

Dissertation

At

**National Health Mission (NHM), Gujarat**

(Feb 4 to May 1, 2019)

A Project Report on

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**Understand the effectiveness of Janani Suraksha Yojana among recently delivered  
pregnant women in Morbi district of Gujarat, India**

**By**

**CHANDA KUMARI**

PG/17/010

Under the guidance of Dr. Pradeep K Panda  
Post Graduate Diploma in Hospital and Health Management  
2017-19



**Post-Graduate Diploma in Hospital & Health Management**

**2017-19**

**International Institute of Health Management Research, New Delhi**

(Completion of Dissertation from respective organization)

The certificate is awarded to

Name Chanda Kumari

in recognition of having successfully completed his/her  
Internship in the department of

District Program Management Unit

and has successfully completed his/her Project on

To understand the effectiveness of JSY among recently delivered women in Morbi district  
of Gujarat

Date 23 May 2019

Organization NHM Gujarat

He/She comes across as a committed, sincere & diligent person who has  
a strong drive & zeal for learning.

We wish him/her all the best for future endeavors.

  
Chief District Health Officer  
મુખ્ય જિલ્લા આરોગ્ય અધિકારી  
જિલ્લા પંચાયત, મોરબી.

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Chanda Kumari** student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of health Management Research, New Delhi has undergone internship training at **National Health Mission, Gujarat** from 4<sup>th</sup> February 2019 to 23<sup>th</sup> May 2019.

This Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfilment of the course requirements.

I wish ~~his~~ all success in all his future endeavours.



**Dr. Pradeep K Panda**

Dean, Academics and Student Affairs

IIHMR, New Delhi



**Dr. Pradeep K Panda**

Dean, Academics and Student Affairs

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## Certificate of Approval

The following dissertation titled **“To understand the effectiveness of JSY among recently delivered women in Morbi District of Gujarat”** at **“NHM Gujarat”** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

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Dr. Pradeep Panda  
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## Certificate from Dissertation Advisory Committee

This is to certify that Ms. Chanda Kumari, a graduate student of the Post-Graduate Diploma in Health and Hospital Management has worked under our guidance and supervision. He/ She is submitting this dissertation titled "To understand the effectiveness of JSY among recently delivered women in Morbi district of Gujarat" at "NHM Gujarat" in partial fulfillment of the requirements for the award of the Post- Graduate Diploma in Health and Hospital Management.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

*PK Panda*

Dr. Pradeep K Panda,  
Dean, Academics and Student Affairs,  
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Chief District Health Officer  
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Chief District Health Officer  
District Panchayat, Morbi.

**INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH,  
NEW DELHI**

**CERTIFICATE BY SCHOLAR**

This is to certify that the dissertation titled “**Understand the effectiveness of Janani Suraksha yojana in recently delivered pregnant women in morbi district of Gujarat** and submitted by Chanda Kumari Enrollment No. **PG/17/010** under the supervision of **Dr. Pradeep K. Panda** for award of Post Graduate Diploma in Hospital and Health Management of the institute carried out during the period from **4<sup>th</sup> February 2019 to 23rd May 2019** embodies my original work and has not formed the basis for the award of any degree, diploma associateship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

*Chanda - Kumari*

**Chanda Kumari**

**PG/17/010**

**Health Batch 2017-19**

**IIHMR, New Delhi**

Annexure F

## FEEDBACK FORM

Name of the Student: CHANDAKUMARI

Dissertation Organisation: NHM - GUJARAT

Area of Dissertation: - MATERNAL HEALTH.

Attendance: 100 %.

Objectives achieved: YES

Deliverables: DISCIPLINE MAINTAINED.  
SATISFACTORY WORK.

Strengths: GOOD WORK DEDICATION.  
TRUST WORTHYNESS; RESPECTFULNESS

Suggestions for Improvement: - NO -

Suggestions for Institute (course curriculum, industry interaction, placement, alumni):

NIL.

Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

Date:  
Place:

23/5  
મુખ્ય જિલ્લા આરોગ્ય અધિકારી  
જિલ્લા પંચાયત, મોરબી.  
Dissertation Writing

## **Acknowledgement**

“Vital to every operation is cooperation”–

A wonderful quotation put forth by Mr. Frank Tyler.

The dissertation opportunity I had with National Health Mission Gujarat was an enriching experience; it was a great chance for learning and professional development. It helped me develop an ability to understand healthcare issues from various perspectives.

Bearing in mind the previous, I would like to take this opportunity to express my deepest gratitude and special thanks to my mentor, Dr. Pradeep K Panda, Dean Academic, IIHMR Delhi, for guiding and keeping me on the correct path throughout dissertation.

It is my radiant sentiment to place on record my best regards, deepest sense of gratitude and indebtedness to Dr. Gourav Dahiya, Mission Director, NHM Gujarat, for his immense support and faith and for allowing me to carry out the study with ease at his esteemed organization during the internship.

Furthermore, I would like to express my deepest thanks to Dr. J. M. Katira, Chief District Health Officer, for providing me with her experiences and all the required information that helped me with my study.

Special thanks to the State as well as District Program Managing Unit for supporting us through the whole project.

I perceive the opportunity as a big milestone in my professional development. I will strive to use the gained skills and acknowledgement on the best possible way, and will continue to work on their improvement, to attain the desired career objectives.

Sincerely,

Chanda Kumari

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## **ABSTRACT**

### **A study of the effectiveness of Janani Suraksha Yojana among recently delivered pregnant women in Morbi district of Gujarat, India**

**Introduction:** India contributes 20 percent of global maternal deaths. The Janani Suraksha Yojana (was launched on 12th April 2005) has been a safe motherhood intervention and modified alternative of the National Maternity Benefit Scheme (NMBS) Under the National Rural Health Mission (NRHM) programme with the main objective and vision being to reduce maternal, neo-natal mortality by promotion of institutional delivery among the poor pregnant women of rural and urban areas. Since the JSY has been in operation for over 14 years, it is appropriate to review and assess its performance and to further strengthen it. **OBJECTIVE:** To assess the understanding about Janani Suraksha Yojana among recently delivered women in the five talukas of Morbi district Gujarat: Morbi, Maliya, Wankaner, Halvad and Tankara. **MATERIALS AND METHODS:** A cross sectional study was conducted in rural and urban area of Morbi district (5 talukas). One PHC from each talukas was selected randomly. Two villages from each selected PHC were chosen randomly. And per village 10 beneficiaries were taken randomly as study participant. If less than 10 JSY beneficiaries were found in the village the village which was nearby was taken for study. Thus total of 100 beneficiaries were selected for the study purpose. **RESULT:** Majority of the JSY beneficiaries (61%) were in the age group of 20-25 year. Awareness regarding JSY was 100 percent among the beneficiaries. ASHA worker (81%) was the main source of information. Ninety three percent beneficiaries registered their name during the 1<sup>st</sup> trimester, Ninety seven percent beneficiaries have three or more than 3 Antenatal check-up, 86 percent beneficiaries have the consumption of more than 180 IFA tablets and if we talking about the PNC visits 89 percent have 3 Post Natal visit, this report shows that 89 percent of beneficiaries have practice of exclusive breastfeeding. They didn't give their child other than mother milk. Early initiation of breastfeeding was 64 percent. 90 percent of the beneficiaries used their money for purchasing nutrients. **CONCLUSION:** This study shows that the awareness regarding the JSY scheme, importance of early registration, number of ANC visits, having adequate amount of IFA tablets during pregnancy and after delivery postnatal visits among the beneficiaries of this area was better.

**KEYWORDS:** Janani Suraksha Yojana, beneficiaries, institutional delivery, antenatal check-up, postnatal visit, early registration.

## ABBREVIATION

<b>JSY</b>	Janani Suraksha Yojana	<b>GoI</b>	Government of India
<b>ASHA</b>	Accredited Social Health Activist	<b>NHP</b>	National Health Program
<b>NHM</b>	National Health Mission	<b>NMBS</b>	National Maternity Benefit Scheme
<b>NRHM</b>	National Rural Health Mission	<b>MDGs</b>	Millennium Development Goals
<b>NUHM</b>	National Urban Health Mission	<b>MMR</b>	Maternal Mortality Ratio
<b>RCH</b>	Reproductive Child Health	<b>SRS</b>	Sample Registration System
<b>PIP</b>	Project Implementation Plan	<b>UNFPA</b>	United Nation Fund for Population Policy
<b>MoHFW</b>	Ministry of Health and family Welfare	<b>ANC</b>	Ante natal checkup
<b>ANM</b>	Auxiliary Nurse Midwife	<b>PNC</b>	Post natal Check up
<b>NPCC</b>	National Programme Coordination Committee	<b>IFA</b>	Iron Folic Acid
<b>SPMU</b>	State Program Management Unit	<b>SC</b>	Scheduled Caste
<b>DPMU</b>	District Program Management Unit	<b>OBC</b>	Other Backward Class
<b>ICPD</b>	International Conference on Population and Development		

## **1. NATIONAL HEALTH MISSION**

The National Health Mission was launched by Hon'ble Prime Minister on 12<sup>th</sup> April 2005, to provide accessible, affordable, and quality health care to the rural population, especially vulnerable groups. The Union Cabinet vide its decision dated 1<sup>st</sup> May 2013, as approved the launch of National Urban Health Mission (NUHM) as a Sub-mission of over-arching National Health Mission (NHM), with National Rural Health Mission (NRHM) being the other submission of National Health Mission.

The thrust of mission is on establishing of fully functional, community owned, decentralized health delivery system with inter-sectoral convergence at all levels, to ensure simultaneous action on a wide range of determinants of health such as water, sanitation, education, nutrition, social and gender equality. Institutional integration within the fragmented health sector was expected to provide a focus on outcomes, measured against Indian Public Health Standard for all health facilities.<sup>1</sup>

NHM has six financing components:

- NRHM-RCH Flexi pool,
- NUHM Flexipool,
- Flexible pool for Communicable diseases,
- Flexible pool for Non-Communicable diseases including Injury and Trauma
- Infrastructure Maintenance and
- Family Welfare Central Sector component.

The state would be responsible for district action plans, and activities to be performed in state level. The state Program Implementation Plan (PIP) will also include individual district plan. It will strengthen local planning at district level, ensure approval of adequate resources for high priority districts plans and communicate plan to districts and state at the same time.

The state PIP is firstly appraised by the National Programme Coordination Committee (NPCC). NPCC includes Mission Director as a chairman and representatives of the state, technical and programme divisions of the MoHFW, national technical assistance agencies providing support to the respective states, other departments of the MoHFW and other Ministries as appropriate. After appraisal state PIP is approved by Union Secretary of Health & Family Welfare as Chairman of the EPC.

## **1.1 STATE PROFILE**

**Morbi District** is in the state of Gujarat, India. It was formed on August 15, 2013, along with several other districts, on the 67th Independence Day of India.<sup>[1][2]</sup> Morbi city is the administrative headquarters of the district. The district has 5 talukas - Morbi, Maliya, Tankara, Wankaner (previously in Rajkot district) and Halvad (previously in Surendranagar district). Morbi city is the administrative headquarters of Morbi district. The town of Morbi is situated on the Machchhu River, 35 km from the sea and 60 km from Rajkot. As per 2011 census data, the city had a population of 2, 10,451 and average literacy rate of 83.64%.

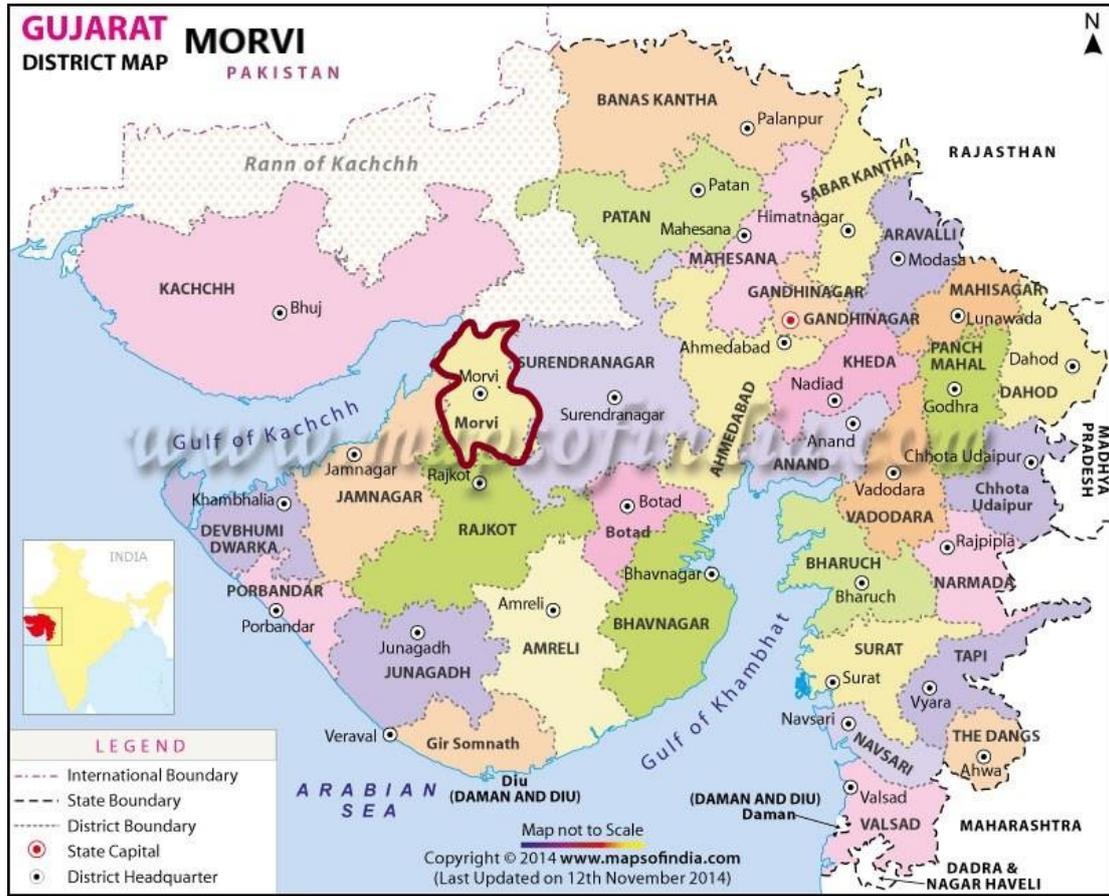
This district is surrounded by Kutch district to the north, Surendranagar district to the east, Rajkot district to the south and Jamnagar district to the west.

## **Total Health Facilities in State**

<b>Particulars</b>	<b>No. of Services</b>
District Hospitals	24
Sub District Hospitals	30
Community Health Centers	300
Primary Health Centers	1208

## **Total Health Facilities in Morbi**

<b>Taluka</b>	<b>No. of District Hospitals</b>	<b>No. of Sub District Hospitals</b>	<b>No. of Community Health Centers</b>	<b>No. of Primary Health Centers</b>
Halvad			1	6
Maliya			1	3
Morbi	1		1	13
Tankara			1	4
Wankaner		1	1	9
<b>Total</b>	<b>1</b>	<b>1</b>	<b>5</b>	<b>35</b>



## 1.2 GOAL

Outcomes for NHM in the 12<sup>th</sup> Plan are synonymous with those of the 12th Plan, and are part of the overall vision. The endeavour would be to ensure achievements of those indicator in Box 1. Specific goals for the states will be based on existing levels, capacity, and context. State specific innovation would be encouraged. Process and outcome indicators will be developed to reflect equity, quality, efficiency, and responsiveness. Targets for communicable and non-communicable disease will be set at state level based on local epidemiological patterns and considering the financing available for each of these conditions.

1. Reduce MMR to 1/100000 live births
2. Reduce IMR to 25/1000 live births s
3. Reduce TFR to 2.1
4. Prevention and reduction of anaemia in women aged 15-49 years
5. Prevent and reduce mortality & morbidity from communicable, non-communicable; injuries and emerging diseases
6. Reduce household out of pocket expenditure on total health care expenditure
7. Reduce annual incidence and mortality from Tuberculosis by half
8. Reduce prevalence of Leprosy to <1/10000 population and incidence to zero in all districts
9. Annual Malaria Incidence to be <1/1000
10. Less than 1% microfilaria prevalence in all districts
11. Kala-azar Elimination by 2015, <1 case per 10000 population in all blocks

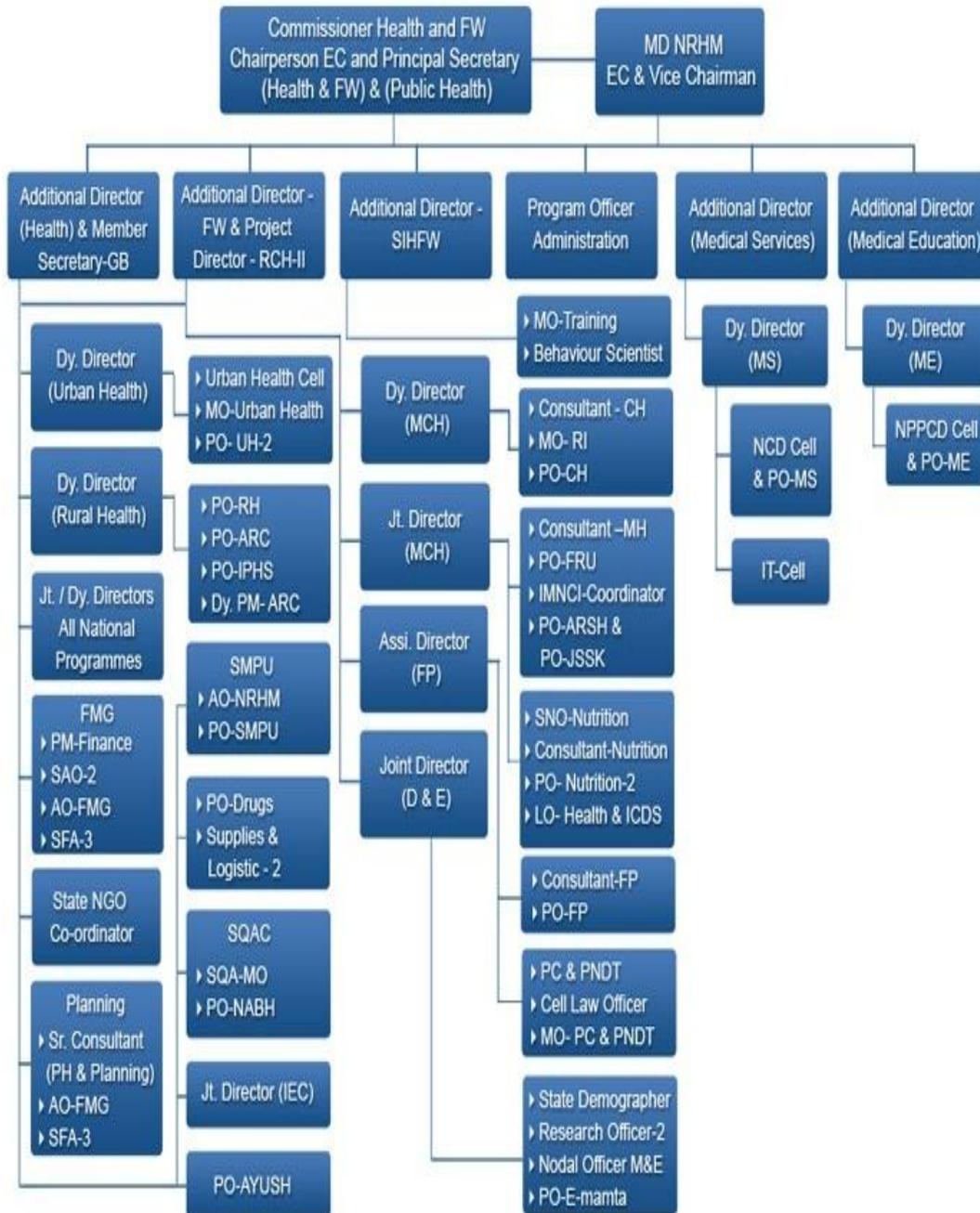
### **1.3 VISION OF THE NHM**

“Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people’s needs, with effective inter-sectoral convergent action to address the wider social determinants of health.”

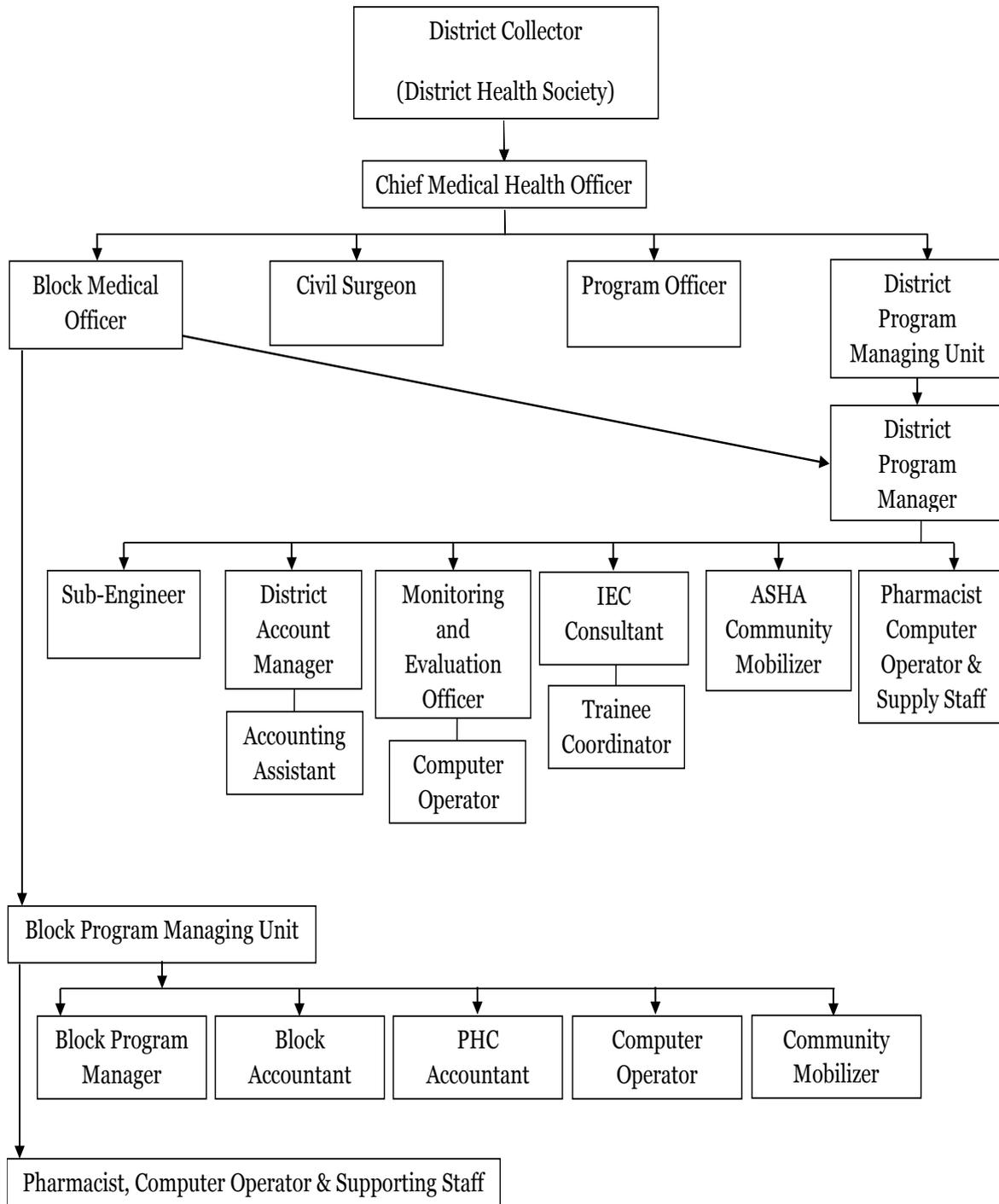
### **1.4 CORE VALUES**

- To provide effective healthcare to rural population throughout the country with special focus on 18 states, which have weak public health indicators and/or weak infrastructure.
- 18 special focus states are Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu and Kashmir, Manipur, Mizoram, Meghalaya, Madhya Pradesh, Nagaland, Orissa , Rajasthan, Sikkim, Tripura, Uttaranchal and Uttar Pradesh.
- To raise public spending on health from 0.9% GDP to 2-3% of GDP, with improved arrangement for community financing and risk pooling.
- To undertake architectural correction of the health system to enable it to effectively handle increased allocations and promote policies that strengthen public health management and service delivery in the country.
- To revitalize local health traditions and mainstream AYUSH into the public health system.
- Effective integration of health concerns through decentralized management at district, with determinants of health like sanitation and hygiene, nutrition, safe drinking water, gender and social concerns.
- Address inters State and inters district disparities.
- Time bound goals and report publicly on progress.
- To improve access to rural people, especially poor women and children to equitable, affordable, accountable and effective primary health care.

2. **State level Integrated Organ gram for SPMU, NHM/RCH-II Programme**



### 3. District Health Society : Organogram



## **TITLE:**

Understand the effectiveness of Janani Suraksha Yojana among recently delivered pregnant women in Morbi district of Gujarat.

## **4. INTRODUCTION:**

### **A. Problem statement:**

India contributes 20 percent of global maternal deaths. Around 56,000 women die every year in the country due to pregnancy or pregnancy related causes. Over the last decade, there has been a decline in maternal mortality ratio (MMR) from 301 (SRS 2007-2009) to 130 (SRS 2014-2016). Presently India has the largest number of maternal and child death from other developing country in the world.

After India independence since 1951, government of India under ministry of health and family welfare implemented different types of programmes for the improvement of the maternal and child health. After ICPD conference several changes took place in Indian health and family welfare services. In the light of MDGs, NPP and NHP the GOI, MoHFW planned and launched NRHM from April 2005. All efforts under NRHM directly and indirectly aimed to provide accessible, affordable and effective health care to all citizens and particular to the poor and venerable sections of society.

### **B. Rationale:**

Since the JSY has been in operation for over 14 years, it is appropriate to review and assess its performance and to further strengthen it. This is the 1<sup>st</sup> study conducted in Morbi district of Gujarat regarding awareness of Janani Suraksha Yojana among recently delivered pregnant women. The focus of this assessment is on five talukas of Morbi district, Gujarat: Morbi, Maliya, Wankaner, Halvad, and Tankara

The Janani Suraksha Yojana has been a safe motherhood intervention and modified alternative of the National Maternity Benefit Scheme (NMBS). It was launched on 12th April 2005, by the Honorable Prime Minister. This Yojana has been implemented in all states and UTs with special focus on low performing states. Under the National Rural Health Mission (NRHM) programme with the main objective and vision being to reduce maternal, neo-natal mortality

by promotion of institutional delivery among the poor pregnant women of rural and urban areas. This scheme is 100% centrally sponsored and integrated cash monetary which help to pregnant women. Accredited Social Health Activist (ASHA) is identified a trained activist of same village and works as link person among the health institutions, pregnant women and masses to increase institutional deliveries

**5. Research question:**

What is the understanding about JSY among different talukas of Morbi district of Gujarat ?

**6. Research Hypothesis:**

Is JSY incentives work better in Morbi district of Gujarat?

**7. Aims & objectives:**

To assess the understanding about Janani Suraksha Yojana among recently delivered women in the five talukas of Morbi district Gujarat: Morbi, Maliya, Wankaner, Halvad, Tankara

## 8. Literature Review:

<b>Study author</b>	<b>Objective</b>	<b>Study area</b>	<b>Study design</b>	<b><u>Study published</u></b>	<b><u>Study findings</u></b>	<b><u>Reference</u></b>
Sonu Goel <sup>1*</sup> , Deepak Sharma <sup>2</sup> , Soma Rani <sup>3</sup>	The aim and objectives of the study was to ascertain the extent of utilization of JSY scheme and to explore the factors influencing its uptake.	Chandigarh	cross-sectional mixed method concurrent study	20 December 2016	The factors influencing decreased uptake of scheme were sub-optimal incentive, delayed payment, problem in arranging for a residence proof and lot of administrative paper work.	<a href="http://dx.doi.org/10.18203/2320-1770.ijrcog20170385">http://dx.doi.org/10.18203/2320-1770.ijrcog20170385</a>
Hiren R Solanki <sup>1*</sup> , Harsh D Shah <sup>2</sup> , Dipesh V Parmar <sup>3</sup> , Sudha B Yadav	Assessment of jsy	Jamnagar district	Cross sectional	2013	Financial incentives could enhance the access of beneficiaries to healthcare facilities, but financial incentive alone would not be sufficient to increase the number of institutional delivery.	Int J Res Med. 2013; 2(2);99-102

Jagbir Singh Malik, Meenakshi Kalhan, Anita Punia <sup>1</sup> , Sandeep Sachdeva, Binod Kumar Behera <sup>1</sup>	To study the utilization of health services by mothers during antenatal, natal and post-natal period under Janani Suraksha Yojna (JSY)	Haryana	Cross-sectional	July 2013	It has been fairly successful in promoting institutional deliveries but the key components of Essential Obstetric Care i.e., early antenatal registration, minimum three antenatal care visits, three post-natal care visits still need strengthening.	<a href="https://doi.org/10.4103/2230-8598.118977">10.4103/2230-8598.118977</a>
Kumar V, Kaushal S, Misra S, Gupta S	ASSESSMENT OF THE IMPACT OF JSY ON MATERNAL HEALTH SERVICES	Agra ,UP	Cross-sectional	2012-6-30	JSY has shown a positive impact on maternal health services by improvement in antenatal, postnatal and delivery care. But we are still lagging behind in providing complete antenatal as well as postnatal care.	<a href="http://www.iapmupuk.org/journal/index.php/IJCH/article/view/234">http://www.iapmupuk.org/journal/index.php/IJCH/article/view/234</a>

Parul Sharma 1, Jayanti Semwal 2, Surekha Kishore 3, Sanjeev K Gupta4	EFFECTS OF JANANI SURAKSHA YOJANA U ON THE UTILIZATION OF ANTE-NATAL CARE SERVICES IN RURAL & URBAN-SLUM COMMUNITIES OF DEHRADU	Dehradun	Cross-sectional	March 2012	s the level of education and socio-economic status was found to have a positive effect on the number of ANC visits. The consumption of IFA tablets was also found to be influenced by the educational status of the women.	pISSN: 0976 3325 eISSN: 2229 6816
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## **9. MATERIAL AND METHOD:**

**9.1 STUDY DESIGN:** cross-sectional study

**9.2 STUDY POPULATION:**

The present cross-sectional study was conducted in rural and urban area of Morbi district. Out of 5 talukas in the districts, One PHC from each talukas was selected randomly. Two villages from each selected PHC were chosen randomly. And per village 10 beneficiaries were taken randomly as study participant. If less than 10 JSY beneficiaries were found in the village the village which was nearby was taken for study. Thus total of 100 beneficiaries were selected for the study purpose.

### **INCLUSION CRITERIA:**

All the JSY beneficiaries who delivered in 2018

### **EXCLUSION CRITERIA:**

All the JSY beneficiaries who delivered before and after that

**9.3 STUDY TOOL:** Questionnaire

**9.4 DURATION OF STUDY:** February-April, 2019

**9.5 SAMPLING TECHNIQUE:** Random sampling

**9.6 SAMPLE SIZE:** 100

**9.7 DATA COLLECTION TOOLS:**

A fully structured questionnaire consisting of 50 close ended question.

**9.8 DATA COLLECTION PROCEDURE**

Primary Data collection

Secondary Data collection

Questionnaire administered for pregnant women

**9.9 DATA ANALYSIS:**

The data set will be first checked, cleaned and entered into the computer from the numerical codes on the form.

The frequency distributions of the entire variables will be checked by using excel windows program.

For tabular, charts and graphical representation Microsoft word and Microsoft excel will be used.

#### **9.10 ETHICAL CONSIDERATIONS:**

Informed consent will be taken from the members who are part of study.

Confidentiality will be maintained during study

No one will be harmed during study.

## 10. RESULT

**Table 1 :Sociodemographic profile of the study population (N=100)**

	n	percent
<b>Age group</b>		
20-25	61	61.0
26-30	36	36.0
31-35	3	3.0
<b>Education status</b>		
Graduate	2	2.0
Illiterate	30	30.0
Primary	14	14.0
Secondary	54	54.0
<b>Religion</b>		
Hindu	87	87.0
Muslim	13	13.0
<b>Caste</b>		
OBC	73	73.0
SC	27	27.0
<b>Occupation</b>		
Agriculture	8	8.0
Government	1	1.0
Government (ASHA)	2	2.0
House Maker	86	86.0
Private job	1	1.0
Self employed	2	2.0
<b>Type of family</b>		
Nuclear	23	23.0
Joint	77	77.0

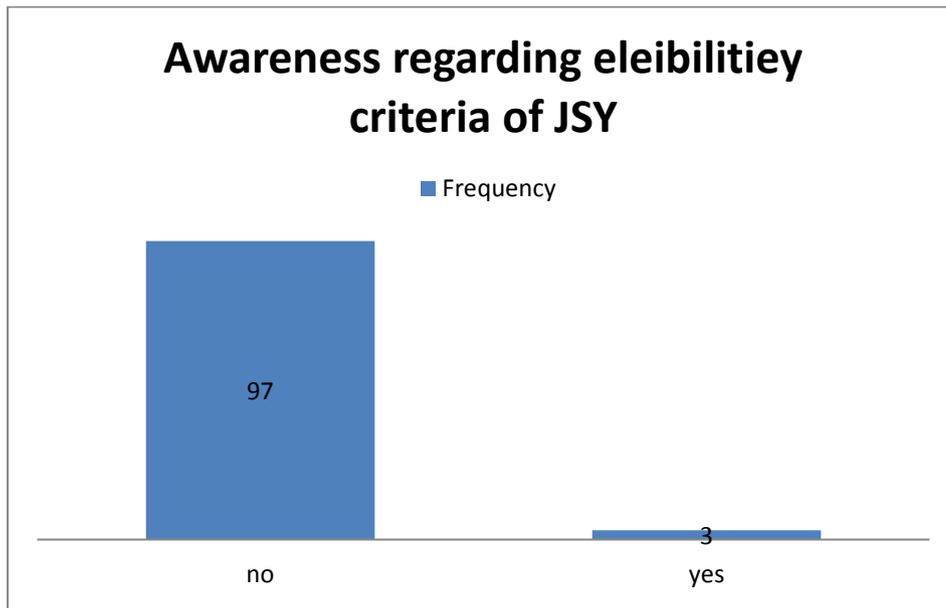
Majority of the beneficiaries is in the age group of the 20-30, Seventy percent beneficiaries are educated, eighty three percent beneficiaries are Hindu and seventy three percent beneficiaries are in BPL category, here seventy seven percent beneficiaries are live in joint family.

Table 2: Awareness about JSY scheme, source of information, and knowledge about the facility being open 24\*7 and accredited private facilities .

	n	%
<b>Awareness of JSY</b>	100	100.0
<b>Awareness about ASHA</b>	100	100.0
<b>Person from whom heard about the scheme*</b>		
ANM	17	17.0
ASHA	81	81.0
Neighbor	1	1.0
Relatives	1	1.0
<b>Knowledge about 24*7 delivery centre</b>	86	86.0
<b>Knowledge about accredited private hospitals for delivery</b>	44	44.0

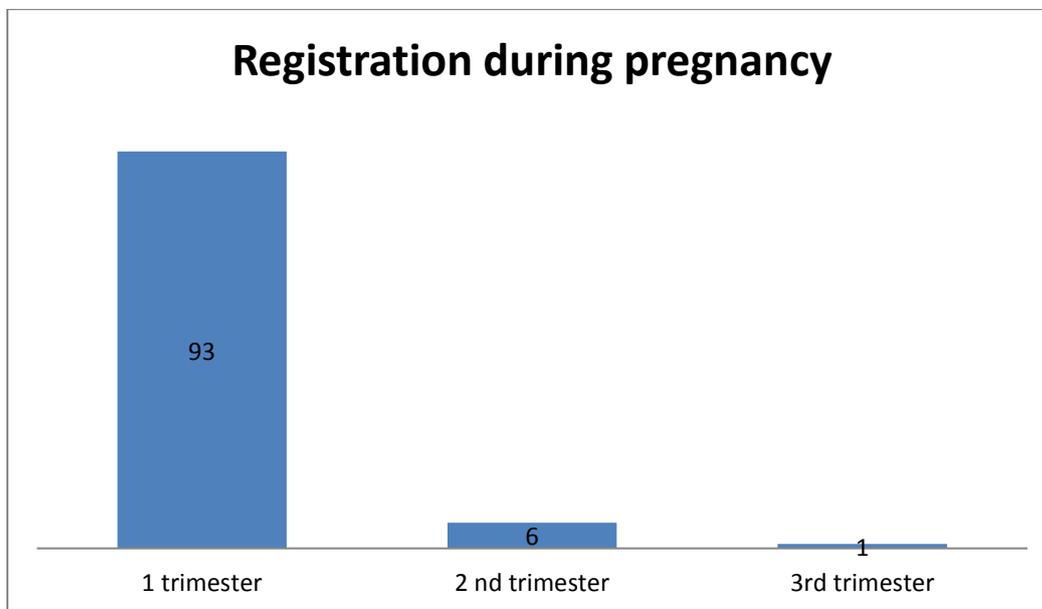
Awareness about JSY Scheme is 100 percent in Morbi district of Gujarat and also 100% of beneficiaries are aware about ASHA. Eighty one percent of beneficiaries know about jsy scheme through ASHA. Knowledge about accredited private health facility is less than 50% other side knowledge of 24\*7 deliveries centre is 86 percent among beneficiaries.

**Graph :1 Awareness regarding eligibility of JSY**



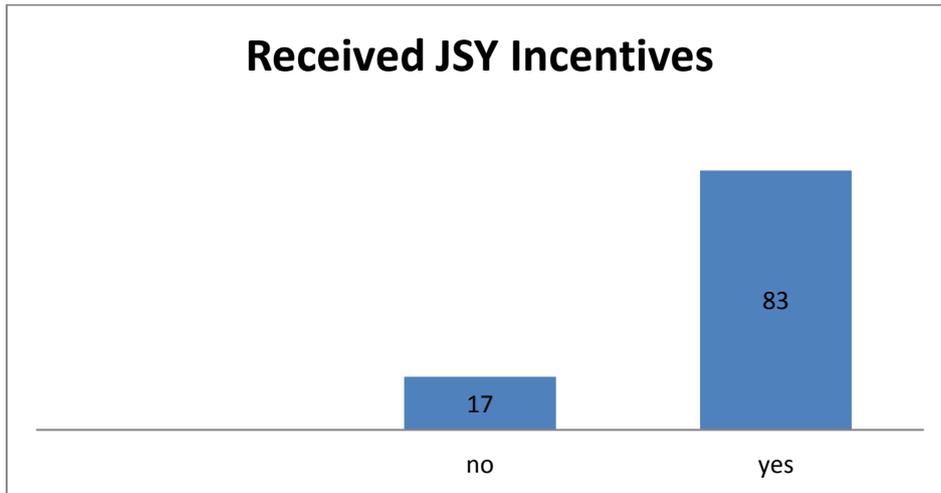
There are only 3 beneficiaries aware about eligibility criteria of JSY and 93 person didn't know the eligibility criteria of the scheme.

**Graph:2 Timing of registration**



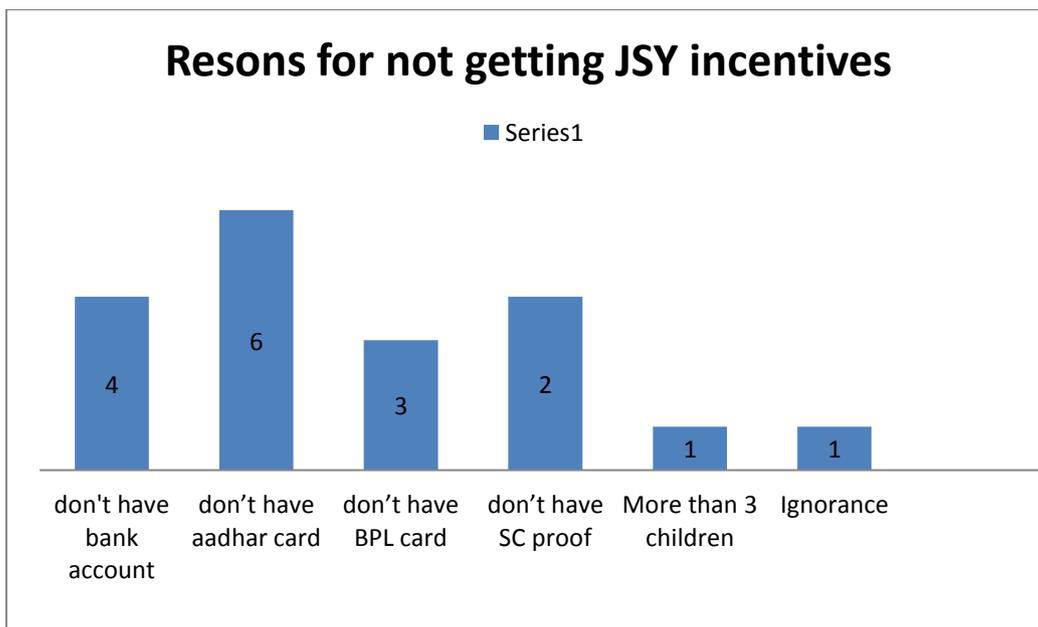
In 1<sup>st</sup> trimester out of 100 beneficiaries 93 are registered only 6 beneficiaries registered in 2<sup>nd</sup> trimester and 1 are registered in 3<sup>rd</sup> semester

**Graph:3 Received JSY Incentives**



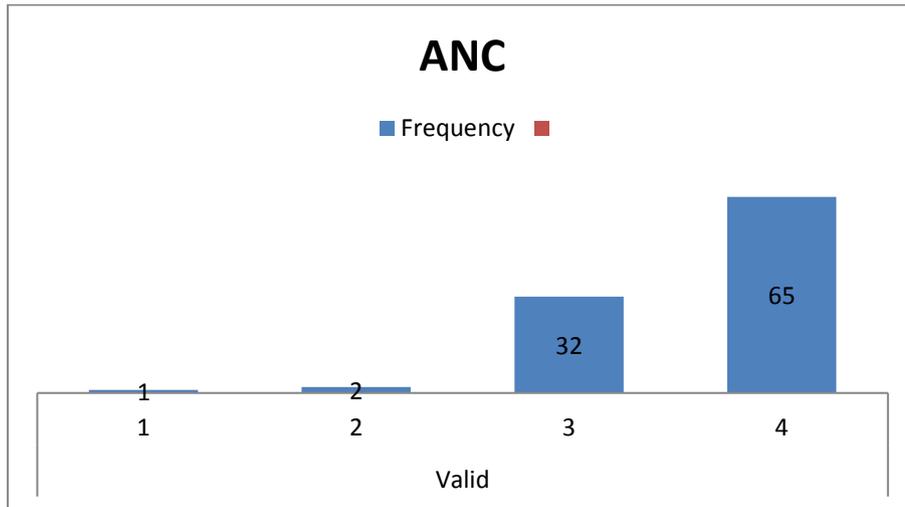
There are 17 beneficiaries who didn't received JSY incentive among 100 beneficiaries

**Graph: 4 Reasons for not getting JSY Incentives(N=17)**



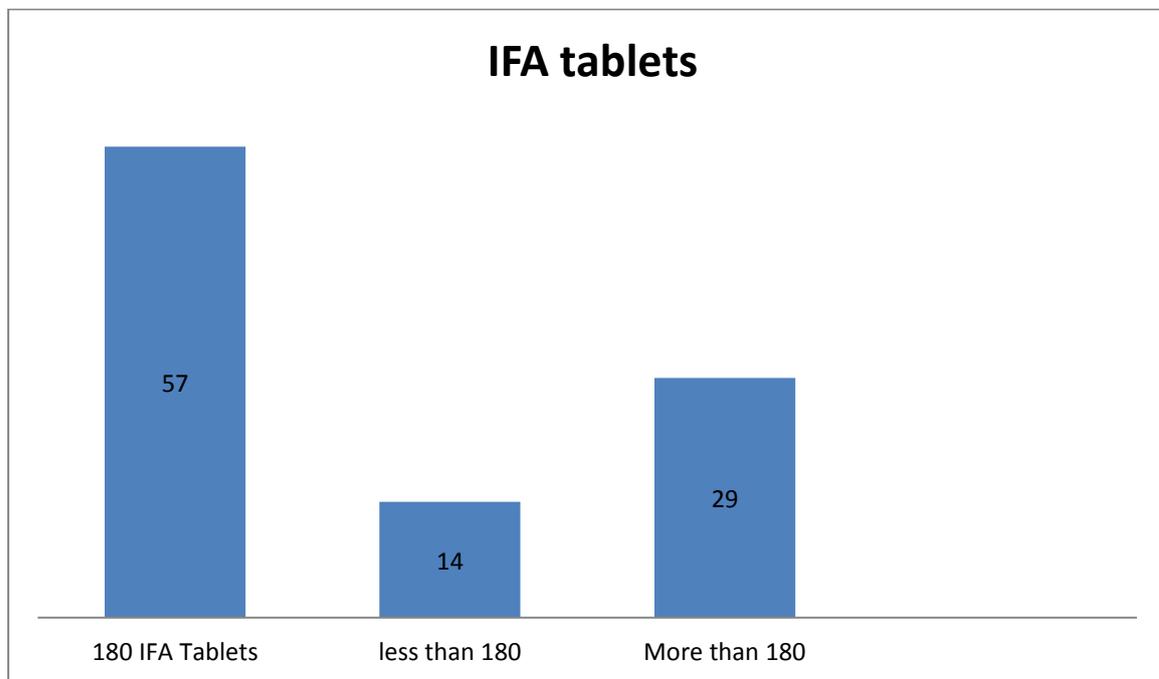
Main reason for not getting JSY incentive is they didn't have aadhar card and bank account and BPL card for SC 2 beneficiaries didn't have their cast proof and only one person who ignored the incentive

**Graph:5 Total ANC they have during Pregnancy(N=100)**



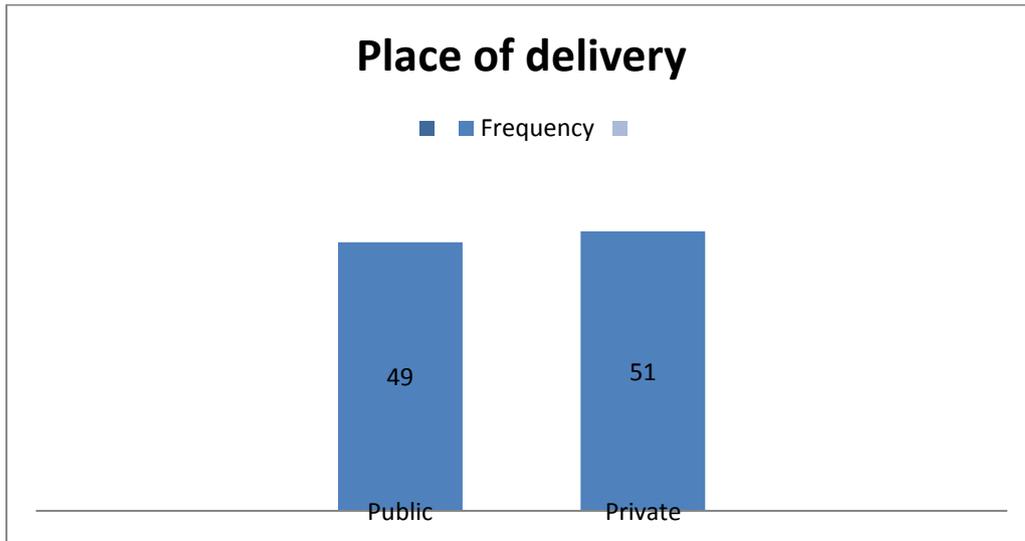
Here 97 % beneficiaries having more than 3 ANC and only 1 beneficiaries having only 1 ANC

**Graph: 6 Number of IFA tablets have taken during pregnancy**



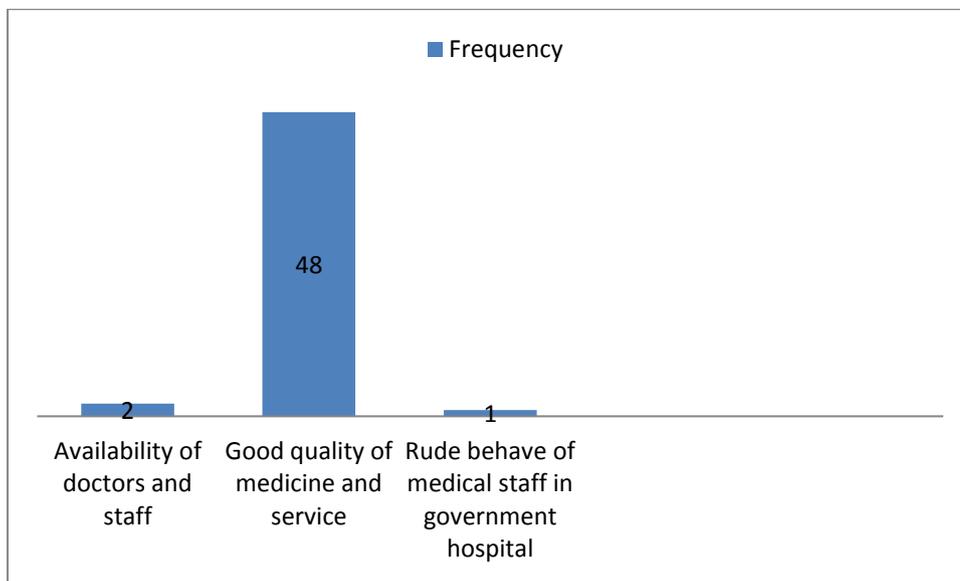
Consumption of 180 or more than 180 IFA is 86 percent ,only 14 percent take IFA tablet less than 180

**Graph:7 Place of delivery (N=100)**



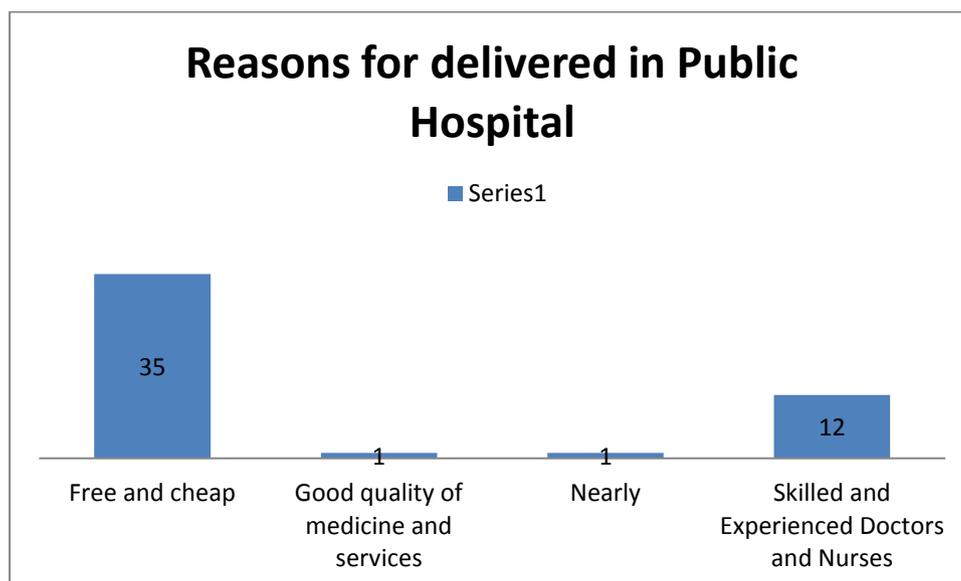
There are almost half of the beneficiaries conducted there deliveries in private facility and half in public facility.

**Graph: 8 Reasons for delivered in Private Hospital (N=51)**



Out of 51 beneficiaries who delivered in private hospital 49 have perception that private hospital have good quality of medicine and services, and 2 persons says because of availability of doctors and staff, and only 1 person says that because of rude behavior of medical staff in government hospital they went for delivery in private hospital.

**Graph:9 Reasons for delivered in Public Hospital (N=49)**



Out of 49 beneficiaries 35 beneficiaries went to public hospital because of free facility and, 12 beneficiaries went because of skilled and Experienced Doctors and Nurses are available there and only 1 beneficiary said that they have good quality of medicine and services and 1 say that because of the public hospital is near.

**Table: 3 Type of delivery**

Delivery type	n	Percent
Normal	86	86%
C-section	14	14%

Here out of 100 beneficiaries 86 percent beneficiaries have normal delivery and only 14 percent have c-section

**Table 4: JSY beneficiaries duration of stay at the institution after delivery**

Days	n	Percent
< 1 day -	65	55.0
2 day-	23	23.0
3 days -	17	17.0
5 days or more	5	5.0
Total	100	100.0

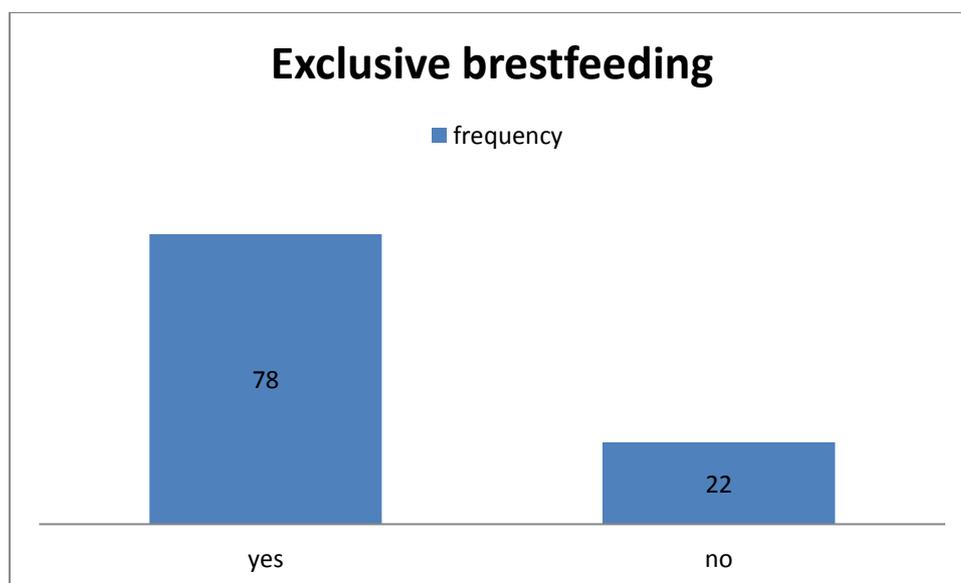
Only 23 percent beneficiaries stayed 2 days after delivery and 55 percent beneficiaries stayed only 1 days or less than 1 days.

**Table:5 Status of early initiation of breastfeeding**

	<b>n</b>	<b>percent</b>
Within 1 hours	64	64.0
within 2 hrs	2	2.0
Within 4 hours	7	7.0
Within 4 to 24 hours	11	11.0
2nd day	11	11.0
After 1 week	5	5.0
Total	100	100.0

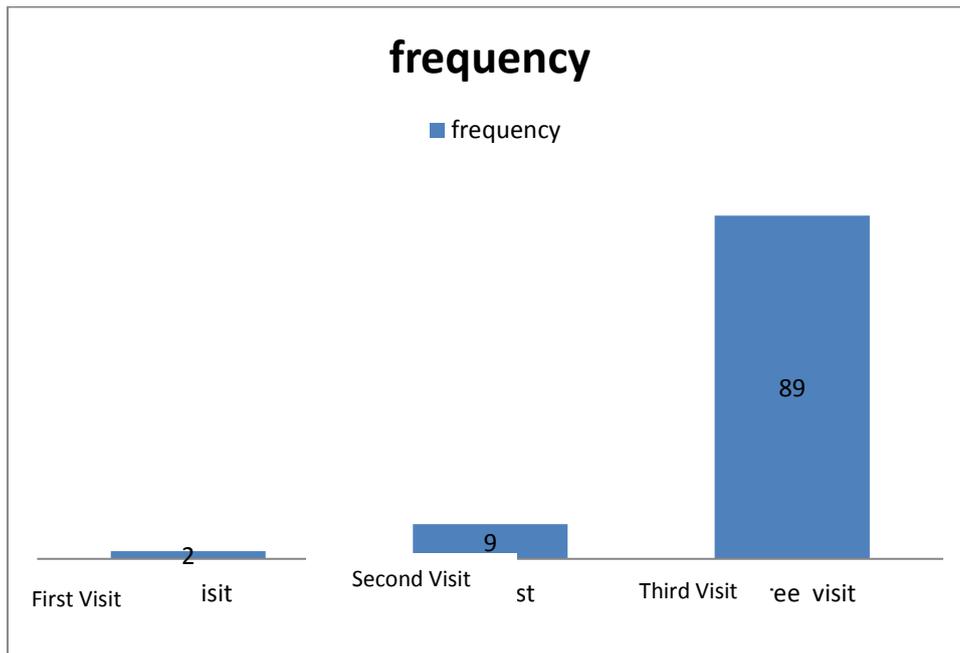
Here only 64 percent mother start practice of breastfeeding within one hours, and other 46 percent start breastfeeding after 2 hours ,4 hours or another day .

**Graph :10 Status of exclusive breastfeeding**



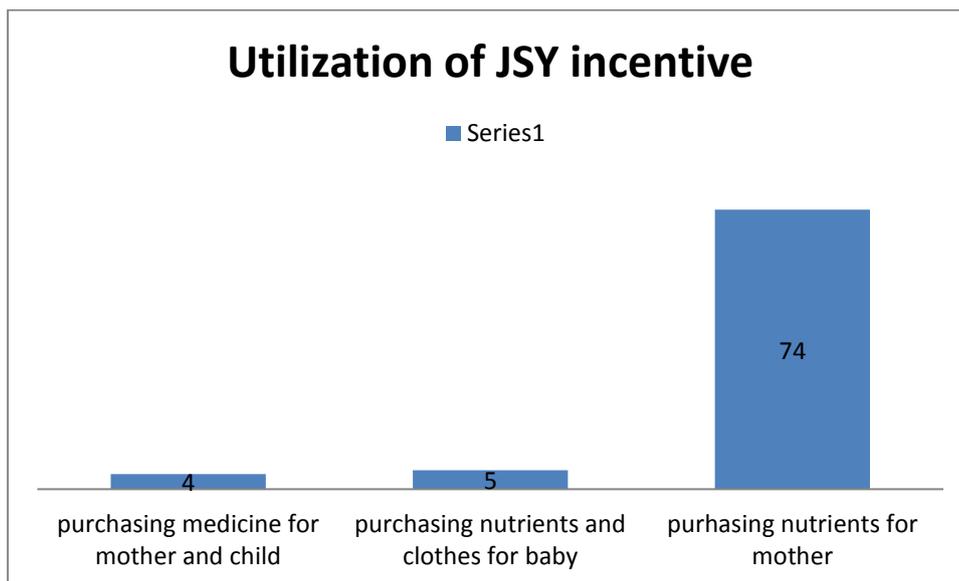
Out of 100 beneficiaries 78 beneficiaries didn't give their child anything else other than mother milk before 6 months other 22 beneficiaries gives them water and powder milk.

**Graph:11 Number of post natal visit received**



Eighty nine percent of the beneficiaries have taken 3 PNC visit by ASHA, and another 11 percent have taken only one or two visit.

**Graph :12 Utilization of JSY incentive by beneficiaries (N=83)**



Out of 83 beneficiaries 90 percent beneficiaries have utilized their money for the right purpose for which the government gives them. And 4 percent are using their money for both nutrients and purchased clothes for the baby.

## 11. Discussion

Janani Suraksha Yojana launched by government of India, It is a conditional cash transfer scheme with the aim of decreasing maternal mortality ration and neonatal mortality ratio by increasing the deliveries conducted in health care facilities . It is so much important to know the awareness regarding the scheme for utilization of scheme. It is pleasing to know that 100 percent of the beneficiaries know about JSY scheme ,there are so many study conducted in India to know the awareness regarding JSY scheme ,there was a study conducted was UNFPA that shows 81.1 percent of awareness regarding JSY and ,there is a also a study conducted in Jamnagar Gujarat which shows 89.9% beneficiaries are aware about this scheme .The main purpose of this scheme is to provide cash incentive to the beneficiaries it was good to know that only few (17) didn't receive full payment due to unavailability of aadhar card and bank account. This study found that majority of the beneficiaries in the age group of 20-25. The study finding is similar to the study conducted in Jamnagar district, Gujarat in which 92 percent beneficiaries found in age group of 18-25.This study show that 81 percent of the beneficiaries know the JSY scheme by ASHA and 70 percent beneficiaries are educated, the Study which was conducted in Jamnagar it Shows that 50 percent are educated. Good to know that 97 percent beneficiaries have three or more than 3 ANC, 86 percent beneficiaries have the consumption of more than 180 IFA tablets and if we talking about the PNC visit 89 percent have 3 PNC visit, this report shows that 89 percent of beneficiaries have practice of exclusive breastfeeding they didn't give their child other than mother milk. Early initiation of breastfeeding is here 64 percent. 90 percent of the beneficiaries used their money for purchasing nutrients. Its show JSY is doing well in Morbi district of Gujarat.

## **12. Conclusion:**

This study shows that the awareness regarding the JSY scheme, importance of early registration, number of ANCs, having adequate amount of IFA tablets during pregnancy and PNC visits among the beneficiaries of this area is better. There is 100 percent of institutional deliveries of the beneficiaries it shows, and almost 50 percent of beneficiaries went to public facilities and remains 50 percent went to private facilities in which most the beneficiaries went to accredited private facilities. Exclusive breastfeeding is quite good here (78%). And 83 percent of the beneficiaries also received JSY incentive, So it shows the scheme is working well here. If we talking about cons, the duration of stay in facilities after delivery is not good here 50 percent of the beneficiaries stay only for one days. The beneficiaries were unaware about the eligibilities of the scheme who can avail the scheme, they didn't know how they are profited through this scheme they only avail the money 26 percent of the beneficiaries not using the money for the right purpose as per the scheme provision.

### **13. Recommendations:**

1. The health personnel have to make understand the beneficiaries about the possible avail benefits of the scheme. Give them pamphlets written in their local language and when they come for registration aware them about their eligibility criteria.
2. Health workers have to make understand the beneficiaries that in which purpose they have to utilize their money.
3. The health personnel have to make understand to beneficiaries that to improve the duration of stay after delivery for normal 2 days or for caesarian 7 days.
4. Aware the beneficiaries through health personnel about accredited private facilities for delivery without any cost.
5. Aware regarding practice of exclusive breastfeeding and early initiation of breastfeeding.

#### **14. References**

1. <https://nhm.gujarat.gov.in/maternal-health1.htm>
2. <http://nhsrcindia.org/sites/default/files/Maternal%20%20Newborn%20Health%20Toolkit.pdf>
3. <http://dx.doi.org/10.18203/2320-1770.ijrcog20170385>
4. Int J Res Med. 2013; 2(2);99-102
5. 10.4103/2230-8598.118977
6. <http://www.iapsmupuk.org/journal/index.php/IJCH/article/view/234>
7. pISSN: 0976 3325 eISSN: 2229 6816