

# Rapid Pilot Assessment of Janani Suraksha Yojana (Scheme for Institutional Delivery) in Chamarajanagar District of South Karnataka

Nanjunda D.C.

Research Faculty, Centre for Study of Social Exclusion & Inclusion Policy Humanities Block,  
University of Mysore, Mysore-06, Karnataka

(Received:05/09/2015, Revised: 01/10/2015, Accepted: 12/10/2015)

## Abstract :

**Introduction :** As we are aware the Infant and maternal mortality are the Two key indicators of any society. Towards achieving the objectives of the National Rural Health Mission (NRHM), Janani Suraksha Yojana was launched in April 2005 to promote institutional deliveries among the poor population, through provision of referral, transport, and escort services. This scheme also intends to reduce the infant and maternal mortality.

**Methodology :** A cross-sectional community based survey was done in Chamaraj nager districts (South Karnataka) of mothers of infants in the using random sampling on a population proportionate basis as a part of ICMR project. All the way through, this study was focused socio-demographic factors, antenatal services availed and stake holder's opinion about the scheme have been obtained.

**Results :** This study has found that there is a requirement to create more awareness among rural population about the utilization of this JSY scheme. Stake holders should also take proper action and plan for the serious implementation of the scheme.

**Conclusion :** Stress needs to be targeting remote areas, SC./ST population, special measures and encouraging more antenatal visits are more necessary are the prerequisites to get better impact out of JSY is need of the hour .

**Key words :** JSY, Health, Delivery, Antenatal, Post natal

## Introduction :

The United Nations Millennium Development Goals (MDGs) has set certain goals as a response to the world's main development challenges including health. As a part of that in 2005 the Govt. of India introduced National Rural Health Mission (NRHM) introduced the Janani Suraksha Yojana (JSY) with the purpose of plummeting maternal and neonatal mortality by promoting institutional delivery among poor women focusing rural parts. With the key purpose of JSY is to reduce maternal and infant mortality by supporting pregnant women to deliver in hospitals Janani Suraksha Yojana (JSY) programme implemented through National Rural Health Mission (NRHM) scheme in 2003. The basic objective of JSY is to increase institutional delivery among the poor pregnant women including post-partum care<sup>1</sup>. JSY is a 100 % centrally funded scheme and it providing funding support with delivery and post-delivery care for the young mothers who are in the below poverty line. For the purpose of the scheme the better implementation, states have been As per the guidelines of JSY the aim will be achieved through the payment of a cash incentive to the woman if

she delivers in a government hospital or in an accredited private medical centers'. According to the existing eligibility criteria, any woman from the low performing States (LPS), irrespective of poverty status, number of births and age is eligible for these cash incentives<sup>2</sup>. Further, in case of high performing and developed States (HPS), normally a woman has to be over 19 years of age and should be below the poverty line in this scheme, some states have named as 'low performing states like Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan, Orissa And Jammu And Kashmir. whereas other states classified under high performing states

## Approved Cash Benefits

Category	Mothers Inventive (In Rs.)	ASHA Inventive (In Rs.)	Total (In Rs.)
LPS	1400	600	2000
HPS	700	600	1300

Category	Mothers Inventive (In Rs.)	ASHA Inventive (In Rs.)	Total (In Rs.)
LPS	1000	400	1400
HPS	600	400	1000

## Address Correspondence to :

Nanjunda D.C.

Research Faculty, Centre for Study of Social Exclusion & Inclusion Policy Humanities Block  
Mysore University, Mysore. Karnataka  
Email : anthrocdit@gmail.com Mob.: 098809 64840



In addition JSY also created the Accredited Social Health Activist (ASHA), a trained female community health activist as a part of the scheme. ASHA worker will be selected from the village and scientific training will be given. ASHA workers need to act as a crossing point between the community and the public health system, and take part in an important function in the circumstance of maternal and child health care. Further ASHA worker should act as a facility provider to the poor local young mothers/pregnant women's for delivery in a nearby government or an designated private/NGO medical centers only. ASHA workers are entitled to pay Rs 600/- per delivery in government facilities in low perform states and Rs 200/- in High performing states<sup>3</sup>. For the successful monitoring and impleemtaion of the scheme, informal monthly meeting of all ASHAs and other related people will be held by the ANM (auxiliary mid wife), last Friday every month. Monthly reports and Annual reports also required to be submitted to the health department in a given format

It is found that there is a wide gap in utilization of JSY may be contributed by a lot of unexpected factors. The major aim of the scheme is to augment the institutional delivery and hence decrease maternal deaths to achieve the MDG-5. Hence understanding the result of JSY on institutional delivery and the utilization of the scheme across the various socio-economic sections in the society is vital<sup>4</sup>. This study has focused on the utilization of JSY

by the benifiscareas and opinion of the stake holders of the scheme

### Objective :

1. To study on the utilization of JSY by the beneficiaries and opinion of the stake holders of the scheme
2. to provide the policy's suggestions

### Methodology :

This study conducted in Chamaraj nagar districts (South Karnataka). This study done covering 3 PHC and 2 sub centers using semi-structured study tools, in this study a total of 123 JSY beneficiaries were interviewed through a quantitative survey selected randomly. In-depth interview were conducted with both beneficiaries and the key stakeholders like district and block level officiates related to JSY. This study also separately covers 44 beneficiaries who opted home delivery and 44 beneficiaries who are not availing the services .

### About the District :

**Chamarajanagara** is the southernmost rural district in the state of Karnataka. As per 2011 census Chamarajanagar district has a population of 1,020,962 and population density of 200 inhabitants per square kilometer (520 /sq mi) and population growth rate over the decade 2001-2011 was 5.75%. District has a sex ratio of 989 females for every 1000 males, and a literacy rate of 61.12%.(Web based)

### Result :

**Table 1 : Socio-Economic Profile of the JSY -Beneficiaries**

Variables	N=123	Percentage	X <sup>2</sup>	P
<b>Age</b>			23.512	0.000
Just above 20	23	18.6		
22-25	55	44.7		
25-30	45	36.5		
<b>Educational level</b>			12.781	0.000
Primary education	32	26.0		
High school	40	32.5		
College	15	12.0		
Illiterates	36	29.2		
<b>Family Income(in Rs.)</b>			125.67	0.000
7,000-10,000	59	48.0		
10,000-20,000	41	33.3		
Above 20,000	23	18.6		
<b>Social group</b>			22.670	0.000
SC	40	30.7		
ST	11	9.0		
OBC	72	60.2		
<b>Domicile</b>			26.890	0.000
Local	87	70.7		
Inter district	30	24.3		
Inter state	6	4.8		
<b>Number of deliveries</b>				
Fist	78	63.4		
Second	45	36.5		

**Table - 2 : Sources of information about JSY**

Variables	N=123	Percentage	X <sup>2</sup>	P
<b>Person who registered respondent for JSY</b>			22.89	0.000
Doctor	13	10.5		
LHV/ANM/FHW	22	17.8		
Anganawadi worker	18	14.6		
ASHAs and Others	70	57.0		
<b>Stage of pregnancy when registered for availing benefits of JSY</b>			11.90	0.000
First trimester (confirmation test)	97	78.8		
Second trimester	11	9.0		
Third trimester A	9	7.3		
After delivery	5	4.0		
Do not know	1	.23		
<b>Place where respondent was registered</b>			14.91	0.000
District/sub-district hospital	13	10.5		
Community Health Centres	19	15.4		
Sub centers	39	31.7		
PHC	30	24.3		
During household survey	11	9.0		
Anganawadi centre	11	9.0		

**Table - 3 : Motivation factors for opting for institutional delivery.**

	Suggestions	Number N=123	Percentage
1	Money available under JSY	68	55.2
2	Better access to institutional delivery services in the area	11	8.9
3	Support provided by ASHA	25	20.3
4	Previous child was born in an institution	3	2.4
5	Safe delivery of child/safety of both mother and child	7	5.6
6	Had Complicated delivery previously	4	3.2
7	Previous history of still birth/miscarriage	5	3.6
	<b>Total</b>	<b>123</b>	<b>100.0</b>

**Table - 4 : Number of antenatal and post natal checkups.**

Variables	N=123	Percentage	X <sup>2</sup>	P
<b>Antenatal checkups</b>			12.90	0.000
1 time	67	54.4		
2 times	35	28.4		
3 times	12	9.7		
4 or more	<b>9</b>	<b>7.3</b>		
<b>Post natal checkups</b>			11,90	0.000
1 time	97	78.8		
2 times	17	13.8		
3 times	4	3.2		
No checkups	5	3.8		

**Table - 5 :Reasons for preferring home delivery (N=44)**

	Suggestions	Percentage
1	Fear of going to hospital / needle, injection, equipments	15.0
2	Women believe they get better care at home/no cleanliness maintain at hospital	5.0
3	Fear of doctor, nurse Illiteracy and lack of understanding of the importance of institutional delivery	16.3
4	Opposition from family members	10.5
5	Home delivery is cheaper Because of poverty	19.0
6	Unaware about JSY Unavailability of transport facility on time Because of stitches	11.0
7	Dai (TBA) takes better care while assisting delivery	4.0
8	Clinic far away/much distance	3.0
9	If there is any complication they go to hospital or contact us	4.0
10	Don't get time to go at hospital/delivered before due date	6.0
11	Do not know	6.0
	<b>Total</b>	<b>100.0</b>

**Table -6 : Time, Person and Place of Payment**

	Institutional delivery N=123		Delivery at home N=44				
Variable	F	%	F	%	X2	df	P value
Time when Received the Money							
Before the delivery	3	2.4	-----		12.45	3	0.00
Immediately after delivery	45	36.5	13	29.5			
within a week	49	39.8	22	50,0			
Much late	26	21.1	5	11.3			
Person who gave cash Assistance to JSY Beneficiary							
ANM	43	34.9	10	22.7	11.21	1	0.00
PHC/CHC Doctor	11	8.9	---				
Staff at health centre	10	8.1	7	15.9			
At Panchayth	10	8.1	10	22.7			
ASHA	46	37.3	17	38.6			
Place where received cash Assistance Money							
At home	14	11.3	30	68.1	10.23	2	0.00
Place of delivery	78	63.4	---				
Within the village	10	8.1	6	13.6			
CHC/ PHC / Sub-centre	21	17.0	9	20.4			
At Panchayth	10	8.1	10	22.7			
ASHA	46	37.3	17	38.6			
Place where received cash Assistance Money							
At home	14	11.3	30	68.1	10.23	2	0.00
Place of delivery	78	63.4	---				
Within the village	10	8.1	6	13.6			
CHC/ PHC / Sub-centre	21	17.0	9	20.4			

**Table - 7 :Reasons for not availing the services by the Non-beneficiaries**

	<b>Suggestions</b>	<b>Percentage</b>
1	Did not know about the JSY	14.5
2	Had incomplete information	12.7
3	Not allowed by husband and in-laws	5.4
4	No one from health department approached me	18.2
5	Transport facility not available	5.4
6	Referred to Private Hospital/Nursing home	7.2
7	Hospital service not available	9.0
8	No belief in Govt. health system	0.0
9	Follow the traditional system	9.0
	<b>Total</b>	<b>100.0</b>

\*Multiple response

N=55

**Table - 8 : Opinion of the Service providers and other stakeholders  
What would you suggest in case of design and implementation of the scheme.**

	<b>Suggestions</b>	<b>Percentage</b>
1	Cash incentive must be enhanced	22.3
2	More numbers of 24X7 PHCs are required	11.2
3	Avoid delay in disbursement of fund	21.01
4	Shortage of drugs and equipments need more stress	14.2
5	There is a need for repeated training and sensitization for ASHAs	11.3
6	Delivery facility at the sub-centre has to be ensured both qualitatively and Quantitatively and to improve transport	8.4
7	Lack of incentives to the ASHA as per the norms	7.3
8	Active engagement of PRIs	5.2
	<b>Total</b>	<b>100.0</b>

\*Multiple Response

**Table - 9 : What would you suggest in monitoring of the scheme.**

	<b>Suggestions</b>	<b>Percentage</b>
1	Monthly reporting system must be improved	21.2
2	Actual field implementation of JSY must be increased	25.3
3	Open up of grievance cells	12.4
4	Monitoring and supervision diary at district and block level must be made mandatory	28.1
5	Consistent meetings needs to be held	13.2
	<b>Total</b>	<b>100.0</b>

## Discussion :

JSY incentives are available for deliveries in government facilities and only accredited private medical facilities. No benefits are available for delivery in the private medical facilities which are not accredited. In the assessment of JSY, beneficiaries were interviewed to find their background, their source of information and awareness regarding JSY scheme, and the type of support received from ASHA, Anganwadi workers and ANM. It is found that Karnataka state has made concerted efforts to operationalize ASHA intervention and JSY and all the details are depicted in various above tables. The outline of JSY beneficiaries revealed that the mean age of the women was 24 years. Next, 36 percent of the women were aged 25-30 years, and 18 percent were just above the age group of 20 years. The majority beneficiaries belongs to the lower middle-income group . The study shows that majority (82 percent) of the beneficiaries heard about the scheme during the first trimester of pregnancy and 4 percent came to know after their delivery. JSY beneficiaries were asked about the source of information about JSY. Analysis of their responses shows that women were not very clear about the scheme. Regarding time, person and place of payment quarry beneficiaries have given different types of reply. The major resources of information are ASHA workers followed by ANM workers. The beneficiaries were asked about the antenatal services utilized by them under JSY. The study reveals that 76 percent of the pregnant women had ANC one time and 28% women had twice. It shows need of more awareness about usage of those kind of. Checkups. For reason for delivery at home it seems beneficiaries are feared of doctors, nurse, Illiteracy and lack of understanding of the importance of institutional delivery. Reasons for not availing the services by the non-beneficiaries majority of them felt lack of information (18%) is the key reason. In case of stake holders view successes of the scheme depend on avoiding delay in disbursement of fund. It can be inferred that the state has been able to distribute the scheme through various inter-personal and mass-media activities. Also the study found that that antenatal mothers did not have adequate knowledge regarding Janani Suraksha Yojana. The dist. health official felt that the method of monitoring advances, desired to be enhanced through suitable reporting system. The state has developed such system. At present auditing is being done at the district level and state level. There is a require to expand such auditing to lower level of service units too.

It is found that one possible reason could be that JSY has not reached to those women who face the uppermost

danger of death during child birth. Given that these women are likely to be more socially disadvantaged like SC/ST. Hence hard work should be made to make sure that they are aware of JSY. It is here that ASHAs are to play a very important role in reducing home deliveries.. ASHA is not only expected to facilitate institutional deliveries, however, also act as health activist, and guiding pregnant women on birth attentiveness and significance of safe delivery, among others. grievance redressed Mechanism must be implemented soon<sup>5</sup>. This study also highlight some of the gaps in referral transport, display of entitlements and IEC etc. Additionally, the formation of the various committees within PRIs like Health, Sanitation, and Nutrition Committee has become a novel and creative plan to deal with health issues focusing pre and post natal care in rural parents.

We also interviewed the non-beneficiarie. Majority non-beneficiaries opined they did not knew about the JSY and someone had incomplete information. Some felt they were allowed by husband and in-laws. Few felt transport facility not available to the Hospital/Nursing home. Some of them opined Hospital service were not available where as few of them follow the traditional system (Tab 8).

Regarding policy suggestion health officials opined that said delivery facility at the sub-centre has to be ensured both qualitatively and quantitatively and to improve transport, Monitoring and supervision diary at district and block level must be made mandatory. Also they felt shortage of drugs and equipments need solved soon. They further felt actual field implementation of JSY must be increased; more over there is a need for repeated training and sensitization for ASHA workers they added.

Further, we found that the required facilities are equipped to handle emergency and complicated delivery cases, availability of required infrastructure, availability of good equipment and drugs to manage difficult delivery cases, trained persons availability etc needs to considered with the help of data collected from the various sample of health facilities in the district.

## Conclusion :

An effort has been made in this study to comprehend whether JSY scheme is serving in reducing maternal and infant mortality in the dist. Data collected in the survey on rapid appraisal of NRHM in Chamarajnagar. It is found that different sort of linkages and networking had an benefit in creating rapid community awareness, on the one hand, and increasing utilization of the services on the other. Both implementation and monitoring of the scheme at the village level is most vial in many instances.

This would prove beneficial to the community and could lead to community mobilization and better uptake of health services and overall expansion of the numbers of beneficiaries in rural parts of the country. This needs to be addressed via proper information, education and communication measures to get better demand for the scheme. Also the grama Panchayats can increase their capacity in having collaboration with private sector for the more effective public health care system.

**Acknowledgment :** ICMR-New Delhi for funding assistance

## References :

1. Thansia K. And Seemanth H R, The Operational Mechanism, Utilization, Non-Utilization, Awareness And Perception Of Mothers On Janani Suraksha Yojana In South Orissa. East Afr Med J , 2009;28(11):64-76.
2. Sudeep K. Preference Of Women for A Home Delivery And Utilisation Of Antenatal And Postnatal Health Facilities, Journal Of Maternal Child Health, 2008; 11(5):125-45.
3. Sanjeev K Gupta. Dinesh Kumar Pal Assessment Of Janani Suraksha Yojana (JSY) In Jabalpur, Madhya Pradesh: Knowledge, Attitude And Utilization Pattern Of Beneficiaries: A Descriptive Study. International Journal Of Current Biological And Medical Science 2001; 1(2): 06 - 11.
4. Teenashu M. Venkateshwar AR, Implementation Process Of JSY In Orissa, East Afr Med J 2008;89(45):56-66.
5. Vaishali AS .Shekar T.(2009) Utilisation Of JSY Among Beneficiaries In Orissa. East Afr Med J, 2009; 78(18):564-86.

How to Cite this article :

D C Nanjunda, Rapid Pilot Assessment of Janani Suraksha Yojana (Scheme for Institutional Delivery) in Chamarajanagar District of South Karnataka , J Pub Health Med Res, 2015;3(2):15-21.

Funding: ICMR Funding

Conflict of interest: Declared none