

## EVALUATION OF “JANANI SURAKSHAY YOJANA” IN JAMLA PRIMARY HEALTH CENTRE OF BARGARH DISTRICT ODISHA

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### ABSTRACT

According to Indian mythology “Health is Wealth” a disease-free person can dream for a technically advance society. To achieve the goal of “Health for All” both central Govt. and state Govt. we’re launching different health programme to improve the quality of life in health .Janani Surakshay Yojana (JSY) is one of the best programme launched under NRHM to reduce the IMR and MMR and to promote the institutional delivery all over the country. National Rural Health Mission (NRHM) aimed to increased expenditure to provide primary health care services to poor households in rural India through Janani Surakshya Yojana (JSY), which provide referral transport, escort and improved hospital care for institutional deliveries. The present study was conducted on Jamla Primary Health Centre of Bargarh district (2011) with focus on five objectives: the implementation of JSY, the acceptance of the JSY programme by the member of the community, the process and practices of ensuring financial benefit assistance to beneficiaries, the problem/barriers (if any) faced during the implementation of JSY and the overall facilities avail by the expecting mother during pre and post-natal care. Accredited Social Health Activist (ASHA), found as an effective link between the Government and the poor pregnant women to provide information on Janani Surakshya Yojana in Odisha to improve the institutional delivery and also women received financial benefits through the JSY. This programme is supported by Millennium Development Goal (MDG)-4 & 5 to save life of millions of mothers and newborn in India. The present also focus on the present status of IMR & MMR status of Odisha & India , issues and challenge faced (2019-2020) and give some suggestion to improve the implementation of JSY programme .

**Key words:** - Janani Surakshya Yojana, Institutional delivery, ASHA

### INTRODUCTION: -

Right to health is a part of right to live under the article 21 of constitutional of India. After independent the Govt. of India has emphasized to improve the quality of life in the health sector. Govt. of India has launched different national health programme to provide a better life to the public. The most important factor which lead to human resource development are health, education, nutrition, sanitation, hygiene, social welfare, which improved socio economic opportunity with regard to under privileged section of society. Health and nutrition do affect employment, productivity & wages and among the poorest of the poor.

### NATIONAL RURAL HEALTH MISSION: -

- NRHM was lunched on 12th April 2005 by the Hon’ble Prime Minister of India Dr. Manmohan Singh, with objectives to provide integrated comprehensive and effective primary healthcare to the unprivileged group of the society especially women and children by improving the quality of public health services.

- The duration of the programme will be 2005 to 2012. (Seven Years)
- The programme was launched in the 18 following States which have weak public health indicators or weak infrastructures.
- Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu & Kashmir, Manipur, Mizoram, Meghalaya, Madhya Pradesh, Nagaland, **Orissa**, Rajasthan, Sikkim, Tripura, Uttaranchal and Uttar Pradesh.
- In the State of Odisha NRHM was launched on 17.6.2005 by Hon'ble Chief Minister Sri Naveen Patnaik & Union Minister of Health Sri Anbumani Ramadoss.

#### **MULTITUDE PROGRAMME OF NRHM: -**

- Reproductive Child Health (RCH).
- **Janani Surakhsha Yojana (JSY).**
- Integrated Disease Surveillance Project (IDSP).
- National Vector Borne Disease Control Programme (NVBDCP).
- Revised National Tuberculosis Control Programme (RNTCP).
- National Iodine Deficiency Disorder Control Programme (NIDDCP).
- National Cancer Control Programme (NCCP).
- National Programme on Control of Blindness (NPCB).
- Oral & Dental Health Program
- Ayurvedic Yoga Unani Sidha Homoeopathy (AYUSH).
- National Leprosy Eradication Programme (NLEP).

#### **JANANI SURAKSHAY YOJANA**

- The Janani Sukshya Yojana (JSY) is an incentive-based programme for the promotion of "Institutional Delivery".
- The main objective of this programme is to ensure that each delivery is conducted in an Institution and is attended by a skilled birth Attendant (SBA) to minimize /prevent maternal deaths and pregnancy related complication in women and at the same time ensure the wellbeing of the mother and the new born. Under JSY, cash assistance to mother and the ASHAs is provided for Institutional deliveries.
- The aim of the JSY to reducing maternal and childhood morbidity and mortality through timely interventions like engagement of the ASHA at village level.
- It is learnt that every five Minutes one Woman, somewhere in India dies due to pregnancy- related complication, amounting to one lakh maternal deaths and 10 lakh new born death each year.

#### **IMPORTANT FEATURES OF JSY**

The scheme focuses on the poor pregnant woman with special dispensation for states having low institutional delivery rates states have been named as Low Performing States (LPS), the remaining states have been named as High performing States (HPS).

#### **GOVT GUIDELINES ON JANANI SURAKSHYA YOJANA**

- Eligibility for cash assistance
- Scale of Cash Assistance for institutional delivery
- Limitation of Cash Assistance for Institutional Delivery.
- Disbursement of Cash Assistance.
- Case Assistance to ASHA.
- Subsidizing cost of caesarean section or management of obstetric complication.
- Assistance for Home delivery.
- Compensation money.

- Monitoring & Reporting

<b>Eligibility for cash assistance</b>	
<b>Low performing states(LPS)</b>	<b>All pregnant women delivering in Govt. health centre like PHC/CHC/ General Wards of District and State Hospitals/Accredited Private Institution.</b>
<b>High performing State (HPS)</b>	<b>BPL pregnant women, aged 19 years and above.</b>
<b>LPS/HPS</b>	<b>All SC and ST pregnant women delivering in a Govt. Health Centre like PHC/CHC/ General ward of Dist and State Hospital/Accredited Private Institutions.</b>

**Table:1 ELIGIBILITY FOR CASH ASSISTANCE**

<b>SCALE OF CASH ASSISTANCE FOR INSTITUTIONAL DELIVERY</b>						
<b>Category</b>	<b>Rural Area</b>		<b>Total</b>	<b>URBAN area</b>		<b>Total</b>
	<b>Mother's Packages</b>	<b>Asha's Packages</b>		<b>Mother's Packages</b>	<b>Asha's Packages</b>	
<b>LPS</b>	<b>1400</b>	<b>600</b>	<b>2000</b>	<b>1000</b>	<b>200</b>	<b>1200</b>
<b>HPS</b>	<b>700</b>	<b>-</b>	<b>700</b>	<b>600</b>		<b>600</b>

**TABLE:2 SCALE OF CASH ASSISTANCE FOR INSTITUTIONAL DELIVERY**

<b>Limitation of Cash Assistance for Institutional Delivery</b>	
<b>LPS</b>	<b>All births delivered in a health Centre- Govt. or Accredited Private Health Institution.</b>
<b>HPS</b>	<b>Up to 2 live births</b>

**TABLE :3 LIMITATION OF CASH ASSISTANCE FOR INSTITUTIONAL DELIVERY**

## **DISBURSEMENT OF CASH ASSISTANCE**

As the cash assistance to the mother is mainly to meet the cost of delivery, it should be disbursed effectively at the institution itself.

### **CASH ASSISTANCE TO ASHA: -**

- ASHAs were getting Rs.600 as down payment as against the prescribed guideline of payment. ASHA package consists of following three components.
- Rs.250 for transportation,
- Rs.150 for stay at the institution
- Rs.200 after the child is immunized with BCG).

### **Subsidizing cost of caesarean section or management of obstetric complication**

Assistance up to Rs. 1500/- per delivery can be utilized by health institution to manage complications or for caesarean in emergency

### **Compensation money:**

- If the mother or her husband of their own will, undergoes sterilization, immediately after the delivery of the child
- compensation money available under the existing family welfare scheme should also be disbursed to the mother at the hospital itself.

### **Monitoring & Reporting**

- Monthly meeting at sub-centre level: For assessing the effectiveness of the implementation of JSY,
- monthly meeting of all ASHAs / related health link workers working under an ANM should be held by the ANM, possibly on a fixed day (may be on the third Friday) of every month,
- If Friday is a holiday, meeting could be held on following working day.

### **OBJECTIVES OF THE STUDY**

1. To study the implementation of JSY.
2. To study the acceptance of the JSY programme by the member of the community.
3. To study the process and practices of ensuring financial benefit assistance to beneficiaries.
4. To identify the problem/barriers (if any) faced during the implementation of JSY.
5. To study the overall facilities avail by the expecting mother during pre and post-natal care.

### **METHODOLOGY: -**

Study Area: Jamla, Primary Health Centre (PHC) of Bargarh district. Sixteen sub centers are functioning under the Jamla PHC. The name of the sub centres are Jamla, Barikel, Buden, Dahigaon, Dahita, Deoli, Godbhati, Ghanamal, Ichhapali, Kansingha, Khalkiapali, Luhurapali, Melchhamunda, Purena, Sargibahal, Budhamal. Jamla PHC covers 30 Km. radius. The PHC is about 14 Km. from the Padampur Subdivision and 72 Km from the District head quarter.

Study and Sampling Design: -Multi-stage Random sampling and in-depth interview technique was adopted. The primary data was collected through questionnaires from JSY beneficiaries and District programme Manager. Two to three samples were collected from each Sub center. Total 52 samples were collected from the study area.

## SECONDARY DATA ANALYSIS

### Public expenditure on health as percentage of GDP

This Fig: -1 has been shown the public expenditure on health as per GDP percentage that from 2004-05 to 2009-10 is in increasing train but not achieved the goal of 2-3% of GDP.

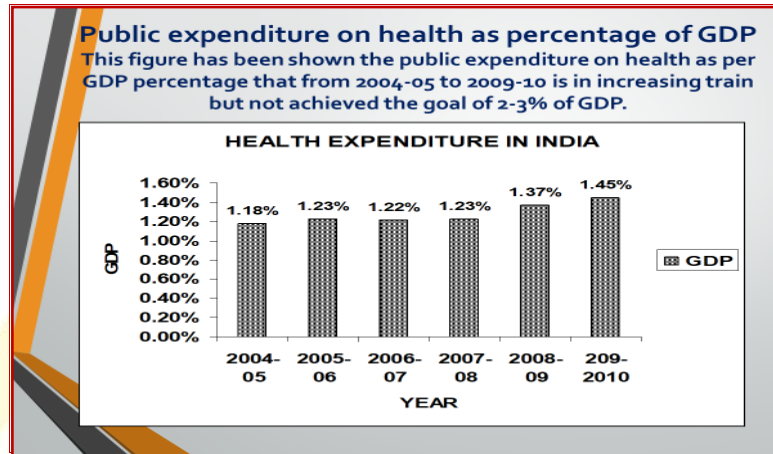


Fig: -1 Public expenditure on health as percentage of GDP

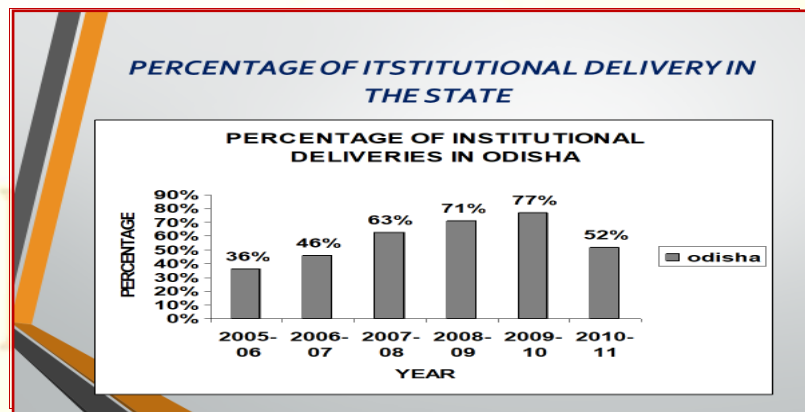


Fig: -2 percentage of institutional delivery in the state.

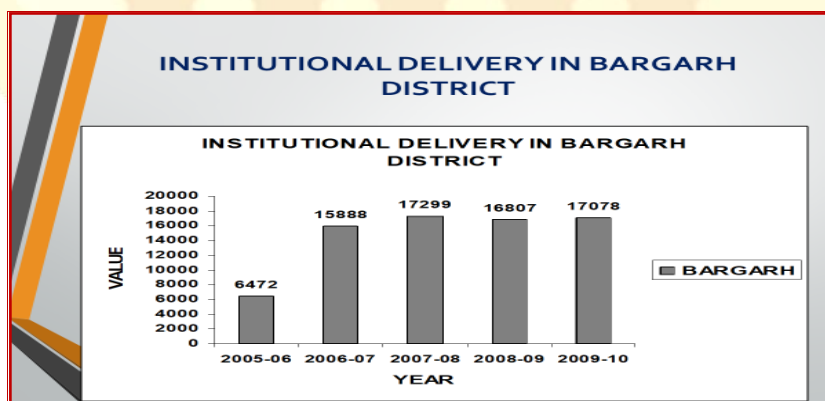


Fig: -3 has been shown that the institutional delivery in Bargarh district. It is clear from this Fig that the institutional delivery is increases from 2009-2010.

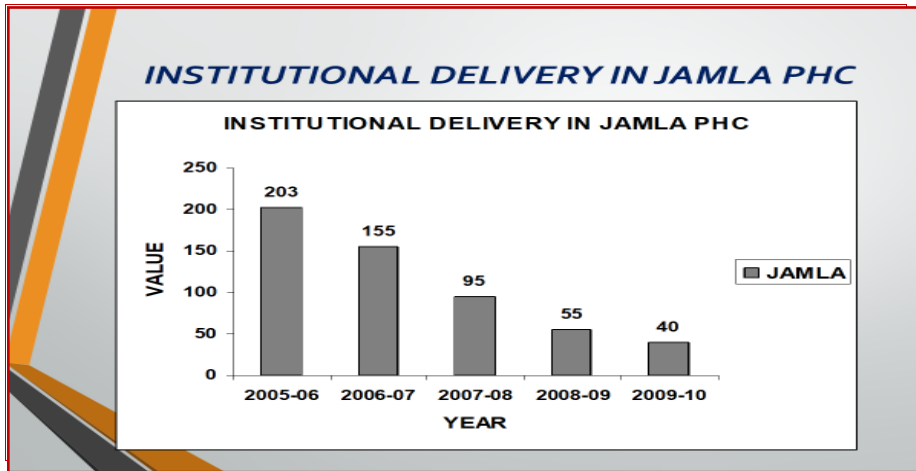


Fig: -4 has been shown the institutional delivery in Jamla PHC.

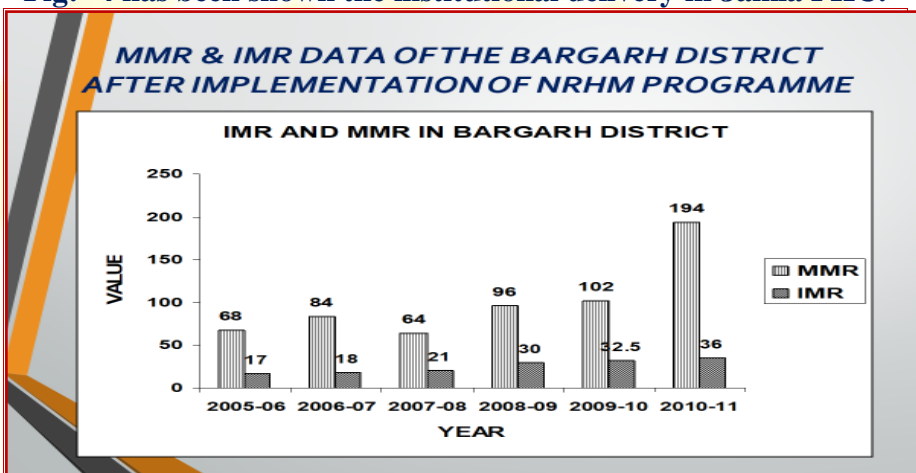


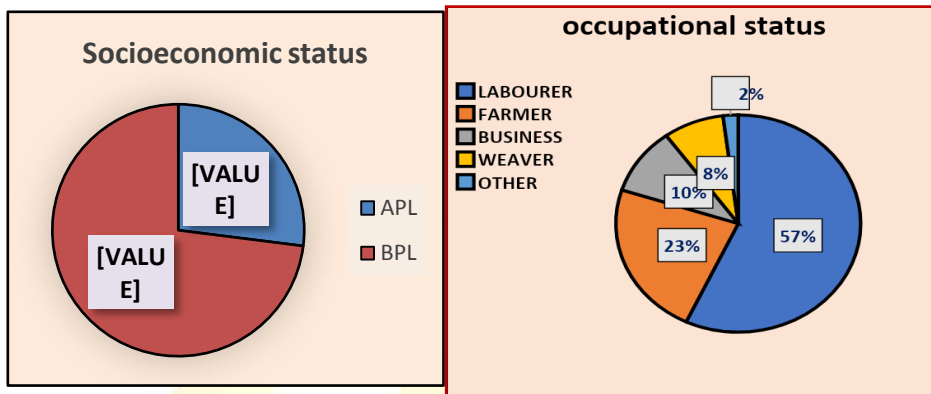
Fig: -5 has been shown the IMR and MMR data of Bargarh District from 2005 to 2011.

#### FINDINGS OF SECONDARY DATA

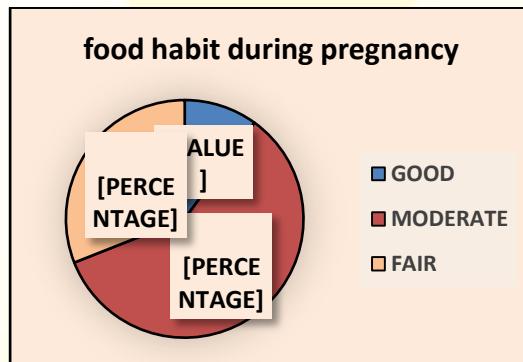
- It was evident from the secondary data collected from different source that results are encouraging. Particularly institutional delivery has been increased. More no. of BPL families is benefited from the JSY scheme. Still our country is lacking in terms of expenditure towards health sector in GDP.
- In our state the rate of MMR and IMR is higher than the national average. Also, it was revealed that the institutional delivery has been increased from 3.58 Lakh (2006-07) to 4.40 Lakh 2007-08).
- It was evident from the RCH indicator that Odisha is below the national average. But in our state Odisha Highest institutional deliveries was registered in Jagatsinghpur and Lowest in Malkangiri District. The result of the Bargarh District needs improvement as compare to the Jagatsinghpur District

**INTERPRETATION AND PRESENTATION OF DATA COLLECTED FROM JSY BENEFICIARIE**

**Fig:6 Socio economic status Fig:7 occupational status**



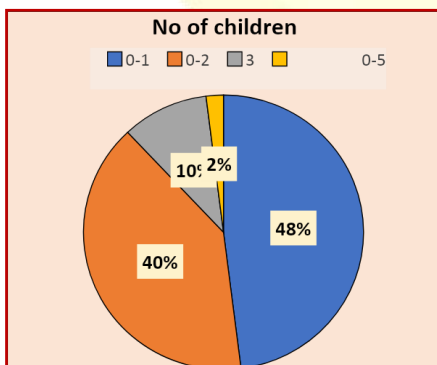
**Fig: -8 food habit during pregnancy**



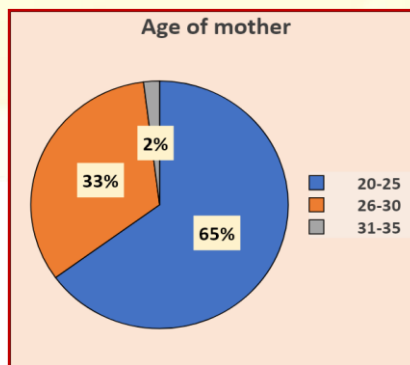
**Correlation between the Socio-economic status, profession and food habit**

It was analyzed from the socio-economic status, profession and food habit that business men, farmer, and weaver had the good and moderate food habits their socio-economic status was better than the others. However, in case of labour class, they are not taking extra effort to take food during pregnancy.

**Fig: -9 No of children**



**Fig: -10 Age of mother**



### Correlation between age of mother and no of children: -

Age of mother and no of children are dependent to each other because the child's position in a sequence of siblings is a condition determined at the time of conception, which has a profound influence on later development.

In the present study, 65% of respondent were (20-25) age group, 33% were (26-30) age group and 2% were (31-35) age group. However, the analysis of no of children data shows that 48% respondent have 01 children, 40% respondent have 02 no of children, 10% respondent have 03 no of children, and 2% respondent have 05 no of children.

**Fig:11 JSY Information**

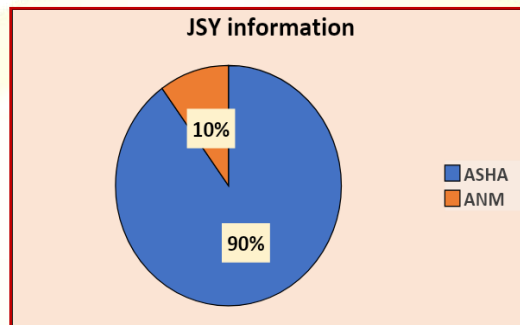


Fig: -11 has been shown that the no of person get knowledge about JSY information. From the 52 respondents, 90% of respondent had get information from ASHA, and 10% of respondent had get information from ANM.

**Fig: -12 facilities avail before deliver**

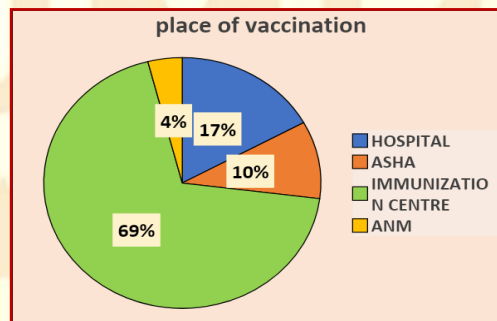


Fig: -12 has been shown that the vaccination place of the respondent. Majority 69% of respondent were taking vaccine from the immunization center, 17% respondents were from the hospital, 10% respondents were from ASHA and 4% respondents were from ANM.

**Fig: -13 frequency of health checks up**

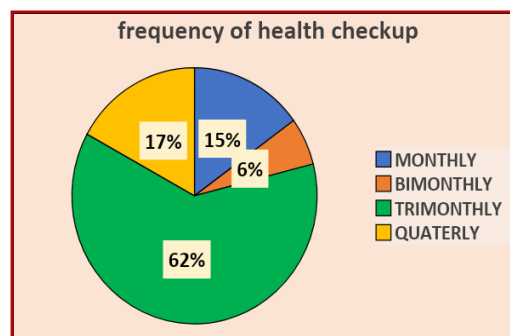




Fig: -13 has been shown that the frequency of health check-up of the respondent. The data shows that 15% respondents were monthly health check-up, 6% respondents were bimonthly, majority 62% respondents were timothy and 17% respondents were quarterly health check-up

**Fig:14 delivery conducted by**

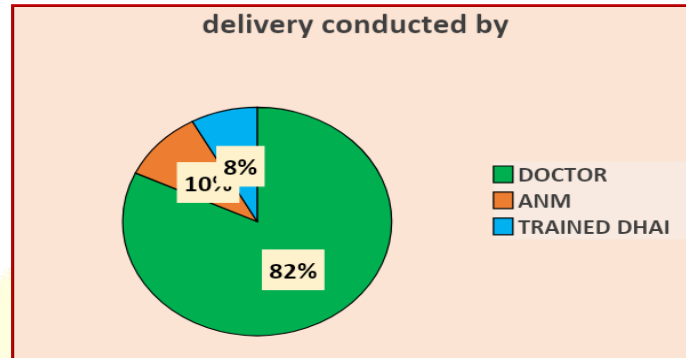


Fig-14 shows the percentage of help during birth. The analysis of help during birth data shows that the 82% respondents were help during birth from doctor, 10% were from ANM and 8% were from trained

**Fig: -15 mode of transport avail**

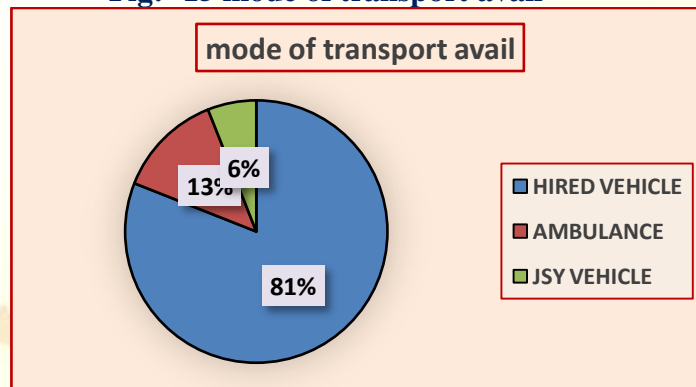


Fig: -15 shows the percentage of mode of transport avail. The analysis of mode of transport avail data shows that the 81% respondents were depend on hired vehicle, 13% were ambulance and 6% were JSY vehicle.

**Fig: -16 weight of new born baby**

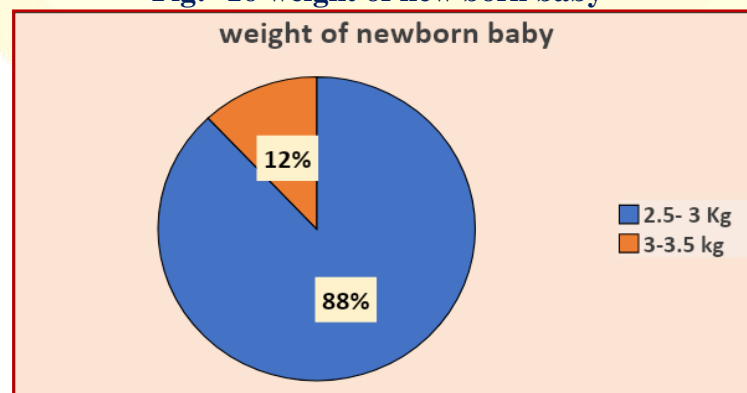


Fig-16 shows the percentage of weight of new born baby. The analysis of percentage of weight of new born baby data shows that 88% respondent's babies have normal birth weight and 12% have above the normal birth weight.

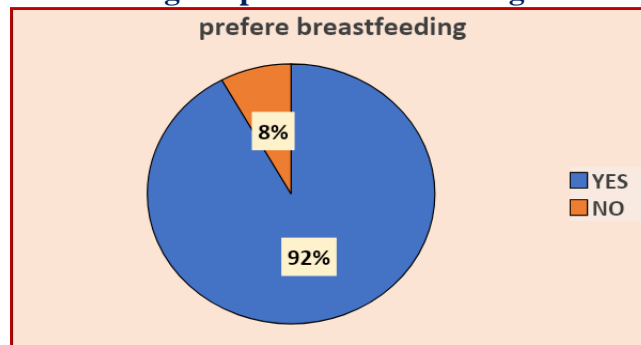
**POST NATAL SERVICES****Fig :17 prefer breast feeding**

Fig: -17 shows the percentage of prefer breast feeding. The analysis of percentage of prefer breast feeding data shows that the 92% were prefer breast feeding and 8% were do not prefer.

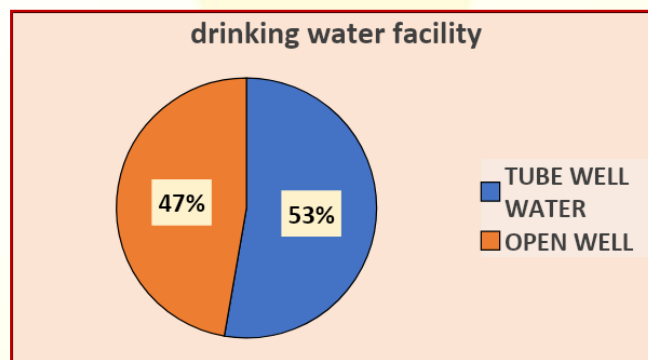
**HYGIENE AND SANITATION:****Fig: -18 DRINKING WATER**

Fig-18 shows the percentage of drinking water facilities. The analysis of percentage of drinking water facilities data shows that 47% were used tube well water, 53% were used boiled water.

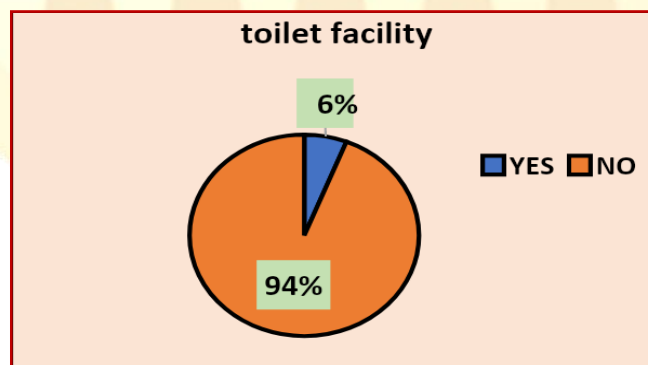
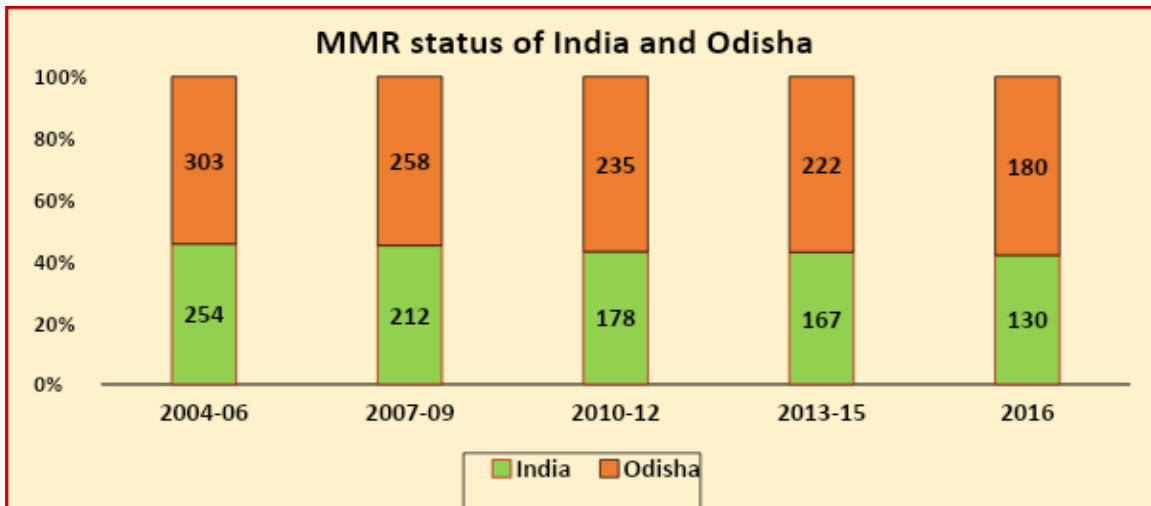
**Fig :19 TOILET FACILITIES**

Fig -19 shows the percentage of toilet facilities. The analysis of percentage of toilet facilities data shows that the 94% have toilet facilities and 6% have no sanitation facilities.

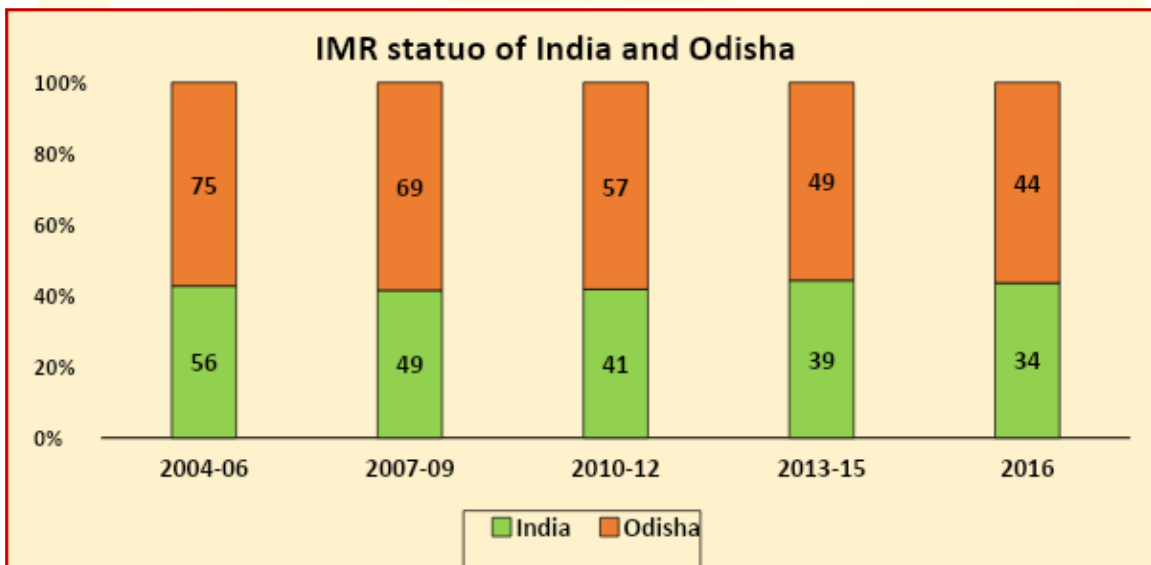
It was revealed from the study that all the fifty-two beneficiaries were get financial assistance under JSY scheme and also birth was conducted in the respective Govt. Hospital. Also, the JSY programme has been accepted by the community at a large.

The present study has been done By A. Pandey (2011). Now different data related to IMR & MMR has been collected from different source of literature and Govt. report to know the present status and analysis of IMR & MMR at national and state level & JSY programme

**CURRENT STATUS OF IMR AND MMR IN INDIA: -**

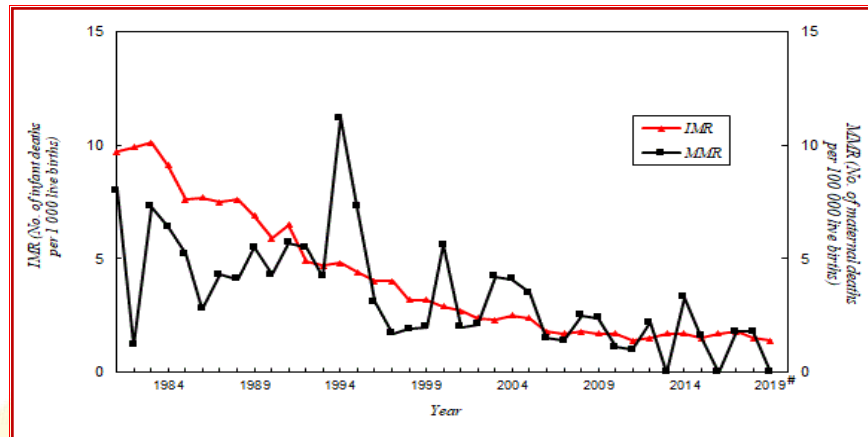


**Fig: -20 MMR status of India and Odisha**



**Fig: -21 IMR status of India and Odisha by Nitti Aayog Govt.of India, 2020**

Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR), 1981 – 2019. The infant mortality rate has decreased from 9.7 per 1000 live births in 1981 to 1.4 in 2019 while the maternal mortality ratio has fluctuated between 0 and 11.2 per 100000 live births in the past 39 years



**Fig: -22 IMR and MMR status of India (2019)**

**Source: -www.livemint.com ,2018**

### **ISSUES & CHALLENGES FOR PROPER IMPLEMENTATION OF DIFFERENT PROGRAMME INCLUDING JSY UNDER NRHM (2010-11)**

- NRHM has not yet been able to raise the expenditure on health to 2 – 3% of GDP.
- Lack of amenities like electricity, water, accessible roads has affected the project.
- A serious issue was that the evaluation was not built into the project design initially.
- Lack of State Level Data and inability to conduct randomized evaluation make it difficult to measure the Achievements under NRHM.
- Lack of doctors, nurses, paramedical staff, trained ASHA's has crippled the NRHM in many areas.
- Need to strengthen PHC and Sub center services.
- Need to improve the HR gap-MBBS doctors, Staff Nurses, Specialists and Lab Technicians.
- Need to expedite the infrastructure development. After 2011 population census the programme needs further modification

### **PRESENT ISSUES AND CHALLENGE (2019-20)**

- India just spends a little over 1 per cent of its GDP on public health despite an increase in health expenditure since 2009, according to the latest National Health Profile (NHP) data.
- The annual data released by the government Wednesday said India spent only 1.28 per cent of its GDP (2017-18) as public expenditure on health. The figure was 1.02 per cent of the GDP in 2016-17. The Narendra Modi government has aimed to raise expenditure on public health services to 2.5 per cent of the country's GDP by 2025.7.
- An eye-popping revelation! Infant mortality still haunts Odisha acutely. During the last four months of April – July this year, a high of around 25 infant deaths every day were recorded in the State.

- According to the consolidated health status report available with the State Health Department, the State has recorded a massive 3,045 infant deaths during the first quarter (April-July) of the financial year 2019-20.
- A glance shows that the undivided KBK (Koraput-Bolangir-Kalahandi) together shares nearly half of the infant mortality burden in the State. The other troublesome region is northern Odisha, where districts like Mayurbhanj, Keonjhar, Balasore and Angul.(S.patro, 2020)
- The major determinants of infant survival are: - Income, breastfeeding, bath spacing, birth weight, Antenatal care, early marriage, early motherhood which impact on IMR & MMR status of state.
- the present study found that the JSY scheme led to high rate of institutional delivery, but the monetary incentive was not availed by most of the beneficiaries. The reason was the problem in arranging for a valid document like residence proof for opening a bank account.
- Apart from this there were health system hurdles like staff crunch and delay in releasing money for the scheme from the government. It is thus suggested that these bottlenecks must be removed so that beneficiaries get cash benefit on time. This will enable further uptake of the scheme by mothers. Informed consent was obtained from all individual participants included in the study.
- **Mode of transport is a major issue in some area which was also found in 2011 study. (A. pandey,2011)**

#### CONCLUSION: -

- It was evident from the secondary data and review of literature that due to implementation of JSY programme institutional delivery has been increased and the rate of IMR and MMR has been reduced.
- It was revealed from the study that all the fifty-two beneficiaries were get financial assistance under JSY scheme and also birth was conducted in the respective Govt. Hospital. Also, the JSY programme has been accepted by the community at a large.
- For successful implementation of NRHM Human Resources Development needs long term investment.
- Public Private Partnership (PPP) mode should be explored which will help to a great extent in increasing the accessibility of modern health service in rural areas.
- Good governance and people's participation are highly essential for effective implementation of JSY programme under NRHM.
- Govt. of Odisha has declared a new scheme namely "MAMATA JOYANA" which will be implemented on the 1st week of September – 2011, for the benefit of poor expecting mother. This is also a cash assistance programme; the beneficiary shall be poor pregnant women. Like JANANI SURAKSHYA JOYANA, the poor pregnant women will get Rs 5000/- in three phases during her pre, post-delivery and natal care.
- The Govt. is hopeful that this JOYANA will be helping a lot to reduce the IMR and MMR in the state and also malnutrition among the new born baby can be solved.

#### SUGGESTIONS TO IMPROVE THE BETTER IMPLEMENTATION OF JSY PROGRAMME: -

- The vacancies at all levels need to be filled up immediately.
- More number of ASHA need to be engaged. The ASHA should be given same status with the ANM.

- Awareness generation activities for the community need to be further strengthened.
- There is need for recognized a greater number of accredited private institution for institutional delivery.
- Transport facilitation must be made available at the sub-centre. /Block level.
- Sufficient infrastructure should be provided at Block level/Sub-Centre levels.

### ***FILD STUDY***



### **EVALUATION OF “JANANI SURAKSHAY YOJANA” IN JAMLA PRIMARY HEALTH CENTRE OF BARGARH DISTRICT (2011)**

*This is an attempted to evaluate the JSY programme under NRHM. This study will provide scope to the researcher, academician and student at a large for further study and suggestion in a right way for better implementation of the program.*

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