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An Overview of Awareness, Utilisation and Satisfaction of The Beneficiaries on Janani Suraksha Yojana

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Abstract
Janani Suraksha Yojana (JSY) under the overall umbrella of National Rural Health Mission has been launched from April 2005. The scheme replaces the National Maternity Benefit Scheme and aims at increasing institutional delivery, thereby reducing maternal and neonatal mortality. The top-notch priority of Janani Suraksha Yojana is that it is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. The scheme mainly focuses on poor pregnant woman with a special dispensation for states that have rather low institutional delivery rates. All the services are provided on free of cost and cash help is given to those who were utilizing the services. The present study attempts to assess the awareness, utilization pattern and service quality of JSY among women.

Key Words: *Janani Suraksha Yojana, awareness, utilization pattern and service quality*

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I. Introduction

Pregnancy and child birth are the natural physiological phenomenon and their consequences are still the leading cause of death, disease and disability among women of reproductive age in India more than any other single health problem. Mother and child constitute a priority group in a community. They comprise approximately 71.14% of the population of the developing countries. In India women of the child bearing age constitute 22.2% and children under 15 years of age about 35.3% of the total population. Together they constitute nearly 57.5% of the total population (Park, 2015).[1] Mother and children not only constitute a large group but they are also a vulnerable or special risk group. The risk is connected with child bearing in the case of women and survival in case of children. Maternal mortality ratios strongly reflect the overall effectiveness of health systems. Maternal mortality and infant mortality are the main health indicators of any civilized society. The universal declaration for human rights of 1948 in Article 25 stressed that "Motherhood and childhood are entitled to special care and assistance" (Sharma et al., 2014).[2]

Janani Suraksha Yojana (JSY) was launched by the Hon'ble Prime Minister on 12th April, 2005 and being implemented in all states and Union Territories (UTs). It is an ambitious scheme immensely intended to copiously encourage institutional delivery and provide ample access to care during pregnancy and in the postpartum period, and thereby reducing maternal and infant mortality. Globally since 1990, there is 43% decline in maternal mortality ratio (MMR) (Bhaskar et al., 2021).[3] India accounts for 22% of pregnancy related death. Although maternal mortality and morbidity is showing declining trends but still figure remains alarming (Agarwal and Sangar, 2005)[4]

The concept of healthy mother and healthy baby is an important aspect of a healthy society. The act of giving birth is the only moment when both pain and pleasure converge at a moment of time and transformation into motherhood is a privilege reserved exclusively for women. 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 success of the scheme would be determined by the increase in institutional deliveries among the poor families.

India is drawing the world's attention, not only because of its population explosion but also because of its prevailing as well as emerging health profile and profound political, economic and social transformations. The policies implemented so far, which concentrate only on growth of economy not on equity and equality, have widened the gap between „urban and rural". Nearly 70% of all deaths, and 92% of deaths from communicable diseases, occurred among the poorest 20% of the population. However, some progress has been made since independence in the health status of the population**.** It is reflected in the improvement in some health indicators. Under the cumulative impact of various measures and a host of national programs for livelihood, nutrition and shelter, life expectancy rose from 33 years at Independence in 1947 to 70 years in 2012 (**Malik, 2013**) [5].

Interstate, regional, socioeconomic class and gender disparities remain high. These achievements appear significant, yet it must be stressed that these survival rates in India are comparable even today only to the poorest nations of sub-Sahara. The rural populations, who are the prime victims of the policies, work in the most hazardous atmosphere and live in poor living conditions **(Dhak, 2014).**[6] Unsafe and unhygienic birth practices, unclean water, poor nutrition, subhuman habitats, and degraded and unsanitary environments are challenges to the public health system. The majority of the rural population are small holders, artisans and labourers with limited resources that they spend chiefly on food and necessities such as clothing and shelter. They have no money left to spend on health. The rural peasant worker, who strives hard under adverse weather conditions to produce food for others, is often the first victim of epidemics (**Bhatacharyee et. al., 2013**).[7]

In India women and men have nearly the same life expectancy at birth. The fact that the typical female advantage in life expectancy is not seen in India suggests that there are systematic problems with women's health. Indian women have high mortality rates, particularly during childhood and in their productive years**.** Maternal health is an important parameter of functional health system and is must be addressed as a part of continuum of care that joins essential maternal, newborn and child health services**.** India is still home to 63,000 maternal deaths per year which accounts almost one-fourth of all maternal deaths of the world even after the decline of mortality ratio to 230 from 390 for year 1990 to 2008. Child mortality rate is considered to be very high as compared to developed nations despite the fall to 18 from 33 for the period between 1991-92 and 2005-06 (**Dhak, 2014).**[8]

Utilization of maternal health care services was remained weak in most of developing countries like India in spite of increasing private and public sectors on the provision of advanced health care services. In view of high maternal mortality, inferior status of women besides questionable quality of services and exploring the factors that affecting utilization of maternal health care (**Rawat et al., 2012**).[9] Reduction of mortality of women is an area of concern for the Governments across the globe. The WHO, UNICEF and UNFPA had reported that India and Nigeria account for a third of maternal deaths worldwide. India alone accounts for 22% of pregnancy-related deaths worldwide (**Sharma et al., 2012**).Demand–side financing programmes particularly cash 11 transfer programmers, have emerged recently as newer ways of addressing the chronic problem of underutilization of health and social services, particularly among vulnerable group. One of the best ways to do this is to make sure that women receive skilled care at delivery. Ensuring that women receive skilled care at delivery is an essential part of safe motherhood programs (**Kaur et al., 2015**).[10]

JANANI SURAKSHA YOJANA (JSY)

Janani Suraksha Yojana is a safe motherhood intervention was introduced by making some changes in NMBS to reduce Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR) by promoting institutional delivery among the poor pregnant women. Janani Suraksha Yojana (JSY) under the overall umbrella of National Rural Health Mission (NRHM) is being proposed by way of modifying the existing National Maternity 12 Benefit Scheme (NMBS). While NMBS is linked to provision of better diet for pregnant women from BPL families, JSY integrates the cash help with antenatal care during the pregnancy period, institutional care during delivery and immediate post-partum period in a health center by establishing a system of coordinated care by field level health worker (**Sharma, 2013**).[11]

The JSY would be a 100% centrally sponsored scheme. Motherhood can be safer for all women and NMBS came into effect in August 1995 as one of the components of the National Social Assistance Programme (NSAP). The scheme was transferred from the Ministry of Rural Development to the Department of Health & Family Welfare during the year 2001-02. It is a cash incentive-based program to promote institutional deliveries. It also makes available quality maternal care during pregnancy, delivery and in the immediate post-partum period along with appropriate referral and transport assistance **(Malik et al., 2012).**[12] The main objective of Jannnai Suraksha Yojana is to reduce overall morality ratio and infant mortality rate and to increase institutional deliveries. The JSY has identified the Accredited Social Health Activist (ASHA), a village level health functionary, as an effective link between the Government and the poor pregnant women in the ten Low

Performing States (LPS). An ASHA is supposed to cover a village with approximately 1000 population and to facilitate pregnant women to avail services of maternal care and arrange referral transport.

FEATURES OF JANANI SURAKSHA YOJANA

(A) States/UTs have been classified into two categories based on the institutional delivery rate. The 10 states namely the 8 EAG states and the states of Assam and Jammu & Kashmir would constitute Low Performing States (LPS) and the rest High Performing States (HPS).

(B) Cash assistance linked to Institutional Delivery: The benefits under the scheme would be linked to availing of antenatal check-ups by the pregnant women and getting the delivery conducted in health centres hospitals. While the beneficiaries will be encouraged to register themselves with the health workers at the sub centre anganwadi, primary health centres for availing of at least three antenatal check-ups, post-natal care and neo-natal care, the disbursement of enhanced 13 benefits (**Raj & Sharma, 2010).**[13]

(C) Cash Assistance in the graded scale. One of the accepted strategies for reducing maternal mortality is to promote deliveries at health institutions by skilled personnel like doctors and nurses. Accordingly, cash assistance is to be provided to women from Below Poverty Line (BPL) families, for enabling them to deliver in health institution.

(D) Assistance for Caesarean Section: FRUs/CHCs (child health care) would provide emergency opts services. Where Government specialists are not available in a health institution, assistance up to Rs. 1500/- per case will be provided for hiring services of private experts to carry out the surgery either in a Government medical facility or in Private hospital, nursing home, etc (**Ministry of Health and Family Welfare, 2010**). Budget for the scheme is released by the Govt. of India through Mission Director NRHM (**National Rural Health Mission**). The scheme is cent percent centrally sponsored and it integrates cash assistance with delivery and post-delivery care. Cash Assistance to the mother is mainly to meet the cost of delivery and given by bearer cheque only. States were classified into Low Performing States and High Performing States on the basis of institutional delivery rate, i.e. states having institutional delivery 25% or less were termed as Low Performing States (LPS) and those which have institutional delivery rate more than 25% were classified as High Performing States (HPS). The benefits would be extended to all women from BPL families of Uttar Pradesh, Uttarakhand, MP, Chhattisgarh, Bihar, Jharkhand, Rajasthan, Odisha and the states of Assam & Jammu & Kashmir were classified as Low Performing States and the other were grouped into High Performing States (**National Health Mission, GOI, 2008).**[14]

IMPORTANCE OF JSY

Janani Suraksha Yojana (JSY) is an ambitious scheme launched under the National Rural Health Mission (NRHM), the Government of India's flagship health programme. The scheme is intervention for safe motherhood and seeks to reduce maternal and neo-natal mortality by promoting institutional delivery. There is also provision for cost reimbursement for transport and incentives to Accredited Social Health Activists (ASHA) for encouraging mothers to go for institutional delivery.

The Ministry of Health and Family Welfare Government of India, through UNFPA, commissioned a concurrent assessment of the scheme in large states, namely, Bihar, Madhya Pradesh, Rajasthan, Orissa and Uttar Pradesh which constitute 39 per cent of the total population of the country. The success of the scheme has been assessed by the increase in institutional deliveries, particularly among families belonging to low-income categories. The concurrent assessment also examined the functioning of the processes adopted in planning and implementation of the scheme. This included transport facility for pregnant women to reach the nearest health facility, payment of cash incentives to beneficiaries and ASHA, involvement of private sector, communication activities for mobilizing community for the institutional delivery and financial management.

World Health Organization (WHO) has defined Re-productive Health as "Within the framework of WHO definition of health as a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity with the ability to lead a socially and economically productive life. Reproductive health therefore implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide. This definition focus on right of men and women to be informed of and to have access to safe, effective, affordable, and acceptable methods of fertility regulation of their choice, and the right to access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant".

The MCH services to the urban poor have been rec-ognized as important thrust area by the government of India. Under five, infant and neonatal mortality rates are considerably higher among urban poor as compared to urban averages. Survival patterns among the urban poor, clearly point at the need for extra focus on this large segment of India's population. Hence, Janani Suraksha Yojana (JSY) was launched on 12th April 2005, is a safe motherhood intervention under the National Rural Health Mission to promote institutional deliveries **(National Health Portal, 2021).**[15]

ELIGIBILITY CRITERIA

Low-Performing States (LPS)

❖ All pregnant women delivering in government health centres like sub-centres (specifically approved for institutional delivery by the state) and Primary Health Centres,(PHCs), Community Health Centres (CHCs), First Referral Units (FRUs), or general wards of district hospitals.

❖ BPL and SC/ST women delivering in accredited private institutions.

Other states including North-Eastern States (except Assam)

❖ Pregnant women from BPL households, aged 19 years and above, delivering in government health centres like sub-centres, PHCs, CHCs, FRUs or general wards of district and state hospitals or accredited private institutions.

❖ All SC and ST women of any age, delivering in a government health centre like sub centres, PHCs, CHCs, FRUs or general wards of district and state hospitals or accredited private hospitals.

❖ Cash assistance for institutional delivery would be limited to two live-births.

FACILITIES OF JANANI SURAKSHA YOJANA

The Janani Suraksha Yojana (JSY) provides cash assistance for institutional deliveries and covers free essential care for pregnant women and newborns, including free drugs, diagnostics, diet, and transportation. Benefits include cash incentives for mothers, with amounts varying by location (Rural/Urban) and state performance (Low/High Performing States). The scheme aims to reduce maternal and neonatal mortality rates by promoting safe, institutional deliveries, with the help of ASHAs for the poorer sections of society.

Financial Benefits

Cash Assistance

A mother's package and an ASHA worker's package are provided to encourage institutional deliveries. The amounts vary based on whether the state is categorized as a Low Performing State (LPS) or a High Performing State (HPS).

ASHA Package

This includes a component for antenatal care (ANC) and another for facilitating institutional delivery.

Compensation for Home Deliveries

BPL pregnant women who choose to deliver at home also receive cash assistance.

Medical & Other Benefits

Free Delivery

This includes free normal deliveries and Caesarean sections in government health facilities.

Free Drugs & Diagnostics

Pregnant women and mothers receive free provision of essential medicines and diagnostic tests.

Free Diet

Hot cooked meals are provided at government hospitals and tertiary care centers, with biscuits and milk packets at primary health centers.

Free Transportation

This covers transport from home to the health institution, transportation to higher facilities if referred, and a drop-back home after discharge.

Free Antenatal & Postnatal Care

The scheme also includes essential antenatal services like check-ups and IFA tablets, as well as postnatal care.

BENEFICIARIES OF JSY

BPL Women

The scheme particularly focuses on Below Poverty Line (BPL) pregnant women.

Sick Newborns
The benefits were extended to cover treatment for sick infants up to 30 days of age.

JSY BENEFICIARIES
Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NHM). It promotes institutional delivery among pregnant women especially with weak socio-economic status i.e. women from Scheduled Castes, Scheduled Tribes and BPL households. The success of the scheme lies in promoting institutional deliveries, mainly in the government JSY beneficiaries' health facilities and under private facilities accredited under the scheme.

Strategy of Janani Suraksha Yojana
The scheme also provides performance based incentives to women health volunteers known as ASHA (Accredited Social Health Activist) for promoting institutional delivery among pregnant women. Under this initiative, eligible pregnant women are entitled to get JSY benefit directly into their bank accounts. The main strategy to achieve the envisaged vision of JSY involves following steps

- ❖ Early registration of the beneficiaries with the help of the village level health workers like ASHA or an equivalent worker.
- ❖ Early identification of complicated cases.
- ❖ Providing at least three antenatal care, and post-delivery visits.
- ❖ Organizing appropriate referral and provide referral transport to the pregnant mother; convergence with Integrated Child Development Services (ICDS) worker by way of involving Anganwadi worker (AWW) intensively
- ❖ Devising as well as ensuring transparent and timely disbursement of the cash assistance to the mother and the incentive to the Accredited Social Health Activist (ASHA) or an equivalent worker with fund available with ANM (**National Rural Health Mission, Government of India 2005).**[16]

Duration of stay and experiences at the institution
Duration of stay and experiences at the institution The Government of India guidelines recommend at least 48 hours stay after delivery in an institution. Contrary to the substantial increase in the proportion of institutional deliveries, the duration of stay by mothers at the institution after delivery remains a cause for concern.

Payment of Janani Suraksha

The women aged 19 years and above, preferring to deliver at home is entitled to cash assistance of Rs. 500/- per delivery. Such cash assistance would be available only up to 2 live births and the disbursement would be done at the time of delivery or around 7 days before the delivery by ANM/ASHA/ any other link worker
Package given by the government in urban area under Janani Suraksha Yojana

The government provides Rs.1400 per beneficiary in urban areas if the delivery is facilitated by ASHA. In High Performing States, the cost of JSY services for institutional delivery is Rs. 1300 per beneficiary in rural areas and Rs. 1000 per beneficiary in urban areas, if the delivery is facilitated by ASHA.

Role of ASHA
ASHA has been one of the key components at the community level to mobilise women for promoting institutional deliveries.

MONETARY INCENTIVE OF JANANI SURAKSHA YOJANA

The cash amount is allocated for each state in consonance with its health care needs, thus providing greater incentives for areas of higher priority. Hence, women in the low performing states are offered Rs 1400 and Rs 1000 each in rural and urban areas, 14 respectively, while the corresponding amounts in the high-performing states are Rs 700 and Rs 600 each, respectively for delivering in government health centres like sub-centre, PHC/CHC/FRU/general wards of district and state hospitals or accredited private institutions. All women irrespective of birth order in the low-performing states are entitled to receive cash payments whereas in the high-performing states, these payments are given only to women aged 19 years and above with two or fewer births who are living in households below the poverty line (BPL) or who belong to the marginalized sections of society like the Scheduled Castes (SCs) and Scheduled Tribes (STs).

Benefits are extended to a woman belonging to a BPL family even after a third live birth if the mother of her own accord chooses to undergo sterilization immediately after the delivery. The policy stipulates that the

cash is to be disbursed to the mother within a week of delivery at the institution itself. In LPS and HPS States, BPL pregnant women, aged 19 years and above who prefer to deliver at home is entitled to cash assistance of Rs. 500/- per delivery. Such cash assistance is available only up to two live births and the disbursement is done at the time of delivery or around 7 days before the delivery by ANM/ASHA/ any other link worker [19] The Yojana has identified ASHA, the accredited social health activist as an effective link between the Government and the poor pregnant women in l0 low performing states, namely the 8 EAG states and Assam and J&K and the remaining NE States. In other eligible states and UTs, wherever, AWW (Anganwadi workers) and TBAs or ASHA like activist has been engaged in this purpose, she can be associated with this Yojana for providing the services. (**Sharma et al., 2015**).[17]

Benefits of Janani Suraksha Yojana

The number of JSY beneficiaries was 27.61 lakh in 2006-07, and then number of beneficiaries has increased to 53.13 lakh in 2007-08. Births attended by skilled health personnel have increased; however, disparities in progress with in countries and populations groups persist. In 1990, just 44 % of deliveries in rural areas and 75 % in urban areas of developing countries were attended by skilled personnel. By 2011, coverage by skilled birth attendants increased to 53 % for rural births and 84 per cent of urban births. Globally 47 million babies were delivered without skilled care in 2011. The success of the program can be gauged from the fact that so far 54 million women have reportedly benefited from it. Some national surveys have also documented a steep rise in the number of institutional deliveries since the advent of JSY, from 30 % in 2005 to 73 % in 2012 (**Usami, 2016).**[18]

More Utilisation of Janani Suraksha Yojana

(a) 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.

(b) There is a need to accredit more private and charitable hospitals under the JSY scheme at block level on the Government of India, Ministry of pattern of Chiranjeeve Scheme. Due to higher out-of-pocket expenditure Health Division, New Delhi, in case of caesarian section more assistance should be considered in the scheme **(Malini, 2008).**[19]

(c) Panchayat Raj Insitutions must be held responsible for ensuring the awareness and utilization of maternal and child health (MCH) services. There must be awareness of the other aspects like complete antenatal check-up, provision of iron and folic acid tablets, tetanus, toxoid immunization, post natal care and exclusive breast feeding. It is required to create better awareness of JSY so that people should avail all the benefits of the scheme.

(d) Cash given to mother was rarely used for her benefit rather it is used for family needs. In Integrated Child Development Scheme (ICDS), there is a provision of nutritious food for pregnant women but it must be ensured at ground level that this food is really going into the kitty of real beneficiary. There must be a link between the registration of a pregnant women and provision of nutritious food to her with proper documents (**Sharma et al., 2012**).[20]

(e) The state should expedite the formation of ASHAs Resource Network, so that ASHAs receive adequate support and guidance as well as their performance is monitored properly. Continuous monitoring of service providers‟ need to be emphasized by the program managers to ensure and improve quality of health services under JSY(**Vora, 2012**). [21]

(g) There is urgent need of improvement in overall status of development of women in particular and society in general by ensuring equity in educational and economic opportunities is sure to bring about palpable results in improving service utilization and general health status of the people (**Lanjewar et al., 2013).**[22]

FINANCIAL MANAGEMENT OF SJY

Each state prepares its budget for JSY on the basis of fund requirements of the districts and below level institutions. The state budget requirements are based on administrative cost of JSY at the state and district levels, payments to be made to the expected number of women who would deliver in institutions and to ASHA. These plans cover additional requirements of manpower, infrastructure of beds, operation theatres, drugs and other such items at each service unit level. The states convert these demands into fund requirements and subsequently submitted their demands to the Centre under RCH-2 project.

Monitoring of the Scheme

For the effective monitoring of the scheme, monthly meeting of all ASHAs /health workers working under an ANM should be held by the ANM, on one day of every month, at any of Anganwadi Centers falling under the ANM's area of jurisdiction. Monthly and Annual reports also need to be submitted to the department in a format decided by the government for the effective monitoring at the government level (**Thimmaiah and Mamatha, 2014).** [23]

II. RECOMMENDATIONS

The JSY management needs strengthening to entail attention towards preparing JSY plans (facility, district and state) based on available data, proper and periodic monitoring of functioning of all the components of the scheme, developing sound communication activity plan for community mobilization and strong financial planning and monitoring. In addition, enhancing quality of care and its proper monitoring for adherence to the guidelines is an important area which needs to be focused. A grievance cell should be set up to look into the complaints related to non-payment of ASHAs as well as of the beneficiaries. It recommended that widespread teaching and announcement strategy are required throw banners, televisions, radios, seminars or camps at remote areas .There was necessity to give health education for antenatal mothers to improve their knowledge and attitude related to Janani Suraksha Yojana.

III. CONCLUSION

To increase awareness regarding other components under JSY and to achieve 100% institutional delivery there is need to strengthen effective IEC along with active involvement of ASHA. Majority of the study subjects were not aware about the services under JSY except for the monetary benefit. There is scanty proportion of beneficiaries know the name of the scheme majority delivered in the health facility. Further to increase awareness regarding other components under JSY and to achieve 100% institutional delivery there is need to strengthen effective IEC along with active involvement of ASHA. Studies show varying levels of satisfaction among JSY beneficiaries, with generally high satisfaction regarding cash incentives, ASHA support and services at facilities like Civil Hospitals. However, satisfaction with post-natal services and behaviour of some health functionaries can be lower. Utilization varies, with some studies noting good utilization of intra-natal services but disparities in post-natal care, while others found significant issues with transportation reimbursement.

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