar, Andhra Pradesh, Gujarat & Maharashtra ,utilization is good enough comparatively. There are various reasons behind underutilization of transport in Delhi such as in most of the cases location of beneficiaries is not accessible as most of them are migratory and they reside in slum areas where lanes are narrow and it is not possible for transport to access those houses. One more problem that has been noticed during interaction with beneficiaries that they are aware about JSSK but not all the entitlements under JSSK so when we asked about awareness they reported in affirmative but they actually were not aware about its all components. Even in hospital and maternity homes when we asked to the admitted beneficiaries about their awareness regarding free drop back facility, it was found that they were unaware about it.

Transport is an important tool in the implementation of the JSSK services, but according to our findings, it was not performing well when it comes to transportation from home to health centre and drop back facilities. There are various reasons behind underutilisation of transport services such as stigmas attached to ambulance services, lack of awareness, and irregularity of ambulance services. Only in case of referral transport to higher centres transport was working as per expectations but not in other two cases.

It wouldn't be wrong to say that there is an immediate need of publicising the provisions of JSSK through community workers via electronic and print media. This will not only make people aware about such a provision but also help in achieving the intended goals of the JSSK scheme. At facility level also, staff should encourage the use of ambulance services which is for the benefit of the patients. The frequency and timely arrival of the ambulances should be ensured so that the patients can avail such services at an ease. Each facility should display the provisions under JSSK. Further, each district should have a separate cell to evaluate the performance of transport services in their respective districts. Free referral transport facility should be provided with GPS so that transport can easily access the beneficiary's location. By this way we will be able to cover those entire home deliveries which are missed just because of unavailability of transport at the time of need and thus no of institutional delivery can also be significantly increased .Consequently when health facilities will be assessed at the time of requirement it will lead reduction in IMR & MMR at the same time it will not put any extra burden on beneficiaries' pocket for accessing health facility.

References:

Gayatri Rathore. Janani-Shishu Suraksha Karyakram, (2012): Rajasthan Experience, National Rural Health Mission, Rajasthan.

Himanshu Bhushan. Janani- Shishu Suraksha Karyakram, (2012) - Review. Ministry of Health and Family Welfare, Government of India, Nirman Bhawan, New Delhi, September.

<http://www.who.int/mediacentre/factsheets/>.

Implementation Status of Janani-Shishu Suraksha Karyakram State Level Report: 2014

Ministry of Health and Family Welfare (2011). Guidelines for Janani-Shishu Suraksha Karyakram (JSSK). National Rural Health Mission, Maternal Health Division, Government of India, Nirman Bhavan, New Delhi June 2011,.

R. C. Goyal¹, Priya L. Singh², Abhay Mudey³ (2014): Assessment of implementation status of Janani-Shishu Suraksha Karyakram(JSSK) for free referral transport services at selected Public health facilities in Wardha district, of Central India .

Special Bulletin on Maternal Mortality in India (2010-12) ;Sample Registration System ,Office of Registrar General, India

Shankar Prinja, Gursimer Jeet, Manmeet Kaur, Arun Kumar Aggarwal, Neha Manchanda & Rajesh Kumar, (2014): Impact of referral transport system on institutional deliveries in Haryana, India.

Sharma Suresh, (2014-15): Evaluation of Janani Shishu Suraksha Karyakaram in Delhi, Population research Centre, Institute of Economic Growth, Delhi University Enclave, Delhi