CHAPTER- V

CONCLUSION AND SUGGESTIONS

Ancient Indian scriptures show that women enjoyed a respectable position during that time and many ancient texts also talk about women scholars and sages. But gradually the patriarchy tightened its grip over the society and women were subjugated by men and this subjugation continues even today. The girl child faces persistent threats to life and security due to the socioeconomic structure of India. Despite the improvement in Maternal Mortality Rates (MMR), declining CSR continues to be a worrying problem. Absence of stringent implementation of legislations like Pre Natal Diagnostics Techniques Act 1994 (PNDT) and The Dowry Prohibition Act 1961 also lead to the persistence of the problem. Beyond sex selective abortion and female infanticide, daughters are seen as a financial liability and a social burden. The perception of the girl child induces various forms of neglect related to nutrition, health, education and employment. Patriarchal customs along with unscientific beliefs and practices increase crime against girls and women in the form of sexual assault, trafficking, wife sharing and other practices. It is precisely this subordinate position that necessitates women’s empowerment so that a change can be brought about in their socio-economic condition. In this regard the national policy of women empowerment had launched in 2001. It had the goal to bring about the advancement, development and empowerment of women. The Policy is widely disseminated in order to encourage active participation of all stakeholders for achieving its goals. Janani Suvidha Yojana is one of them, which is functioning to
improve the health status of women in urban slum of Haryana with the help of NGOs.

Therefore, keeping in view the significance of the Janani Suvidha Yojana in the dispensation of Health Department, the present study was carried out in the state of Haryana. Major findings of the study are briefly described below:

**Findings of the Study**

- In this study it has been found that younger women are more aware and availed the benefits of JSY in a better way as compared to other age group women. 42 percent of women are in the age group of 15-20 and 41 percent belongs to the age group of 21-25.

- Majority of respondents came to know about JSY through NGOs. 59.5 percent respondents ratified this statement. Remaining sampled beneficiaries came to know about JSY through other sources i.e., Doctors (84), DSOs (40) and others (38).

- Majority of respondents have incomplete knowledge. There are 64.75 percent respondents. But it was also considerable issue that out of 400 sampled beneficiaries, 35.25 percent respondents have complete knowledge about JSY. As far as officials are concerned, 69 percent officials have complete knowledge about Janani Suvidha Yojana and remaining 31 percent officials have incomplete knowledge.

- In the urban slum area, maximum people are uneducated and to keep them aware of administration is not an easy task. Therefore, majority of respondent were unaware of institutional arrangements made for JSY. 66 percent
respondents ratified this statement. Regarding awareness level of officials, 74 per cent officials were having complete knowledge and were satisfied with institutional arrangements.

- 60 per cent officials showed agreement to the availability of adequate infrastructure in the department.

- Majority of respondents stated that they got the services appropriately. 72.25 percent people ratified this statement. In fact, it was a good sign for the JSY and its beneficiaries but it was also a challenge before government as well as NGOs that 27.75 percent respondents denied the claim regarding appropriateness of facilities.

- Sakhi was main human resource in the whole structure of JSY which includes among DSO, Doctor and others, who were directly connected with service delivery. 74.5 percent respondents, ratified it.

- Majority of respondents were satisfied from the role of Sakhi. 85.75 percent respondents stated their opinion in its favour.

- Respondents have stated that NGOs have provided them timely health checkup. 83.75 percent beneficiaries replied in favor of this statement.

- Majority of respondents stated that they were not paid adequate attention by the doctors with 54.5 percent beneficiaries ratifying it.

- Majority of respondents replied that the behavior of Doctor was non cooperative. 64.5 percent beneficiaries responded in this favour.
• 72.75 percent respondents have stated that they benefitted from the Counseling given by NGOs regarding health related matter to urban slum women under JSY.

• Majority of respondents have stated that they were distributed medicines in timely manner by NGOs regarding health related matter to urban slum women under JSY. 85.5 percent beneficiaries ratified this statement.

• Majority respondents have stated that the performance of NGOs regarding health related matter to urban slum women under JSY was satisfying.

• Respondents have stated that the coordination between DSOs and NGOs had been at satisfying level. 74.25 percent respondents have stated in favor of coordination.

• Majority of respondents were satisfied from the motherhood experience from the JSY regarding health related matter. In primary survey, they were classified in ‘Very good’ ‘Good’, ‘Average’ and in ‘Poor’ category. Out of 400 sampled beneficiaries only 60 respondent beneficiaries fall in poor category. 76 officials out 100 were also ratified the statement regarding improvement in motherhood experience.

• Janani Suvidha Yojana had been launched to enhance institutional delivery system. In this study it was found that majority of respondent beneficiaries stated that JSY has achieved its established objective of enhancement in institutional delivery system. 84.5 percent respondent beneficiaries ratified this statement.

• Majority of Officials stated that NGOs performed well. 61 percent officials ratified this statement.
• Majority of officials have agreed from the counseling given by NGOs to the registered women under JSY. 64 percent officials responded in favour of this statement.

• Majority of officials have agreed from the distribution of medicine among registered women under JSY. 62 percent officials responded to distribute the medicine adequately.

• Majority of officials responded that doctors have adequate qualification and experience under JSY. 82 percent officials ratified this statement.

• Majority of respondent officials stated that NGOs provided adequate pre-natal and post-natal care. 72 per cent respondents stated in favor of this statement.

• Majority of officials have agreed that the DSO submits his/her report in timely manner. 84 per cent officials have ratified this statement.

• Majority of officials responded that the JSY has reduced IMR and MMR successfully.

• Majority of officials have stated that the budgetary allocation for JSY has been released in timely manner. 55 percent respondents ratified it. But it is considerable issue also that 45 percent official denied the claim about allocation of budget on appropriate time.

• Majority of officials stated that the NGOs are utilized the allocated funds in an efficient manner. 77 per cent officials have ratified this statement.

• The Coordination between NGO and Government was at required level as opined by 86 per cent officials.
• Majority of officials responded that JSY has achieved its defined objectives. 79 percent officials responded in favour of this opinion.

• Majority of officials have ratified on the issue availability of infrastructure facilities at the clinics of private health provider.

• Majority of officials responded that service provider emphasized on the hygiene while counseling pregnant and lactating women. 82 per cent officials have ratified this statement.

• Majority of officials stated that urban slum dwellers have positive opinion about JSY and only minor called it poor. 59 per cent and 26 per cent officials called it ‘Good’, and ‘Very Good’ respectively whereas, 12 per cent were included in ‘Average’ category and only 3 per cent officials categorized it in ‘Poor’ segment.

**District wise Comparison**

• The district wise analysis about awareness shows that NGOs are the primary source of awareness among people in which majority of respondent beneficiaries are from Yamunanagar (70) and Gurgaon (62). Remaining respondents have got awareness different sources. In all four districts, NGOs have a first place and social contacts like family, friends, print and electronic media holds the secondary place in spreading awareness of JSY.

• The district wise study reveals that all the districts show a comparable picture with majority of people in all the districts claiming to possess the incomplete knowledge about
JSY. As far as officials are concerned, majority of them have complete knowledge.

- In all the selected four districts majority of respondents are unaware on the issue of institutional arrangements made for Janani Suvidha Yojana. In this regard, Gurgaon and Sonepat have maximum respondents and remaining two districts are having similar ratio. As far as Officials are concerned, majority of officials are satisfied from the institutional set up.

- Majority of official respondents from various districts claimed that there is adequate institutional arrangement for the JSY.

- Majority of respondents from various districts have replied that the facilities were provided by NGOs adequately and appropriately. In this regard all districts have similar picture, i.e., Bhiwani have 75 per cent respondents, Yamunanagar has 76 per cent, Sonepat has 70 per cent and Gurgaon has 68 per cent.

- In all the four districts majority of respondents have responded in favor of role played by Sakhi. In Bhiwani 66, Gurgaon 74, Yamunangar 78 and in Sonepat districts 80 respondents were responded in favour of Sakhi.

- As far as districts wise analysis is concerned majority of respondents from various districts are satisfied with the check-up provided by the NGOs. The data shows similar picture in all the selected districts.

- Majority of people in all the districts have admitted that they were not paid the required attention to the Doctors. There are
maximum from Gurgaon (61) and minimum (46) from Sonepat, Yaminanagar and Bhiwani were having similar picture.

- The respondents in all the four districts faced the not cooperative behavior of the Doctors. The behavior scenario has been found bad in the district of Gurgaon (77), Yamunanagar (69), Bhiwani (64) and Sonepat (48).

- Majority of respondents from various districts claimed that they benefited from the counseling by the NGOs. The data shows more or less the similar picture in all the selected districts. Respondents claiming no benefits from the counseling are maximum in Yamunanagar (40) followed by Bhiwani (25), Sonepat (24) and Gurgaon (20).

- Majority of respondents from various districts claimed that they were distributed medicines in timely manner by the NGOs. The data shows more or less the similar picture in all the selected districts.

- Majority of respondents from various districts claimed that they were satisfied from the performance of the NGOs.

- Majority of respondents from various districts claimed that they were satisfied from the level of coordination between DSOs and NGO.

- Majority of respondents from various districts claimed that JSY has improved their motherhood experience. The data shows more or less the similar picture in all the selected districts. At the official level, majority of officials from various districts responded in favor of improvement in motherhood experience.
• In all the four districts majority of respondents have agreed on the viewpoint that the NGOs have performed as per requirement. In Sonepat, maximum of 17 respondents have agreed on this viewpoint followed by Bhiwani with 16 respondents, 15 respondents from Yamunanagar and 13 respondents from Gurgaon district.

• Majority of respondents have agreed on the viewpoint that the NGOs have adequately counseled the registered women under JSY. In Sonepat, maximum of 18 respondents have agreed on this viewpoint followed by Bhiwani and Yamunanagar with 16 respondents, and Gurgaon with 15 respondents.

• In all the four districts majority of respondent officials have agreed on the viewpoint that the distribution of medicines among registered women under JSY has been satisfying. The data shows more or less the similar picture in all the selected districts.

• The district wise distribution of official respondents showed that doctors are having adequate qualification and experience as per requirement of JSY.

• In all the four districts majority of respondents officials have replied that the NGOs are providing the pre-natal and post-natal care up to the required extent. In this regard Sonepat has maximum of 18 respondents, and Yamunanagar has minimum 14 respondents and remaining two districts are having similar picture.

• In all the four districts majority of respondents have agreed on the viewpoint that the DSO has submitted the performance
report of JSY on appropriate time or as per requirement of the office.

- Majority of respondent officials stated that the JSY has reduced IMR and MMR successfully. In Sonepat, maximum of 25 respondents have agreed on this viewpoint followed by Bhiwani with 24 respondents, Gurgaon with 22 respondents and Yamunanagar with 20 respondents.

- District wise analysis reveals that in all the four districts majority of respondent officials have agreed on the viewpoint that the government has allocated the funds properly and in timely manner for implementation of JSY.

- Majority of official respondents from various district claimed that the NGOs are utilizing the allocated funds as per requirement. In Sonepat, maximum of 21 respondents have agreed on this viewpoint followed by Bhiwani with 20 respondents, Gurgaon with 19 respondents and Yamunanagar with 17 respondents.

- Majority of respondents from various district stated that the Coordination between NGO and Government is at required level. In Sonepat, maximum of 23 respondents have agreed on this viewpoint followed by Bhiwani with 22 respondents, Gurgaon with 21 and respondents and Yamunanagar with 20 respondents.

- In all the four districts majority of respondents have agreed on the viewpoint that JSY has achieved its defined objectives.

- Majority of official respondents from various district have stated that required infrastructure facilities are available at the clinics of private health providers.
• Majority of official respondents from various districts have stated NGOs have been giving adequate thrust on hygiene factor while counseling. Districts of Sonepat (20) and Bhiwani (18) were having maximum respondents and remaining two districts of Gurgaon (16) and Yamunanagar (14) were having minimum respondents.

• If the district wise distribution of officials regarding the overall opinion of beneficiaries towards JSY is considered, one can come to the conclusion that majority of 16 officials in Bhiwani categorized the JSY as ‘Good’ followed by Gurgaon (15), Yamunanagar (14) and Sonepat (14). Another majority has categorized JSY in the category of ‘Very Good’ (Sonepat 9), Bhiwani (7), Gurgaon (6) and Yamunanagar (4)). In ‘Average’ category, three districts showed similar picture except Yamunanagar (5).

Challenges in the Programme Implementation
The major areas of challenges in the programme implementation are summarized here:

(i) Challenges in working with Government: Communication gaps between government and NGOs; too much of paperwork involved in dealing with government; difficulties in implementation of work due to bureaucratic attitudes of officers; lack of coordination between NGO representatives and health functionaries; lack of statistics to substantiate the findings; Inadequate funds to carry out the project activities; absence of mechanisms to share information on various issues by the state on a continuous basis; less clarity of roles and responsibilities; lack of coordination with local self-government bodies (Panchayat and elected members); non
availability of transport services in remote field areas; lack of strategic planning and follow-up activities at government level; block and district health officials were involved in programme planning. They just act in implementing the programme in the field area.

(ii) Challenges in working with NGO: NGOs have multiple projects and cannot concentrate on one aspect; communication gaps exist within the organization; NGOs face frequent staff turnover which effect their performance; selection of dedicated FNGOs is a major challenge for the programme; NGOs lack transparency and coordination with other NGOs; NGOs lack skills in documentation.

(iii) Challenges within and on the Field: There are problems related to migration of project beneficiaries to other areas and vice versa; people lack awareness, explaining new trends and development takes time; non-availability of referral services at the district level; lack of willingness among staffs to work in the remote areas; lack of transparency between FNGO and MNGO; at the district level, there is lack of clarity about the role of MNGO and the government.

Suggestions for the Effective Implementation of the JSY

- For successful implementation of this scheme Government and NGOs should coordinate with each other because without their coordination and cooperation desired objectives cannot be achieved.

- DSO is a supervisory body in this scheme but due to the inadequate remuneration in some districts, candidate with excellent qualification and experience are not getting
attracted towards this post. Therefore, their amount of remuneration should be increased.

- In order to fulfill safe motherhood criteria, age at first pregnancy should be at least 20 years but in our study most of the women got pregnancy or delivered a baby under the age of 20 years. In fact, it is also the cause of increasing Maternal Mortality Ratio (MMR) and Infant Mortality Ratio (IMR). Therefore, to reduce IMR, MMR and upgrade quality of life of mother and baby, pregnancy age should be 20 years. NGOs and the government should focus in this area as well.

- The selection of NGOs should be done through a rigorous and transparent process and they should have well-defined terms of reference. Effort should be made to ensure that such NGO led intervention is well integrated with the urban health system.

- The awareness of beneficiaries about JSY is found to be high but knowledge regarding benefits covered under the scheme is only limited to cash incentive for institutional deliveries. They are not aware of other aspects of the scheme like complete antenatal check-up, provision of iron and folic acid tablets, Tetanus Toxoid immunization, postnatal care etc. It is required to create better awareness regarding all aspects of JSY so that people should avail all the benefits of the scheme and it will certainly help in reducing maternal as well as infant morbidity and mortality.

- Doctor is the key component in this scheme His/her behaviour towards the patients should be very affectionate because without his/her humble behavior patient cannot share
their problem easily. Therefore, private health provider and Chief Medical Officer should discuss in this regard with the empanelled doctors.

- There is an urgent need of making appropriate arrangements for delivery of services under JSY. It would be possible only if both the governmental and non-governmental agencies join hands and chalk out a programme for making the general masses fully aware of the provisions made in the JSY. For these purpose seminars, workshops, special lecture and talk should be arranged from time to time and proper monitoring for regular assessment of the impact would prove useful.

- Government should pay handsome amount to the doctor because as per study doctor does not pay the required attention to the women as compare to general patient those who are not registered under JSY.

- To make the JSY more popular among the urban slums, it is suggested that literature on the JSY should be circulated in local language and translated in simple and easily understandable language. The same should be made available to them free of cost.

- Finance is the basic requirement for administration or set up of any organization. Without financial assistance any of the objectives cannot be fulfilled, i.e., recruitment of staff, digital system, arrangement of training programme for officials and promotion of JSY related activities etc. Therefore, to boost JSY and make it more effective, special allocation should be given to JSY related activities.

- In order to facilitate maximum and effective utilization of health services in urban areas, it is necessary to set up a
definite system of referral. There is also a need to create linkages between domiciliary, health centre and hospital level. Protocols for admissions to primary, secondary and tertiary levels must be laid down. This will ensure adequate utilization of primary and secondary level hospitals and prevent overcrowding in tertiary hospitals.

- Urban slums have a variety of health workers that could be voluntary or paid. Health workers from existing government and Municipal Corporation from NGOs and CBOs should be involved in neonatal health. Additional training and responsibilities of the health worker could include early detection and referral for illness and infection. Since the CHV in the existing health sector is already burdened with a number of responsibilities, an additional worker that only attends to the newborn at birth and follows up the newborn with frequent visits has been suggested. This has shown reduction in neonatal mortality in the rural community.

- The incentives given to Sakhi should be increased with reward system for good work so that they could get more motivation and could work with new vigor and enthusiasm. Also re-orientation trainings of Sakhi should be carried out periodically.

- In order to identify discrepancies and take corrective actions the practice of concurrent audit may be introduced right from the inception stage. All the funds/untied grants would be audited on a quarterly basis and report of which would be made public. This process would also facilitate timely submission of utilization certificates and audit reports to ensure financial health of the scheme.
• A grievance redressal mechanism would be put in place in which a committee, comprising of members from government and reputed urban slum community members would be constituted which will help resolve the problems and complaints.

• Better nutrition is an important component of antenatal care and knowledge and awareness are the preconditions for better care and utilization of available resources. By definition antenatal care (ANC) is the comprehensive care that women receive and provide for themselves throughout their pregnancy. It includes periodic, regular visits to private health care provider, good nutrition, regular physical activity, awareness and monitoring of warming signs and avoidance of the use of unhealthy substance.

• Iron deficiency anemia is also a major threat to safe motherhood and to the health of the infants as it contributes to low birth weight, lower resistance to infections, impaired cognitive development and decreased work capacity. The provision of iron and folic acid tablets prevents pregnant women from nutritional anemia and is an important part of safe motherhood services.

• In addition to antenatal checkups, consumption of iron and folic acid tablets and TT injection are also important components of antenatal care. An important cause of death in infancy is neo-natal tetanus, which can be prevented by two doses of tetanus toxoid vaccine given one month apart during early pregnancy. Therefore, private service provider should focus on this issue.
The health institutions are overcrowded due to increase in number of institutional deliveries and at the same time there is shortage of doctors and paramedical staff in these institutions, which needs attention from the state government in order to handle the increase in percentage of institutional deliveries at present and in future. At the same time quality of institutional deliveries can also be questioned in the context of increasing number of deliveries over the years. Thus, performance based incentivized systems need to be introduced and institutionalized for the doctors and paramedical staff for improving their efficiency, motivation and able to perform better.

The aforesaid analysis vindicates the point that the institutional setup for implementation of the Janani Suvidha Yajana in the department of health is not up to the required level; coordination between NGOs and the Government is not up to the desired level and awareness among the registered women is also one of the grave problems etc. But still the JSY provides a ray of hope to the common masses of urban slum of Haryana in providing a relatively better quality of life.

Hence, this initiative would benefit more than 1 crore pregnant women and sick newborns at present accessing the public health system every year. It would further trigger enhanced demand for care in public health institutions on the part of over 50 lakh women, who still choose to deliver at home and make health care accessible to those sick newborn, who are unable to get timely and appropriate healthcare because of high out of pocket expenses on both transport and treatment. As result of this enhanced demand for service created in the most
vulnerable, marginalized and underserved section of the population, India can hope to bring down the 67,000 maternal deaths and 9 lakh neonatal deaths that take place in the country every year.