প্রতিধ্বনি the Echo
Pratidhwani the Echo
A Peer-Reviewed Indexed International Journal of Humanities & Social Science
Published by: Dept. of Bengali
Karimganj College, Karimganj, Assam, India
Website: https://www.thecho.in
ISSN: 2278-5264 (Online) 2321-9319 (Print)

A Study on Effectiveness of Janani Suraksha Yojana for Promoting Institutional Delivery Services in Karimganj District of Assam

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Abstract

Maternal mortality and infant mortality are among the key health indicators of any civilized society. They are the touchstone for a public health delivery system. The Indian Constitution explicitly mentions that providing health care to all citizens is the responsibility of the state. The Government of India launched the National Rural Health Mission (NRHM) in 2005, to provide accessible, accountable, affordable, effective and reliable primary health care, especially to the poor and vulnerable sections of the population. Janani Suraksha Yojana (JSY) as an integral component of NRHM was launched on April 12, 2005. The main objective of this programme is to ensure that each delivery is conducted in an institution and is attended to by a Skilled Birth Attendant (SBA) to prevent maternal deaths and pregnancy related complications in women and at the same time ensure the well -being of the mother and the new -born. The Yojana has identified, the Accredited Social Health Activist (ASHA) as an effective link between the Government and the poor pregnant women. Her main role is to facilitate pregnant women to avail Services of maternal care and arrange referral transport .This paper is prepared with the following objectives:

1. *To study the effectiveness of JSY for promoting institutional derlivery services and*
2. *To study the roles and functions of ASHA for motivating pregnant women for institutional delivery.*

Simple random sampling technique utilized for the study. Total 300 no. of ASHA selected from five BPHCs for this study. The study is based on both Primary and secondary data. Primary data collected through face to face interaction with ASHAs, interview with ASHAs, Focus Group Discussion with ASHAs, ANMs, Doctors and Health Officials. Secondary data collected from available reports, NRHM Annual records, Annual Health Survey reports, Different journals, official publication of governments etc.

***Key words** – ASHA, JSY, MMR, NRHM, Institutional Delivery*

Introduction: The World Health Organization (WHO) defined health in its broader sense in 1946 as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." The maintenance and promotion of health is achieved

through different combination of physical, mental, and social well-being, together sometimes referred to as the health triangle.

Government of India launched the National Rural Health Mission (NRHM) in 2005 mainly to strengthen health services in the rural areas. It seeks to provide effective health care to the rural population by improving access, enabling community ownership, strengthening public health systems, enhancing accountability and promoting decentralization (Ministry of Health & Family Welfare, 2005). In 2000, as part of the Millennium Development Goals (MDGs), the international community committed to decrease the Maternal Mortality Ratio (MMR) by 75.0 percent by 2015 and improve overall maternal health care to achieve MDG-5. India has one of the highest MMR in the world with an estimated 212 maternal deaths per 100,000 live births (India, Register General, 2011).

Globally, about 8 million women suffer from pregnancy-related complications and more than half a million die from those complications. In developing countries, one woman in 16 may die due to pregnancy-related complications (WHO, 2004).The causes of maternal death are related to maternal care utilization during pregnancy, childbirth and postnatal periods. JSY is a self-described "safe motherhood intervention (Ministry of Health, 2006, 1)" and safe motherhood is a direct function of removing birth from the home and into the clinic. Maternal mortality is one of the major health challenges in our developing economy. The scenario remains very grim for our mothers, with pregnancy related complications claiming the lives of an estimated 0.5 million women worldwide every year, and 1 woman every minute. Every year, more than 500,000 women die from causes related to pregnancy and child-birth (UNICEF 2008).

Most of deliveries in India occurs at home and without any assistance from skilled health professionals and hence majority of the maternal deaths contributed by the mother who had a home delivery (IIPS, 2010). Therefore, Indian government introduced the National Population Policy (NPP) 2000 with defined goal to increased institutional delivery by 80.0 percent, safe delivery by 100 percent and reducing MMR by 100 per 1,00,000 live births.

In order to achieve these goals, the National Rural Health Mission (NRHM) was launched in 2005, which aimed to undertake an 'architectural correction' of the public health system to enable it to effectively absorb increased expenditure to provide accessible, affordable and accountable primary health care services to poor households in remote parts of rural India . Under the NRHM, there is a specific scheme - the Janani Suraksha Yojana (JSY), which was introduced in April 2005. The main objectives of JSY scheme were reducing Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) by encouraging institutional deliveries, and to provide referral transport, escort and improved hospital care at subsidized rate for institutional deliveries particularly among BPL women above age 19 for only two live births.

The focus areas under the JSY are identified as –

1. Early registration of beneficiaries and identification of complicated cases
2. Ensuring at least three antenatal check up and one post natal visit
3. Providing appropriate referral and referral transport to the beneficiary
4. Involving Anganwadi Worker
5. Ensuring transparent and timely disbursement of cash incentive to the beneficiary and ASHA
6, Providing 24x7 delivery services and obstetric care at PHC level and FRUs to provide emergency obstetric care

Maternal mortality in resource-poor nations has been attributed to the "3 delays": delay in deciding to seek care, delay in reaching care in time, and delay in receiving adequate treatment. The Government of India has been implementing various programmes from time

to time to tackle these issues. JSY scheme is as one of its most important key interventions to reduce maternal mortality. The JSY integrates three pregnancy related benefits: (i) antenatal care, (ii) institutionalized delivery, and (iii) postpartum care, all three administered in a health facility. As per the norms under the JSY, each beneficiary is given Rs 1400 for availing the institutional delivery facilities in rural area and Rs 1000 in urban areas. As of today, the JSY is one of the largest conditional cash transfer programs in the world, it has resulted in a huge increase in institutional deliveries within four years - the number of beneficiaries rising from 7.39 lakhs per year in 2005-06 to about 1.13 crore in 2010-11.

Maternal Mortality and Morbidity Risk

All pregnant women face some level of maternal risk. According to the WHO, about 40% of pregnant women will experience delivery complications, while about 15% need obstetric care to manage complications which are potentially life threatening to the mother or infant. Despite the importance of antenatal care to predict and prevent some complications, many are sudden in onset and unpredictable.

Trends in Maternal Mortality Ratios in India

1990	1995	2000	2005	2008	2009 (SRS)
570	470	390	280	230	212

Source- Maternal Health Policy in India – From Institutional delivery to safe deliveries

Objectives of the Study

1. To study the effectiveness of JSY for promoting institutional derlivery services and
2. To study the roles and functions of ASHA for motivating pregnant women for institutional delivery.

Methodology and Data base

Simple random sampling technique utilized for the study. A total 300 no of ASHA are selected from five BPHCs for this study. The study is based on both Primary and secondary data. Primary data collected through face to face interaction with ASHAs, Focus Group Discussion with ASHAs, ANMs, Doctors and Health Officials. Secondary data collected from available reports, NRHM Annual records, Annual Health Survey reports, Different journals, official publication of governments etc.

Limitations of Cash Assistance for Institutional Delivery: Table -1

In LPS States	All births, delivered in a health centre – Government or Accredited Private health institutions. Refer to para (b).
In HPS States	Upto 2 live births.

Source: Government of India, Ministry of Health & Family Welfare, 2005.

Financial Benefits under JSY for Mother and ASHA : Table- 2

Category			**Rural Area**		**Urban Area**	
Mother's Package		**ASHA's Package**	**Total (in Rs.)**	**Mother's Package**	**ASHA's Package**	**Total (in Rs.)**
LPS	1400	600	2000	1000	200	1200
NE* (Except Assam) & Rural areas of tribal	700	600	1300	600	200	800

districts of HPS States**						
HPS	700	NIL	700	600	NIL	600

Source: Government of India, Ministry of Health & Family Welfare, 2005.

Background of the Study

Under the NRHM and the RCH Programme, the Government of India is actively pursuing the goals of reduction in Maternal Mortality by focusing on the 4 major strategies of essential obstetric and new born care for all, skilled attendance at every birth, emergency obstetric care for those having complications and referral services. Among the reproductive health parameters 'antenatal care (ANC) and safe delivery' have important positions as these are directly related with maternal morbidity and mortality.

Karimganj is a non-performing district in most of the facets of development. The district is plagued by poor infrastructure facilities- particularly of power and road communication to initiate any sustainable self employment initiatives. Drinking water and sanitation facilities are in bad shape in the villages of the district. There is need for making more provisioning of basic infrastructure, water and sanitation services through state interventions in the villages. The NRHM implemented the Janani Surakshya Yojana (JSY) for the Below Poverty Line (BPL) families which provide referral transport, escort and improved hospital care at subsidized rate for institutional deliveries .'People's Health in People's Hand' and more of community participation and community monitoring of public health system. The JSY has brought together poorly functional maternity nutrition benefit scheme and referral transport scheme into a single package and by focusing this package on institutional delivery.

Findings of the study:

Karimganj District is one of the most lagging behind districts in Assam in all respects especially in education, health care, road communication, socio- economic condition etc. In Karimganj district 93 percent of population of the lives in rural areas. As indicated by the Human Development Report of Assam (2004) the human development index for the district stands at 0.301 (ranks 19th in the state) which is much lower than the state average of 0.407. In terms of income, education and health the district ranks 19th, 14th and 18th respectively in the state. Most of the women in Karimganj district suffer from pregnancy related complications like anemia, high blood pressure, obstructed labour ,hypertension and poor health due to the poor socio-economic condition of the family. Even in rural villages in Karimganj district it is seen that people are unaware about health education, family planning , Antenatel care dring pregnancy etc. After implementation of JSY in 2005 in Karimganj district, this scheme is successfully working for increasing institutional delivery and in reduction of MMR. Cuurent Status of MMR in Karimganj district is 281 per 100,000 live births.

Overview of Karimganj District (Table – 3)

Demographic Indicators (Census 2011)	
Total population	1,217,002
Male	620,722
Female	596,280
Total urban population	110,257 **(Male** – 55,744) (**Female** – 54,513)

Total land area	1089 sq.km
literacy rate	79.20% (**Male**- 85.70) (**Female**-73.49)
Sex ratio per 1000	961
Major Language	Bengali
Population Density/km2	673

Source – Census 2011

Infrastructure Details of Karimganj District (RHS 2012) : Table - 4

SI no	**Infrastructure Details (RHS 2012)**	Numbers
1.	Sub Centers (SC)	221
2.	Primary Health Centers (PHC)	27
3.	Community Health Centers (CHC)	2
4.	DH	1

Progress of JSY in Karimganj District

According to the NRHM report in Karimganj, the institutional deliveries have gone up. In 2005-06, institutional deliveries in Assam increased by 39 percent compared to the year 2001-02 and in 2011-12, institutional deliveries increased by 212 percent compared to 2005-06. With the introduction of the JSY from the year 2005, there has been almost 22 times increase in institutional delivery in the State. However, improving the safe motherhood still remains a major challenge for overall improvement in the maternal and therefore child health in the State.. Anaemia in women Assam is fairly high. As per NFHS-III, the incidence of anemia has been found among 72 percent of pregnant women within the age group of (15-49) years in Assam. JSY is successfully operating in karimganj District of Assam for the improvement of maternal health status and promoting institutional delivery services in remote villages. Role of mass media playing a great role in JSY through creating awarness in rural villages of Karimganj District. Mass media is an effective tool in health promotion, an important link between the rural residents and vital health information.. Mass media campaign with special focus on women health promoting health education and enhancing awarness on importance of family planning, safe delivery, ante-natel care during pregnancy, post natel care, educating the danger sign during pregnancy and timely referral of pregnant women in order to reduce maternal mortality and morbidity and improve pregnancy outcomes. Block Programme Management Unit as well as District Programme Management Unit timely monitoring the programme and organizing monthly meeting for assessing the effectiveness of the implementation of JSY.

JSY BENEFICIERES IN Karimganj District: Table – 5

District	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
Karimganj	428	5,316	7,228	6,894	9,791	11,229	12,350	14,110	15,078

Source – Joint Director oh Health Services, District Health Society, Karimganj

No. of Institutional Delivery in Karimganj District: (Table- 6)

Year	Karimganj District

2007-2008	7758
2008-2009	7957
2009-2010	11090
2010-2011	12090
2011-2012	13691
2012-2013	15080
2013-2014	16332

Source – Joint Director oh Health Services, District Health Society, Karimganj

Maternal Mortality Rate in Karimganj District: (Table -7)

Year	MMR
2010- 2011	347
2011-2012	288
2012-2013	281

Source – Joint Director oh Health Services, District Health Society, Karimganj

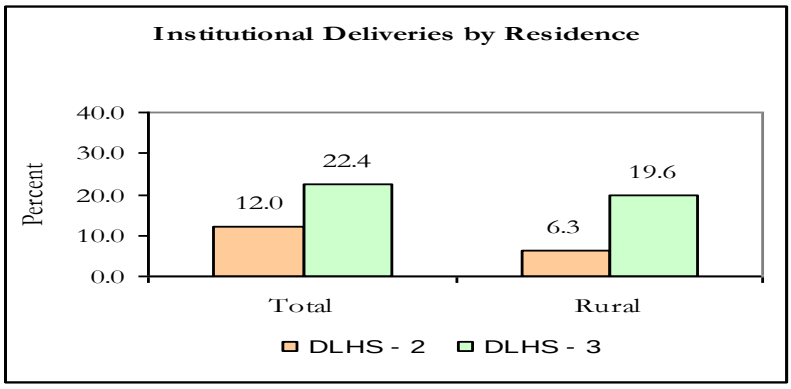
According to **the Registrar General of India** , **main causes of maternal deaths are as follows:** haemorrhage (38%), sepsis (11%) and abortions (8%), obstructed labour (5%), hypertensive disorder (5%) and other conditions (34%) .Other conditions include anaemia and other indirect causes like malaria.

Causes of maternal dealth and Proven interventions are below in table (Table -8)

Cause of maternal death	**Proven interventions**
Bleeding after delivery (postpartum haemorrhage)	Treat anaemia in pregnancy. Skilled attendant at birth: prevent or treat bleeding with correct drugs, replace fluid loss by intravenous drip or transfusion if sever.
Infection after delivery	Skilled attendant at birth: clean practices. treat with antibiotics if infection arises.
Unsafe abortion	Skilled attendant: give antibiotics, empty uterus, replace fluids if needed, counsel and provide family planning
High blood pressure (hypertension) during pregnancy: most dangerous when sever (eclampsia)	Detect in pregnancy; refer to doctor or hospital. Treat eclampsia with appropriate anticonvulsive (MgSO4); refer unconscious woman for expert urgent delivery
Obstructed labour	Detect in time, refer for operative delivery.
Other direct obstetric causes	Refer ectopic pregnancy for operation.

Source- Maternal Health Policy in India

Institutional Deliveries by Residence in Karimganj District are listed below-



Source – District Level Household 3 report 2007- 08

There are total five BPHCs in Karimganj dist and total 1193 ASHAs are working in five BPHCs . The BPHC wise no of ASHA are below : (**Table - 9)**

Name of Block PHC(BPHC) in Karimganj District	**No of ASHAs**
Kachuadam BPHC	160
Patharkandi BPHC	335
R. K. Nagar BPHC	323
Girishganj BPHC	135
Nilambazar BPHC	240
Total	**1193**

Source – Joint Director oh Health Services, District Health Society, Karimganj

ASHA is a female health activist, as an honorary volunteer who receive performance-based compensation for promoting variety of primary health care services in general and reproductive and child health services in particular such as universal immunization, referral and escort services for institutional deliveries, construction of household toilets, and other healthcare interventions.

SELECTION OF ASHA

The general norm will be 'One ASHA per 1000 population'

Criteria for Selection

ASHA must be primarily a woman resident of the village.

'Married/Widow/Divorced' and preferably in the age group of 25 to 45 yrs.

ASHA should have effective communication skills, leadership qualities and be able to reach out to the community. She should be a literate woman with formal education up to Eighth Class. This may be relaxed only if no suitable person with this qualification is available. Gram Panchayat, PHC/SC staff members, ANMs, SHG members and AWWs were involved in the selection of ASHAs and payment to ASHAs were initiated along the national guidelines.

The primary responsibilities of ASHA under JSY are as follows :

1. Identify pregnant woman from BPL families as a beneficiary of the scheme.
2. Report to the ANM and bring the women to the sub-centre/PHC for registration,
3. ASHA will mobilize the community and facilitate them in accessing health and health related services available at the village/sub-center/primary health centers, such as

Ante Natal Check-up (ANC), Post Natal Check-up (PNC), ICDS, sanitation and other services being provided by the government.She will assist in receiving two TT injection.

4. She will counsel women on birth preparedness, importance of safe delivery, breastfeeding and complementary feeding, immunization, contraception and prevention of common infections including Reproductive Tract Infection/Sexually Transmitted Infection (RTIs/STIs) and care of the young child.
5. When the pregnant woman is in labour or faces complication, escort the women to the pre-determined health centre and stay with her till the delivery is complete and woman is discharged,
6. Arrange to immunize the newborn till the age of 10 weeks,and register birth or death of the child or mother
7. Post natal visits within 7 days of pregnancy and track mother's health.
8. She will work with the Village Health & Sanitation Committee of the Gram Panchayat to develop a comprehensive village health plan.
9. ASHA will take steps to create awareness and provide information to the community on determinants of health such as nutrition, basic sanitation & hygienic practices, healthy living and working conditions, information on existing health services and the need for timely utilization of health & family welfare services.
10. ANMs will educate ASHA on danger signs of pregnancy and labour so that she can timely identify and help beneficiary in getting further treatment.
11. ASHA will support the AWW in mobilizing pregnant and lactating women and infants for nutrition supplement. She would also take initiative for bringing the beneficiaries from the village on specific days of immunization, health checkups / health days etc. to Anganwadi Centres.
12. In the Community ASHA will organize/attend meetings of village women/health committees and other group meetings and attend Panchayat health committees. She will counsel and provide services to the families as per her defined role and responsibility

Score of ASHA as per their Awarness (Table No - 10)

Awarness Score of ASHA	**%**
1. Aware about JSY	100%
2.Aware about Pregnency related complication	Approx 75%
3. Aware about roles and responsibilities	100%
4. Aware about Ante natel Care	100%
5. Aware about post partum care	85% (approx)
6 Aware about ASHA incentive	100%
7. Aware about Maternal Health	95% (approx)
8. Aware about safe delivery	100%
9. Aware about facility in health cantre	95%
10.Aware about Maternal Mortality	90% (approx)

Source- Author

Conclusion:

Thus in conclusion it can be said that Janani Suraksha Yojana (JSY) is getting popular day by day and especially rural poor women are significantly benefited by the scheme. And ASHAs are aware of their roles and responsibilities in JSY regarding antenatal services, complications during pregnancy and child-birth and thereafter, microplanning, referral care, arranging for transport, accompanying women for deliveries to institutions and ensuring child immunization services. There are evidences that institutional deliveries are increasing at

PHCs and sub-centres because ASHA is actively working for promoting institutional deliveries. ASHAs are performing satisfactory performance in their villages and they are actively organizing VHND session and helping the pregnant women to avail the JSY services. As a result Maternal Health status among rural women is improving by this scheme.

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