

UTILISATION OF JSY INCENTIVE BY THE URBAN BENEFICIARIES OF BHAVNAGAR DISTRICT, GUJARAT

PRESENTED BY:

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UNDER THE GUIDANCE OF :

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Janani Suraksha Yojna

INTRODUCTION

- ❖ Though Mother and children forms the pillar of any community, they still constitute a vulnerable group.
- ❖ Even the article 25 of universal declaration for human rights in 1948 emphasised that “motherhood and childhood are entitled to special care and assistance” .
- ❖ And with Alma-Ata declaration “HEALTH FOR ALL” women and child health must be precedence.

INDIA'S SCENARIO:

- ❖ women in reproductive age group (15–45 years) and children (below 15 years) comprises nearly 57.5% of the total population.

(Gopalan and D: Addressing maternal healthcare through demand side financial incentives: experience of Janani Suraksha Yojana program in India. BMC Health Services Research 2012 12:319.)

- ❖ According to UNICEF around 800 women die everyday of preventable causes related to pregnancy and childbirth and 20 percent of it is contributed by India.

Or in other words it can be stated that, **one women dies in every five minutes** in India due to pregnancy related complications.

- ❖ Though in India, MMR declined from about 520/100,000 live births in 1990 to nearly 254/100,000 in 2004-2006 and to 212/100,000 in 2007-2009, to 167/10,000 in 2011-13, which was possible with the launch of Janani suraksha yojana.

(Vora, Kranti Suresh, Sally A. Koblinsky, and Marge A. Koblinsky. "Predictors of maternal health services utilization by poor, rural women: a comparative study in Indian States of Gujarat and Tamil Nadu." Journal of Health, Population and Nutrition 33.1 (2015): 9.)

JANANI

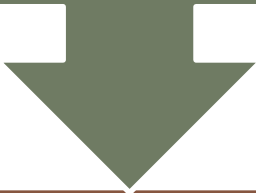
SURAKSHA

YOJANA

“Janani Suraksha Yojana” (JSY) literally means “maternal protection scheme.” launched in 2005 by National Rural Health Mission. This scheme has been modified from the **national maternity benefit scheme(NMBS)**,2001



The scheme is fully sponsored by the Central Government and is implemented in all states and Union Territories, with special focus on low performing states.



In 2010–2011, it covered over 11.3 million beneficiaries, with an annual budget of more than US\$300 million (MoHFW 2012).

JSY SCENARIO IN GUJARAT

JSY was launched in GUJARAT in the year 2007.

- ❖ But from the launch, contribution of JSY in decreasing maternal mortality in the state is questionable.
- ❖ According to CAG report 2013-14 MMR of Gujarat was 72 and has increased to 85 by the year 2015-16. Even the nfhs-4 Gujarat report has highlighted the fact only 9% of the pregnant women has received the JSY incentive.
- ❖ It also highlights the fact that only 56% of the urban beneficiaries have received the JSY amount in Bhavnagar district.

RATIONALE

Decadal growth of urban population according to the census 2011 was around 25% with an annual increase of 3.15%.



Urban beneficiaries of Bhavnagar for JSY have also increased from 447 in the year 2016-17 to 661 in the year 17-18



Thus as the beneficiaries are increasing, the purpose in which the incentives are being used needs to be analysed to streamline its usage and formulate better interventions if required.

RESEARCH QUESTIONS

what is the expenditure pattern of JSY incentive by the urban beneficiaries?

OBJECTIVES OF RESEARCH

To access the expenditure pattern of JSY incentive by the urban beneficiaries in Bhavanagar district.

METHODOLOGY

TYPE OF THE STUDY:

- ❖ Descriptive -cross-sectional study design, conducted on all the beneficiaries of two talukas, of Bhavnagar who have delivered in the year 2017.

STUDY PERIOD:

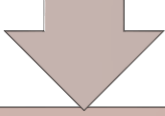
- ❖ Study was done for a period of two month.
- ❖ Data collection stated from 15th February and continued up to 31st march. Data cleaning and coding and processing continued from 1st April to 15th April. Analysis was done from 16th April.

STUDY AREA:

- ❖ District Bhavnagar ,Gujarat.

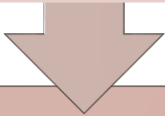
SAMPLE SIZE:

217

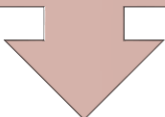


SAMPLING FRAMEWORK:

PURPOSIVE SAMPLE (www.qualres.org/HomeStra-3813.html)



DATA COLLECTION:



This study involves both primary and secondary data. For secondary data HMIS data entry was reviewed and for primary data questionnaire was used.

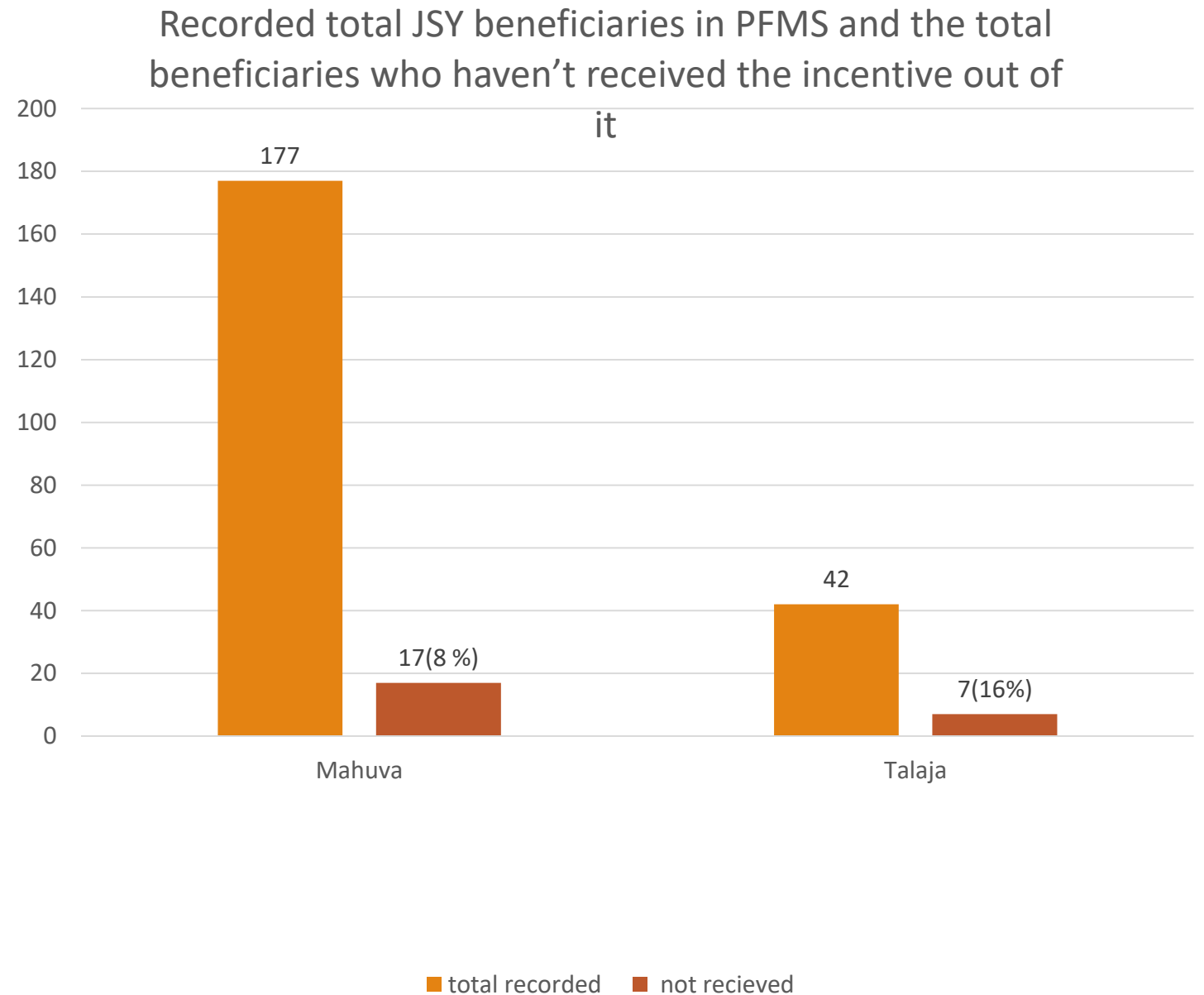
DATA ANALYSIS:

through SPSS software.

Univariate analysis and Bivariate analysis: cross-tab was used

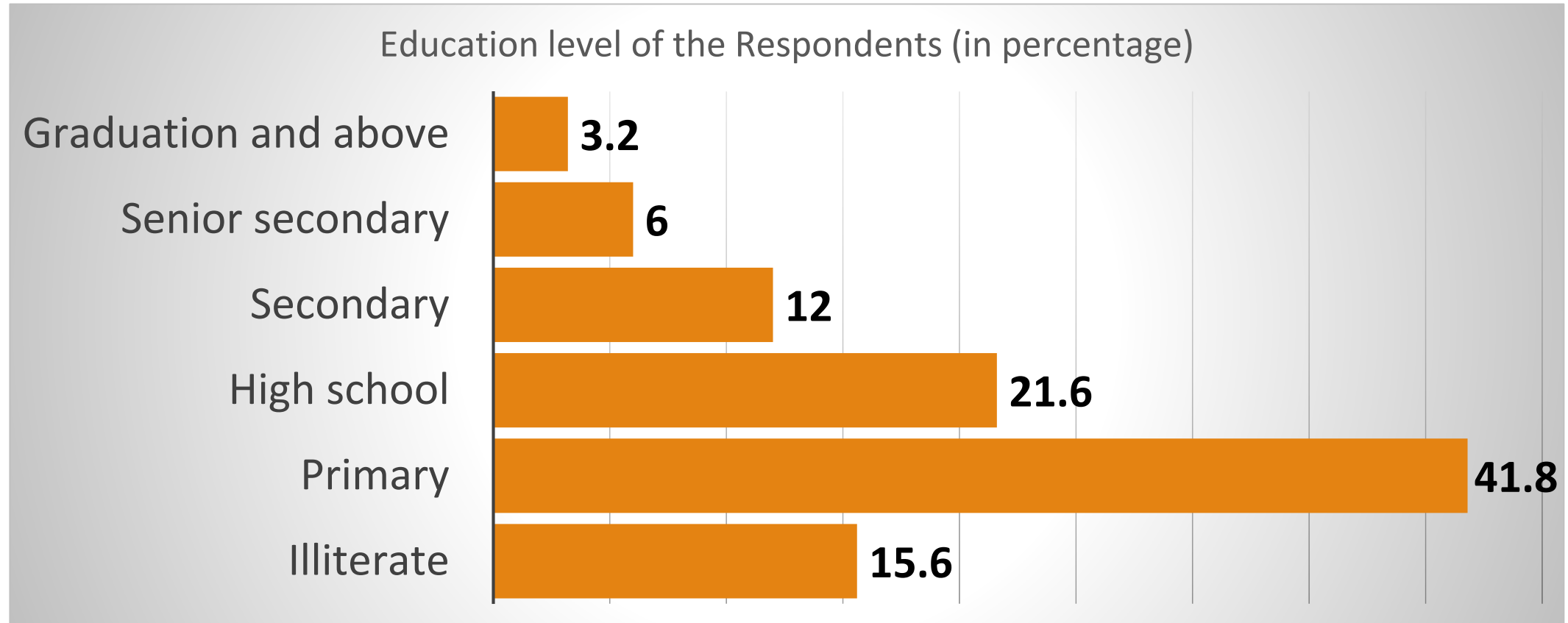
RESULTS

Comparison of the two talukas based on receival of JSY:

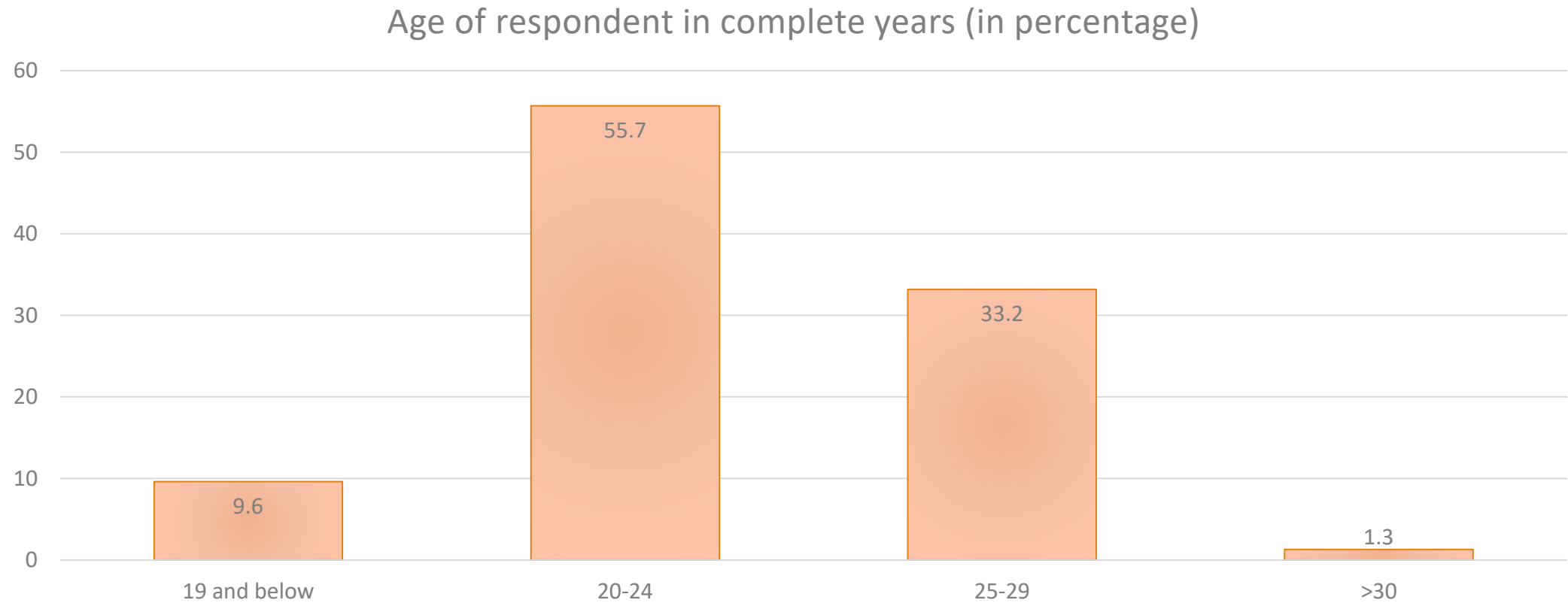


Socio demographic characteristics of the respondents:

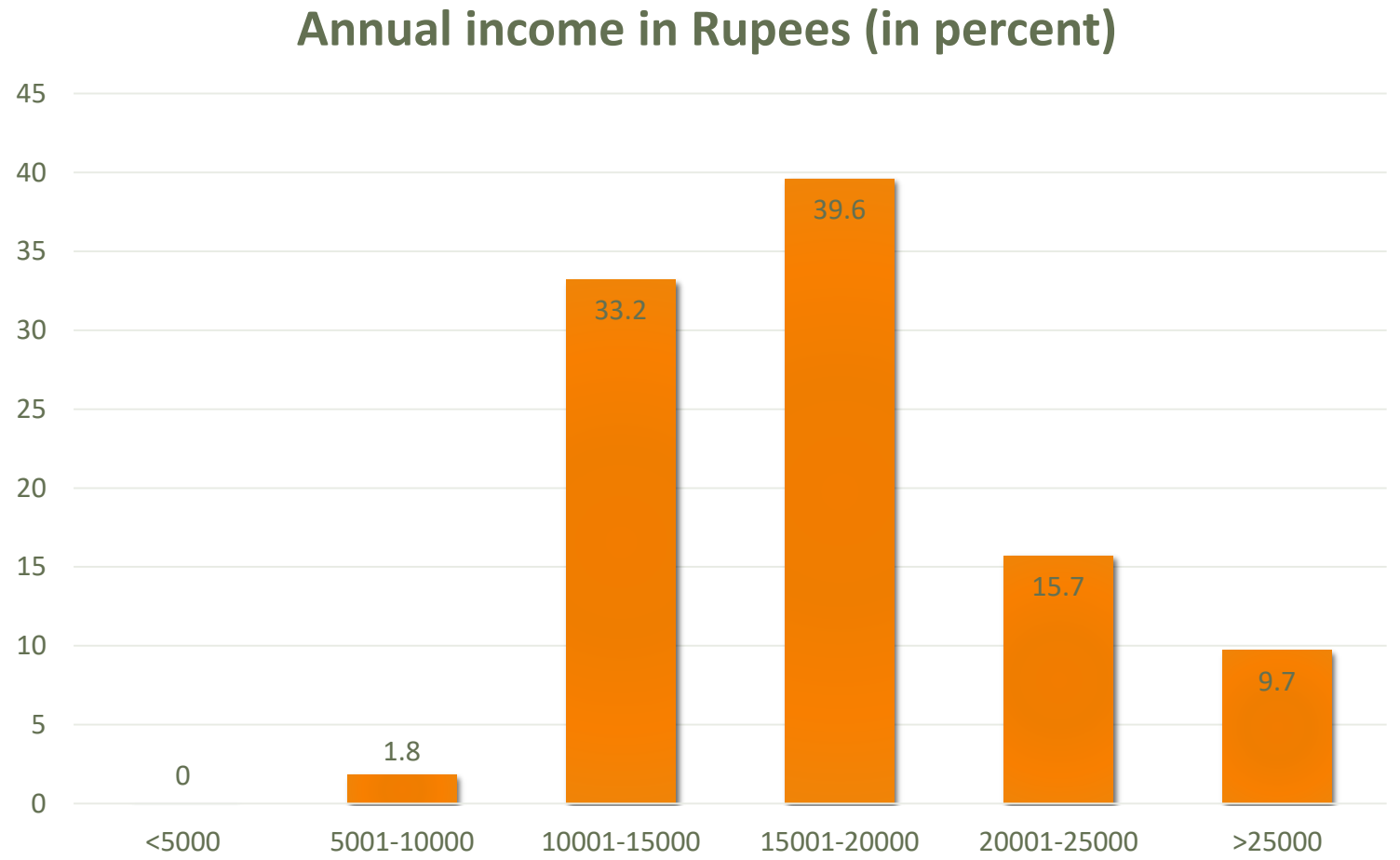
1. Educational level



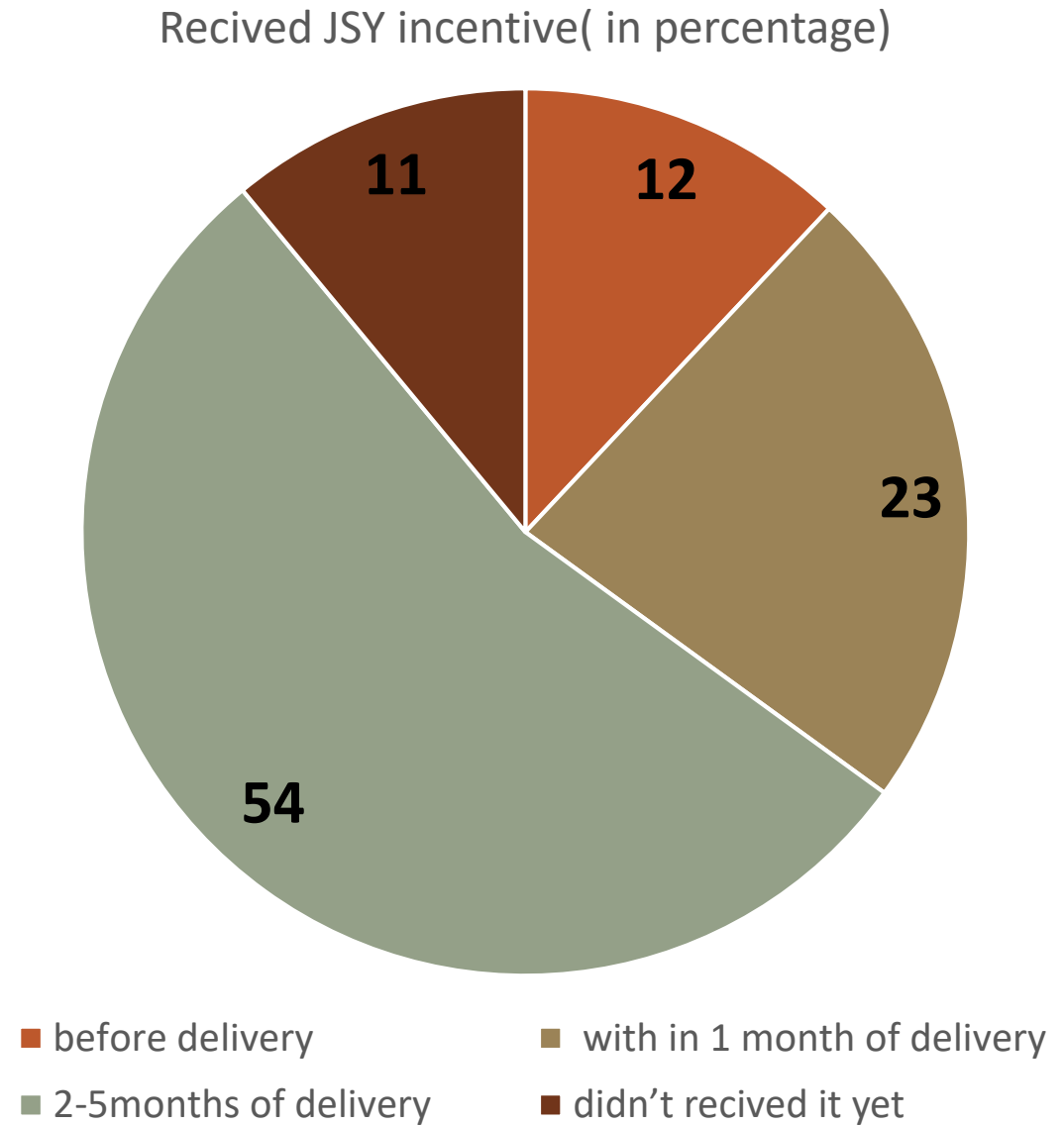
Age of the respondents



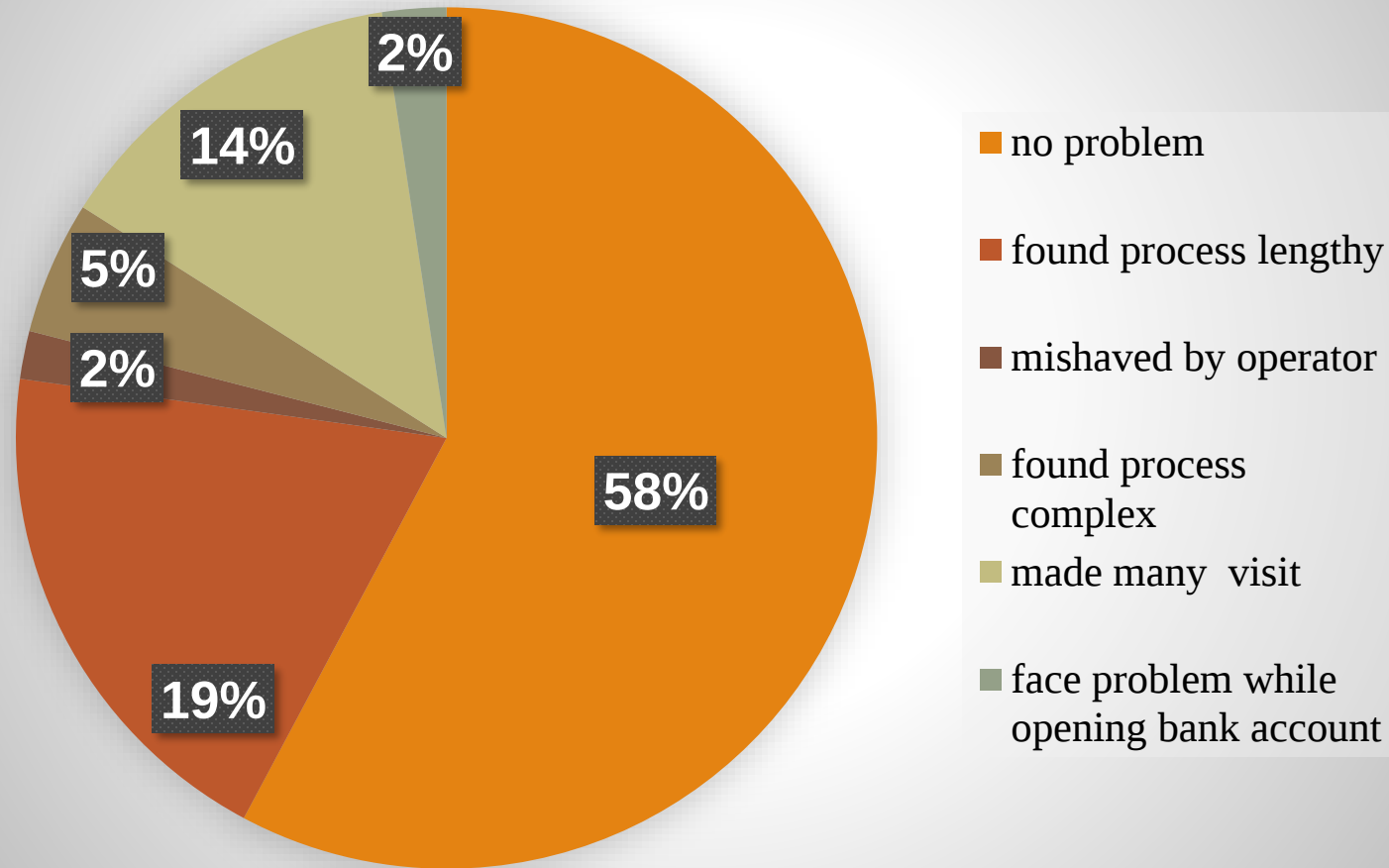
Annual income



Receival of the JSY incentive:



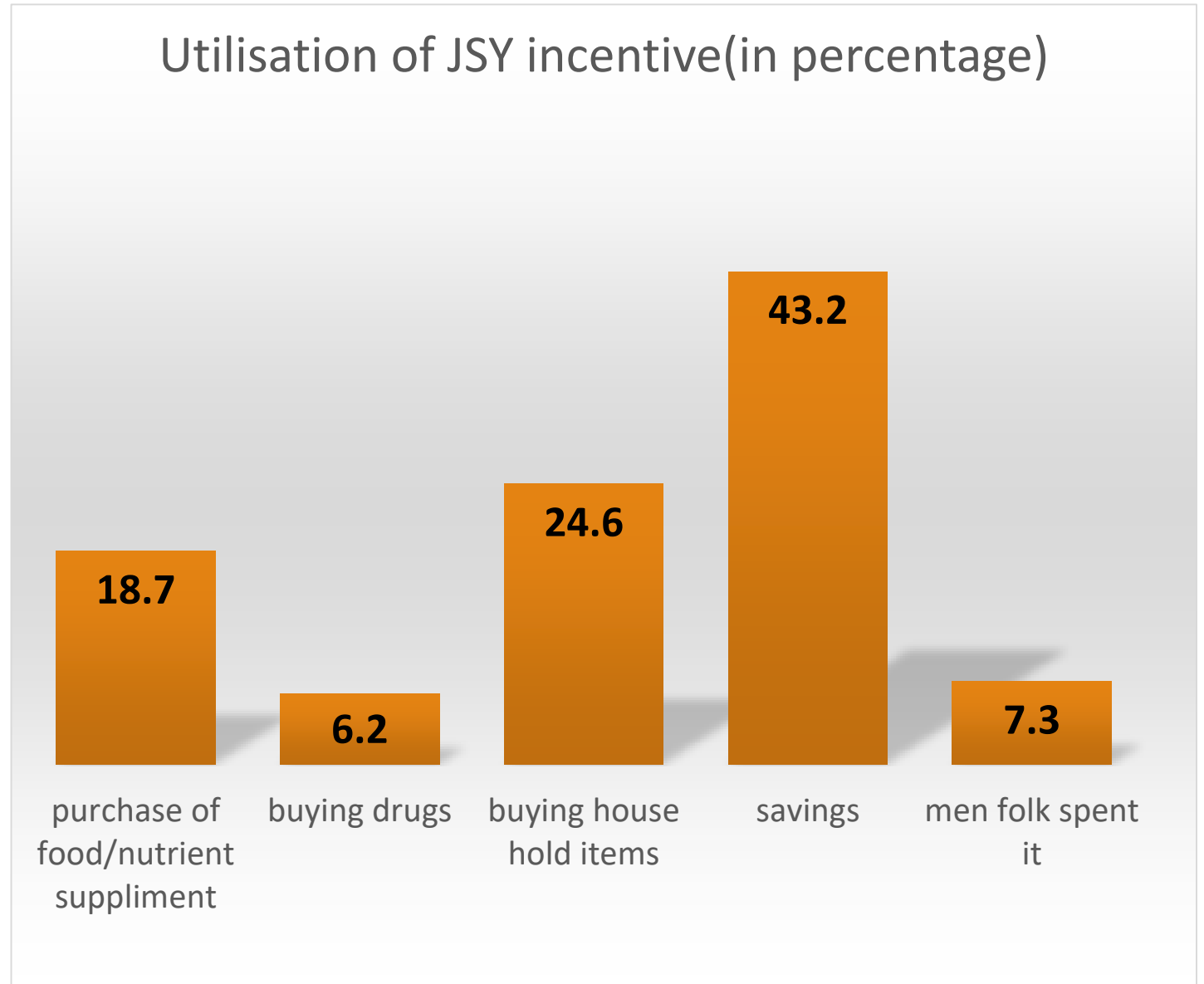
Problem faced by the beneficiaries in availing JSY(in%)



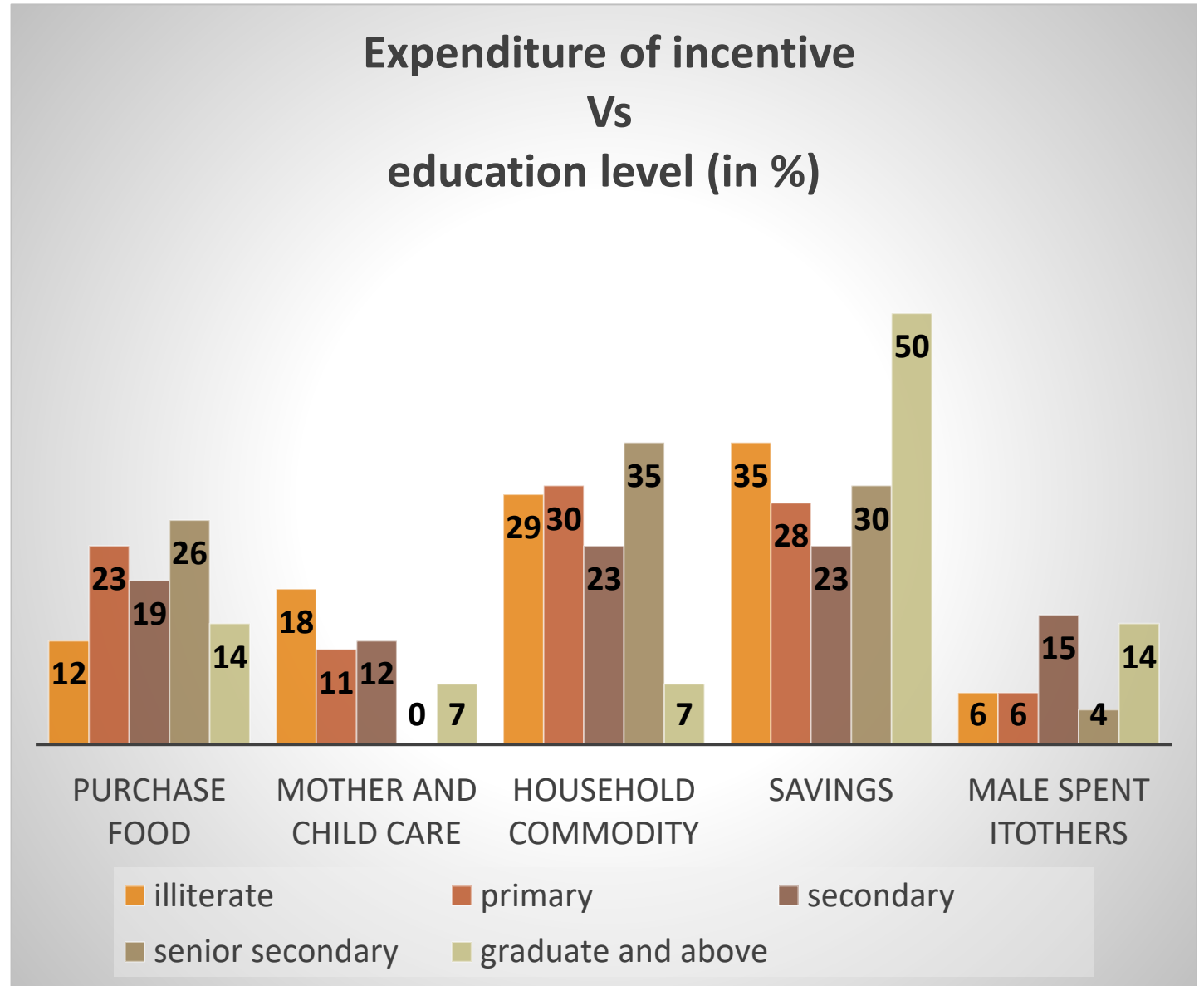
**Problem
faced in
receiving
the
incentive:**

Utilisation of JSY incentive:

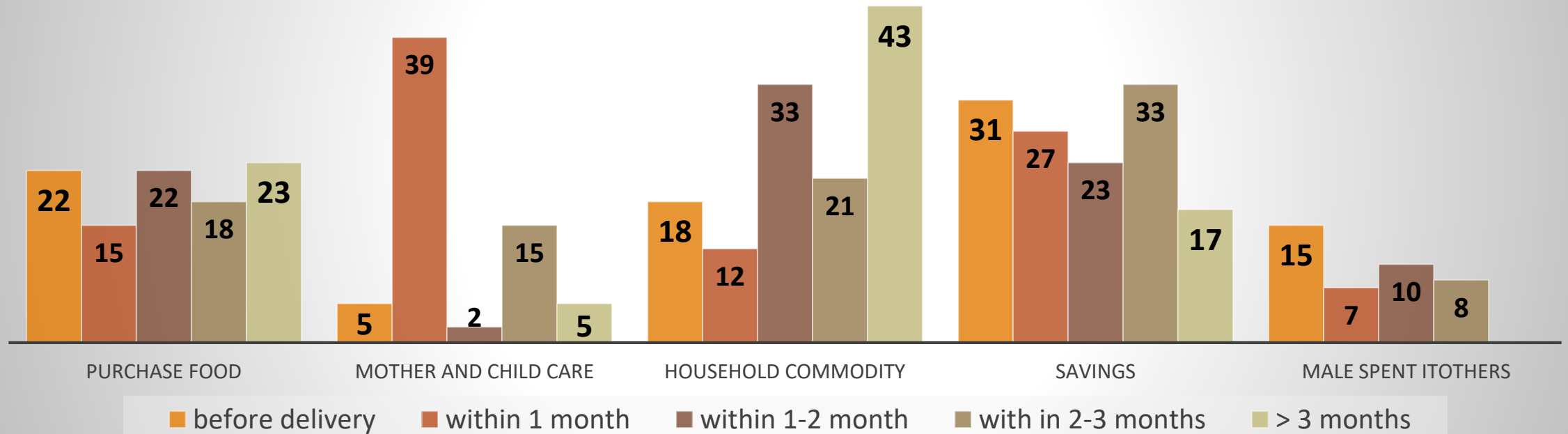
17 of the respondent said that they have to give some extra money to receive the incentive



Expenditure of incentive Vs education level



Expenditure of JSY incentive Vs time period of receive of incentive (in %)



Expenditure of JSY incentive Vs time period of receive of incentive

KEY FINDINGS:

- ❖ Most of the beneficiaries were registered by ASHAs.
- ❖ The mean age of the respondents was 24 years.
- ❖ The average years of schooling in completed years was 7 years
- ❖ The analysis on utilisation of incentive showed that most of the women saved the money but surprisingly women who had an educational qualification of higher secondary did not spend a single penny on mother and child care.
- ❖ Utilisation of the incentive for mother and child care was highest when the money was received within a month of delivery
- ❖ 17 of the respondent had to make some extra payment for receiving the incentive.

CONCLUSION

JSY has benefited the urban population but as observed in the study the incentive money was not dispersed properly at time which actually affected the utilisation pattern of incentive.

It is also observed that the incentive money is not being used as per the guideline.

SUGGESTIONS

- * Data triangulation and validation of the recorded data can be done once a month
- * Proper training of ASHAs and FHWs, along with it their actual work on field needs to be cross-checked by the medical officers.
- * Timely dispersion of fund from state to district and from district to ground level
- * Extensive IEC and BCC for modifying the utilisation pattern
- * Re-enforcing the NITI-AYOGS 7+4 indicators

THANK
YOU

