

A Landscape Study on the Role of the Stake holders in Janani Suraksha Yojana (for Institutional Delivery) Scheme under NRHM in Three South Indian States

D.C. NANJUNDA

*Centre for the Study of Social Exclusion and Inclusive Policy,
Mysore University, Mysore-06*

Received : 5 December 2017

Abstract

Maternal and infant mortality has become a major issue in many rural parts of the country. The Government of India has launched the National Rural Health Mission (NRHM) chiefly to make stronger health services focusing rural areas. In that programme Janani Suraksha Yojana (JSY) has been included focusing safe motherhood interference. The basic objective of JSY is reducing maternal and neo-natal mortality by increasing institutional delivery among the poor pregnant women including post-partum care particularly focusing low performing states in the country. It is a 100% centrally funded scheme and it provides funding support with delivery and post-delivery care for the young mothers who are in the below poverty line. This scheme is being delivered through Primary Health Centres (PHCs) in rural parts. Different stakes holders at Govt. level have been involved in this implementation of the scheme with different functions and responsibilities. This study has been conducted in three south Indian states about their service effectiveness by the various stakeholders and concludes that these officials should show more commitment and transparencies to enhance the effective performance of JSY in the studied states.

Background

The state of maternal, newborn, and child health in India is an issue of worldwide significance. Various reports say that in 2010, more than 98,000 (24%) of 687200 maternal deaths, and more than 1.3 million (31%) of 4.4 million neonatal deaths occurred in India (Mutharayappa 2010). The Janani Suraksha Yojna (JSY) is a government of India's vital scheme for speedy decrease of maternal and infant mortality rates with a specific focus on escalating institutional and safe deliveries for the families belonging to the below poverty line (BPL) category in the country. JSY is a part of National Rural Health Mission (NRHM) covering all pregnant women who belong

to the true BPL group, are over 19 years of age or those who have had two live births. Actually JSY was launched in the year 2003 and it was a modified version of National Maternity Benefit Scheme which provides improved diet for the pregnant women below the poverty line. Pregnant women usually die in India due to vital factors like, poverty, literacy, unhygienic, poor reproductive health, high-priced health services, lack of political, executive and organizational will, etc (ICMR,2012). Apart from supplying a healthy diet plan for pregnant women, the JSY actually provides antenatal care and help in the form of cash during pregnancy stage.

Next, this scheme focuses on the poor women who would usually be short of cash and it is guaranteed that the money support given in this scheme is made accessible to her at the earliest. Further, execution of Janani Suraksha Yojana (JSY) has shown prominent advancement with the number of women benefiting out of it slowly growing significantly over the last few years in the country (Shrivastava, 2012). This evaluation study has been conducted in three south Indian states with the funding support from the Indian Council of Medical Research (Govt. of India). PRI system has crucial role in the successful implementation of JSY programme.

Objective and Methodology

1. The major objective is to find out the quality of services provided by the various stake holders and

streamlining their different assigned functions and responsibilities in the implementation of JSY scheme. This study has been conducted in the selected districts in Karnataka, Tamil Nadu, Andhra Pradesh (undivided) of south India. Around 33 different level stakeholders (both district and the state level officials) were selected through convenient sampling technique and they have been interviewed with a survey questionnaire. Data has been analyzed using SPSS software. Study criteria: The level of performance of stakeholders under the JSY scheme was assessed by the amount of different assigned work done by them in the last 8-10 months prior to this survey. The average number of women provided with exact services by the stakeholders in each state has been taken as their level of performance.

Result and Discussion

Stakeholder's opinion about Specific Achievements in the Studied Districts Tab. 1

Background characteristics	States			Total
	Karnataka	Tamil Nadu	Andhra Pradesh	
N	10	12	11	33
JSY's specific achievements in the district				
Highest number of beneficiaries	75.0%	100.0%	67.1%	80.7
Highest percentage of utilization of fund	87.5%	100.0%	85.7%	91.0
Highest number of institutional deliveries	87.5%	80.0%	71.4%	79.6
Highest number of ANCs and PNCs	87.5%	60.0%	57.1%	68.2
None/other	100.0%	60.0%	42.9%	67.6
How do you rate antenatal, postnatal and children's immunization services in your Districts				
Very good	75.0%	100.0%	60.1%	78.3
Just good	25.0%	0.0%	40.9%	21.9
Fairly succeeded	0%	0%	0%	0%

Table 1 : continued

Poor	0%	0%	0%	0%
Not Bad	0%	0%	0%	0%
Reason for these successes?				
Strong co-ordination	37.5%	40.0%	42.9%	40.1
Effective monitoring	25.0%	20.0%	85.7%	43.5
Good human resources	30.0%	20.0%	30.0%	26.6
Availability of fund and good support from the Govt.	62.5%	60.0%	42.9%	55.1
Strong awareness/cooperation among the beneficiaries	12.5%	60.0%	42.9%	38.4
Any other	2.0%	1.0%	1.0%	1.3

Stakeholder's opinion about Motivational Factors for Institutional delivery Tab. 2

Background characteristics	States			Total
	Karnataka	Tamil Nadu	Andhra Pradesh	
N	10	12	11	33
Motivation for rural women to have institutional deliveries				
Awareness	62.5%	40.0%	28.6%	43.7
New health care seeking behaviour	50.0%	20.0%	42.9%	37.6
Role of mass and social media	0.0%	20.0%	0.0%	6.6
To avoid maternal and infant mortality	25.0%	80.0%	57.1%	54.0
Incentive schemes by the Govt.	37.5%	0.0%	42.9%	26.8
Other	12.5%	0.0%	0.0%	4.1
Motivational factors for Urban women to have institutional deliveries				
Level of education	62.5%	80.0%	42.9%	61.8
Changing health care seeking behaviour	25.0%	20.0%	71.4%	38.8
Effect of mass and social media	0.0%	20.0%	0.0%	6.6
Awareness about maternal and infant mortality	25.0%	40.0%	71.4%	45.4
Social network	25.0%	0.0%	42.9%	22.6
Motivational factors to opt particularly Govt. hospitals (in general) for baby delivery				
Free medical services	50.0%	80.0%	28.6%	52.8
Health education	12.5%	60.0%	42.9%	38.4

Table 2 : continued

Poverty and less options	62.5%	80.0%	71.4%	71.3
Social network	12.5%	20.0%	28.6%	20.3
Cash incentives	37.5%	60.0%	42.9%	46.8
Good health care facilities	25.0%	0.0%	14.3%	13.1
Others	0.0%	0.0%	14.3%	54.7
Motivational factors to opt particularly private hospitals (in general) for baby delivery				
Expert doctors/staff in the hospitals	25.0%	80.0%	42.9%	42.9
Modern health care facilities	12.5%	60.0%	28.6%	33.7
General faith on private hospitals	37.5%	60.0%	42.9%	46.8
Bad opinion about Govt. hospitals	12.5%	0.0%	14.3%	8.9
Good economic conditions	37.5%	60.0%	42.9%	46.8
Level of education	62.5%	20.0%	42.9%	41.8
Others	37.5%	60.0%	42.9%	446.8

Stakeholder's Opinion about Private Accredited Hospitals and Referral Services Tab. 3

Particulars	States			Total
	Karnataka	Tamil Nadu	Andhra Pradesh	
N	10	12	11	33
Opinion about private hospitals selected for JSY scheme				
Private hospitals/nursing home recognized in the district are well equipped	50.0%	40.0%	28.6%	39.5
Private hospitals/nursing home recognized in the district are not well equipped	0.0%	0.0%	14.3%	4.7
Complicated cases are sent to the private hospitals	0.0%	0.0%	14.3%	4.7
People have more faith on private hospitals today	10 %	9.4%0	13.%0	10.0
Other	37.5%	40.0%	14.3%	30.6
Your opinion about referral services in case of JSY beneficiaries				
Emergency obstetric care provided in all CHCs./District hospitals	37.5%	100.0%	42.9%	60.1
Action initiated for the quality first line referral services	50.0%	40.0%	28.6%	39.5
There is no formal preferential treatment for the referred cases by the lower hospitals.	2.0.0%	3.0.0%	14.3%	14.3
Most complicated cases will be referred to the private hi-tech hospitals only	25.0%	0.0%	14.3%	13.1
Other	12.5%	0.0%	0.0%	4.17

Stakeholder's Opinion About ASHA workers Tab. 4

Particulars	States			Total
	Karnataka	Tamil Nadu	Andhra Pradesh	
Opinions				
N	10	12	11	33
General opinion about ASHA workers				
ASHA is doing really good	61.5%	58.3 %	41.5%	53.7%
Incentives must be increased	25.0%	60.0%	42.9%	42.6
work load must be less	20.3%	37.6%	30.4%	29.4%
Service norms must be improved	62.5%	60.0%	42.9%	55.0%
More trained ASHA workers required	12.5%	0.0%	28.6%	55.1
other	0.0%	20.0%	0.0%	6.6
Opinion about micro birth plan prepared by ASHA				
ASHA workers are regularly preparing the micro birth plan	62.5%	60.0%	71.4%	64.6
Majority ASHA workers are not preparing the micro birth plan	12.5%	0.0%	14.3%	8.9
Warning given to those who are not preparing the micro birth plan	12.5%	0.0%	14.3%	8.9
Monitoring is being done about the micro birth plan prepared by ASHA	50.0%	60.0%	28.6%	46.2
Problems associated with ASHA Workers				
Incentive is very less	50.0%	60.0%	28.6%	46.2
Poor service norms	12.5%	20.0%	14.3%	15.6
Irregular payment	12.5%	20.0%	28.6%	20.3
Lack of proper training	25.0%	40.0%	42.9%	35.9
Heavy workload	12.5%	0.0%	42.9%	18.4
Complaint about caste discrimination	0.0%	0.0%	14.3%	4.7
Other	37.5%	20.0%	14.3%	23.9

Stakeholder's opinion about Reasons for Low Turnouts and Steps taken Tab. 5

Particulars	States			
	Karnataka	Tamil Nadu	Andhra Pradesh	Total
N	10	12	11	33
Why certain CHCs/PHCs are having low turnout with JSY case				
Lack of infrastructure /drugs etc	12.5%	0.0%	28.6%	13.7
Lack of man power	50.0%	0.0%	71.4%	40.4
Low awareness in that area/s	12.5%	20.0%	0.0%	10.8
Non-availability of lady doctors	50.0%	40.0%	57.1%	49.0
Distance factors	12.5%	40.0%	42.9%	31.8
Other	12.5%	60.0%	28.6%	33.7
Steps taken to increase the numbers of JSY beneficiaries at PHC/CHC level?				
Upgraded PHC/CHC	25.0%	20.0%	42.9%	29.3
Good transport facility	37.5%	60.0%	57.1%	51.5
Facilitated on time cash payment in JSY	25.0%	40.0%	57.1%	40.7
More awareness through ASHA and other channels	75.0%	60.0%	85.7%	73.5
Providing free drugs	12.5%	20.0%	14.3%	15.6
Other	0.0%	20.0%	14.3%	11.4

Stakeholder's opinion about Administration and Financial Management of the Scheme Tab . 6

Particulars	States			
	Karnataka	Tamil Nadu	Andhra Pradesh	Total
N	10	12	11	33
Are you regularly visiting CHCs/PHCs /SCs?				
Yes	100.0%	100.0%	99.0%	100.0%
No	0%	0%	1.0%	0%

Table 6 : continued

Are all CHCs/PHCs /SCs in the Dist. well equipped in all manner to handle JSY?				
Yes	100.0%	100.0%	100.0%	100.0%
No	0 %	%0	%0	0%
If not why	0 %	%0	%0	0%
Major problems being faced by CHCs/PHCs /SCs				
Shortage of manpower	87.5%	40.0%	85.7%	75.0%
Lack of infrastructure	12.5%	0.0%	0.0%	5.0%
Shortage of drugs/equipments	0 %	%0	%0	0%
Absenteeism among the staff	12.5%	0.0%	14.3%	10.0%
Are you getting enough support from the state office?				
Yes	100.0%	100.0%	71.4%	90.0%
No	0.0%	0.0%	28.6%	10.0%
Are you getting grants from your head office regularly?				
Yes	100.0%	100.0%	100.0%	100.0%
No	0 %	%0	%0	0%
Major problems you are facing in financial management of the scheme				
Verification of the beneficiaries	0.0%	0.0%	28.6%	10.0%
Maintaining balancing of cash books, ledger books and cheque books at different level	12.5%	40.0%	14.3%	20.0%
Verification of cheque books and delivery registers for release of funds	0.0%	40.0%	0.0%	10.0%
Cheques issued, but not distributed	12.5%	0.0%	42.9%	20.0%
Differential payments to rural and urban beneficiaries	12.5%	40.0%	57.1%	35.0%
Issues in utilizing the advance grant given at different levels	37.5%	0.0%	0.0%	15.0%
Others	25.0%	20.0%	0.0%	15.0%
Any system of checks and balances at the district level.				
External review system	25.0%	80.0%	14.3%	39.7%
Social auditing	62.5%	60.0%	42.9%	55.0%
Monitoring to avoid illegal or fraudulence	61%	54%	44%	53%
District ombudsman	12.5%	0.0%	28.6%	15.0%
Others	12.5%	0.0%	14.3%	9.0%

Stakeholder's Opinion about Involvement of the Community and Action Taken to Minimize Caste Discrimination Tab. 7

Particulars	States			Total
	Karnataka	Tamil Nadu	Andhra Pradesh	
N	10	12	11	33
What kind of common issues/problems found with the beneficiaries?				
Non-availability of necessary documents (BPL card)	75.0%	40.0%	28.6%	47.8%
Showing disinterest /negligence for ANC/PNC	25.0%	40.0%	0.0%	21.6%
Opting private nursing homes/hospitals for delivery	12.5%	20.0%	57.1%	29.8%
Preferring delivery at home	12.5%	40.0%	0.0%	17.5%
Inappropriate health care seeking behaviour	25.0%	0.0%	28.6%	17.8%
Absence of bank account	25.0%	40.0%	71.4%	45.4%
Poverty and illiteracy	12.5%	0.0%	57.1%	23.2%
Others	25.0%	40.0%	0.0%	21.6%
Steps taken for more involvement of the community				
More awareness creation programmes through civil society/NGOs	50.0%	60.0%	85.7%	65.2%
Ensuring community participation in the implementation	50.0%	80.0%	85.7%	71.9%
Beneficiaries-community engagement	50.0%	20.0%	42.9%	37.6%
Community management system	12.5%	20.0%	0.0%	10.8%
Volunteer services	25.0%	0.0%	0.0%	8.33%
other	0%	0%	0%	0%%
Steps taken to create awareness about the programme effectively				
Using social and mass media	37.5%	80.0%	85.7%	67.6%
Door to door campaign	75.0%	40.0%	28.6%	47.8%
Using sign board/banners etc	25.0%	80.0%	28.6%	44.5%
Camps /survey etc	37.5%	20.0%	57.1%	38.2%
Through street play/fairs etc	0%	1.0%	1.0%	0.6%
Other mode	0%	1.0%	0%	0.3%

Table 7 : continued

Action taken to minimize caste discrimination				
Appointing ASHA and other health workers from different caste groups	12.5%	40.0%	42.9%	32.8%
More sensitization programme for ASHA and other health workers	50.0%	0.0%	42.9%	30.9%
Creating public awareness against discriminatory practices	62.5%	60.0%	42.9%	55.1%
Framing administrative guidelines	25.0%	0.0%	14.3%	13.1%
Others	0.0%	20.0%	0.0%	6.6%
Any standing instruction given to your staff				
Cultivating friendly behaviour	81.5%	89.1.0%	91.0%	87.3%
More commitment, promptness and interest in delivering the service	87.5%	100.0%	100.0%	95.8%
Respect the beneficiaries	12.5%	0.0%	28.6%	13.7%
Consider ASHA workers as colleagues	37.5%	40.0%	71.4%	49.6%
Extra care in spending administrative expenses:	25.0%	0.0%	14.3%	13.1%
Others	0%	0%	0%	0%

Stakeholder's opinion about Design, Monitoring and Challenges in the Scheme Tab. 8

Particulars	States			Total
	Karnataka	Tamil Nadu	Andhra Pradesh	
N	10	12	11	33
Challenges in this scheme				
Infrastructure(PHC/CHC/SCs) issues in rural parts	0.0%	0.0%	28.6%	9.53
Shortage of man power including Doctors/ANMs /ASHAs	75.0%	60.0%	85.7%	73.5
Lack of 'on time funding' by the Govt.	0%	0%	0%	0%
Non cooperation from higher officers	0%	0%	0%	0%
Transport problem in rural parts	25.0%	0.0%	0.0%	8.3
Lack of awareness' among the beneficiaries	37.5%	0.0%	28.6%	22.0
Shortage of drugs/equipments in the hospitals	0.0%	40.0%	0.0%	13.3
Non cooperation from the health workers	12.5%	0.0%	0.0%	4.1
Others	0.0%	40.0%	28.6%	22.8

Table 8 : continued

Reasons for these challenges				
Policy lacunas	0.0%	0.0%	42.9%	14.3
Problems in the fund allocations	0.0%	40.0%	0.0%	13.3
Issues relating to the whole system	75.0%	20.0%	42.9%	45.9
Corruption/negligence /nepotism	0.0%	0.0%	14.3%	4.7
Other (specify)	37.5%	40.0%	14.3%	30.6
Suggestion in case of better design and implementation of the scheme?				
Cash incentive must be enhanced	25.0%	40.0%	42.9%	35.9
More numbers of 24X7 PHCs are required	12.5%	60.0%	85.7%	52.7
Avoid delay in disbursement of the fund	37.5%	80.0%	42.9%	53.4
Shortage of drugs and equipments , staff need more focused	0.0%	40.0%	28.6%	22.8
Need of repeated training and sensitization for ASHA	25.0%	0.0%	42.9%	22.6
Delivery facility at the sub-centre has to be ensured	25.0%	20.0%	14.3%	19.7
Has to provide good transport facility in rural parts	0.0%	40.0%	28.6%	22.8
Active engagement of PRIs/NGOs	50.0%	0.0%	28.6%	26.2
Others	0.0%	0.0%	28.6%	9.5
Suggestions for effective monitoring system				
Monthly reporting system must be improved	12.5%	80.0%	14.3%	35.6
Actual field implementation of JSY must be increased	37.5%	60.0%	85.7%	61.0
Open up of grievance cells	12.5%	0.0%	57.1%	23.2
Monitoring and supervision diary at district and block level must be made mandatory	50.0%	0.0%	71.4%	40.4
Regular meetings needs to be held	37.5%	40.0%	14.3%	30.6
Other	12.5%	20.0%	28.6%	20.3

Discussion

In this study a total of nine districts from the three States have been studied in detail. District health office and NRHM society in each district are playing a key role in implementing JSY programme. Regarding the specific achievements in those studied districts, 80% of the officials have commented that their district has recorded the highest number of registered beneficiaries whereas 91% officials say highest percentage of utilization of fund while 79% of them said highest number of institutional deliveries and 68% of them claimed highest number of ANCs and PNCs. However, number of ANCs and PNCs checkup done is very low in all districts when compared to the other aspects of the programme. In case of utilization of fund and children's immunization services, all nine studied districts have done reasonably good whereas in Tamil Nadu three districts have achieved 100% in case of fund utilization. In case of rate of antenatal, postnatal and children's immunization services in the Districts 78% of them claimed a good success rate while 21% of them said it is 'just good'. In case of the reason for this includes strong co-ordination (40%) effective monitoring (43%) availability of fund and good support from the Govt. (55%) as per the study (Tab. 1).

We probed motivational factors leading rural women to have institutional deliveries. We found some reasons including awareness (43.7%), new health care seeking behaviour and consciousness to avoid maternal and infant mortality and various incentive schemes by the Govt. etc. In case of urban women, we found level of education (61%) changing health care seeking behaviour (38%) awareness about maternal and infant mortality (45.4%) are the few key factors. Regarding the motivational factors for the rural women to deliver particularly in Govt. hospitals, it is found that the availability of the free medical service (52.8%) poverty and low income (71.3%) and cash incentives (46.8%) are the three major factors. However, in case of women opting for private

hospitals for baby delivery we got some significant reply including the availability of the expert doctors/ staff in the hospitals (42%) modern health care (33.7%) General faith on private hospitals (46.8%) bad opinion about Govt. hospitals (8.9%), good economic conditions (46.8%) of the family, etc play key roles. It shows today people are more aware about usage of the modern health care facilities (Tab. 2).

JSY beneficiaries can even get medical service from the accredited private hospitals for baby delivery. In this issue we probed their opinion about private hospitals/nursing home recognized in the concerned district. Stake holders opined all approved hospital are well equipped whereas 14% of Andhra Pradesh officials felt private hospitals/nursing home recognized in the district are not very well equipped while 5% of them said complication cases would be referring to the private hospitals. Next, 10% of them said people show more faith towards the private hospitals for any health problem. We also probed about the referral services in case of JSY beneficiaries. For this 60% of them said emergency obstetric care services are available in all CHCs./district hospitals while 39% of them opined action initiated for the quality first line referral services while 13.1% of them admitted that most complicated cases are being referred to the private hi-tech hospitals only. However all CHCs and district hospitals are not well equipped to handle the emergency situations (Tab. 3).

We asked about the stakeholder's opinion about ASHA workers. More than 53% of them said ASHA is doing really good. Further, they opined incentives for ASHA needs to be restructured and 29% of them said workload must be less on ASHA for more quality work and few of them said their service norms must be improved while 55% of them said more trained ASHA workers required to handle large number of cases. Preparing micro birth plan is a key job of ASHA. Regarding the micro birth plan 64% of stake holders said ASHA workers are regularly preparing the micro birth plan and only 46% of them said their work are

being monitored periodically. We also asked about problems associated with ASHA workers. Majority of them (46.2%) admitted incentives is very less for ASHA and 35% stakeholders said the proper training is need of the hour while 18% said heavy workload and 23% of them cited some other reasons like allegation of caste discrimination is hunting ASHA (Tab 4). In case of reasons for low turnouts in certain CHCs/PHCs we found few issues including lack of man power (40.4%) non availability of lady doctors (49%) whereas 31% of them said distance factors etc. All these issues need to be taken care of soon. Regarding the steps taken to increase the numbers of JSY beneficiaries at PHCs/CHCs level we found 29.3 % of them said all PHCs/CHCs have been upgraded while 51% of them said good transport facility has been provided. Next 40 % of them said on time cash payment in JSY has been facilitated. More than 73% of the stakeholders said awareness through ASHA and other channels are being done regularly whereas 15% of them said free drugs are being provided for the needy

We investigated regarding the opinion about the administration and financial management of the scheme. All the stakeholders admitted that they are visiting PHCs/CHCs whenever required and also they admitted that all CHCs and PHCs in their respective district have been well equipped. Problems being faced by the CHCs and PHCs, include the shortage of manpower, lack of infrastructure and absenteeism as cited by the stakeholders. Regarding the support by the state office, around 90% of the district stakeholders have admitted they are getting good support from the higher officials. In case of the financial management of the scheme around 20% of them opined maintaining balancing of cash books, ledger books and cheque books at different level while 35% of them said differential payments to the rural and urban beneficiaries are some of the issues which need an immediate attention. In some cases

non-availability of the cheque books is a big issue. In case checks and balances at the district level 39.7% of them said external review system are being done, whereas 55% of them said social auditing system has been implemented while 15% of them said District Ombudsman system has been brought into the system (Tab. 5).

Regarding the common issues/problems found with the beneficiaries, officials opined non-availability of necessary documents (like BPL card) with the beneficiaries as a major issue in some cases. Also they opined beneficiary's, (mothers) use Govt. hospitals for all the facilities (ANC, medicines - etc) and finally opt private nursing homes/hospitals for delivery as also an issue that needs to be considered. More than 17.5% officials felt people prefer delivery at home even today. About 45% of them said majority beneficiaries don't have the bank accounts while 23% of them opined of poverty and illiteracy were the common issues found with the beneficiaries. ASHA or an equivalent health worker would facilitate in obtaining the necessary certification, well ahead of time, so that non-availability of card or inability to identify a BPL status does not become a hindrance for the non-implementation of the scheme (Tab. 6).

Involvement of the community plays a vital role in the success of any programme. Regarding the steps taken for more involvement of the community at various levels, we found 65.2% of them are conducting awareness creation programmes through civil society/NGOs whereas 37% officers said they have initiated beneficiaries-community engagements in health care programmes while 10% of them said they are focusing on community management system involving in health care activities for the effective implementation of the JSY scheme. The Health officials have taken-up different types for awareness creation programmes. Majority (47.8%) of them said the door to door campaign idea has become successful whereas 38.2% of total officials said regular camps and

surveys are also being done to create maximum awareness. Social and other mass media are also being used in this effort. Regarding caste based discrimination, around 32.8% of them opined appointing ASHA and other health workers from the different caste groups have been focused whereas 30.9% of them said more sensitization programme for ASHA and other health workers have been initiated in the districts. Also action has been taken to create the public awareness against the discriminatory practices. We also found the head office has given some standing instructions to the ground staff for friendly behavior with the beneficiaries (Tab. 7).

Regarding the challenges with the scheme majority of them (73.5%) opined shortage of man power including the Doctors/ANMs /ASHAs whereas 10% of them said Infrastructure (PHC/CHC/SCs) issues in rural parts. Further, few of them cited distance problem. Lack of good transport in rural areas, shortage of drugs and non-cooperation from the health workers are some of the other reasons cited by the stakeholders etc. Next, we also probed for these challenges. Majority of them (45.9%) opined 'different issues relating to the entire system' has to change. Few of them opined lacunas in health policy, problem with funding allocations and corruption are some of the key challenges involved in the success of the scheme. Few of them (19.7%) opined delivery facility at the sub-centres have to be ensured and supervision diary at the district and block level are vital to mention here. Suggestions in case of design and implementation of the scheme, includes more cash incentives, requirement of more numbers of 24X7 PHCs and CHCs, avoid delay in disbursement of the funds, active engagement of

PRIs/NGOs etc. Next, in case of suggestions to monitor the scheme, we found some vital suggestions by the officials including improvised monthly reporting system (35.6%) enhanced field implementation (61.0%) and the monitoring and supervision diary at the district and the block level must be made mandatory (Tab. 8).

Conclusion

In this study a total of nine districts from the three States have been studied in detail. District health office and NRHM society in each district are playing a key role in implementing JSY programme. JSY beneficiaries can even get medical service from the accredited private hospitals for baby delivery. However stake holders are not monitoring those hospitals. Stake holders opined all approved hospital are well equipped but ground reality is quite different. Administration and finance management of the scheme have some lacunas. No effective co-ordination seen here. District officials are not showing much interest in the implementation of the scheme. All the stakeholders admitted that they are visiting PHCs/CHCs whenever required and also they admitted that all CHCs and PHCs in their respective districts have been well equipped. Again truth is quite different over here. PHC and CHCs have many problems. They have not taken measures to create public awareness against the discriminatory practices. We suggest improvised monthly reporting system, new monitoring system enhanced field implementation and maintaining supervision diary at the district and the block level must be made mandatory for the effective JSY governance.

Acknowledgment: ICMR, New Delhi for funding support

Reference

1. Central Bureau of Health Intelligence. National Health Profile 2006. New Delhi: Central Bureau of Health Intelligence, Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India. 25; 2006. pp. 90–112.
2. India. Ministry of Home Affairs. Special bulletin on maternal mortality rate in India 2004-06: sample registration system. New Delhi: Office of the Registrar General, Ministry of Home Affairs, Government of India; 2009. p.4.
3. India. Ministry of Home Affairs. Special bulletin on maternal mortality in India 2007-09: sample registration system. New Delhi: Office of Registrar General, Ministry of Home Affairs, Government of India; 2011. p.4.
4. India. Ministry of Health and Family Welfare. *Janani Suraksha Yojana: features & frequently asked questions and answers*. New Delhi: Maternal Health Division, Ministry of Health and Family Welfare, Government of India; 2006. p.18.
5. Vishwanath WH, Jatti GM, Tannu U. Missed Opportunities Of Janani Suraksha Yojana Benefits Among The Beneficiaries In Slum Areas. *National Journal of Community Medicine* 2011 : 2 (1); Pp. 40-42.