Original article

EVALUATION OF DIFFERENT ASPECTS OF JANANI SURAKSHA YOJNA IN INDORE DISTRICT, MADHYA PRADESH

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ABSTRACT

Background: In 2005, with the goal of reducing the numbers of maternal and neonatal deaths, the Government of India launched Janani Suraksha Yojana, a conditional cash transfer scheme, to incentivise women to give birth in a health facility.

Objective: A Cross-sectional study was done in Indore district from November 2008- October 2009 with the objectives to evaluate perception, utilization and administrative and financial aspects of JSY in Indore District.

Methodology: A total of 265 respondents including beneficiaries of JSY, ASHA & medical officers from 5 different health centres were included.

Results: Total 42.8% of beneficiaries had three antenatal checkups. ASHA motivated 49% of beneficiary for institutional delivery.60% of ASHA received training within last 6 months only. 24.8% of beneficiaries received cash just after the delivery. ASHA is the main source for creating awareness about JSY in 90% of beneficiaries in peripheral areas. ASHA accompanies beneficiaries to health centre in as much as 47% in PHC & CHC.

Key words: JSY, ASHA, Antenatal care,

INTRODUCTION

The Janani Suraksha Yojna (JSY) has been a safe motherhood intervention and modified alternative of the National Maternity Benefit Scheme (NMBS). The NMBS was introduced in 2001 to provide nutrition support to pregnant women. Under this scheme below poverty line (BPL) pregnant women are given a onetime payment of Rs. 500/- 8-12 weeks prior to delivery.[1] JSY was launched on 12th April 2005, in all states and UTs with special focus on low performing states, under the National Rural Health Mission (NRHM). The main objective and vision of JSY is to reduce maternal, neo-natal mortality and promote institutional delivery among the poor pregnant women of rural and urban areas.[2] NRHM has shown significant gains since its inception. From 27.6 lakh JSY beneficiaries in 2006, the number jumped to 53.8 lakh in 2009.In Madhya Pradesh also the number rose from 1 lakh JSY beneficiaries in 2005-2006 to 11.38 lakh JSY beneficiaries in 2008-2009.[3]

The JSY has completed more than three years and midterm evaluation study is demand of

time. Thus this study was done in Indore District to to study quality of care (antenatal, natal and postnatal care) received by beneficiaries; to evaluate the financial and administrative procedures in implementation of Janani Suraksha Yojana; and to find out difference if exists at different levels of health care delivery system regarding Janani Suraksha Yojana.

MATERIAL & METHODS

A Cross-sectional study was done at different levels of health care delivery in Indore district from November 2008-October 2009.

Sampling of study area: By using simple random sampling and selecting all 25 Primary Health Centre (PHC) and 4 Community Health Centres (CHC) and 3 private hospitals of Indore (accredited center for JSY) as sampling frame. PHC Harsola; CHC Sanwer; and Life Care hospital was chosen as study setting. District hospital and Maharaja Yashwant Rao Hospital were chosen as it is.

Sampling of Study Participants: The record register of beneficiaries registered for JSY in the previous year (2007) at PHC, Harsola was seen (as least numbers of beneficiaries were expected from PHC only) & 62 beneficiaries were found to be registered. Thus to ensure availability and equal representation of beneficiaries, 50 beneficiaries registered in 2008 from each level of health care were selected. Simple random sampling was used to identify beneficiaries.

Sampling of ASHA: Two ASHAs (Accredited Social Health Activist) were selected at PHC and CHC by random sampling considering that one works within a kilometer radius from health centre & the other within 5 kilometre radius. Two ASHAs at M.Y. hospital and district hospital and private hospital, thus total 10 ASHAs were purposely selected who accompanied the beneficiary for delivery.

Five In charge Medical officer of JSY (the one who is responsible for proceedings of JSY) at all the chosen health center was also interviewed, thus making a total of 265 respondents. During the course of the study it was realized that it was difficult to get 50 beneficiaries from a single private hospital so Bombay hospital and Sri Aurobindo Institute of Medical Sciences were also included.

Ethical consideration from respective heads from taken. Pretested semi structured interview schedule was addressed to JSY beneficiaries after taking informed consent to collect information on socio-demographic characteristics like age, education, occupation, socioeconomic status by Modified Prasad classification[4], antenatal (check-up taken as valid if weight and blood pressure was taken), natal and post natal (including the one in Health centre itself) services received by beneficiary. Interview schedule was also administered to ASHA collecting information on training received by her, ASHA's role and her knowledge regarding JSY, cash incentive received. Medical Officer was asked about his timely reception of funds.

Data entry was done in excel spread sheet version 2007 and analyzed using SPSS Windows version 10 and Winpepi software. Chi-square test was applied wherever required.

RESULTS

Among the study participants 210 (84%) of beneficiaries were Hindu. 120 (48%) of beneficiaries were illiterate. None of the beneficiary was graduate in this study.165 (66%) of beneficiaries were housewives. Only 16 (6.4%) of husband of beneficiary were graduates. 109 (43.6%) of husbands of beneficiaries were labourers.125 (50%) of beneficiaries belonged to social class III.152 (60%) of females were married when they were above 18 years.138(55.2%) had three antenatal checkups. Majority 143 (57.2%) were told by ASHA to get an antenatal check up. All the beneficiaries consumed iron and folic acid tablets (IFA) during pregnancy and received two tetanus toxoid injections. In case of majority of the beneficiaries 221(88%), ASHA had accompanied them to the institution for delivery. ASHA motivated 123(49%) of beneficiary for institutional delivery**.** 228 (91.2%) beneficiaries had only one postnatal check up.

Total 6 (60%) of ASHA received training within last 6 months only. 8 (80%) of ASHA said that they give IFA tablets to beneficiaries. All the ASHA prepare micro birth plan for delivery & provide referral services to mother. 7 (70%) of ASHA said that they escort the mother to health center for delivery.

Total 183 (73.2%) of beneficiaries have heard about the scheme beforehand. All the beneficiaries received exact amount of assistance as provided by the government; but only 62 (24.8%) of beneficiaries received cash just after the delivery. Majority 167 (66.8%) of them took a month to

receive cash. About 21 (8.4%) received the amount within 7 days. Majority of beneficiaries 147(58.8%) gave them to spouse. Only 34(13.6%) bought something for the baby and the rest 69 (27.6%) saved the amount in bank. 3 (60%) of the medical officers do not receive funds in time. About 4(80%) of the medical officers could disburse cash to the beneficiaries within time only sometimes.

At different levels all the required registers namely admission register, delivery register, verification register, payment register, cash book were available and found to be continually updated .At none of the health center, Private institutions; list was displayed. As part of JSY policy, in order to ensure transparency in the processes and to provide updated information about the JSY beneficiaries of the catchment area there is a requirement to display the list of JSY beneficiaries on a board at the health center which was found nonexistent in all sample areas.

Total 31(62%) of beneficiaries in PHC were married when they were less than 18 years of age but only 2 % of beneficiaries in private setups were married at this age.38(76%) of beneficiaries in CHC were illiterate. No specific trend was seen in the financial status of beneficiaries at different levels. [Table 1]

Table 1: Comparison of socio-demographic profile of beneficiaries at various levels of health care delivery setting in Indore district (n=250)

Socio-demographic variables of beneficiaries	PHC Harsola	CHC Sanver	DH Indore	MYH Indore	Private Indore	Hospital	Total	P value
Age at marriage								
<18 years	31 (62)	26 (52)	24 (48)	16 (32)	1 (2)		98	<0.001
>18 years	19 (38)	24 (48)	26 (52)	34 (68)	49 (98)		152	
Literacy status								
Illiterate	32 (64)	38 (78)	18 (36)	15 (30)	17 (34)		120	<0.001
Literate	18 (36)	12 (24)	37 (74)	35 (70)	33 (66)		130	
Financial status								
Non Earning	29 (58)	32 (62)	35 (70)	34 (68)	35 (70)		165	0.678
Earning	21 (42)	18 (36)	15 (30)	16 (32)	15 (30)		85	

Figure in parentheisi indicate percentage; DH=District Hospital

Table 2: Comparison of work done by ASHA for beneficiaries at various levels of health care delivery setting in Indore district. (n=250)

Variables	PHC Harsola (%)	CHC Sanver (%)	District Hospital Indore(%)	MYH Indore (%)	Private Hospital Indore(%)	Total	P value
Source of awareness of JSY scheme among Beneficiary							
Through ASHA	45 (90)	45 (90)	37 (74)	9 (18)	32 (64)	168	<0.001
Other methods (Media, Friend)	5 (10)	5 (10)	13 (26)	41 (82)	18 (36)	82	
Motivator for institutional Delivery							
ASHA	38 (76)	40 (80)	25 (50)	18 (36)	2 (4)	123	<0.001
Other than ASHA	12 (24)	10 (20)	25 (50)	32 (64)	48 (56)	127	
Accompanied to health center							
ASHA	47 (94)	47 (94)	45 (90)	44 (88)	38 (76)	221	<0.030
Spouse/relative & not by ASHA	3 (6)	3 (6)	5 (10)	6 (12)	12 (24)	29	

ASHA is the main source for creating awareness about JSY in 45(90%) of beneficiaries in PHC and CHC. She motivated 38 (76%) of beneficiaries to deliver in an institution in PHC but only 2 (4%) in private setups**.** ASHA accompanies beneficiaries to health centre in most of the cases as much as 47(94%) in PHC & CHC. [Table 2]

Beneficiaries delivering in private hospitals had to bear the cost of delivery, in most of the other health centres only a minimal amount (less than Rs 100) was expended.

Cash assistance received by ASHA was same everywhere, except for the district hospital. In district hospital invariably Rs 350 was given to ASHA irrespective of whether the ambulance was provided by the hospital or not.

Total 4(80%) of the MOs complained of not getting their funds in time. One MO said sometimes they had to use untied funds also for giving cash to beneficiaries.

DISCUSSION

Majority of beneficiaries in our study shared the same sociodemographic profile as by other workers [5,6] .The percentage of graduate beneficiaries was very low in other studies also. Thus there is a need to motivate the mothers and ensure faith in the Government health facilities. In spite of all the efforts pregnant females receiving at least 3 ANC are still poor. In our study 42.8% had three antenatal checkups. According to DLHS data [7] also the percentage of females receiving 3 ANC in rural area is 37.1%. NFHS-III (MP) 2005-06 reveals that 40.2% pregnant females have received three or more antenatal visits and the national average being 50.7 % [8]. This needs to be improved with enhanced coverage and support.88% of ASHA accompanied the beneficiary to health center for delivery. One major reason for this was that the beneficiaries also fail to inform ASHA at the onset of labour. 92.4% of females were attended by ASHA for postnatal check up, since PNC is an important component of the service continuum, a special thrust is required to enhance its uptake. ASHA needs to be motivated for paying home visits to beneficiary.

Almost 50% of beneficiaries were motivated by ASHA for institutional delivery. Tripathi R et al also found that ASHA played a major role (65% of the utilizers) in motivation for institutional delivery.[5] This indicates that ASHA is well accepted by the community and is able to reach out to pregnant women and successfully motivate them for undergoing institutional delivery and holds an influential position in the community.

All the ASHA were well trained and had satisfactory knowledge regarding JSY. This is important because they also act as first links of many prospective beneficiaries. So their level of knowledge is of paramount importance in the successful implementation of JSY in the community.

Only 73.2% of beneficiaries have heard about the scheme beforehand, thus there still exist certain gaps in the level of awareness and the need for wider and better knowledge dissemination on the JSY scheme. Majority (66.8%) of beneficiaries took a month to receive cash. A study conducted in Madhya Pradesh by Bella Patel Uttekar et al found 16% of beneficiaries received incentive for delivery after a week and reported that they had problems in getting money. They did not get their payment when they needed it most and had to visit the facility several times. [9]As the incentive is to be handed to beneficiary only, it should be ensured in time so that post partum mother is not unduly exposed to environmental hazards. It should also be ensured that the candidates get their incentives in time and with all possible ease.

Conclusion: ASHA play a major role in motivating females for institutional delivery. We need a continuous flow of funds to ensure timely disbursement to beneficiaries.

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