

# Study on the Janani Suraksha Yojana (JSY) in Tumkur district, Karnataka

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**ABSTRACT :** Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NRHM) being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women. The Yojana, launched on 12th April 2005, by the Hon'ble Prime Minister, is being implemented in all states and UTs with special focus on low performing states. JSY is a 100 per cent centrally sponsored scheme and it integrates cash assistance with delivery and post-delivery care. The success of the scheme would be determined by the increase in institutional delivery among the poor families. The Yojana has identified ASHA, the accredited social health activist as an effective link between the Government and the poor pregnant women. The study has clearly shown that Institutional deliveries increasing by JSY by covering majority (91.02 %) of the eligible pregnant women and reducing maternal and neo-natal mortality rate. Majority (> 71 %) of the JSY beneficiaries were happy with the ASHA motivation to JSY and attitude, whereas, 36 per cent JSY beneficiaries were unhappy with Health Staff attitude. Majority (> 62 %) of the Janani Suraksha Yojana (JSY) beneficiaries were not happy with the Hygiene, Cleanness, Health services and after care in Government health centres.

**KEY WORDS :** Janani Suraksha Yojana, Institutional delivery, Neo-natal mortality, Maternal mortality, Poor pregnant women, Below poverty line, SC, ST

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## INTRODUCTION

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NRHM) and seeks to reduce maternal and neo-natal mortality by promoting institutional delivery. It was launched in April, 2005 in all States and UTs with special focus on 10 low performing states (LPS). The JSY is a conditional cash transfer scheme- a woman is paid money if she delivers her baby in a medical facility- in government health centres, like subcenters (SCs),

Primary Health Centers (PHCs), Community Health Centers (CHCs) or general wards of district or state hospitals, government medical colleges or accredited private institutions. As of today, the JSY is one of the largest conditional cash transfer programmes in the world, with the number of beneficiaries jumping from a mere 7 lakh in 2005-06 to almost 92 lakh in 2009-10.

Janani Suraksha Yojana- Helping the poor pregnant women after delivery Janani Suraksha scheme is continuation of the previous delivery allowance scheme of the Central

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Government. The objective is to give financial assistance to the poor pregnant women during delivery. Under this scheme pregnant women belonging to below poverty line families and SC, ST families will get an assistance of Rs. 500 if delivered at home, Rs. 600 for urban institutional delivery, Rs. 700 for delivery in health centres in rural areas and Rs. 1500 for caesarian delivery. This benefit is available if delivered in recognized private health institutions other than government hospitals also.

From 12-04-2005 JSY was started by Govt. of India in rural areas and from 01-04-2006 this geographic inequality had been removed by including Below Poverty Line (BPL) ladies of urban areas also. From 31-10-2006 JSY benefits has been extended to SC/ST pregnant women irrespective of BPL card. For speedy implementation of scheme Gram Panchayat (GP)/Municipal Committee (MC) has been declared nodal agency for attestation of BPL status of family wherever yellow card are not available by state.

The eligibility conditions for the beneficiaries are as follows :

- The woman delivering at home or admitted to sub-centre/ government hospital/registered private hospital (general ward), must belong to BPL family.
- Current delivery must be the first or second live delivery.
- She should be above 19 years of age and must have got ANC check up at-least 3 times.
- Must have taken Iron and Folic acid tablets and TT injection SC/ST women not belonging to BPL families are also entitled for this benefit if they are admitted to general ward of Government or Registered Private Hospital.

Whether a woman is eligible under JSY scheme or not, ANC card is filled once it is known that the woman is pregnant. The Junior female health Assistant will identify the JSY eligible pregnant women during the routine visits. When it is confirmed that the woman is eligible under JSY, the information is filled in the card and attested by the Medical Officer. The card also contains the details of her address, BPL card number, expected date of delivery etc. Her eligibility for JSY is also recorded in the ANC register.

In case a woman is eligible for the scheme but does not possess a BPL card, she is guided through ASHA or anganwadi workers, to obtain a certificate to the effect that her annual income is below Rs. 17,000, from the concerned revenue authority of Gram Panchayat.

#### **Role of ASHA or other link health worker associated with JSY would be to:**

- Identify pregnant woman as a beneficiary of the scheme and report or facilitate registration for ANC.
- Assist the pregnant woman to obtain necessary certifications wherever necessary.
- Provide and / or help the women in receiving at least three ANC checkups including TT injections, IFA tablets.

- Identify a functional Government health centre or an accredited private health institution for referral and delivery.
- Counsel for institutional delivery.
- Escort the beneficiary women to the pre-determined health centre and stay with her till the woman is discharged.
- Arrange to immunize the newborn till the age of 14 weeks.
- Inform about the birth or death of the child or mother to the ANM/MO.
- Post natal visit within 7 days of delivery to track mother's health after delivery and facilitate in obtaining care, wherever necessary.
- Counsel for initiation of breastfeeding to the newborn within one-hour of delivery and its continuance till 3-6 months and promote family planning.

ASHA, the mechanism to strengthen village level service delivery, will be a local resident and selected by the Gram Panchayat or the Village Health Committee (VHC). She will be supported in her work by the AWW, school teacher, members of local community based organizations, such as SHGs and the Village Health committee. ASHA's role would be to facilitate care seeking and serve as a depot holder for a package of basic medicines. She will be reimbursed on a performance based remuneration plan.

ASHA should get her-first payment for the transactional cost at the health centre on reaching the institution along with the expectant mother. The second payment should be paid after she has made postnatal visit and the child has been immunized for BCG.

Note: Work of the ASHA or any link worker associated with Yojana would be assessed based on the number of pregnant women she has been able to motivate to deliver in a health institution and the number of women she has escorted to the health institutions.

## **METHODOLOGY**

A study on the Janani Suraksha Yojana (JSY) in Tumkur district Karnataka State-INDIA was carried out during 2013-14. Respondents of 100 Janani Suraksha Yojana (JSY) beneficiaries were selected from ten taluks of Tumkur district. Janani Suraksha Yojana (JSY) beneficiaries were selected by proportionate random sampling method from each taluk 10 were taken as respondents and data was collected by personal interview method. Out of 100 Janani Suraksha Yojana (JSY) beneficiaries 35 ST, 25 ST and 40 were belong to general categories.

Data were also collected from secondary sources of information such as reports of Department of Women and Child Development Department. PRIs and Health and Family welfare Department. Discussions were held with elected members of Panchayat Raj Institution, officials of these Departments, experts and executives, to elicit their views, ideas and opinion on the important issues pertaining to Janani

Suraksha Yojana (JSY). The data was collected through personal interview and secondary source was analyzed by using suitable statistical techniques.

## OBSERVATION AND ASSESSMENT

It is evident from Table 1, 2 and 3 in 2012-13 there were total deliveries of 36402, out of which Janani Suraksha Yojana (JSY) beneficiaries were 32268 *i.e.* 88.64 per cent, similarly in

the year 2013-14 JSY beneficiary were 32445 (91.02 %) out of 35643 total deliveries in the district which is an indication of increasing institutional deliveries.

It is implied from Table 4 that the majority (> 62 %) of the Janani Suraksha Yojana (JSY) beneficiaries are not happy with the Hygiene, Cleanness, Health services and after care. Regarding attitude of motivating rural and poor pregnant women for JSY, By the ASHA (the accredited social health activist) Majority (> 71 %) of the JSY beneficiaries were happy and similarly they unhappy

**Table 1 : Total deliveries in 2012-13 and 2013-14 in Tumkur district**

Sr. No.	Year and month	2012-13			2013-14		
		Institutional deliveries	Home deliveries	Total deliveries	Institutional deliveries	Home deliveries	Total deliveries
1.	April	3524	25	3545	3173	29	3202
2.	May	3046	26	3072	2835	5	2840
3.	June	3257	27	3284	2808	27	2835
4.	July	2955	24	2975	2967	21	2988
5.	August	3041	25	3066	2861	29	2890
6.	Sept	2995	13	3008	2865	28	2893
7.	Octo	2874	21	2895	3305	22	3327
8.	Nov	2925	16	2941	3007	21	3028
9.	Dec	2794	21	2815	2898	24	2922
10.	Jan	2889	31	2920	2886	27	2913
11.	Feb	2894	28	2922	2874	16	2890
12.	March	2929	22	2951	2889	26	2915
	Total	36123	279	36402	35368	275	35643

**Table 2 : Janani Suraksha Yojana (JSY) beneficiaries in 2012-13**

Details	SC	ST	General	Total
Registered beneficiaries(numbers)	6936	3501	22609	33046
JSY-Institutional deliveries	6891	3498	22456	32845
Home deliveries	120	91	366	577
Total JSY beneficiaries	6771	3407	22090	32268

**Table 3 : Janani Suraksha Yojana (JSY) beneficiaries in 2013-14**

Details	SC	ST	General	Total
Registered beneficiaries(numbers)	7921	3996	26705	38622
JSY-Institutional deliveries	6593	3408	22444	32445
Total JSY beneficiaries	6593	3408	22444	32445

**Source:** Health and family welfare department

**Table 4 : regarding the health services**

Sr. No.	Services	Bad	Normal	good	Excellent
1.	ASHA attitude	8	11	71	10
2.	Health Staff attitude	36	42	20	2
3.	Health centers	62	33	5	0
4.	Health services	64	34	2	0
5.	After care	68	30	2	0

with the attitude of Health staff by 36 per cent.

### Conclusion :

The study has clearly shown that Institutional Deliveries increasing by JSY by Covering majority (91.02 %) of the eligible pregnant women and Reducing maternal and neo-natal mortality rate.

As majority of the JSY beneficiaries are not happy with the Hygiene, Cleanness, Health services and after care in the health centres and attitude of the Health staff. There is a need to address these issues by establishing suitable system and monitoring the services. Health staff should be given capacity building training programmes to motivate and attract rural pregnant women's to enroll in JSY to reduce MMR and IMR.

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