

Evaluation of Janani Suraksha Yojana (JSY) in Non-tribal Block of Nashik District of Maharashtra

Ashok J Vankudre^{1*}, Almale Balaji D², Tryambake Rajendra³

¹Associate Professor, ²Professor and HOD, Department of Community Medicine, Dr. Vasatrao Pawar Medical College and Hospital, Nashik, ³Taluka Health Officer, Sinnar Taluka, Nashik

*Corresponding Author:
Email: easyashok@gmail.com

ABSTRACT

Introduction: Janani Suraksha Yojana scheme was launched on 12th April 2005 with the aim to reduce maternal and neonatal mortality through promotion of institutional deliveries. Mother as well as health worker (ASHA) were given monetary benefit on institutional delivery. Main Focus is on women below poverty line. It comes under purview of National Rural Health mission. Present study was done to evaluate status of Janani Suraksha Yojana scheme implementation in non-tribal block of Nashik district.

Methodology: Of total 15 blocks of Nashik district single block was randomly selected. All 105 Primary Health Centres and 578 subcentres were screened for JSY implementation scheme. Data was obtained from JSY card at subcentres in period of 2013 – 14. Beneficiaries as well as health care workers of respective centres were interviewed.

Result: Total 1557 beneficiaries were registered for JSY in 2013 – 14. Maximum belonged to Scheduled Cast (21%) and Scheduled Tribe (57%) section. Auxiliary Nurse Midwives (ANM) was main promoting worker (82%) for JSY in this block. Fifty two percent registered beneficiaries delivered at sub centre level. Almost 99 % beneficiaries received financial support of Rs.700.

Key words: Janani Suraksha Yojana, Beneficiary, ASHA, ANM

INTRODUCTION

Since 1951, on voluntary basis with democratic manner, the Government of India, Ministry of Health and Family Welfare, has implemented different types of programme for the improvement of maternal health, child health and family welfare. In light of the millennium development goals (MDG), National Population Policy (NPP), and National Health Policy (NHP) the Government of India planned and launched National Rural Health Mission (NRHM) in April 2005. All the efforts under NRHM are directly and indirectly aimed to provide accessible, affordable, and effective healthcare to all citizens and particularly to the poor and vulnerable sections of the society^{1,2,3}.

Janani Suraksha Yojana, under the overall umbrella of National Rural Health Mission (NRHM), has been proposed by a way of modifying the National Maternity Benefit Scheme (NMBS). While NMBS is linked to the provision of better diet for pregnant women from Below Poverty Line (BPL) families, Janani Suraksha Yojana integrates cash assistance with antenatal care during the pregnancy period, institutional care during delivery and immediate postpartum period in a health centre by establishing systems of coordinated care by the field level health workers. The Janani Suraksha Yojana is a 100 percent centrally sponsored scheme launched by the Honorable Prime Minister of our country on April 12, 2005 for reducing maternal and neo-natal mortality⁴.

JSY integrates cash assistance with delivery and post-delivery care. The success of the scheme would be determined by the increase in institutional deliveries

among the poor families. The Yojana has identified The Accredited Social Health Activist (ASHA), as an effective link between the Government and the poor pregnant women¹.

Present study was conducted to evaluate implementation of Janani Suraksha Yojana in non-tribal block of Nashik district of Maharashtra for the year 2013 – 14.

MATERIAL AND METHODS

Nashik district consist of 15 blocks, 9 are tribal while 6 are non-tribal blocks. Total 105 Primary Health Centres along with 578 subcentres are catering the Nashik district. One block was selected by simple random sampling (Sinnar Block). Permission was also taken from respective Health department. All PHC & sub centres in sinnar block were included in study. Data was obtained from Janani Suraksha Yojana cards located at sub centres in period of 2013 – 14. Beneficiary was also interviewed as well as ASHA workers of respective subcentres. Outcome variables were category of beneficiaries, place of delivery, mode of delivery, amount of benefit etc. Data was collected, compiled and analyzed using SPSS version 16.

RESULTS

As per Table 1 majority of beneficiaries belong to SC& ST Category (78%)

Table 1: Distribution of Janani Suraksha Yojna Beneficiaries Registered during 2013 – 2014

Category	Frequency (%)
Scheduled Cast	321 (21 %)
Scheduled Tribe	887 (57 %)
Others	349 (22 %)
Total	1557 (100 %)

Table 2: Distribution of Registered Beneficiaries as Per Promoting Worker

Promoting worker	Frequency (%)
Accredited Social Health Activist (ASHA)	282 (18%)
Auxillary Nurse Midwives (ANM)	1275 (82 %)
Total	1557 (100 %)

Above Table No. 2 shows ANM was the main promoting person for mothers in Janani Suraksha Yojana

Table 3: Distribution of Registered Beneficiaries as Per Place of Institutional Deliveries

Institution	Frequency (%)
Sub Centre	369 (52 %)
Primary Health Centre	241 (34 %)
Community Health	25 (3 %)
Accredited Private hospital	78 (11 %)
Total	713 (100 %)

From Table 3 we conclude that maximum deliveries were taken place at subcentres (52%) followed by Primary Health Centre (34%).

Table 4: Distribution of Registered Beneficiaries as Per Amount of Financial Support

Amount of Financial support (Rs)	Frequency (%)
700	691 (99 %)
500	6 (1 %)
Total	697 (100 %)

DISCUSSION

Present study was done in Sinnar Taluka of Nashik district. Total 1557 beneficiaries were registered in period of 2013 – 14. In our study majority of beneficiaries (78%) belongs to SC & ST category while others comprises 22% similar findings were noted by Singh V et al⁵ who noted 52% in SC along with ST & 26% in OBC. In our study as per Table 2 we found Auxiliary Nurse Midwives (ANM) was main promoting worker (82%) compared to ASHA (18%) Similar finding was noted by Singh V et al⁵ who found ANM as main promoter (60%) followed by ASHA (17%) & Anganwadi worker (22%). In contrast Mahawar P. et al⁶, Kaushik et al⁷, found ASHA as a main promoter i.e. 50% & 49% respectively.

Among registered beneficiaries promoted by ASHA workers majority (65%) belongs to ST category followed by SC (20%) & others (15%) respectively, Similarly among registered beneficiaries promoted by ANM workers majority (55%) belongs to ST category followed by others (24%) & SC (21%) respectively. Maximum beneficiaries delivered at sub centres (52%) followed by Primary Health Centre (34%) & accredited

private hospital (11%) respectively. Beneficiaries delivered at subcentres maximally belongs to scheduled Tribe category (61%) Beneficiaries delivered at PHC maximally belongs to scheduled Tribe category (67%). Those who delivered at accredited private hospital ST comprises 39% followed by SC i.e. 37%. Only four deliveries were conducted at home and 3 (75%) conducted by special birth attendant. Those who delivered at home maximally belongs to ST (50%) category. Out of registered 1557 beneficiaries 697 (46%) were entitled with cash benefit this was much higher compared to study done at Delhi by Vikram K et al⁸ where only 15% mothers got the benefit of 697 beneficiaries 691 (99%) got Rs.700 benefit while remaining 6 mothers received Rs.500 benefit. From the total 697 beneficiaries who received cash benefit 61% belongs to ST category followed by others (22%) & SC (21%). Three beneficiaries (<1%) underwent LSCS out of total 697 & all received cash benefit of Rs.1500.

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