Janani Suraksha Yojana: II Concurrent Evaluation

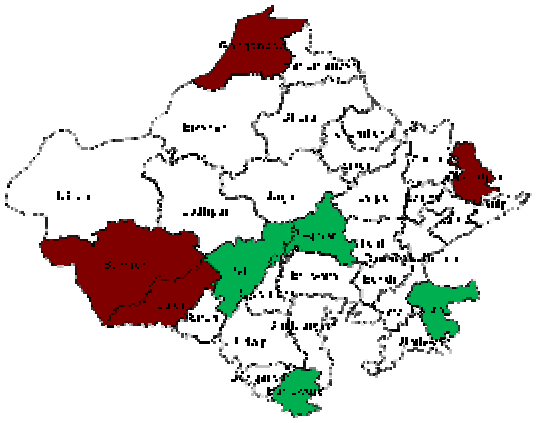
Study by:

State Institute of Health & Family Welfare, Jaipur

Executive Summary

As the single largest cash subsidy scheme, the JSY was made operational as one of the key components of NRHM since September 2005 in Rajasthan with the inherent objective that this would lure the pregnant woman to avail services of the health infrastructure network created across the state, which would help in reducing maternal and infant mortality.

The operational mechanism and the consequent impact need to be periodically evaluated. Deriving from the said premise, SIHFW, Jaipur had been undertaking the responsibility of concurrent evaluation of JSY. The present study is the second attempt in this endeavor.



Second concurrent evaluation of Janani Suraksha Yojana was carried out in eight selected districts of Rajasthan – Ajmer, Banswara, Baran, Barmer, Bharatpur, Ganganagar, Jalore and Pali – in February 2009 for the reference period April '08 to December '08. Earlier, a midterm evaluation was undertaken during April-June, '08 covering seven districts.

The study through structured interviews using pretested protocols assessed knowledge, facilities, and performance of key functionaries including ANMs (180), LHVs (41), ASHA (212), AWW (263), Medical Officer (59), RCHO (8), BCMO (31), besides assessing the satisfaction and utilization rate of different services amongst Beneficiaries (2045) and Non-Beneficiaries (1026).

Profile:

2045 beneficiaries were interviewed, 66.8% of the beneficiaries were from nuclear families, 56.9% had an income between Rs. 2001 – 5000/- and 28.1% of JSY beneficiaries were living below poverty line and 21.9% of non-beneficiaries belonged to BPL families.

As against the 32% ANMs of the first evaluation who reported of being SBA trained, 46.7% were found exposed to SBA training in the second evaluation; an increase of almost 15%.

Facilities and manpower:

52% of the ANMs reported that there is no labor room at the sub centre whereas in the earlier study a negative answer was obtained from 69% of ANMs. The situation has improved but that does not give any room for complacency particularly when the ascribed mandate is to institutionalize deliveries within the reach of the populace. 45.8% of the medical officers confirmed that there were two to three labor tables at CHCs/PHCs.

Just 32.2% of ANMs conduct delivery at sub centers and 50.6% probably were forced to refer on account of non-availability of labor rooms, speaks a volume about the infrastructure facilities to be developed or strengthened.

97% of the CHCs/PHCs according to 41 respondents had the facility of labor room at respective centres and using this facility deliveries are also conducted at night, respond 95% of LHVs.

79.4% of the ANMs affirmatively said that they have weighing machines for recording birth weight and the birth weight is entered in the records also.

Only 35.6% of medical officers responded affirmatively when questioned on availability of ambulance.

50% of the ANMs and Medical Officers had FRU list with them. Of the 34 FRUs spread over study blocks of eight districts 35.3% did not have blood bank facility at the FRU, one of the reasons for district load of IDs.

It was abysmally shocking that despite being a commodity on premium some of the FRUs have been patronized by the system to the extent that in Ajmer 3 FRUs had 6 anesthetists posted while none of the FRUs in Bharatpur and Ganganagar in their 6 and 3 FRUs respectively had any anesthetist.

Likewise, the specialist of Ob & Gy are also not available to any of the three FRUs in Ganganagar. Overall, 70.6% of the FRUs are managing without an anesthetist and another 50% are waiting to see a gynecologist at the FRU.

However, for all the eight districts there were 11 anesthetist and 28 Gynecologists with an apparently distorted distribution of the available manpower (specialists).

Almost 94% of the ANMs and 98.6% of the ASHAs feel that **institutional deliveries are on an increase**.

For deliveries at night, 44% of the ANMs categorically said ‘No’.

96.9% of the beneficiaries were happy with the cleanliness of labor rooms, and 91.7% satisfied with conditions of toilet.

ANC/PNC visits:

71.7% of the ANM's were aware that a minimum of three visits are to be paid during antenatal period to every expectant mother. For LHVs it was 93% who knew that three ANC visits are essential components of antenatal care. Somehow, 93.9% ASHAs have facilitated minimum of two check ups for their registered PW at a health facility.

95.1% of the LHVs have been visiting the mother during the post natal period. However, in contrast to the ANMs where 73% of them visit thrice, LHVs (39.0%) make a maximum of two visits only.

54.7% of ASHAs make three PNC visits and advice mothers on early initiation of breast feeding, maintaining the body warmth and care of cord during post natal care.

41.9% of the beneficiaries had three PNC visits by one or the other worker and another 36.5% were visited twice during the post natal period. 40.5% were visited by an ANM/ASHA just after reaching home and another 30.4% of the beneficiaries were extended the first post natal care visit within a week of their discharge.

Interventions during pregnancy:

Specific protection (TT) and health promotion interventions (IFA), during pregnancy, were known to 83.9% of ANMs.

67.6% of the beneficiaries received 100 tablets of IFA during the ANC visits and around 93.4% said that they took IFA during pregnancy.

52.4% of the beneficiaries consumed some 61 to 100 IFA tablets during the entire pregnancy

98.8% of the JSY beneficiaries took tetanus toxoid shots during the previous pregnancy of which, 86.5% had it twice meaning thereby that one time system intervention are easily acceptable as compared to those which are left at the mercy of case compliance. 80.9% of the non-beneficiaries consumed IFA tablets during pregnancy (maximum in Banswara (93.7%) Ganganagar (93.2%) and 92.7 % in Jalore), though only 63.4% of pregnant ladies receiving 100 IFA tablets
95.2% of non beneficiary received TT shots. 85% of them took two shots of TT injections**.**

Outcome of pregnancy:

98.2% of non-beneficiaries had a healthy and positive outcome of the last pregnancy

In majority (97.1%) of the JSY beneficiaries, the physiological process terminated into a normal outcome with just 2.1% placed under a surgical scalpel.

Transportation cost:

The knowledge regarding transportation cost was relatively poor (only 1.7% of the ANMs were aware of the amount, Rs. 400/- while 46.3% of LHVs knew it as Rs. 400/-). RCHO/DPM/BPM needs to check with the availability of latest guidelines with ANMs and system to ensure that circulars reach them in time.

Cash Assistance:

95.3% of ASHAs were observed to be comfortably conversant about the cash incentives for ID under the scheme. Some 3.3%, however, had put this figure as Rs. 1700/- probably for the reason that the transport money (Rs. 300/- mentioned in earlier guidelines) was clubbed with the incentives.

All the BCMOs, RCHOs and LHVs know that Rs.1400/- is the cash incentive to be given to every beneficiary in rural area and Rs. 1000 to urban beneficiaries while 96.1% of the ANMs could recall it as Rs. 1400/-.

Close to 98% of the medical officers were aware of the amount (Rs. 1400/-) to be given to the beneficiary woman. 89.2% of the women delivering at the institution received a full Rs. 1400/-,

Almost all the medical officers (96.6%) had an awareness about the cash incentive (Rs. 500/-) to be given for a delivery at home

Almost all the LHVs (90.2%) were aware of the cash incentive that goes towards every home delivery.

Mode of payment:

Bearer cheques (94.4% of the ANMs feel like that) still rule the scenario wherein the mother does not have any control over the money received. 95.1% of LHVs also feel the same.

95.3% responding to the modalities of payment said that the payments are made through bearer cheques,

All MOs Bearer cheque is the commonest mode of payment rather than an account payee cheque.

94% of the beneficiaries received a bearer cheque instead of account payee cheque (2.2%).

Time of payment:

75% of ANMs opined that the payment to JSY beneficiaries is made after 24 to 48 hours at the time of discharge.

Of the 41 LHVs 63.4% responded that the payment of cash incentive to the beneficiary is made after 24 hours at the time of discharge another 31.7% LHVs opined that the payment is made after 48 hours

74.5% of the ASHAs had the understanding that the incentive money is given to the women at the time of discharge (24/48 hours after delivery).

Almost 78% of medical officers were making payment between 12 to 24 hours after delivery and at the time of discharge.

Time of discharge:

73.3% of ANMs feel that the mother should be discharged after 24 to 48 hours of delivery and another 24.4% feel that the women can be safely discharged after 12 to 24 hours.

51.2% of LHVs feel that the mother should be discharged after 24 to 48 hours of delivery and another 24.4% feel that the women can be safely discharged after 12 to 24 hours.

ASHAs (43.4%) also opined that majority of institutional delivery cases are discharged after 24 to 48 hours followed by another 32.5% stating the discharge time as after 48 hours of delivery.

Though some 36% of Medical Officers were of the opinion that the lady could be discharged between 12 to 24 hours, a cross check is not in conformance to these responses as

71.5% of the beneficiaries responded that they had stayed at the facility for 12 to 48 hours out of which almost 41% had stayed for the mandatory period of 24 to 48 hours.

Motivational money to ASHA:

Only 25% of the ANMs did know the exact amount as per norms whereas 32.2% felt that it was Rs. 500/- that ASHA gets for every pregnant woman that she escorts.

Though the guidelines prescribe for Rs. 200/- as motivational money it is amazing to note that 28.7% of ASHAs have been getting Rs. 300/- or more while 20.8% were altogether denied their dues as per guidelines.

It is quite heartening to note that the awareness of the medical officers as to the incentive given to ASHA for motivating the PW for institutional delivery did not match the guidelines as only 48% of them cited the right amount (Rs. 200/-).

Person staying with PW:

72.2% of ANMs feel that ASHA stays with the PW at the time and place of delivery.

75.6% of the LHVs responded in favor of ASHAs when it comes to escorting the pregnant women to the health facility.

49.5% beneficiaries got themselves escorted by ASHA/ANM and another 17.2% by husband, only 58% did have the escort present throughout their stay at the facility, which simply means that almost 42% of the escorts simply escorted but did not stay.

Referral rate:

A referral rate of 52% was observed in case of ANMs reflecting on the facilities at sub centre, competence & confidence of ANM and the credibility that the health staff enjoys.

ANM- cases are referred to PHC (37.4%) or CHC (56.0%). These operational-cum-logistic issues have to be addressed at the earliest so that maternal mortality rate drops by boosting institutional deliveries.
92.8% of the beneficiaries stayed at the facility that they visited for the delivery and simply **6.4% were referred** to a higher facility.

Maternal mortality:

Out of the 2724 deliveries between April to December '08, 10 women were lost on account of one or the other complication during pregnancy and/or during post natal period resulting in maternal mortality ratio of 367 per 100,000 live births, which is significantly lower than the State average. During the same period, 131 new born also did not survive (a neo natal mortality rate of 48.09 per 1000 live births).

Of the 34516 institutional deliveries between April to Dec. '08 for which Medical officers had a record there were just 20 maternal deaths (57.9 per 100,000 live births, a reason to be sanguine or a gross under reporting) and 199 neo natal deaths recorded with the system.

Observations from BCMOs had a completely different outcome. Of the 50223 institutional deliveries there were 8 maternal deaths and 195 neo natal deaths. That would mean that the MMR had dropped to 16 per 100,000 live births which by no stretch of imagination can be held true.

These wide deviations probably could be related to the level of service delivery but cannot be justified as the sample size neither is adequate nor all the births (denominator) are under enumeration. But it gives enough reasons to put questions on SRS estimates though official survey reports are not available estimates from different agencies have put the MMR close to 290 per 100,000 live births for year 2007.

Supervision and monitoring:

97.6% of the LHVs responded that one or the other officer at some point ensures to make a supervisory visit. Medical Officers In charge (26.8%) were found to be the most responsible.

Beneficiaries

57.5% of beneficiaries responded that they registered themselves in the first trimester while another 38.8% could interact with the system only during second trimester.

98% of beneficiaries had a pregnancy registration card

420 (20.5%) of the beneficiaries for one or the other reason got themselves subjected to USG, and of those who took it 60.2% (253) went to a government hospital whereas 167 (39.8%) had it done at a private facility. Majority of the USG service seekers extended the reason as "check the development of fetus (37.1%)", another 23% had it for pain abdomen and 11.2% were advised by the doctor. Only 5.2% of the beneficiaries boldly admitted that they were interested to know the sex of their child.

Maximum number of beneficiaries opted for a CHC/PHC (66.9%) for the delivery.

48.7% reposed their faith into the system and opted the public facilities for "proper care" and another 18.9% said that they believe in hospital facilities. It was just 22.4% for whom the cash incentive was the reason for going for institutional delivery.

Non-beneficiaries:

93.8% of non-beneficiaries of JSY, on an average had undergone ANC during pregnancy, from a health facility worker; verified through records that 95% women had in their possession, a "Jacha Bacha card" and 47.6% of them got it made during the third month of pregnancy.

As compared to beneficiaries (20.5%) who had undergone USG during pregnancy, only 17.6% of the non – beneficiaries did subject themselves to USG.

Majority (60.8%) of the non-beneficiaries had the test done at a private facility while 60.2% of the beneficiaries who had this USG done availed the services of a government hospital.

84.1% of these non-beneficiaries delivered at home.

Women had the knowledge (94.2%) and awareness about JSY.