

## A RAPID APPRAISAL ON FUNCTIONING OF JANANI SURAKSHA YOJANA IN SOUTH ORISSA

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### ABSTRACT

*The JSY scheme was implemented in the State of Orissa since April 2006 and the cash assistance was provided to the utilizers with changing rules at different times and mode of disbursement of funds. Issues related with procedural constraints in JSY implementation and inadequate feedback from the community were the primary concerns, which necessitated this study in Orissa. The study endeavours to assess and evaluate the operational mechanism and utilization of Janani Suraksha Yojana, reasons for non-utilization, perception and awareness of utilizer and non-utilizer mothers and the involvement of ASHAs, ANMs alongwith district and block officers in two blocks each from districts of Ganjam, Gajapati and Kandhamal of South Orissa. Different stakeholders in this study were both utilizers and non-utilizer mothers, health providers such as ASHAs, ANMs, PRI members alongwith block level and district level health officers. The study revealed that there was a lack of orientation of the health staff other than ASHA on JSY. ASHA played a major role in motivation for institutional deliveries in two-thirds of the utilizers. Most of the utilizers expressed problems of communication and transport. Further non-availability of 24x7 facilities and lack of staff were major deterrents for prospective mothers in accessing JSY services. The study recommends for streamlining of funds flow, accreditation of private hospitals, intensification of IEC activities and increased involvement of PRIs and community leaders and women groups.*

**Key Words:** Janani Suraksha Yojana, Utilizer and ASHA.

The JSY scheme was implemented in the State of Orissa since April 2006 and the cash assistance was provided to the utilizers with changing rules at different times and mode of operation of funds. Total number of JSY utilizers in the State of Orissa till December 2007 were 36, 2087. The total number of ASHAs appointed were 34,178 out of which 30,992 (90.6%) were trained.

Initially, only BPL families were entitled for JSY assistance. Likewise, assistance was granted to mothers upto two children. However, several problems such

as delayed release of funds, poor management of funds, poor maintenance of accounts and non-involvement of PRI members were reported as barriers in effective implementation. Inadequate awareness on part of different stakeholders, including community representatives, also acted as a hindrance to proper implementation.

### General Objective

To assess the functioning of Janani Suraksha Yojana (JSY) in South Orissa.

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## Specific Objectives

- ❑ To review the operational mechanism of JSY;
- ❑ To review the utilization status of JSY and reasons for non-utilization in the districts;
- ❑ To assess the perception and awareness of utilizer/non-utilizer mothers regarding Janani Suraksha Yojana;
- ❑ To assess the involvement of ASHA/ANM and district/block officers in implementation of Janani Suraksha Yojana; and
- ❑ To make recommendations in light of study findings.

## METHODOLOGY

### Sampling

Two blocks from each district, one close to the district headquarter and one remotely located from district headquarter were chosen for the study. Thus, six blocks from three districts were selected for the study. From each block, five or more villages were selected randomly. The lists of districts, blocks and villages in the study are given in Table 1.

The following sample of respondents were selected from the identified districts, blocks and villages:

**Programme Implementers:** Chief Medical Officers/ADMO of the

**Table 1**  
**Selected Districts, Blocks and Villages under Study**

District	Block and Villages	
	Proximal	Remote
<b>Ganjam</b>	Kukudakhandi <ul style="list-style-type: none"> <li>• Ratanpur</li> <li>• Anksushpur</li> <li>• Krupasindhipur</li> <li>• Balipada</li> <li>• Sihala</li> </ul>	Khallikote <ul style="list-style-type: none"> <li>• Kanka</li> <li>• Bikrampur</li> <li>• Manikpur</li> <li>• Birnarasinghpur</li> <li>• Khajapalli</li> </ul>
<b>Gajapati</b>	Mohana <ul style="list-style-type: none"> <li>• Jodamaba</li> <li>• Dhadiamba</li> <li>• Nuasahi</li> <li>• Kidasingi</li> <li>• Gabariguda</li> </ul>	Gosani <ul style="list-style-type: none"> <li>• Labanyagada</li> <li>• Sariapalli</li> <li>• Garabandha</li> <li>• Gurandi</li> <li>• Rautpur</li> </ul>
<b>Kandhamal</b>	Tikabali <ul style="list-style-type: none"> <li>• Totagudu</li> <li>• Barapalli</li> <li>• Pasara</li> <li>• Raipada</li> <li>• Gurusahi</li> <li>• Mundagoan</li> </ul>	Chakapada <ul style="list-style-type: none"> <li>• AMCS colony</li> <li>• Chatijhar</li> <li>• Kaltimendi</li> <li>• Kedarsahi</li> <li>• Gumalmendi</li> <li>• <b>Tiparigoan</b></li> </ul>

concerned districts (3) and Block Medical Officers (6) qualified as respondents. One ASHA from each block (6) and one ANM from each block (6) were selected randomly. One group of PRI members and ASHAs were also selected on the basis of their availability for FGDs in each block. This constituted the sample respondents on the implementers' side.

**Utilizers and Non-Utilizers:** A list of utilizers who underwent institutional deliveries and availed services under JSY in the last six months was procured from five selected villages under each block. Also, through feedback from key informants, a list of non-utilizers was prepared who had given birth to a child in the last six months but did not utilize services under the JSY. From each village, four utilizers and four non-utilizers of JSY scheme were randomly selected for the study. If sufficient number of respondents were not available in the village, then the nearby village was considered for the study to complete the sample. The total number of respondents included in the study from the beneficiary side were 120 utilizers and 120 non-utilizers (Table 2).

Primary data were collected from utilizer mothers and non-utilizer mothers and

other stakeholders of Janani Suraksha Scheme. Secondary data were collected from available reports and records at district and block level regarding the operational mechanism and utilization of the scheme. Data were collected from various respondents using semi-structured schedules, In Depth Interviews and Focus Group Discussions. All IDIs and FGDs were recorded after consent of respondents and were transcribed. One FGD for ASHA and PRI in each block were included in the study sample. The NIHFWS team visited the field area to maintain quality assurance. All the data collected were triangulated to have a clear idea of the findings at the time of analysis. The ethical clearance of the project was given by the Institutional Review Board of NIHFWS. Details of sample covered and techniques used are shown in Table 2.

## FINDINGS AND DISCUSSION

The knowledge imparted in the ASHA training provided by the government was considered useful by most. But majority felt that further training was required for resolving practical problems they face in the field. However, the lack of orientation of the health staff other than ASHA on

**Table 2**  
**Sample Covered and Techniques used for Data Collection**

Stakeholder	Number	Data Collection Method and Tools
JSY Utilizer mothers JSY Non-utilizer mothers	120 (4 Utilizers from each of 5 villages per block from 6 blocks i.e. 4 Utilizers X 5 villages X 6 blocks) 120(4 Utilizers from each of 5 villages per block from 6 blocks i.e. 4 Utilizers X 5 villages X 6 blocks))	Interview-Semi Structured schedule
CMO/District nodal officer BMO ASHA ANM	3 (1 per district) 6 (1 per block) 6 (1 per block) 6(1 per block)	Interview: In-depth interview checklist
ASHA PRI/Community leaders	1 per block 1 per block	FGDs: FGD Checklist

JSY is a significant finding emerging out of this study.

Less than half of utilizers and non-utilizers were having knowledge on various aspects of the JSY scheme like provision for escort by ASHA, stay during hospital delivery and cash assistance. In approximately three-fourth of the utilizers, 1<sup>st</sup> contact of ASHA with the mother was for ANC in 3-6 months of pregnancy. ASHAs also played a major role in motivation for institutional

JSY benefits.

Most of the utilizers expressed that there were lack of transparency in money distribution and they had to use inducement for either getting JSY card or getting the cash assistance. Nearly all except the district officials felt that the JSY assistance was received late and it was delayed due to complicated procedure of filling and sending of forms or due to interruption of money flow to the PHC.

**Table 3**  
**Programme Utilization by Utilizer Mothers**

Performance Indicators	Values
Ist contact/ANC	12-24 wks in 70%
Motivation for ANC by ASHA	65%
ANC done by Medical Officer	49.2%
Motivation for institutional delivery by ASHA	62%
Time of getting JSY card	<3 months in 3.3% 3-6 months in 48.3% 6-9 months in 39.1% > 9 months in 9.1%

deliveries in two thirds of the utilizers (Table 3).

JSY scheme has a continuum of services to be utilized by the mothers. Services like three ANC's were perceived as useful by majority of utilizers but some of non-utilizers did not perceive receiving three ANC as useful. Essentiality of 100 IFA tablets figured low in the perception of all respondent categories.

Majority of the stakeholders perceived monetary assistance as a big advantage for the mothers and perceived that the JSY scheme had made the health staff more helpful and friendly towards the utilizers such as making frequent contacts, issue of JSY cards and motivating prospective mothers to avail

Most of the respondents felt that there were problems of communication and transport. Hiring transport at odd hours, high cost of transportation and denial by transporters to carry patients from distant locations, was a barriers in availing JSY services. Non-availability of 24x7 health centres and lack of staff were major deterrents for prospective mothers in accessing JSY services.

There were very little or no involvement of PRI members in the scheme. So was the case with community leaders, women groups and local NGOs.

About 36.7 per cent of the utilizers in the study area got payments within one week. 40 per cent of the utilizers of the scheme

**Table 4**  
**Time Taken in Receipt of JSY Payment by the Utilizers**

Time Taken	Ganjam(n=40) number/(%)		Gajapati(n=40) number/(%)		Kandhamal(n=40) number/(%)		Total (120) number/(%)
	Khall	Kukud	Mohan	Guran	Tikab	Chakap	
<7 days	4(20)	10(50)	5(25)	9(15)	8(40)	4(20)	40(33.3)
7 days to 1 month	2(10)	9(45)	9(45)	8(40)	8(40)	9(45)	45(37.6)
>1 month	10(50)	1(5)	4(20)	3(15)	3(15)	7(35)	28(23.3)
Not received yet	4(20)	0	2(10)	0(0)	1(5)	0	7(5.8)
Total	20(100)	20(100)	20(100)	20(100)	20(100)	20(100)	120(100)

To enable local availability of money, ANM was given advance money which was kept in a joint account with sarpanch. This money was replenished on time-to-time basis on submission of bills and vouchers of the last round of disbursements. Two out of Three CDMOs and four out of six BMOs told that most of the times the funds flow at various levels (from State to district and below) were interrupted because of delayed submission of bills and vouchers. This delay resulted in lack of money at operational levels, affecting its release eventually to the utilizers. All the money required should be planned in advance depending upon the expected number of deliveries at each level of institutions and necessary amounts should be earmarked in the budget for them in one go so that the operationalizing the scheme does not get blocked due to lack of money at the ANM level.

## RECOMMENDATIONS

- The process of making JSY card should be made simpler and should be issued as soon as possible. The JSY card issued in one State should be accepted in other States as JSY is a centrally sponsored scheme.
- There is a need to accredit more private and charitable hospitals under the JSY scheme at block level on the pattern of Chiranjeeve Scheme. Due to higher out-of-pocket expenditure in case of caesarian section more

assistance should be considered in the scheme.

- Intensification of IEC activities focussing on benefits of JSY with special attention to clearing the myths and misconceptions about the scheme.
- All recruited ASHAs should be trained well within a time frame and post training field appraisal should be done and thereafter refresher trainings should be given in a planned manner. Training to other categories of health staff on JSY should be planned so that the services to expecting mothers are more user friendly.
- Service centres should be provided with better infrastructure and supplies to provide round the clock services and to avoid unnecessary referrals and out of pocket expenses.
- Increase involvement of PRIs, community leaders, women groups and local NGOs for enhancing coverage of the scheme.
- Villagers should be informed through ASHAs about 24x7 services available nearest to the village.

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