

**CONCURRENT ASSESSMENT OF JANANI
SURAKSHA YOJANA (JSY) SCHEME IN SELECTED
STATES OF INDIA, 2008**

**BIHAR
MADHYA PRADESH
ORISSA
RAJASTHAN
UTTAR PRADESH**

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KEY INDICATORS: CONCURRENT ASSESSMENT OF JSY IN FIVE STATES

Sl	Indicators	Bihar	MP	Orissa	Rajasthan	UP	Combined*
	<i>N</i>	1203	1200	1201	1199	1199	
1	% of women aware about JSY scheme	78.6	86.7	80.2	94.9	75.9	81.0
2	% of women aware about ASHA	76.0	62.2	95.0	74.3	90.2	81.1
3	% of women who got advice for institutional delivery during last pregnancy	54.2	81.9	87.5	73.9	57.0	64.5
	<i>N (Among those aware about JSY)</i>	946	1041	964	1138	911	
4	% of women aware about 24x7 government facility for delivery	79.1	80.3	75.8	74.0	61.3	70.7
5	% of women aware about accredited private hospitals	24.7	5.6	7.1	11.1	66.0	36.6
	<i>N</i>	1203	1200	1201	1199	1199	
6	Place of delivery						
	Home	50.9	27.3	27.2	40.9	52.5	45.1
	Institutional	49.1	72.8	72.8	59.1	47.5	54.9
	Government facility	40.8	67.8	66.2	50.8	34.6	45.3
	Accredited private facilities	0.5	0.2	0.9	1.2	2.4	1.4
	Other private facilities	7.8	4.8	5.7	7.2	10.5	8.3
7	Trends in institutional delivery						
	NFHS – 1 (1992-93)	12.1	15.9	14.1	11.6	11.2	12.3
	NFHS – 3 (2005-06)	19.9	26.2	35.6	29.6	20.6	23.5
	DLHS – 3 (2007-08)	27.7	47.1	44.3	45.5	24.6	32.9
	Present study (2008)	49.1	72.8	72.8	59.1	47.5	54.9
8	% of JSY beneficiaries	41.3	68.0	67.1	52.0	37.0	46.7
9	% of JSY beneficiaries by caste						
	SC / ST	37.4	62.9	78.0	53.6	32.5	44.1
	OBC	40.7	69.9	58.7	54.4	45.6	50.3
	Others	47.8	73.8	69.4	51.1	38.9	49.8
10	% of JSY beneficiaries in BPL category of households	41.0	68.9	68.6	52.9	38.1	47.4
	<i>N (Among JSY beneficiaries)</i>	497	815	806	623	444	
11	% of women who had caesarian section	6.0	3.1	7.7	5.0	4.1	4.7
12	% of institutional deliveries by duration of stay after delivery						
	- One day or less	83.9	32.9	57.0	57.0	73.0	66.0
	- 2 days	11.3	20.5	27.0	25.0	16.2	17.7
	- 3 days or more	4.8	46.6	16.0	18.0	10.8	16.3
13	% of JSY beneficiaries received any money after delivery	64.8	82.7	88.6	92.5	72.3	76.2

	<i>N (Among those received any money)</i>	322	674	714	576	321	
14	% of JSY beneficiaries received Rs. 1400	91.0	98.0	98.0	93.7	93.5	94.0
15	% of mothers who received JSY incentive at the time of discharge	7.5	39.0	20.4	9.0	8.1	13.6
	N (among home deliveries)	612	328	327	490	629	
16	Main reasons for non-institutional delivery						
	- Home is convenient	30.1	7.3	25.7	64.7	53.7	41.4
	- No need since pregnancy was normal	16.8	11.3	25.4	56.3	48.2	35.6
	- Cost of the institutional Delivery	15.0	2.4	14.1	5.1	2.5	6.3
	- Delivery institution is far Off	30.1	13.4	26.3	3.3	6.7	13.5
	- Nobody to take me to hospital for delivery	9.8	3.4	13.8	4.1	7.2	7.2
	- Untimely delivery	25.7	61.9	13.5	14.1	9.5	21.8
	<i>N (Among JSY beneficiaries)</i>	497	815	806	623	444	
17	% of women registered for ANC	85.5	91.3	99.5	94.1	95.0	92.6
18	% of women received at least 3 ANC checkups during last pregnancy	50.9	64.5	88.2	89.6	82.4	74.4
19	% of women who consumed at least 100 IFA tablets during last pregnancy	31.8	37.1	92.7	75.3	83.0	64.8
20	% of institutional deliveries received post natal care	62.0	67.9	79.9	82.5	84.0	76.4
21	% of newborn received BCG vaccine	95.0	91.7	97.1	83.0	96.0	93.4
22	% of newborn received zero polio vaccine	92.4	92.5	92.3	84.4	94.0	92.0
23	% of mothers delivered at institution got advice for breastfeeding	44.9	55.2	84.9	82.7	88.0	73.0

*Weighted average based on estimated number of births in each state

EXECUTIVE SUMMARY

Janani Suraksha Yojana (JSY) is an ambitious scheme launched under the National Rural Health Mission (NRHM), the Government of India's flagship health programme. The scheme is a safe motherhood intervention and seeks to reduce maternal and neo-natal mortality by promoting institutional delivery, i.e. by providing a cash incentive to mothers and get them to deliver their babies in a health facility. There is also provision for cost reimbursement for transport and incentives to ASHAs for encouraging mothers to go for institutional delivery. The scheme is fully sponsored by the Central Government and is implemented in all states and Union Territories (UTs), with special focus on low-performing states. There is provision for roping in the private sector by giving accreditation to willing private hospitals/nursing homes for providing delivery services.

JSY was launched in April 2005 and has been under implementation for over three years. The Ministry of Health and Family Welfare Government of India, through UNFPA, commissioned a concurrent assessment of the scheme in large states, namely, Bihar, Madhya Pradesh (MP), Rajasthan, Orissa and Uttar Pradesh (UP) which constitute 39 percent per cent of the total population of the country.

The success of the scheme is to be assessed by the increase in institutional deliveries among low-income families as well as the overall number of institutional deliveries in these states. In addition, it was felt necessary to know the functioning of the processes adopted in planning and implementation of the scheme, including arrangements for transportation of pregnant women, receipt of JSY incentives, involvement of private sector, IEC activities to mobilise the scheme and its financial management. Hence, the objectives of the study are to:

- estimate the level of JSY coverage;
- examine the functioning of various components of the scheme;
- analyse the process of implementation including financial disbursement;
- assess the perspective of both the providers as well as beneficiaries on quality of care and satisfaction;
- assess the involvement of ASHAs in the scheme; and
- examine the nature of involvement of the community in the scheme.

Methodology

The assessment study employed quantitative research methods to collect data from the beneficiaries of JSY in the five states during the year prior to the survey. The survey was conducted in the rural areas of the five states and covered a sample of 1,200 mothers in each state who had delivered between January and December 2008. A three-stage sampling design was adopted to select the mothers. In the first stage, five districts in each of the states were selected, based on the performance of JSY (the exception was Uttar Pradesh, where six districts were selected). In each of these selected districts, 12 villages were selected by a systematic sampling method with probability to population size of the village. In the third stage, a house listing exercise was done to identify mothers who had delivered during the previous year, which provided the sampling frame under this study. Using systematic sampling technique, 20 mothers were selected in each of the villages. The sampling design was self-weighting and the estimates for each state were obtained by pooling the data for that state.

To arrive at the combined estimates for all the five states, the state specific indicators were weighted by the estimated number of births in each state. Since the JSY scheme is aiming to promote institutional deliveries, it was decided to use estimated number of births in each state as the weighting factor for obtaining the combined estimates of five states.

Since the scheme has many stakeholders at various levels, the study also covered important stakeholders including community leaders, ASHAs, service providers and programme implementers at block, district and state levels. These stakeholders were also interviewed. The study instruments were developed keeping in view the objectives of the assessment and the JSY guidelines. It included a survey questionnaire for eligible mothers and community leaders and in-depth interview schedules for other stakeholders.

The study was entrusted to two research agencies, namely GFK MODE and Development Research Services (DRS), both having their headquarters in Delhi. The field investigators were selected locally by the research agencies and were trained in field practice exercises. The field operations were supervised by the professional staff of the respective research agencies and their senior level researchers undertook field monitoring visits to ensure the quality of data collected. The data were processed and analysed at Delhi by the respective research agencies and tables were generated and state specific reports were produced. The combined report for five states was prepared by UNFPA based on the raw data and tables provided by the research agencies.

The combined report brings out awareness and utilisation of JSY services by the beneficiaries in the five states, involvement of ASHAs and mobilisation of the pregnant women for institutional deliveries together with their performance in last three months. It also presents the programme and financial management aspects of JSY based on the information provided by the state and district nodal officers in the selected states and districts as well as the Medical Officers at PHC/CHC level interviewed under the study.

Awareness about JSY

The findings of the study indicate that awareness about JSY among mothers living in the rural areas was fairly high in almost all the states. It was as high as 95 per cent in Rajasthan, while in other states it ranged from 76 to 87 per cent. The combined estimate indicates that 81 per cent of the women in the five states knew about the scheme. The mothers reported getting this knowledge from ASHAs and also from friends and relatives. Probing about the details of the scheme revealed that many of the women in the selected states (excluding Orissa) knew that money is given if the women deliver in an institution. In Orissa they were under the impression that money is paid for transport used to take the mother for institutional delivery and a post of health worker has been created to accompany for maternal care services.

The awareness levels among mothers on two other important aspects of JSY were also obtained, viz. that the health centre was open 24 hours for delivery services and that private hospitals were accredited under this scheme. More than three fourths of the mothers (75 to 80 per cent) in Bihar, MP, Orissa and Rajasthan knew that the centres are open round the clock for delivery services, while in UP only 61 per cent of them reported knowing this. On the other hand, in UP the knowledge among mothers that private hospitals are accredited for institutional delivery and getting benefits under the JSY scheme was relatively high at 66 per cent as compared to the other four states; only 6–11 per cent of the mothers in MP, Orissa and Rajasthan and around 25 per cent in Bihar knew about the involvement of private hospitals under JSY.

The awareness about the scheme was also assessed among community leaders. In each state about 100 such leaders were interviewed under the study. Knowledge about JSY was found to be universal with the exception of UP where only three fourth of the community leaders knew about JSY. Major sources of knowledge about JSY were health workers and posters and hoardings in most of the states. They were also clear about the objective of the scheme and most of them knew that promoting institutional or safe delivery has been the main focus of the scheme. A majority of them were also able to correctly describe the beneficiary of the scheme.

JSY beneficiaries

The extent of success of the JSY programme can be judged by the proportion of all the deliveries conducted in an institution, mainly government centres and private hospitals accredited under the JSY scheme. Seventy-three per cent of the births during the year 2008, in Madhya Pradesh and Orissa were reported to be institutional deliveries, while it was 59 per cent in Rajasthan, 49 per cent in Bihar and 58 per cent in Uttar Pradesh. Among these institutional deliveries, those conducted in government centres and in accredited private hospitals were found to be 68 per cent in MP and 67 per cent in Orissa. Thus the direct beneficiary of the JSY scheme was to the tune of 67–68 per cent in these two states. The percentage of beneficiaries of the JSY scheme comes out to be 52 per cent in Rajasthan, 41 per cent in Bihar and 37 per cent in Uttar Pradesh. Overall, the combined estimates of five states together indicate that 55 per cent of the births from last year occurred in an institution and the direct beneficiaries of JSY (delivering either in a government facility or in an accredited private facility) were 47 per cent.

Majority of the deliveries were conducted in PHCs in the state of Bihar (70 per cent), Orissa (58 per cent) and Madhya Pradesh (42 per cent). While in the state of Uttar Pradesh and Rajasthan around 44 to 47 per cent of the deliveries were reported in CHCs while these two states also witnessed deliveries taking place in the PHCs to the tune of 29 and 37 per cent respectively.

One of the aims of the study has been to investigate socio-economic differentials of the beneficiaries of the JSY. The sample size has thus been fixed accordingly to provide estimates of institutional deliveries by grouping the respondents according to their caste and class. In Bihar, no marked differentials in institutional delivery were observed based on religion and BPL status of the respondent. However, among the SCs, those living in *katcha* houses and aged 35 years and above, were found have lower levels of institutional deliveries as compared to their counterparts in each of these categories. In MP, there were no marked differentials in institutional delivery based on the BPL status of the family, while more mothers living in *katcha* houses and of younger ages were found to opt for institutional delivery in this state. In Orissa, the percentage of institutional deliveries was found to be slightly lower for those living in *katcha* houses, those belonging to the ST community and among illiterate mothers. In Rajasthan and Uttar Pradesh, institutional deliveries were found to be lower among Muslim women. Overall it is seen that the differentials in institutional deliveries by various categories were state specific, and largely, the JSY beneficiaries were from different strata of the society on the basis of socio-economic characteristics.

The study compared the level of institutional deliveries in each state with the findings of surveys undertaken in the past with a view to find out the effect of the JSY scheme on promoting institutional deliveries. The findings indicate that the increase in the proportion of

institutional deliveries in all states had been slower during all the three rounds of the National Family Surveys. However, the increase in pace of institutional deliveries in all the five states was observed in the DLHS survey conducted in 2007–08 and in the present survey which is the latest in this series. This clearly brings out the effect of the JSY scheme on promoting institutional deliveries, evident from the DLHS 3 survey and the present study.

Duration of Stay at the institution

Though the proportion of deliveries conducted in an institution in all the five state have increased substantially from its levels in the past, the duration of stay by the mothers at the institution after delivery remains a cause for concern. The policy documents recommend at least 48 hours of stay after delivery, but the study found that 84 per cent of mothers who delivered in the institution stayed only for a day or less in Bihar. In Uttar Pradesh also, majority of them (73 per cent) stayed for a shorter period than the recommended duration of stay. In Orissa and Rajasthan, 43 per cent of mothers stayed for at least 2 days after delivery; while in Madhya Pradesh 67 per cent were reported having stayed for more than 48 hours. Mothers delivering at an institution were asked about their experience at the institution. Majority of them across these five states reported that they were immediately attended after their arrival for delivery and a delay of 15 minutes or more was reported by only a meagre proportion of mothers. Majority of the deliveries were conducted by a nurse in four states, the per centage varying between 68 and 90 per cent, except in Orissa where 81 per cent of the deliveries were reported to have been conducted by the doctors. An overwhelming proportion of mothers opined that the toilet facilities were reasonable at the institution and only a small fraction of them rated this aspect as poor in all the five states.

Receipt of JSY incentives

The JSY scheme provides cash incentives to the mothers delivering in an institution. A high proportion of the eligible beneficiaries in Rajasthan, Orissa and Madhya Pradesh (93, 89 and 83 per cent respectively) reported having received money, while two-thirds of the mothers in Bihar and around three-fourths of them in Uttar Pradesh had received money after delivery. Among the JSY beneficiaries in the five states put together, 76 per cent received money after their delivery. As far as timing of disbursement of the incentive is concerned, 39 per cent of them received it at the time of discharge in Madhya Pradesh while this proportion was lower in other states. The payment of the incentive money to about one-third of the mothers was delayed by more than 4 weeks in Bihar and Uttar Pradesh. Barring the delay in payment, more than 90 per cent of the mothers who delivered in an institution in these five states reported to have received Rs. 1,400 as incentive. Regarding their experiences in getting this incentive, 27 per cent of the mothers in Bihar reported facing problems and they had to make several contacts to receive the money. In Uttar Pradesh and Madhya Pradesh only 12–13 per cent of the mothers faced similar problems and in the rest of the two states, only 5–6 per cent of the mothers reported facing problems in receiving the incentive money.

Role of ASHA

ASHA has been one of the key components at the community level to mobilise women for promoting institutional deliveries. In each state, the study contacted around 50 ASHAs in the selected villages and administered a questionnaire to elicit their role and level of performance. A fairly high per centage of ASHAs (42 to 68 per cent) in the five states were from Other Backward Castes (OBC) and they were found to be living in the same village for about 14 years. Around 24 per cent of them in Madhya Pradesh and 17 per cent in Uttar

Pradesh were newly selected (in the year 2008) while in other cases and states they were selected to work as ASHA prior to 2008. Only in Bihar (26 per cent) and Rajasthan (18 per cent) the ASHAs did not receive any training.

The findings indicate that majority of the mothers knew about the ASHAs in these states and they also expressed their satisfaction about their functioning in their areas. In Bihar, two thirds of the women expressed satisfaction with the functioning of the ASHAs, which is relatively lower as compared to the numbers in the other states. Most of the mothers across all the state mentioned that the ASHAs had helped them in getting registered for the ANC and visited them repeatedly during their pregnancy period. They also talked about the JSY scheme and the benefits under it.

The type of support provided by the ASHAs to pregnant women indicate that more than three-fourths of them in Rajasthan and Uttar Pradesh accompanied the pregnant women for their delivery, while in the rest of the three states, nearly two-thirds of them mentioned the same. The mention of arranging transport facility was relatively lower in Bihar and Madhya Pradesh (at 32 and 40 per cent respectively) whereas a fairly higher proportion of ASHAs in other states mentioned having done this. Advice on post natal care and breast feeding practices for the newborn was found to be low according to the responses from the ASHAs. Only in Rajasthan, advice on PNC was reported by 44 per cent of the ASHAs, and on breast feeding practices, advice was given by 58 per cent of them. In other states a lower proportion of ASHAs provided these aspects of support to the pregnant women nearing their pregnancy.

The performance levels of the ASHAs were judged by the amount of work accomplished by them in the last three months under the JSY scheme. The average number of women provided with specific services by the ASHA in respective states was taken as their performance. The mean number of women contacted per ASHA ranges from 9 to 13 during the last three month period of the scheme in these five states, while they were found to be providing JSY specific services to around 4–5 women which was considerably lower than the mean number of women contacted during the same period. An estimated number of pregnant women in the catchment areas of the ASHAs were computed based on the population size catered by them. The findings indicate that in four of the five states, except in Orissa, there were a few pregnant women left out under the service net of the health department by the ASHAs, which needs to be looked into while reviewing their performance. A high proportion of ASHAs were not getting their payment regularly (79 per cent), followed by 45–48 per cent in Madhya Pradesh and Uttar Pradesh. Nearly one quarter in Orissa and one-fifth of ASHAs in Rajasthan reported not receiving their payment regularly.

Programme management of JSY

The study obtained information on programme and financial management of the JSY scheme from the state and district level nodal officers for JSY. It enquired the estimation procedure of JSY beneficiaries for meeting demands for services and infrastructure for institutional deliveries, accreditation of private hospitals as per the guidelines, community mobilisation activities to generate demand for institutional deliveries, management of resources and disbursement of incentives to the beneficiaries. The nodal officers mentioned that the number of beneficiaries of the scheme for a year is estimated considering the birth rate, the total population and trends of institutional deliveries seen in the previous years. The estimates are made for each sub-centre and collated at the next higher levels and subsequently for the district and the state levels by the appropriate authorities.

Regarding accreditation of the private institution under the scheme, it was found that this approach was not followed aggressively in Bihar due to issues of corruption, unnecessary C-sections and lack of infrastructure to monitor the activities of the private sector. The Madhya Pradesh government decided to involve private institution, however only a few private hospitals / nursing homes could be accredited on the basis of the guidelines provided by the Government of India and these institutions were mainly concentrated in urban areas. In the five selected districts under this study, 17 institutions have been accredited while 13 are currently involved under JSY. In Orissa, only one out of five districts had an accredited private nursing home and this was under process in Rajasthan where various schemes have been proposed which are linked with the JSY plan like 'Yashoda', which was started under the NIPI, under which mothers belonging to BPL families are given the facility of taking full care of their newborn for 48 hours. In five districts of Uttar Pradesh out of the six selected for this study, private institution have been identified and provided accreditations as per rule. There are various schemes proposed at the state level which are linked with the JSY plan like 'Saubhagyavati Yojana' under which mothers belonging to BPL families can deliver at the private institutions free of cost.

The state of Madhya Pradesh launched a scheme called *Janani Express Scheme* in which private transport operators made vehicles available on a 24x7 basis. The family members of a pregnant woman could make a telephone call to get the transport to take her for delivery; the payment to the vehicle was made from the JSY funds. The state and district nodal officers reported that this scheme was very popular. The responses of the medical officers of the CHCs/PHCs were different; only 38 per cent MOs reported that the *Janani Express Scheme* had been implemented in their work area and it appears that the scheme was getting expanded at the time of this study.

In Bihar, the state and districts did not make any effort to organise transport facilities for women. But it was reported that since the scheme had set aside Rs. 200 for transporting women, this information was disseminated to the ASHAs, women and community members. All the districts in Rajasthan have their own methods in providing transport facilities to pregnant women. The most common was the use of '108 ambulance service', which is under the EMRI, for the transportation of pregnant women. More ambulances are functional at the PHC/ CHC level to facilitate the transportation of pregnant women. In Orissa, only two nodal officers used their own innovative methods in providing transport facilities to pregnant women. Both utilised the *Janani Express* for transportation of pregnant women. In Uttar Pradesh only two nodal officers have used their own innovation in providing transport facilities to pregnant women.

Major efforts in the publicity of JSY were made in all the states through newspaper advertisements, hoardings, posters, pamphlets and leaflets through which messages on the incentive money to the beneficiaries and other benefits of institutional deliveries were publicised. The ASHA was the main person involved in person-to-person contacts and spreading information about the scheme at the grassroots level. The district nodal officers were asked in detail about their IEC activities.

Monitoring the scheme was being done at two levels. Firstly, a monthly reporting system was developed; all the service units were expected to submit their monthly reports. These reports were consolidated by the PHCs and sent to the CHC/ district level. The second level of monitoring was field visits where not only monthly reports were discussed but actual field implementation of JSY was seen. The visits also helped to locate the problem areas in

implementation and discuss possible corrective measures. Another channel of monitoring was the grievance cells. Some of the districts created grievance cell so that beneficiaries could lodge complaints, while others reported that complaints were discussed in their monthly meetings and appropriate actions were taken. This was also a way to monitor and ensure smooth functioning of the scheme.

Financial management of JSY

Each state prepared its budget for JSY on the basis of fund requirements of the districts and lower level institutions. The state budget requirement was based administrative cost of JSY at the state and district levels, and payments to be made to the expected number of women who would deliver in institutions and ASHAs. These plans cover additional requirements of manpower, infrastructure of beds, operation theatres, etc., drugs and other such items at each service unit level. The states converted these demands into fund requirements and subsequently submitted their demands to the Centre under RCH-2.

In Madhya Pradesh, funds were received four times in the last year (2007–08), with the first installment being received in May-June, much later than the scheduled time. During the current year (2008–09), no JSY fund has been received so far, till January 2009. No funds under JSY were received by Bihar in 2007–08, at the time of interview in December 2008. It has also been reported that the state has had to go without JSY funds twice in 2008–09. In the states of Orissa, Rajasthan and Uttar Pradesh, the state officials reported that neither the state nor the districts had faced any paucity of funds in past three years.

Under JSY, the funds from the Centre include incentive money for the beneficiaries and ASHAs plus the administrative cost at the state and district levels and the cost of the IEC activities. This cost is reported to be 1 per cent of the total cost at the state level and 4 per cent at the district level by the officials in Madhya Pradesh. In Bihar the State Nodal Officer knew about the administrative costs but the district nodal officers were not aware about such cost provisions. In Rajasthan, it was reported that 7 per cent of the allocated funds are kept for administrative expenses, however the officials also reported that only 1 per cent is kept by the state and the rest is transferred to the districts. In Orissa, four nodal officers reported that certain funds are earmarked for programme management under this scheme and it varies from 1 to 5 per cent as per their response. Similarly in Uttar Pradesh, district nodal officers reported such provision of administrative cost and their responses on the allocated funds kept for administrative purposes varied from 2.5 per cent to 6 per cent.

The district nodal officers in Madhya Pradesh reported that they very often faced such situations and normally they managed such crisis by diverting funds from other plans /schemes. In Bihar, it was obvious that the state was short of funds or out of funds several times in a year. In such situations, the state sometimes used funds from other plans/ schemes and sometimes they would wait for funds from the Centre and as a result the districts would not get the JSY budget.

Several factors caused delay in the payment to the beneficiaries and ASHAs as reported by the district nodal officers and the MOs in the study states. The most frequent reasons reported were: (i) non-availability of JSY funds at the service unit level, (ii) facilities did not get funds either due to non-availability of funds and non-submission of all required documents needed with the report for the previous fund disbursement, and (iii) cheque book unavailability which was reported quite often. The MOs also reported delay in payment to the beneficiaries or

ASHAs due to the use of non-registered vehicles for transportation, linking payment to BCG immunization of the newborn, and payment to women belonging to other districts.

Recommendations

The findings of the study indicate a huge increase in institutional deliveries in the low performing states and this can be attributed to the immense popularity of the JSY scheme. However, achieving the stated goal of 80 per cent institutional deliveries, there is a need to create more capacity in the health systems to cater to this JSY-induced demand. In this context, there is a need for policy level thrust in leveraging spare capacity available in the private sector for providing institutional services. Different states have interpreted guidelines differently with respect to the engagement of the private sector in JSY. A guidance note from the Government of India to the states spelling out different options for increasing the engagement of the private sector is most certainly needed.

The JSY management needs strengthening. This will entail attention to towards preparing JSY plans (facility, district and state) based on available data, proper and periodic monitoring of functioning of all the components of the scheme, developing sound communication activity plan for community mobilization and strong financial planning and monitoring. In addition, enhancing quality of care and its proper monitoring for adherence to the guidelines is an important area which needs to be focused. The study findings also indicate that the optimum engagement of ASHAs is yet to be achieved. There are variations across the state in disbursement of payment to them and there is a need to have uniform charter of performance-based reimbursement prominently displayed for ASHAs. A grievance cell should be set up to look into the complaints related to non-payment of ASHAs as well as of the beneficiaries.

CHAPTER – I INTRODUCTION

1.1 Background

The National Rural Health Mission (NRHM) seeks to provide equitable and affordable quality healthcare services to rural women and children across the country. *Janani Suraksha Yojana (JSY)* is a safe motherhood intervention scheme under the NRHM. It was launched on 12th April 2005, by the Hon'ble Prime Minister, and is being implemented in all states and Union Territories with special focus on low performing states. The main objective of the scheme is to reduce maternal and neo-natal mortality by promoting institutional delivery. It is a conditional transfer scheme to promote institutional deliveries, which also makes available quality maternal care during pregnancy, delivery and in the immediate post-delivery period along with appropriate referral and transport assistance. It is a 100 per cent Centrally-sponsored scheme and links cash assistance with delivery and post-delivery care. Since institutional delivery envisages the use of transport and escort to reach the healthcare institution, the scheme has included transport cost for the pregnant women and payment to ASHAs for motivating women to opt for institutional delivery. It has also improved accessibility to institutions by building public-private partnerships and providing accreditation to willing private hospitals/nursing homes for delivery services.

1.2 Eligibility Criteria

Low Performing States (LPS)

- All pregnant women delivering in government health centres like sub-centres (specifically approved for institutional delivery by the state) and PHCs, CHCs, FRUs, or general wards of district and state hospitals.
- BPL & SC/ST women delivering in accredited private institutions.

Other states including North-Eastern States (except Assam)

- Pregnant women from BPL households, aged 19 years and above, delivering in government health centres like sub-centres, PHCs, CHCs, FRUs or general wards of district and state hospitals or accredited private institutions.
- All SC and ST women of any age, delivering in a government health centre like sub-centres, PHCs, CHCs, FRUs or general wards of district and state hospitals or accredited private hospitals.
- Cash assistance for institutional delivery would be limited to two live-births.

Scale of cash assistance for institutional delivery is as follows:

Category	Rural Area		Total	Urban Area		Total
	Mother's Package	ASHA's Package	Rs.	Mother's Package	ASHA's Package	Rs.
LPS	1,400	600	2,000	1,000	200	1,200
NE states (except Assam) & rural areas of tribal districts of other states	700	600	1300	600	200	800
Other	700	Nil	700	600	Nil	600

1.3 Rationale for the Study

Since the JSY has been in operation for over three years, it is appropriate to review and assess its performance and to further strengthen it. In this background, the MoHFW through UNFPA, commissioned a concurrent assessment of the scheme. The focus of this assessment is on five large states: Bihar, Madhya Pradesh, Rajasthan, Orissa and Uttar Pradesh.

1.4 Scope, Aims and Objectives

The success of the scheme is to be determined by the increase in institutional deliveries among the low-income families as well as the overall number of institutional deliveries. In addition, it was necessary to know the functioning of the processes adopted in its planning and implementation, including arrangements for transportation of pregnant women, receipt of JSY payment, involvement of the private sector, IEC activities to publicise the scheme and its financial management. The review is also expected to cover the following as supplementary objectives of the study:

1. To estimate the level of overall JSY coverage and particularly for vulnerable groups
2. To examine various components of the functioning of the scheme, including ANC registration, ante natal care, transport support, supervision and monitoring
3. To analyse the process of implementation, including financial disbursement
4. To assess the perspectives of both the providers as well as beneficiaries on quality of care and satisfaction
5. To assess the involvement of ASHAs in JSY
6. To examine the nature of involvement of the community in the scheme

1.5 Organisation of the Report

The report is divided into six chapters including recommendations, which have been mentioned in the last chapter. The first chapter provides the background of the study together with the rationale, scope and objectives of the study. The second chapter discusses the methodology of the study including study design, sample size, sampling procedure and coverage of different types of respondents in the five selected states.

The findings of the study are spread over chapter three to five. The awareness and utilisation of the JSY scheme in each of the five states, institutional deliveries, uptake of ante natal, natal and post natal care services, quality of care at the institution as perceived by the mothers who delivered in an institution during the last one year and receipt of benefits under the JSY scheme along with problems faced are presented in Chapter 3. Assessment of ASHAs in five selected states in terms of their awareness about the JSY scheme, their role and performance and issues related to their receipt of payment are dealt with in Chapter 4. Programmatic and financial management of the JSY scheme are presented in Chapter 5.

CHAPTER – II

METHODOLOGY

This chapter gives details about the methodology adopted for selecting the respondents and other stakeholders in a given state. In addition, it discusses sample size, sampling procedures, tools used for data collection and field management including recruitment of the investigators, their training and deployment for field work.

2.1 Target Respondents

The study primarily collected data, based on quantitative research methods from the beneficiaries of the JSY scheme in each of the five states. Since there are many stakeholders of the scheme, the study covered important stakeholders which included community leaders and the service providers or programme implementers at various stages. The list of the type of respondents covered under this study is provided below:

1. Mothers who delivered in the last one year prior to the survey (part of them are JSY beneficiaries in each state)
2. Community leaders
3. Community volunteer (ASHA)
4. Service providers from the public sector including ANMs, medical officers of PHCs, CHCs and government hospitals
5. Service providers in the accredited hospitals/nursing homes
6. District nodal officers managing the JSY scheme
7. State Nodal Officer for the JSY scheme

2.2 Study Design

The study is based on both quantitative and qualitative research methodology. The extent of institutional deliveries, and hence the beneficiaries of the JSY scheme in government and accredited private hospitals were estimated from a representative quantitative survey, while information from various stakeholders were collected through qualitative research techniques to understand the functioning of the scheme.

The study was conducted in the rural areas of the five states, namely Bihar, Madhya Pradesh, Orissa, Rajasthan and Uttar Pradesh. A quantitative survey was conducted to elicit information from a representative sample of mothers who had delivered during the last one year prior to the survey. For this a sample size of 1,200 such mothers in each state was worked out to be sufficient to provide estimates for the state as a whole as well as among different strata of society based on caste, religious and economic criteria.

2.3 Sampling Procedure

For the quantitative survey the study adopted a three-stage sampling design with the selection of the districts, villages and respondents forming the three stages respectively to select the target sample size of mothers in a given state. For each state, a representative sample of mothers who had delivered during January to December 2008 was obtained. The sampling procedure to select the sample is described below.

In the **first stage** of sampling, in each state, all the districts were listed in descending order of their achievement in the JSY (number of JSY beneficiaries as percentage of rural female population). This list of districts was then divided into five equal female-population size strata. One district was selected randomly from each stratum. Thus five districts were selected for the study in each state with an exception of Uttar Pradesh in which six districts were selected (owing to the size of the state and providing more spread of the sample) by dividing the district into six equal female-population size strata based on their JSY performance. The state-wise list of selected districts is provided in Annex I.

To select the villages for the **second stage**, all the villages in the selected districts were listed in descending order of their population size. Then 12 villages were selected by a systematic sampling method with probability proportional to the population size of the village. In Uttar Pradesh 10 villages were selected from the six districts. This selection method has a built-in stratification of the villages by size.

For the **third stage**, to select the respondents, all the households in the selected villages were listed, to prepare a sampling frame of all the mothers who had delivery in the last one year (January to December 2008). A systematic sample of 20 eligible mothers was selected for the study. In case the selected village had more than 200 households, then the village was further divided into different segments with 100 households in each of the segments. Then two segments were randomly selected to choose 20 eligible mothers.

The sampling design was self-weighting and the estimates for the state were obtained by simply pooling the data.

Besides eligible mothers, ASHAs, ANMs, and other stakeholders such as heads of PHCs, CHCs, government hospitals and accredited private hospitals, district and state JSY nodal officers were also interviewed. The coverage of the sample of various types of respondents are provided in Annex I. In addition, secondary data were also collected on the performance of the scheme.

2.4 Study Tools

The instruments used for the study were developed keeping in view the objectives of the study and the JSY guidelines. The areas of information focused on were awareness, coverage, quality of maternal care and issues related to payment to beneficiaries and ASHAs/attendants. Information was collected using the following instruments and formats:

1. Questionnaire for women who had deliveries during the last year
2. Questionnaire for community leaders
3. Questionnaire/ checklist for ASHAs, ANMs, medical officers of PHCs, CHCs, and government hospitals
4. In-depth interviews of accredited hospitals
5. In-depth interviews of district nodal officers
6. In-depth interviews of State Nodal Officer

2.5 Recruitment and Training of Field Teams

2.5.1 Recruitment of field teams

To undertake the fieldwork in the selected states, investigators were recruited locally. For the states of Orissa, Rajasthan and Uttar Pradesh, one team was formed for each of the selected district. For the states of Bihar and Madhya Pradesh a total of three teams at the state level were formed for the field work and then districts were assigned to them for field work. Each field team consisted of three investigators and a supervisor. In addition, there was a field executive who was the overall in-charge for the field work in the state. The supervisors were selected from a pool of field personnel working with the research agency contracted for this study and they were accountable for the quality and timeliness of the data. They were selected on the basis of their supervisory experience and leadership qualities in field operations. Prior work experience in the state was a pre-requisite for selection of the field investigators and supervisors.

The field investigators collected data from the beneficiaries, community leaders and health functionaries at the grassroots level, while the field executives and supervisors interviewed other stakeholders and collected secondary data on performance and expenditure information of the scheme.

2.5.2 Training of field teams

Training was imparted by a senior researcher and a field executive in each of the states. The training of the investigators included classroom teaching, mock interviews, making field visits for filling up questionnaires for hands-on practice and scrutiny of questionnaires to identify problems. After field visits, de-briefing of the teams on the problems observed in the filled-in questionnaires was also held in each state. In addition, the supervisors were also briefed about scrutiny/ editing and back-checking of the filled-in questionnaires.

Training of the field teams was conducted in the state capitals for three days before the start of the field work. The representatives from UNFPA also participated in these training programmes.

2.6 Quality assurance of the data

Data quality assurance mechanisms were put in place and the following steps were taken to ensure the quality of data:

- All supervisors were well-experienced and made accountable for the quality of the data
- Supervisors back-checked 15 per cent of all the filled-in questionnaires on a daily basis Madhya Pradesh and Bihar, while 10 per cent of the questionnaires were backed-checked in Orissa, Rajasthan and Uttar Pradesh
- Supervisors edited all the filled-in questionnaires on a daily basis for completeness and consistency
- Field executives and researchers also scrutinised 5 per cent of the filled-in questionnaires, randomly selected from the lot of total questionnaires during their monitoring field visits

- The filled-in questionnaires were received at the HQs of the respective agencies in New Delhi on a regular basis during the fieldwork. They were thoroughly scrutinised by the desk editors before passing them for data entry and analysis.

2.7 Field work

The field work was conducted between December 2008 and January 2009 in each of the states and was divided into two phases. In the first phase, house listing was carried out in each of the selected village to provide the sampling frame of the study and this was followed by interviews of the selected 20 respondents in each of the primary sampling unit. Village level questionnaires were canvassed by supervisors. In-depth interviews (IDIs) at the district level were carried out by research professionals. Senior research professionals visited the state capitals to discuss the various issues related to the JSY with the State Nodal Officer.

2.8 Data Management

2.8.1 Data entry

All the filled-in questionnaires of the respondents were sent regularly by field teams to the HQs of the respective agencies in New Delhi. After its scrutiny and desk editing, the data entry was undertaken through a customised package. The data were fully validated in terms of internal consistency checks before it was analysed. The data entry programme had most of the in-built checks for quality control. The inconsistencies were sorted out by re-examining the filled-in questionnaires.

2.8.2 Data analysis and reporting

Data processing was done in-house by the respective agencies using SPSS software. Before data analysis, tabulation plans were developed and shared with the UNFPA. Tables were generated according to the tabulation plans and the in-depth interviews were analysed by the researchers.

CHAPTER – III

AWARENESS AND UTILISATION OF JSY

Awareness about the scheme among the target group who is supposed to benefit from the scheme is the key to success of any programme. Since the schemes are implemented through various stakeholders at the community level, it is also important to understand the community perspective while judging the success of the scheme. This chapter brings out the findings of the study on awareness and utilisation of the services among the target beneficiaries as well as the community's perspective about awareness of the scheme among the community leaders, both formally elected PRI members and influential community members. The discussion starts with presenting the background characteristics of the respondents to provide a context for each of the states.

3.1 Background characteristics of mothers

The socio-economic and demographic profile of the mothers is presented in Table 3.1. Majority of the mothers belonged to the Hindu religion in all the states. The sample also covered Muslim women in Bihar (18 per cent) and UP (11 per cent) while in other states it was a meagre 5 per cent or even lesser. The mothers represented a mixture of caste groups, as is evident from the table. Around one-third of the women in UP belonged to the SC category while one-fourth of them in Bihar and Rajasthan were SC. In the remaining two states, this was 12–14 per cent. In these two states with lower percent of SC women, the proportion of mothers under the ST categories was higher. Overall, the study captured a fair representation of the SC and ST community in all the states.

In terms of housing characteristics, around 40–60 per cent of the mothers in these five states were living in *katcha* houses. The proportion of women belonging to the Below Poverty Line (BPL) category was the highest in Bihar (71 per cent) followed by MP and Orissa at around 55 per cent. In Rajasthan this proportion was found to be the lowest at 29 per cent while 46 per cent of the mothers were from BPL families in UP. These two indicators are a reflection of the economic conditions of the sampled mothers.

Around 41–52 per cent of the mothers who delivered in the last one year in all the states except UP were found to be younger than 25 years of age. In UP only 32 per cent of these women were in this category. Only 2–8 per cent of the mothers were found to be older than 35 years in all these states. As far as the literacy level of the mothers is concerned, 72 per cent of the mothers in Bihar were literate, whereas 60 per cent in UP and 56 per cent in Rajasthan were illiterate. In all, the educational status of majority of the mothers in the survey was found to be low.

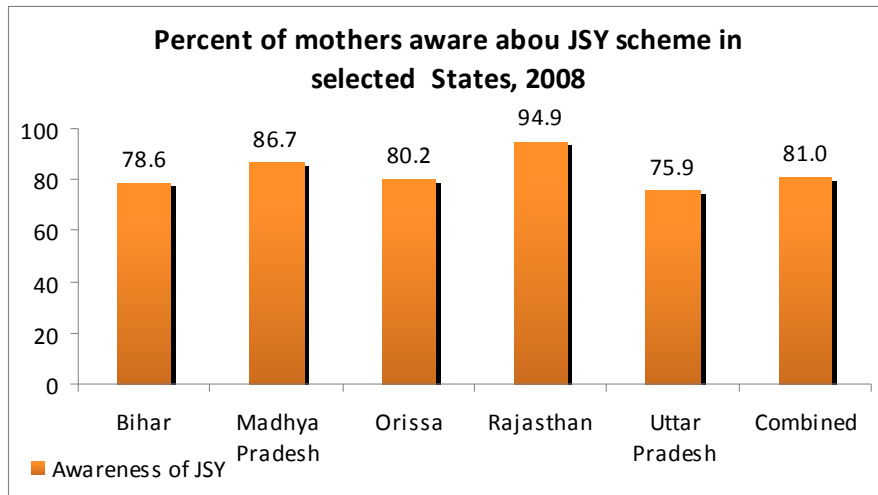
Table 3.1: Background Characteristics of the Mothers in selected states, 2008

Background characteristics	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
<i>N</i>	<i>1203</i>	<i>1200</i>	<i>1201</i>	<i>1199</i>	<i>1199</i>
Religion					
Hindu	81.6	95.2	100.0	94.0	89
Muslim	18.1	4.4	0.0	5.4	11
Caste					
SC	22.3	14.2	12.5	24.6	35
ST	0.4	23.1	31.6	7.5	6
OBC	58	47.1	43.0	53.5	42
Others	19.3	15.6	12.9	14.4	18
Type of house					
<i>Katcha</i>	53.6	59.0	56.9	42.3	41
<i>Semi-Pucca</i>	29.7	31.6	17.5	22.1	38
<i>Pucca</i>	16.7	9.4	25.6	35.6	21
BPL status of family					
BPL	70.8	55.4	54.9	28.7	46
Main source of drinking water					
Piped water	0.2	6.2	12.2	54.9	4
Hand pumps	88	58.5	4.7	17.8	92
Tube well	0.7	10.8	71.0	7.3	1
Dug well	11	23.3	11.1	12.1	4
No. of family members					
< 5	28.1	37.9	44.9	37.4	19
6-8	41.5	41.3	36.2	38.2	56
More than 8	30.4	20.7	18.9	24.3	24
Average no. of members	7.7	6.8	6.0	7.0	7.0
Age of mothers					
Under 25 yrs	41.1	52.9	49.5	48.3	32
25-34 yrs	51.0	42.2	48.4	47.6	61
Over 35 yrs	7.8	4.6	2.1	4.1	7
Years of schooling					
Illiterate	71.7	45.6	37.3	55.7	60.0
1-5 years	9.6	26.3	17.5	19.3	14.
6-8 years	8.0	17.9	16.7	17.0	14.0

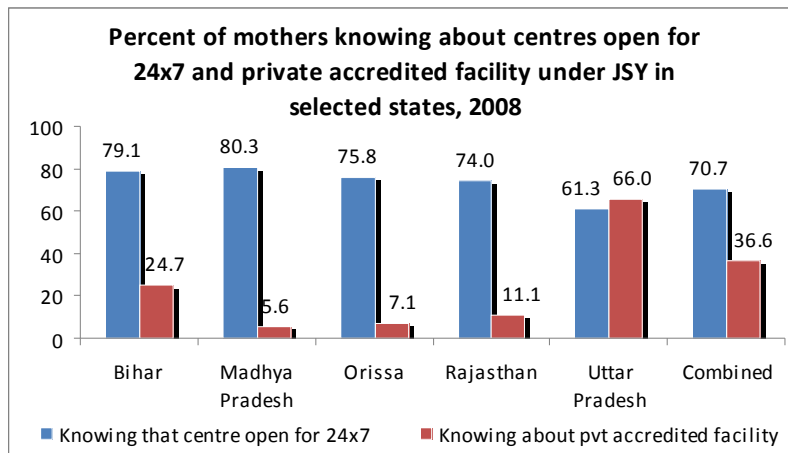
3.2 Awareness about the JSY scheme among mothers

The respondents were enquired about the JSY scheme spontaneously as well as ing was also done. The awareness levels among mothers about the JSY scheme, sources of knowledge and awareness on various components of the scheme are presented in Table 3.2.1. Considering both spontaneous responses and those which were obtained after deliberate questioning and probing, the awareness about the scheme was found to be quite high in almost all the states, as can be seen from the table. It was as high as 95 per cent in Rajasthan, while in other states it ranges from 76 to 87 per cent. This indicates that majority of the women in these five states knew about the JSY scheme in the rural areas. The women reported having obtained this

knowledge mainly from the ASHAs and from their friends and relatives. When asked about the details of the scheme, many of the women in four states (i.e. except Orissa) knew about the monetary incentive under this scheme. In Orissa they were of the opinion that the transportation cost involved in going to a hospital for undergoing institutional delivery is paid and that a post of health worker has been created to accompany pregnant women for maternal care services.



The response of the women about the receipt of the JSY card varied from state to state. In the states of Bihar and MP, around 80–93 per cent of the women had not received any such card while in other states a quarter to half of them reported not having received the card.



The awareness levels among the mothers on the two other important aspects of JSY viz. knowledge about opening of institutions for 24 hours for delivery and accreditation of private hospitals under this scheme was also obtained. More than three-fourths of the mothers (75–80 per cent) in Bihar, MP, Orissa and Rajasthan knew that the centres are open round the clock for delivery services, while this knowledge was quite low in UP, where only 61 per cent of them reported knowing this. On the other hand, in UP the knowledge among mothers about the accreditation of private hospitals for institutional delivery and getting benefits under the JSY scheme was relatively high at 66 per cent, while in the rest of the four states, only 6–11 per cent of the mothers in MP, Orissa and Rajasthan knew about this aspect and around 25 per cent of them knew in Bihar.

Table 3.2: Percentage of mothers aware about JSY, source of information, and knowledge about the facility being open 24x7 and accredited private facilities by states, 2008

Variables	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
<i>N</i>	1203	1200	1201	1199	1199
Awareness of JSY (spontaneous and probed)	78.6	86.7	80.2	94.9	75.9
<i>N</i>	946	1041	964	1138	911
Person from whom heard about the scheme*					
Dai	3.5	23.0	2.0	5.4	0.7
ASHA	56.1	42.9	82.4	61.4	78.0
AWW	8.8	43.7	12.4	28.2	17.5
ANM	5.3	15.6	24.8	34.3	36.6
Relative	55	27.6	17.4	32.5	14.1
Friend/Neighbour	46.1	21.4	20.2	29.8	19.8
Others	3.3	8.2	23.2	5.8	1.1
Awareness about type of facilities given under JSY*					
Position of a health worker has been created to support women	17.8	8.0	73.2	17.1	20.1
Some money is paid for use of transportation to the facility	25.7	18.3	71.9	29.5	46.0
Some doctors are identified where pregnant woman can go if complications arise	12.5	7.3	13.2	10.7	15.3
Some money is given to mothers if she delivers in institution/ Centre	90.3	91.2	44.5	89.4	66.8
Centre have been created where women can go for delivery any time	25.9	25.9	19.4	21.7	26.6
Pvt. hospitals have been approved for free delivery services	12.2	5.6	5.6	14.1	27.2
Support is provided for post natal care	5.4	14.4	13.4	1.8	13.1
Others	0.8	0.9	2.4	0.3	0.9
Whether received JSY card					
Yes, without showing card	5.5	14.2	41.2	54.7	48.4
Yes, after showing card	1.0	6.1	8.1	19.4	12.2
No	93.4	79.7	50.7	25.9	39.4
Knowledge of the centre being kept open 24 hours for delivery	79.1	80.3	75.8	74.0	61.3
Knowledge about accredited private hospitals for delivery without any cost and can get paid under JSY	24.7	5.6	7.1	11.1	66.0
<i>*Multiple response</i>					

3.3 Awareness about the JSY scheme among community leaders

Awareness about JSY scheme was also obtained from interviewing community leaders in the states under study. The responses presented are based on more than 100 interviews of community leaders that were conducted in Bihar and MP, and around 60 respondents who were interviewed in the rest of the three states. Table 3.3.1 brings out the awareness levels among community leaders. Knowledge about the JSY scheme was found universal in four states, except UP in which only three quarters of the community leaders knew about JSY. Major sources of information about JSY came from health workers, and posters and hoardings in most of the states. They were also clear about the objective of the scheme and most of them knew that promoting institutional or safe delivery has been the main focus of the scheme. Majority of them were able to correctly describe the beneficiary of the scheme too.

Table 3.3.1: Percentage distribution of community leaders by their awareness about JSY in selected states, 2008

Variables	Awareness among community leaders				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
<i>N</i>	115	110	61	56	59
Awareness about JSY	90.4	96.4	95.1	94.6	74.6
<i>N</i>	104	106	58	53	44
Sources of information about JSY *					
Relatives/Friends	23.1	6.6	31.0	56.6	9.1
Posters/Hoardings	6.7	17.9	34.5	37.7	25.0
TV/Radio Campaign	22.1	16.9	62.1	50.9	54.5
ANM/Health Worker	72.1	65.1	70.7	47.2	61.4
News Paper	17.3	11.3	44.8	49.1	36.4
Others (ASHA, doctor, etc.)	4.8	2.8	5.2	0.0	6.8
Main focus / objective of JSY*					
Promote institutional deliveries	66.3	26.4	83.6	56.6	66.1
Promote safe deliveries	24.0	66.0	62.3	81.1	54.2
Not specified	9.6	3.8	1.6	9.4	20.3
DK/CS	0.0	1.9		10.7	11.9
Knowledge about beneficiary of JSY	76.0	98.1	78.7	96.2	84.7
<i>*Multiple response</i>					

In terms of the awareness of community leaders about payment of a certain amount of money to the beneficiaries under this scheme, more than 90 per cent of them knew about this aspect in MP, Orissa, Rajasthan and UP and they also knew that Rs. 1,400 is given to the mothers for institutional delivery. In Bihar, such knowledge was found among only 60 per cent of the community leaders. Since the payment is made to the beneficiaries by cheque and in some cases cash also, the responses of the community leader on knowing this also varied from state to state on the mode of payment. The overall majority said that the payment was made by either of these two modes. In MP, Orissa and Rajasthan the community members mentioned that the medical officer at the PHC, CHC or district hospital disburses the payment to the beneficiaries while in Bihar 86 per cent of them said that it is paid through the ASHA. In UP around 30 per cent of them mentioned that it is paid by the ASHAs and ANMs.

The knowledge about the availability of transport facilities for delivery in their villages was reported by 61 per cent of the community leaders in Orissa and 50 per cent in Madhya Pradesh. In the rest of the states, around 40 per cent of them knew about this facility.

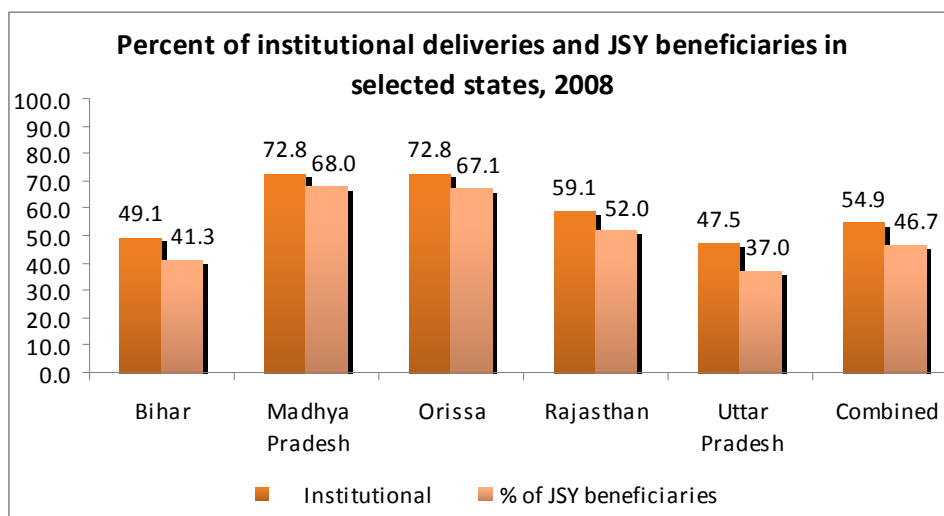
Table 3.3.2: Percentage distribution of community leaders by their knowledge regarding payment to beneficiary under JSY in selected states, 2008

Variables	Knowledge among community leaders regarding payment to beneficiary under JSY				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
<i>N</i>	<i>115</i>	<i>110</i>	<i>61</i>	<i>53</i>	<i>59</i>
Amount paid to beneficiary after institutional delivery					
Less than or greater than Rs 1,400	10.4	2.7	1.6	0.0	0.0
Rs 1,400	59.1	87.3	91.8	98.2	93.2
DK/CS	14.8	10.0	6.6	1.8	6.8
Ways to disburse money to beneficiary					
Through cheque after delivery	50.4	86.4	67.2	60.7	83.1
Cash after delivery	36.5	7.3	21.3	32.1	6.8
DK/CS	13.0	6.4	9.8	7.1	10.2
Who pays to beneficiary					
ANM	2.61	1.82	11.5	16.1	11.9
ASHA	86.1	3.64	3.3	7.1	16.9
Medical Officers/LHV of PHC/CHC	0.9	80.0	77.0	73.2	52.5
Any Other	4.35	12.73	3.3	3.6	11.0
DK/CS	6.09	1.82	4.9	0.0	0.0
Time when payment is made to beneficiary					
At the time of discharge of women	1.7	30.9	8.2	48.2	25.4
Immediately after delivery	7.8	17.3	36.1	19.6	18.0
After few days of delivery	40.0	27.3	47.5	30.4	42.4
Uncertain or no specified time	50.4	21.8	8.2	1.8	15.3
Whether transport facilities are available for beneficiaries in their village	36.5	50.0	60.7	39.3	42.4

3.4 Institutional delivery and JSY beneficiaries

The extent of success of the JSY programme can be judged by the proportion of all the deliveries which were conducted in an institution, either in a government centre or in the private hospitals accredited under the JSY scheme. As far as institutional deliveries among the mothers who had delivered during the year 2008 are concerned, the state of Madhya Pradesh and Orissa recorded the highest levels (73 per cent) of institutional delivery, as can be seen from Table 3.4. Among these institutional deliveries, those conducted in government centres and in accredited private hospital were found to be 68 per cent in MP and 67 per cent

in Orissa. Thus the direct beneficiary of the JSY scheme was to the tune of 67–68 per cent in these two states.



In Rajasthan the proportion of institutional deliveries was reported to be 59 per cent during 2008, while 52 per cent of them were JSY beneficiaries. This was followed by Bihar and Uttar Pradesh, where the total number of institutional deliveries during the same period was 49 and 48 per cent respectively. In terms of JSY beneficiaries delivering either in a government institution or in accredited private hospitals, 41 per cent of the beneficiaries in Bihar and 37 per cent of them in Uttar Pradesh reported institutional deliveries.

Majority of the deliveries were conducted in PHCs in the state of Bihar (70 per cent), Madhya Pradesh (42 per cent) and Orissa (58 per cent). In Uttar Pradesh and Rajasthan around 44–47 per cent of the deliveries were reported in CHCs while these two states also witnessed deliveries taking place in the PHCs to the tune of 29 and 37 per cent respectively.

Table 3.4: Per cent of institutional deliveries, type of institution, JSY beneficiaries and reasons for not delivering in a health facility in selected states, 2008

Particulars	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
<i>N</i>	<i>1203</i>	<i>1200</i>	<i>1201</i>	<i>1199</i>	<i>1199</i>
Place of delivery					
Home	50.9	27.2	27.2	40.9	52.5
Institutional	49.1	72.8	72.8	59.1	47.5
- Government facility	40.8	67.8	66.2	50.8	34.6
- Accredited private facility	0.5	0.2	0.9	1.2	2.4
- Other private facility	7.8	4.8	5.7	7.2	10.5
Per cent of JSY beneficiaries¹	41.3	68.0	67.1	52.0	37.0
Type of institution	491	813	795	609	415
Sub-centre	--	0.1	--	11.3	4.0
PHCs	69.9	41.6	58.0	29.1	37.0
CHCs	2.2	29.8	18.0	46.8	44.0
Hospital/Medical Colleges	25.9	19.3	13.2	10.2	10.0

Particulars	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
Sub-Divisional Hospital	1.2	9.1	9.4	2.6	5.0
Whether some body contacted / advised during pregnancy for institutional delivery	54.2	81.9	87.5	73.9	57.0
<i>N</i>	652	983	1051	886	678
Person who contacted / advised for institutional delivery*					
Relative	58.4	62.3	28.9	42.8	12.8
Friend/neighbour	24.5	12.6	15.7	20.2	12.5
AWW	8.1	43.2	6.9	17.5	10.3
ASHA	74.1	36.1	91.2	63.8	84.4
Others (doctor, dai, ANM etc)	5.7	14.8	20.6	5.0	23.4
<i>N</i>	497	815	806	623	444
Identification of place of delivery in advance	86.3	83.4	68.0	82.5	68.6
<i>N</i>	612	328	327	490	629
Reasons for non-institutional delivery*					
Home is convenient	30.1	7.3	25.7	64.7	53.7
No need since pregnancy was normal	16.8	11.3	25.4	56.3	48.2
Cost of the institutional delivery	15.0	2.4	14.1	5.1	2.5
No nearby institution for 24x7 delivery	1.8	2.7	21.1	4.1	1.9
Delivery institution is far off	30.1	13.4	26.3	3.3	6.7
Nobody is there to take care of family during my delivery outside home	9.8	3.4	13.8	4.1	7.2
Nobody to take me to hospital for delivery	25.2	14.9	15.3	11.4	8.7
Untimely delivery	25.7	61.9	13.5	14.1	9.5
Any other reason	1.8	0.0	7.0	3.9	6.8
* Multiple Response					
1. JSY beneficiaries are those who have either delivered in government hospital or in private accredited hospital					

Table 3.4 also provides information about the advice received by the respondents regarding institutional deliveries. In Orissa around 91 per cent of the mothers were given advice by the ASHAs for institutional deliveries, followed by Uttar Pradesh (84 per cent), Bihar (74 per cent) and Rajasthan (64 per cent). In Madhya Pradesh, the ASHAs were found to give such advice to only 36 per cent of the mothers, while most of them in this state were advised by their relatives and AWWs. In all the states, among those mothers who had delivered at an institution, around 83 to 86 per cent in Bihar, MP and Rajasthan had identified the institution in advance while in Orissa and UP, around 69 per cent of them had done so in advance.

Among the mothers who delivered at home, the main reasons behind this decision were found to be: convenience at home and normalcy of pregnancy, in Rajasthan and Uttar Pradesh. In Orissa and Bihar, along with these two reasons, the institution being far off was also cited by around a quarter of the respondents for not delivering in an institution. Untimely delivery came out as one of the major reasons for home delivery in MP, which indicates that the number of institutional deliveries could be even higher if all of these women had not delivered at home due to untimely delivery. The cost of delivery as one of the reasons for non-institutional delivery was reported by around 15 per cent of the respondents in Bihar and Orissa, while unavailability of someone to take care of the family was reported by around 10–13 per cent of those who delivered at home in these two states. In four states, except UP, 12–15 per cent of the mothers who delivered at home reported non-availability of someone to

take them to the hospital for an institutional delivery, which indicates that proper planning for an institutional delivery in advance is required.

3.5 Socio-economic differentials in JSY beneficiaries

One of the aims of the study has been to investigate socio-economic differentials of the beneficiaries of JSY. The sample size has thus been fixed accordingly to provide estimates of institutional deliveries based on the caste and class groups of the respondents. Table 3.5 shows the percentage of deliveries either conducted in a government institution or in accredited private hospitals by religion, caste, BPL status, type of house as well as the age and educational category of the mothers. In Bihar, no marked differentials in the institutional deliveries were observed based on the religion and the BPL status of the family of the respondents. However, among the SCs, those living in *katcha* houses and aged 35 years and above were found to have lower levels of institutional deliveries as compared to their counterparts in each of these categories. In MP, there were no marked differentials in institutional deliveries based on the BPL status of the family, while more mothers living in *katcha* houses and of younger ages were found to opt for institutional delivery in this state.

In Orissa, a slightly lower percentage of institutional deliveries were observed among those living in *katcha* houses, those belonging to the ST community and among illiterate mothers. In Rajasthan and Uttar Pradesh, institutional deliveries were found lower among Muslim women. Overall it is seen that the differentials in institutional deliveries by various categories were state specific and the JSY beneficiaries were largely from different strata of society showing different socio-economic characteristics.

Table 3.5 : Socio-economic differentials among JSY beneficiaries in selected states, 2008

Background characteristics	Percentage of institutional deliveries				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
Religion					
Hindu	41.6	67.1	67.1	52.2	38.8
Muslim	39.4	84.9	--	46.2	23.5
Caste					
SC / ST	37.4	62.9	78.0	53.6	32.5
OBC	40.7	69.9	58.7	54.4	45.6
Others	47.8	73.8	69.4	51.1	38.9
Category of household					
APL	42.2	66.7	65.9	49.7	35.8
BPL	41.0	68.9	68.6	52.9	38.1
Type of house					
<i>Kacha</i>	36.8	69.9	58.7	42.2	33.5
<i>Semi-pucca</i>	44.8	67.0	80.5	67.5	37.5
<i>Pucca</i>	52.7	58.4	76.6	53.9	43.1
Mother's age					
<25	48.5	69.3	70.3	54.2	39.1
25-34	37.5	67.7	64.5	51.7	35.8
35-49	28.7	56.4	52.0	28.6	38.3
Mother's years of schooling					
Illiterate	37.1	64.7	52.7	49.1	34.6

Background characteristics	Percentage of institutional deliveries				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
1–5 years	48.7	71.8	73.3	50.2	37.3
6–8 years	55.2	69.3	74.5	59.9	48.1
9–10 years	59.1	73.5	77.6	64.1	41.4
10 + years	35.1	61.5	78.5	48.6	31.6

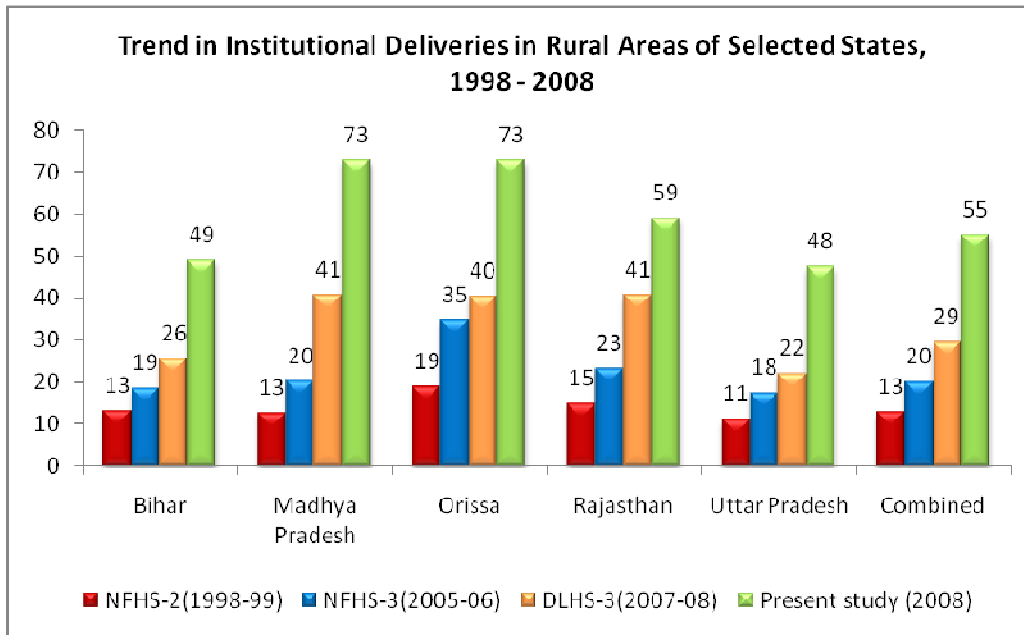
3.6 Effect of the JSY scheme on institutional deliveries

An attempt was made to trace the levels of institutional deliveries in the five states from other sources which were available for various years in the past. Such trend analysis brings out the effect of the JSY scheme, which has been started recently about three years ago, on the increase of institutional deliveries in these states. Table 3.6 shows the total institutional deliveries in rural areas from the previous two rounds of the NFHS, District level household surveys conducted in 2007–08 and the levels from the present study. The findings indicate that the increase in the proportion of institutional deliveries in all the states had been lower during the previous two rounds of the national family surveys. However, the increase in institutional deliveries in all the five states was observed from the DLHS survey conducted in 2007–08 and the present survey which is the latest in this series. This clearly brings out the effect of the JSY scheme on promoting institutional deliveries which is evident from the DLHS 3 survey and from the present study.

Table 3.6: Trend of institutional deliveries from various rounds of surveys conducted in the past for the selected states

States	Percent of births delivered in a health facility as per various rounds of surveys in rural areas of selected states, 1998 – 2008			
	NFHS II* (1998-99)	NFHS III* (2005-06)	DLHS- 3 (2007-08)	Present study
Bihar	13.2	18.6	25.6	49.1
Madhya Pradesh	12.7	20.2	40.8	72.8
Orissa	19.0	34.6	40.4	72.8
Rajasthan	14.8	23.3	40.7	59.1
Uttar Pradesh	11.1	17.5	22.1	47.5

* Based on the last two births to ever-married women in the three years preceding the survey



3.7 Distance and use of transport facility by JSY beneficiaries

The respondents were asked about the distance of the institution where they had delivery from their residence. The findings are presented in Table 3.7; in Bihar, Rajasthan and Uttar Pradesh, around 40–43 per cent of the mothers reported a distance of 5 km. or less, while in MP and Orissa, around 20 per cent of the respondents were found living within a radius of 5 km. or less from the institution. For about 20–40 per cent of the mothers, the distance of the institution in which they delivered ranged from 5 to 10 km. In Madhya Pradesh, around 54 per cent of the women reported having travelled more than 10 km. to reach an institution for delivery, while such distance was reported by 37 per cent of the mothers in Orissa.

As far as the mode of transport to the institution is concerned, tempos and four wheelers were the main types of vehicles which were used by the respondents in almost all the states. Strikingly, around 16 per cent of the respondent in Madhya Pradesh reported the use of motorcycle to reach the facility for delivery. In majority of the cases, the mode of transport was a hired one. In Orissa, the average cost of hiring the vehicle was Rs. 433 while in the rest of the states it ranged between Rs. 250 to Rs. 300. On enquiring about the reimbursement of the money that was spent on hiring a mode of transport, majority of the mothers (80–96 per cent) reported that the money was not reimbursed to them, while 30–40 per cent of the cases in Rajasthan and Orissa reported having got some amount of this cost reimbursed.

Table 3.7: Percentage of JSY beneficiaries (who delivered in Government institutions or in accredited private institutions) by uses of transportation and its related issues, states, 2008

Particulars	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
<i>N</i>	497	815	806	623	444
Distance of the place of delivery from residence in km.					
Less than 5 km.	41.4	19.4	20.2	43.7	39.9
5–10 km.	35.8	24.9	41.8	19.3	30.9
11–20 km.	15.7	28.1	23.8	25.2	18.5
20 km. or more	5.6	26.0	12.7	10.9	10.4
DK/CS	1.4	1.6	1.5	0.9	0.5
Average distance in km.	8.36	12.4	--	2.03	1.9
Mode of transportation to the place of delivery					
By foot	0.4	3.3	0.6	4.82	2.3
Cycle	--	1.3	0.5	2.09	2.7
Motorcycle	2	16.0	1.5	2.89	10.6
Bullock cart	2	2.0	0.1	2.09	4.3
Tempo	30.2	11.4	64.1	13.96	24.5
Other four-wheel drive	28.8	60.1	32.8	51.20	46.2
Others (Rickshaw, bus, etc.)	0.6	5.9	0.4	22.95	9.5
<i>N</i>	495	777	797	580	422
Whether vehicle for transportation was hired or personally owned					
Personally owned	3.4	17.0	10.3	10.0	13.7
Hired	96.6	83.0	89.7	90.0	86.3
<i>N</i>	478	645	715	522	364
Amount incurred on transportation (in Rs.)					
≤ 100	35	25.7	7.0	20.88	23.4
101–200	9.2	23.7	14.4	18.01	22.0
201–300	12.8	21.1	24.9	28.54	22.0
301–500	13.8	18.0	31.9	20.88	23.4
> 500	7.9	9.5	22.7	11.69	9.3
DK/CS	0.8	2.0			
Average amount in Rs.	246.5	282.0	433.0	321.5	293.9
Amount reimbursed (in Rs.)					
Money was not reimbursed	96.2	90.2	59.0	69.92	80.8
<100	0.2	2.9	4.0	0.77	2.5
101–199	0.6	1.6	1.0	4.41	2.5
>500	2.9	5.3	15.0	3.45	14.3
<i>N</i>	27	88	290	157	8.6
Ways in which the amount was reimbursed					
ASHA paid in cash	7.4	6.8	53.4	30.6	74.3
ANM paid in cash	3.7	19.3	0.7	3.2	1.4
Institution paid along with JSY	81.5	51.2	12.4	59.2	8.6
Health centre	7.4	1.1	-	-	-
AWW		1.1	-	-	-

Particulars	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
Others	-	-	33.4	7.0	15.7
DK/CS	-	20.5	-	-	-

**Multiple response*

3.8 Ante natal, natal and post natal services among JSY beneficiaries

Among those mothers who had delivered either in a government hospital or in an accredited private hospital, an attempt was made to enquire about the receipt of maternal and child care services during the antenatal and post natal period. Table 3.8 brings out the findings about the receipt of such services among JSY beneficiaries in all the five states. More than 90 per cent of the mothers reported having their pregnancy registered during the ANC period except in Bihar where it was relatively low at 85 per cent. Almost all the mothers had received two doses of TT during the index pregnancy. Three ANC check-ups were reported by 51 per cent of the mothers in Bihar and 65 per cent in Madhya Pradesh. In the rest of the three states, three ANC check-ups were found among the responses of 82–90 per cent of the mothers.

Post natal care was provided in the states of Orissa, Rajasthan and Uttar Pradesh in the range of 80 to 84 per cent to those mothers who underwent an institutional delivery under JSY, while in Bihar, PNC was reported by 62 per cent of the mothers and in Madhya Pradesh 68 per cent of these mothers were provided PNC. Overall, it was found that more than two-thirds of the women in Bihar and Madhya Pradesh and four out of five mothers in Orissa, Rajasthan and Uttar Pradesh received PNC after childbirth at the institution under the JSY scheme.

Table 3.8: Percentage of JSY beneficiaries (who delivered in Government institutions or in accredited private institutions) by receipt of maternal / child care services during ANC and after delivery at the institution in selected states, 2008

Particulars	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
<i>N</i>	497	815	806	623	444
Type of maternal / child care services received *					
- Registration during pregnancy	85.5	91.3	99.5	94.1	95.0
- At least three ante natal check-ups	50.9	64.5	88.2	89.6	82.4
- Two doses of TT	92.8	93.4	99.8	92.3	98.0
- Consumed 100 tablets of IFA	31.8	37.1	92.7	75.3	83.0
- Post natal care	62.0	67.9	79.9	82.5	84.0
- BCG to the child	95.0	91.7	97.1	83.0	96.0
- Zero polio to the child	92.4	92.5	92.3	84.4	94.0
- Advice on breast feeding	44.9	55.2	84.9	82.7	88.0

**Multiple response*

3.9 Duration of stay at the institution

Mothers were also asked about the number of days they stayed at the institution after the birth of their child. Table 3.9 brings out the distribution of mothers who delivered under the JSY scheme by their duration of stay at the institution. In Bihar, 84 per cent of the mothers stayed only for a day or less in the institution while such a pattern of stay was found higher in Uttar

Pradesh where 73 per cent of the mothers reported staying for a day or less at the institution after the delivery. In the states of Orissa and Rajasthan, 57 per cent of the mothers stayed for a day or less at the institution while this was relatively lower at 33 per cent in Madhya Pradesh. It appears that in most of the states, a higher percentage of women stayed only for one day or even less in the institution as against the norm of a minimum stay of two days (48 hrs) under JSY. In Madhya Pradesh this norm was followed by about two-thirds of the women, while only about 27–42 per cent of the mothers stayed for more than two days at the institution in Orissa, Rajasthan and Uttar Pradesh. Bihar come out to be the only state in which only 16 per cent of the mothers stayed for two days or more at the institution after their delivery.

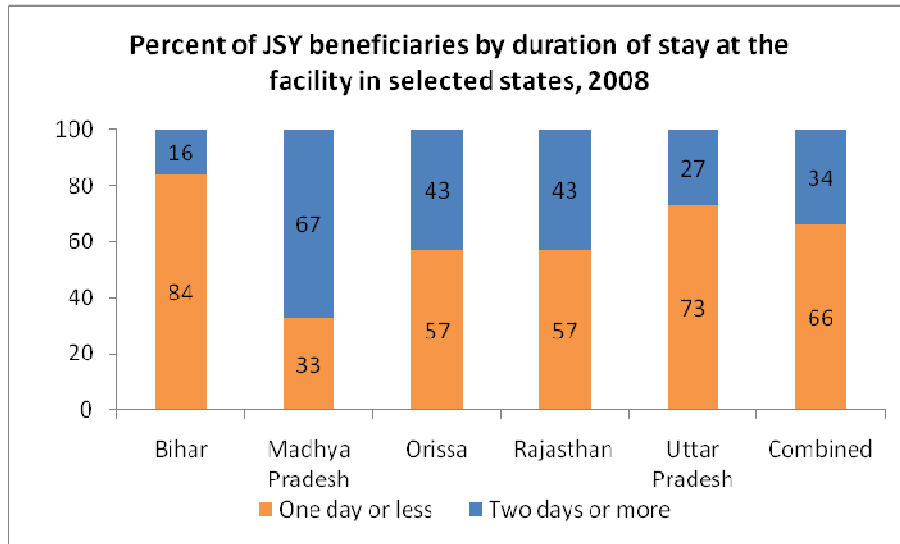


Table 3.9: Percentage of JSY beneficiaries by their duration of stay at the institution after delivery in selected states, 2008

Particulars	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
<i>N</i>	497	815	806	623	444
No. of days stayed in the institution					
< 1 day	83.9	32.9	57.0	57.0	73.0
2 days	11.3	20.5	27.0	25.0	16.2
3 days	4.8	38.4	6.0	11.0	6.5
4 days	-	4.5	2.0	2.0	2.3
5 days or more	-	3.7	8.0	5.0	2.0

3.10 Type of delivery

The study investigated the type of delivery which the women had experienced for their index child. The C-section rate came out to be in the range of 3–8 per cent in these five states. It was highest in Orissa at 7.7 per cent, followed by Bihar at 6 per cent. In Rajasthan, Uttar Pradesh and Madhya Pradesh this rate was 5 per cent or lower. Only a meagre proportion of deliveries (2 per cent or less) were reported having assisted delivery in the five states which can be seen from Table 3.10.

Table 3.10: Percentage of JSY beneficiaries (who delivered in Government institutions or in accredited private institutions) by type of delivery in selected states, 2008

Particulars	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
<i>N</i>	497	815	806	623	444
Type of delivery					
Normal	91.5	96.9	90.0	94.1	94.6
C-section	6.0	3.1	7.7	5.0	4.1
Others (assisted delivery)	2.2	0	2.4	1.4	0.9

3.11 Quality of care at the institution

Those mothers who had undergone institutional delivery under the JSY scheme were asked about their experience at the institution in which they delivered their recent child. A large majority, across the states, reported that they were immediately attended to after their arrival at the institution for the delivery of their recent child. A delay of 15 minutes or more was reported by only a meagre per centage of mothers as can be seen from Table 3.10.

Majority of the deliveries were conducted by a nurse in four of the five states (68–90 per cent), while in Orissa, 81 per cent of the deliveries were reportedly conducted by doctors.

Commenting on the toilet facility at the institution, an overwhelming proportion of the mothers opined that it was reasonable and only a small fraction rated this facility as poor in all the five states.

Table 3.11: Percentage of mothers who delivered in Government institutions or in accredited private institutions, by their experience at the institution in selected states, 2008

Particulars	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
<i>N</i>	497	815	806	623	444
Time taken in attending to the respondent after reaching the institution					
Immediately	89.7	85.0	96.8	93.4	95.0
≤ 15 minutes	1.8	2.9	0.7	1.8	2.9
16–30 minutes	2	6.3	0.4	2.9	1.4
31–45 minutes	0.8	0.7	1.4	1.1	0.2
46–59 minutes	0.8	0.9	0.2	0.2	0.2
> 2 hr	1.6	4.1	0.4	0.6	0.2
No response	7.2	0.1	0.0	-	
Person who conducted the delivery					
Nurse	81.3	89.6	17.0	68.2	86.0
Doctor	18.3	10.0	81.1	31.6	13.5
Others	0.4	0.4	1.9	-	-
Whether toilet facility was					

reasonable					
Yes, no problem	75.3	68.7	91.9	91.7	97.7
Yes, with problems	11.7	13.3	6.0	5.8	1.8
Poor facilities	12.9	18.0	2.1	2.6	0.5

3.12 Receipt of incentives under JSY

One of the important components of the JSY scheme is to provide monetary incentive to those mothers who deliver in an institution. The JSY guidelines make provisions for such payment to all the beneficiaries delivering in a government health facility or in those private facilities which are accredited under this scheme. A survey was conducted among all the mothers who had delivered either in a government facility or in an accredited private hospital about the status of their receipt of this incentive under the scheme. Table 3.12 provides the findings of this survey. Among the mothers who are eligible for receiving the incentives, 93 per cent in Rajasthan reported having received the money. The per centage of mothers who had received the money was also high in Orissa (89 per cent) and Madhya Pradesh (83 per cent). In the states of Uttar Pradesh around one-quarter of the eligible mothers and in Bihar one-third of these mothers did not get any money as incentive under the JSY scheme.

Among those mothers who have received money as incentive, further probing about the timing of receipt of the incentives was done. It was found that only in Madhya Pradesh around 40 per cent of the mothers got the money at the time of discharge from the institution, while in other states only a small proportion of them got the money at the time of their discharge. Majority of the mothers were paid money within a week or before 4 weeks after the delivery. However, one-third of the women in Bihar and Uttar Pradesh (34 and 31 per cent respectively) got the money after 4 weeks of the delivery of their child.

Table 3.12: Per centage of JSY beneficiaries by their receipt status of incentive under the JSY scheme and related issues in selected states, 2008

State	Per cent of mothers				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
<i>N</i>	497	815	806	623	444
Mothers who received money after delivery	64.8	82.7	88.6	92.5	72.3
<i>N</i>	322	674	714	576	321
Time of receipt of money					
At the time of discharge	7.5	39.0	20.4	9.0	8.1
Within a week after discharge	25.5	31.2	53.4	58.0	31.2
Within 2–4 weeks after discharge	32.0	15.7	16.5	28.3	29.9
More than 4 weeks after discharge	33.9	13.9	9.7	5.2	30.8
Total amount received (in Rs.)					
< Rs. 1,400	8.9	2.0	2.0	6.3	6.5
Rs. 1,400 or more	91.0	98.0	98.0	93.7	93.5
Type of problems faced in receiving the money					
No problem	72.0	87.6	96.2	94.0	87.2
Made several contacts to receive money	27.3	12.0	3.8	6.0	13.0

Others	0.6	0.4	0.0	-	-
Person who paid the money					
ASHA	13.7	8.3	17.2	2.3	11.2
ANM	4.3	4.5	0.8	6.9	25.5
Institution	78.6	86.9	80.8	44.6	39.3
Others	1.9	0.3	1.1	46.2	24.0

The JSY scheme provides an amount of Rs. 1,400 to the mothers as incentive for institutional delivery. More than 90 per cent of the mothers who delivered in an institution in these five states reported having received Rs. 1,400 as incentive. As far as their experiences in getting this incentive is concerned, 27 per cent of the mothers in Bihar reported facing problems in getting it and had to make several contacts to obtain the money. This was followed by Uttar Pradesh and Madhya Pradesh with 12–13 per cent of the mothers who faced similar problems. In the rest of the two states, only 5–6 per cent of the mothers reported such problems in receiving the incentive money. In the states of Bihar, Madhya Pradesh and Orissa, 79–86 per cent of the mothers received the incentive money from the institution in which they had delivered, while in Rajasthan and Uttar Pradesh, 40–44 per cent of the mothers received the money from the institution and similar proportions got it from other sources.

3.13 Payment to the institutions by beneficiaries

Under JSY guidelines the incentive money is paid by the government to the mother, however they have to pay some money for medicines and other charges. Mothers were asked whether they had to make any such payment and the average amount paid by the mothers related to the delivery of her child is presented in Table 3.13. Nearly half of the mothers in the four states of Madhya Pradesh, Orissa, Rajasthan and Uttar Pradesh had to make some payment at the institution for the delivery of their child. In Bihar, this payment was reported by only 28 per cent of the mothers. Among these mothers, who had to pay some amount of money, the average for different heads such as hospital charges, medicine costs and other charges are presented in Table 1.13. Overall, the total average amount paid by the mothers comes out to be Rs. 1,638 in Orissa which is the highest average amount among the five states. Next to this, in Rajasthan, mothers had to pay on an average Rs. 1,350 followed by Rs. 839 in Uttar Pradesh and Rs. 718 in Bihar. This average amount was the lowest in Madhya Pradesh in which mothers had to spent an average of Rs. 299 for the costs related to childbirth in an institution.

Table 3.13: Per centage of JSY beneficiaries who made payment to an institution in selected states, 2008

Particulars	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
<i>N</i>	497	815	806	623	444
Whether made some payment to the institution	28.2	45.3	52.1	44.0	60.1
<i>N</i>	140	369	419	274	267
Average amount paid as hospital charges (in Rs.)	91.07	41.8	1070.5	1389.4	1015.6
Average amount paid as medicine charges (in Rs.)	549.5	120.9	1165.7	819.6	746.0
Average amount paid as other charges (in Rs.)	78.1	136.3	727.8	296.3	651.0
Total average amount paid (in Rs.)	718.68	298.99	1638.50	1350.20	839.3

CHAPTER – IV

ROLE OF ASHA IN JSY

One of the key components of the National Rural Health Mission is to provide every village in the country with a trained female-community-health activist. The government has made efforts to identify such activists called ‘Accredited Social Health Activist’ (ASHA) from the village itself. They are being trained to work as an interface between the community and the public health system. The ASHA is envisaged to receive performance-based incentives for motivating women and children to receive services under the Reproductive and Child Health (RCH) programme and other such programmes. As such, they have a vital role to play in implementing the JSY scheme at the grassroots level.

The present study contacted the ASHA in the selected villages and administered a questionnaire to elicit relevant information about their background characteristics as well as their role in providing support to mothers for getting maternal care services and motivating them for institutional delivery. In each state around 50 ASHAs were interviewed; between 42 in Bihar to 60 in Orissa. This chapter brings out the findings about the role of ASHAs in the JSY scheme vis-à-vis support provided to the mothers in their respective areas of work.

4.1 Background characteristics of ASHA

The background characteristics of ASHAs included their age, religion, caste and educational status together with the duration of their work as an ASHA and the receipt of training to perform their stipulated tasks. Table 4.1 presents the socio-economic and demographic profile of the ASHAs in the five states. The average age of the ASHAs was around 30 in four states, except Rajasthan where they were found to be relatively younger (with an average age of 27.9 years). As per the expectation under this programme, the ASHA is selected from the village itself and the average number of years they have stayed in the village comes out to be 18.9 years in Orissa while in the states of Bihar, Madhya Pradesh and Uttar Pradesh, they were found to be residing in the village for 14 years. In case of Rajasthan, their average stay in the village was relatively lower at 10.8 years which corroborates with the lower mean age of the ASHAs in this state.

Most of the ASHAs were Hindus and only in Bihar and Uttar Pradesh, 9 and 5 per cent of them respectively were Muslim. Around 12–23 per cent of them were SCs in the five states. In Orissa and Madhya Pradesh, nearly 20 per cent of them belonged to the ST community. A fairly high per centage of ASHAs (42–68 per cent) in the five states were from Other Backward Castes. As far as their educational status is concerned, only in Madhya Pradesh around quarter of them had only a primary or below-primary level of education, while the per centage of such candidates in the other states was found to be quite low. In Bihar and Uttar Pradesh, nearly one quarter of the ASHAs and more than one-third in Rajasthan had at least a matriculation level of educational attainment. The respondents were found to be working as an ASHA for nearly two years in four states, except Madhya Pradesh where they were found to be working as an ASHA for about one and half years on an average.

Table 4.1: Socio-economic and demographic profile of ASHAs in selected states, 2008

Profile	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
<i>N</i>	53	42	60	45	58
Age					
20–29	45.3	50.0	46.7	68.9	44.8
30–39	47.2	45.2	43.3	31.1	48.3
40–49	7.5	4.8	10.0	--	6.9
Average age	30.8	29.6	30.6	27.9	30.5
Average number of years of living in the village	14.6	14.1	18.9	10.8	14.2
Religion					
Hindu	90.6	100.0	100.0	100.0	94.8
Muslim	9.4	--	--	--	5.2
Caste					
SC	17.0	11.9	23.3	20.0	20.7
ST	-	19.1	20.0	--	8.6
OBC	67.9	57.1	41.7	66.7	46.6
Others	15.1	11.9	15.0	13.3	24.1
Average number of months of working as ASHA	21.1	17.07	22.8	25.3	22.0
Years of schooling					
1–5 yrs	--	35.7	10.0	6.7	1.7
6–8 yrs	22.7	33.3	38.3	38.8	43.1
9–10 yrs	52.8	26.2	44.0	16.7	29.3
10+ yrs	24.5	4.8	8.3	37.8	24.1
No work other than ASHA	79.3	33.3	70.0	8.9	55.1

4.2 Year of selection as ASHA and their training

Information was collected about the year in which they were selected as ASHA. Less than 10 per cent of them were identified as having started work as an ASHA in the year 2005. In 2006, two-thirds of the ASHAs were selected in Rajasthan, while in the remaining states this year witnessed the selection of around 30–40 per cent of them. In 2007 the remaining 40–50 per cent of the ASHAs were selected in these four states. Less than 10 per cent of the ASHAs were selected in 2008 in Bihar, Orissa and Rajasthan, while nearly one-fifth of the ASHAs in Uttar Pradesh and one quarter of them in Madhya Pradesh were newly selected (in 2008).

Table 4.2: Years of selection and training of ASHAs in selected states, 2008

Particulars	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
<i>N</i>	53	42	60	45	58
Year of selection					
2005	7.6	4.8	5.0	6.7	3.4
2006	43.4	30.9	36.0	64.4	41.4
2007	41.5	40.5	55.0	20.0	37.9
2008	7.5	23.8	4.0	9.4	17.2
Training status					
Received training in module 1 only	54.7	30.9	36.7	42.2	36.2
Received training in modules 1 and 2	66.0	59.5	31.7	33.3	53.2
Received training in modules 1,2 and 3	7.6	97.6	26.7	6.7	8.6
Did not receive any training	26.4	2.4	4.0	17.8	1.7

The government has prepared a training module for the training of the ASHAs after their selection. It was found that 26 per cent of them in Bihar and 18 per cent in Rajasthan have not received any training. The proportion of them undergoing all the three rounds of training was fairly high in Madhya Pradesh at 98 per cent. The state has provided training to all the ASHAs for all the three rounds in MP and the remaining 2 per cent might be those who have recently been selected. On the other hand, in Orissa completion of the three rounds of training could be seen in one quarter of the ASHAs while in the other remaining states of Bihar, Rajasthan and Uttar Pradesh only 7–8 per cent of the ASHAs have been trained in all the three modules.

4.3 Awareness about ASHA among mothers

Since an ASHA is one of the major links at the community level under JSY to promote institutional deliveries, mothers in the survey were asked about their knowledge about this cadre of health volunteers and their role in providing maternal care services to the pregnant and lactating women. Table 4.3 provides mothers' perspective on their awareness about ASHAs in their respective states. The findings indicate that almost all the mothers in Orissa (97 per cent) were aware about ASHAs spontaneously. Such spontaneous responses about ASHAs were also found high in UP (78 per cent), followed by Bihar (58 per cent). In Rajasthan, 36 per cent spontaneously spoke about ASHAs while a similar proportion of mothers could identify ASHAs after being deliberately questioned, plausibly due to the nomenclature, as in this state they are known as ASHA—*Sahayogini*. Overall, the findings indicate that majority of the mothers knew about ASHAs in these states and they expressed satisfaction about the functioning of ASHAs in their areas which is indicated at the bottom of Table 4.3. In Bihar, satisfaction was expressed by two-thirds of the women, which is relatively lower as compared to the other states under this study.

Regarding the type of help provided by the ASHAs, most of the mothers across all the state mentioned that they helped them in getting registered for ANC and visited them repeatedly during their pregnancy period. They also spoke about the JSY scheme and the benefits under it. In Orissa, a high per centage of mothers described the help provided by the ASHAs.

Table 4.3: Per centage of mothers aware about ASHA and its related issues in selected states, 2008

Variables	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
<i>N</i>	1203	1200	1201	1199	1199
Awareness of/about ASHA					
Yes, without probe	57.7	47.7	97.0	36.3	77.6
Yes, with probe	18.3	14.5	2.6	38.0	12.6
No	24.0	37.8	0.4	25.7	9.8
<i>N</i>	914	747	1196	891	1081
Ways in which ASHA helped during pregnancy and delivery*					
Visited me repeatedly during delivery	34	21.2	49.9	47.0	40.2
Helped me in registering for ANC services	34.4	31.5	86.0	61.2	40.6
Counselled me on the ANC services	16	18.1	29.8	41.0	17.5
Referred me in getting ANC services	4.9	6.2	19.8	34.6	9.3
Accompanied me for ANC services	7.5	7.4	21.4	14.1	6.5
Accompanied me for institutional delivery	10.8	17.1	52.0	12.0	15.2
Told me about <i>Janani Suraksha Yojana</i>	8.1	11.8	44.5	48.0	23.7
Helped me receive the payment under JSY	3.9	5.1	25.4	10.9	10.1
Told me about post natal services	2.7	5.2	16.1	21.2	21.2
Accompanied me for PNC	1	2.7	22.2	8.6	19.1
Counselled me regarding child immunisation	5.5	17.3	62.9	59.5	73.1
Counselled me on breast feeding	0.4	0.5	33.6	44.6	31.5
DK/CS	32.3	21.2			
Satisfaction with the services of ASHA	65.3	75.5	94.4	94.5	90.5
<i>*Multiple response</i>					

4.3 Awareness about ASHA among community leaders

In addition to asking the mothers about ASHAs in their villages, the study also attempted to elicit information about them from the community leaders. All the community leaders interviewed in the states of Orissa, Rajasthan and Uttar Pradesh knew about the functioning of ASHAs in their villages while in the rest of the two states of Bihar and Madhya Pradesh also at least 85 per cent of them knew about ASHAs working in their village. On the role of ASHAs, half to two-thirds of the community leaders were able to identify that pregnant women were the main responsibility of ASHAs in all the states. More than half of them in Orissa, Rajasthan and Uttar Pradesh also mentioned that registration of women for JSY and ANC was one of the roles of ASHAs, while such responses were given by around 40 per cent of the community leaders in Bihar and Madhya Pradesh.

More than three quarters of the community leaders in Bihar and Madhya Pradesh mentioned that ASHAs are paid an honorarium by the medical officers, and this was reported by nearly two-thirds of them in Rajasthan and Uttar Pradesh. Around 43 per cent of the community

leaders in Orissa mentioned the fact about the payment to ASHAs by the medical officers, and nearly the same proportion of them mentioned that they are paid by ANMs in their state. Around 20–30 per cent of the community leaders in Rajasthan and Uttar Pradesh spoke about the ASHAs being paid by ANMs.

Table 4.3: Per centage distribution of community leaders by their knowledge of ASHA and its related matters in selected states, 2008

Variables	Knowledge among community leaders about ASHA				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
<i>N</i>	115	110	61	56	59
Whether ASHA is there in the village					
Yes	86.9	84.5	100.0	100.0	100.0
<i>N</i>	100	93	61	56	59
Roles of ASHAs *					
Identification of pregnant women	50.0	54.84	59.0	60.7	66.1
Registration of women for JSY/ANC	39.0	37.6	63.9	66.1	55.9
Accompany pregnant women for institutional delivery	57.0	52.7	80.3	55.4	45.8
Motivate pregnant women for institutional delivery	15.0	23.7	60.7	33.9	32.2
<i>N</i>	115	110	61	56	59
Person who pays ASHA					
ANM	--	10.0	41.0	30.4	20.3
Medical Officer/LHV of PHC/CHC	78.3	77.4	42.6	60.7	64.4
<i>Sarpanch</i>	0.9	1.8	0.0	5.4	0.0
Not applicable	14.8	9.1	8.2	0.0	0.0
Any Other	3.5	1.8	8.2	3.6	16.0
<i>*Multiple response</i>					

4.4 Roles played by ASHA

The ASHA plays a very important role in the JSY scheme. She is expected to disseminate information on JSY among the community members in general and to the pregnant women in particular, and motivate them for institutional delivery, accompany them to the hospital for delivery and stay with them at the institution. The ASHAs were asked about the types of support they provided during their interview in the present study to assess the role they played in facilitative implementation of the JSY scheme at the grassroots level.

They were asked a direct question: what services did they provide to pregnant women in her work area. Their responses on this are tabulated in Table 4.4.1. Most of the ASHAs interviewed mentioned about maternal care services they provided to the pregnant women, including arranging her registration, arranging for her to get 2 TT injections, three ANC check-ups and supply of IFA tables to the pregnant women. It is only in Orissa and Uttar Pradesh that two-thirds of them reported telling pregnant women about the JSY scheme, while this response was as low as 19 per cent in Madhya Pradesh. Varying per centage of ASHAs in these states reported their role in deciding the place of delivery. In Rajasthan, 60

per cent of ASHA indicated helping pregnant women to decide about the place of delivery, followed by 48 per cent in Uttar Pradesh, while one-third of them in Orissa and less than 20 per cent in Bihar and Madhya Pradesh reported such support.

Table 4.4.1: Per centage of ASHA providing various types of support to pregnant women in select states, 2008

Type of help/support provided to pregnant women*	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
<i>N</i>	53	42	60	45	58
Arrange two TT injections	79.2	80.9	63.3	98.0	79.0
Arrange at least three check-ups	69.8	61.9	58.3	84.0	69.0
Arrange supply of 100 IFA tablets	56.6	61.9	63.3	93.0	57.0
Arrange her registration	52.8	59.5	68.3	84.0	78.0
Inform about JSY	32.1	19.1	65.0	49.0	64.0
Decide and arrange place of delivery	15.1	19.1	35.0	60.0	48.0

* Multiple response

They were also asked about the type of support they provided to pregnant women who were in their last trimester, particularly nearing their delivery. Table 4.4.2 brings out the responses from ASHAs on this aspect. More than three-fourths of ASHAs in Rajasthan and Uttar Pradesh stated that they accompany the pregnant women for delivery, while in the rest of the three states, nearly two-thirds of them mentioned about this. Two-thirds of the ASHAs in Orissa and Rajasthan mentioned that they stay with the women in the hospital and around 43–45 per cent of ASHAs in the remaining states spoke about their stay at the institution with the women. Arranging transport facility was mentioned by a relatively lower per centage of ASHAs in Bihar and Madhya Pradesh (32 and 40 per cent, respectively) whereas a fairly higher proportion of ASHAs in other states mentioned this aspect.

Advice on post natal care and breast feeding practices for the newborn was found in the responses of a lower number of ASHAs. Only in the case of Rajasthan, advice on PNC was reported by 44 per cent of the ASHAs and advice on breast feeding practices was given by 58 per cent of them. In other states a lower proportion of ASHAs mentioned these aspects of support to the pregnant women nearing their delivery.

Table 4.4.2: Per centage of ASHA providing various types of support to pregnant women nearing their delivery in select states, 2008

Type of help/support provided at the time of delivery*	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
<i>N</i>	53	42	60	45	58
Accompany her for delivery	62.3	66.7	61.7	78.0	76.0
Stay with her in hospital/institution	43.4	45.2	66.7	62.0	43.0
Offer to take her to the institution	64.1	40.5	68.3	62.0	48.0
Arrange transportation to reach the institution	32.1	40.5	68.3	71.0	62.0

Help her identify the institution	56.6	35.7	46.7	53.0	53.0
Advise her on having the baby delivered in hospital/clinic	43.4	23.8	65.0	64.0	66.0
Advise her on post natal care	34.0	16.7	26.7	44.0	40.0
Arrange her JSY payment	15.1	11.9	41.7	62.0	48.0
Tell her about JSY benefits	30.2	7.1	60.0	78.0	53.0
Advise her on best breast feeding practices	15.1	7.1	38.3	58.0	34.0
<i>*Multiple response</i>					

Table 4.4.3 shows the responses of ASHAs about the support they provided to mothers who had just delivered including their support for the newborn baby. Around 90 per cent of ASHAs in Bihar, Orissa and Rajasthan mentioned about helping the child get BCG while around three-fourths of them spoke about such support in the remaining states. Overall, in Orissa and Rajasthan a higher proportion of ASHAs mentioned about various kinds of support they provided such as advice on breast feeding practices and three doses of DPT and polio vaccines. Fewer of them advised the new mothers on getting the measles vaccination for their child in Bihar and Madhya Pradesh.

Table 4.4.3: Per centage of ASHA providing various types of support to mothers who had just delivered in select states, 2008

Type of help/support provided to mothers who had just delivered*	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
<i>N</i>	53	42	60	45	58
Help on getting BCG to the child	88.7	71.4	88.3	88.9	75.9
Advise on right breast feeding practices	60.4	66.7	88.3	95.6	79.3
Advise on giving the three doses of DPT/Polio vaccination to her child	69.8	64.3	90.0	84.4	79.3
Advise on giving her child the measles vaccination	20.8	16.7	56.7	57.8	39.7
<i>*Multiple response</i>					

4.5 Performance of ASHA in the last three months

With a view to judge the performance levels of the ASHAs, they were asked about the targets accomplished by them in the last three months under the JSY scheme. They provided their answers in terms of the number of women they provided with specific services and their mean was computed to understand the level of performance of the ASHAs in their respective states. Table 4.5 presents the mean number of beneficiaries to whom services were provided by ASHAs in the past three months.

The mean number of women contacted by ASHAs during the last three months is around 10, while it was slightly higher in Madhya Pradesh at 13 women and on the lower side in Orissa where 9 women had been contacted by them. The mean number of women who were provided with maternal services such as getting them registered for ANC, arranging for them to get TT injections, ANC check-ups and supply of IFA tables by ASHAs are higher as compared to some of the specific JSY activities such as arranging transport for delivery, its payment, accompanying them and staying at the institution and helping mothers get the

payment of the incentives. On an average each ASHA provided support to 4–5 women in JSY related services in these states while each of them had contacted around 10 pregnant women in the same reference period.

Table 4.5: Mean number of women to whom various services were provided by ASHA during last three months prior to survey, 2008

Performance indicators in the last three months	Average numbers (for three months) per ASHA				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
<i>N</i>	53	42	60	45	58
Women who were contacted and advised	12.3	13.2	9.0	10.0	10.1
Women who got help with registration	9.3	10.6	5.0	9.0	7.4
Women who got ante natalnatal check-up	7.5	8.8	5.0	9.0	6.7
Women who got TT injection	8.2	11.1	5.0	9.0	7.3
Women who were supplied 100 IFA tablets	5.1	11.7	5.0	10.0	8.4
Women for whom transportation was arranged	4.7	5.1	4.0	5.0	4.9
Women for whom payment for transportation was made	4.5	2.4	4.0	6.0	4.8
Women who were accompanied for delivery	6.1	5.8	4.0	4.0	5.5
Women with whom they stayed in hospital	5.6	5.5	4.0	4.0	4.8
Women for whom they arranged JSY payment	3.4	4.9	3.0	3.0	4.5

The number of pregnant women contacted by ASHAs appears to be lower than the actual number of pregnant women in the reference period of three months in the catchment area of ASHAs. For example, in a state like Orissa, with a mean population size reported by ASHAs at 1,385 and a birth rate of 28 per thousand population, the projected number of births in 60 villages (PSU in this study) would be around 2,327 in a year. Accounting for pregnancy wastage of 2 per cent, per ASHA the average number of pregnant women comes out to be around 10 for three months. The study finds around 9 women contacted by them in this state which indicates that the ASHAs are performing their work to a good extent in this state.

A similar computation for the state of Rajasthan with a mean reported population size of 2,725 by the ASHAs there would be 19 pregnant women under the catchment areas of each ASHA. The study finds an average of 10 women contacted during the reference period which indicates plausibly left out beneficiaries under the service net of the health department through ASHAs. Even in the state of Uttar Pradesh with a reported mean population size of 2,323, the potential pregnant women under the catchment areas of each of the ASHAs turns out to be 16 in the reference period as against 10 of them contacted by the ASHAs in this study, therefore pointing out some who were left out in this state too. On the other hand, a relatively lower number of women were provided with JSY specific support in these five states, and this needs to be looked into while reviewing the performance of ASHAs and appropriate measures should be taken to motivate them to support pregnant women for their institutional delivery.

4.6 Support needed by ASHA

In the interviews with ASHAs, they were asked about their perception on the need of support from other functionaries in order to perform their roles effectively. Table 4.6 provides their perception on this aspect. In four of the states, except Bihar, a high per centage of them perceived a need for support (85–95 per cent). In Bihar it was relatively lower at 74 per cent. They mainly needed support from ANMs in all the states while their expectation of receiving support from Medical Officers were far lesser than the support needed from ANMs. Similarly, a lower per centage of them expressed the need for support from the Anganwadi workers. Overall, in most of the states, the ASHAs expressed satisfaction in getting the needed support from other functionaries, as stated by around 90 per cent or more of them in four of the five states. In Bihar, only 78 per cent of them reported getting the needed support from other functionaries.

Table 4.6: Per cent of ASHAs who need support from other functionaries in selected states, 2008

Support of other functionaries needed by ASHAs	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
<i>N</i>	53	42	60	45	58
Need any support from other functionaries	73.6	95.2	90.0	93.3	84.5
<i>N</i>	39	40	54	42	49
Support needed from -					
AWW	30.8	30.0	40.7	19.0	20.4
ANM	79.2	70.0	87.0	100.0	69.4
MO/PHC	--	--	38.0	23.8	20.4
Whether getting adequate support from other functionaries	77.8	92.9	96.2	91.1	88.3

4.7 Receipt of payment by ASHA

The payment of ASHAs has been linked with various services provided by them to the pregnant women, mothers and children. Two aspects of receipt of payment of ASHAs were enquired about in their interview. They were asked from whom she thought the payment was to be received and whether they were getting their payment regularly or not. Table 4.7 presents the findings of these two dimensions of their payment. In Bihar, Madhya Pradesh and Rajasthan, majority of them (71–87 per cent) reported that the payment was to be made to them by the Medical Officer in-charge of PHCs, while in Orissa 70 per cent of them thought of ANMs as the main person who disburses their payment. On the issue of regularity of receipt of their payment, more than three quarters of them in Orissa and Rajasthan reported getting their payment regularly. This regularity was reported by nearly half of the ASHAs in Madhya Pradesh and Uttar Pradesh, while in Bihar only 21 per cent were found to be receiving their payment regularly.

Table 4.7: Per cent of ASHA receiving their payment regularly and type of functionary they are supposed to get payment from in selected states, 2008

Receipt of payment by ASHA	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
<i>N</i>	53	42	60	45	58
ASHA receives own payment regularly					
Yes	20.7	52.4	73.3	82.2	55.2
No	79.3	47.6	26.7	17.8	44.8
<i>N</i>	39	40	54	42	49
Person who is supposed to pay ASHA					
ANM	5.7	21.4	70.0	22.2	31.0
AWW	1.9	-	1.7	3.0	-
Pradhan / PRI	1.9	2.4	-	2.2	3.4
MO/PHC	86.8	73.8	26.7	71.1	53.4
Others	1.9	2.4	1.0	2.2	12.1

CHAPTER – V

PROGRAMME AND FINANCIAL MANAGEMENT OF JSY

As a part of the study, information was obtained from the programme implementer including state and district level nodal officers for the JSY, with a view to understand the management aspects of JSY in selected districts. The areas of investigation included planning for JSY activities, estimating the requirements to meet the demand for the services provided under this scheme and the infrastructural requirements for enabling institutional deliveries, accreditation of private hospitals as per the guidelines and community mobilisation activities to generate demand for institutional deliveries. The management of resources, together with its receipt from state offices and its disbursement to the beneficiaries were also looked into while interviewing the nodal officers at the district level. These components of the programme and financial management are mentioned in detail in this chapter.

5.1 Planning for JSY activities

The District Nodal Officer is overall responsible for the planning and implementation of JSY in the whole district. They are required to prepare an annual implementation plan, which includes budgeting, and also monitor the progress of the scheme. They have to provide guidance and supervision to the personnel involved in implementation of the scheme. The state and district nodal officers were asked about their planning for the JSY activities for a year. Generally, their plans were to start from the sub-centre and collate at the next higher level till the plan was collated, compiled and consolidated for the district, by estimating the expected institutional deliveries for the year. This estimation is done on the basis of: (i) estimation of total deliveries by taking the population and the birth rate into consideration, (ii) general trends in the institutional deliveries in the previous years, after JSY was implemented, and (iii) by superimposing this trend on the increase over the quarters in the last year. In MP, the plans had also taken into account 10 per cent of the deliveries, which were to be conducted in private hospital and accordingly targets were set.

In Orissa and Uttar Pradesh, the nodal officers reported two methods used to estimate the demand under JSY. The first method is based on the number of expected pregnancies in a year and the second is based on the number of institutional deliveries conducted in the last year. The calculation of demand is based on the information provided by the PHCs/CHCs and the sub-centres at the district level. Some of the district nodal officers in these two states reported that they used to merge all the plans received from the PHCs/CHCs and sub-centres, and these plans were further consolidated at the district level, while others organised group meetings with the MO in-charge of the PHCs/CHCs.

In Rajasthan the government is aiming to increase institutional deliveries to 90 per cent mark by the year 2012. The method used for estimating the demand for institutional deliveries at the planning stage was to increase the previous year's number of beneficiaries number by a specified per centage to set it as the target for the next year. Generally, 10 per cent was added to the target of the previous year.

The lower level institutions reported receiving training/support for the preparation of the annual JSY plan from the State Department of Health, National Health Services Resource centre (NHSRC) and the UNFPA. The medical officers at the lower level institutions in Bihar reported that they had prepared sub-plans for additional manpower, additional equipment, drugs and additional labour rooms/operation theatres in order to meet the demand of the increased institutional deliveries.

All the medical officers interviewed in MP reported that they fully participated in preparation of the plan for their service units. Though a target of 60 per cent deliveries in institutions was set by the state, only 39 per cent of the medical officers reported that they took the proportion of institutional deliveries in the previous year also into consideration to set their target for institutional deliveries in the coming year. Most medical officers in the remaining states reported that they had prepared sub-plans for additional requirements like additional manpower, drugs, labour rooms/operation theatres, etc. The plan also had their additional requirements to the next level of consolidation.

5.2 Accreditation of private hospitals/nursing homes

A series of questions were asked to the state nodal officers of the selected states about the effort made to involve the private hospitals/nursing homes in the scheme. In Bihar, the private sector was not involved aggressively under JSY due to corruption, unnecessary C-sections and lack of infrastructure to monitor the activities of private practitioners. It was also pointed out that Bihar accredited several private hospitals/nursing homes to provide family planning services. If this scheme was also given to them then there might have been a conflict of interest for the private institutions—on the one hand help mothers in planning pregnancies and on the other make payment for deliveries. The Bihar Government approached the Centre to permit the state to implement the *Chiranjeevi Yojana* (like Gujarat); however, the Centre has not yet given permission to this request. Though the state did not take up accreditation of private practitioners aggressively, three out of five districts under this study reported making efforts to enroll and accredit private hospitals. But their success was limited and only two could accredit one hospital each for JSY activities after careful review of their infrastructure.

The Madhya Pradesh Government had decided to involve private institutions since the government infrastructure might not have been able to take the load of additional institutional deliveries expected with the implementation of the JSY. This was one important measure visualised in the JSY, to increase accessibility of institutional delivery services and to reduce the burden of additional infrastructure required to meet the demands for institutional deliveries. However, only a few private hospitals/nursing homes could be accredited on the basis of the guidelines provided by the Government of India, under JSY. These accredited hospitals were mainly concentrated in urban areas. Among the five districts under study in MP, 17 private hospitals have been accredited while only 13 are currently involved under JSY.

In Orissa, one out of five districts had an accredited private hospital/ nursing home under the JSY scheme. The accreditation process in each district of Rajasthan is in process where various schemes have been proposed which are linked with the JSY plan like 'Yashoda', which was started under the NIPI, under which mothers belonging to BPL families are provided with facilities to take full care of their newborn for 48 hours.

Private hospitals are included in the JSY scheme in Uttar Pradesh. In each district, private hospital and institutions have been identified and provided accreditation as per rule. Out of 6 districts covered under this study, five districts have accredited institutes or nursing homes under the JSY scheme and they have been engaged for providing benefits under JSY. Various schemes proposed at the state level have been linked with the JSY plan like the '*Saubhagyavati Yojana*' under which mothers belonging to BPL families are able to use the facilities of private institutions for delivery, free of cost. It is a public-private partnership

under which each private institute is given a target for the year, on completion of which huge incentives are given to the institutes.

5.3 Transport arrangements for pregnant women

The state of Madhya Pradesh launched a scheme called the *Janani Express Scheme* where quotations were invited from private transport operators to make vehicles available on a 24x7 basis. Since this vehicle was to be used as an ambulance, the guidelines had also specified requirements such as of the possession of a mobile phone by the driver, training the driver in first-aid, providing a stretcher, etc. in the vehicle. A pregnant woman could make a telephone call to get the transport to take her for delivery; while the payment to the vehicle was made through the JSY funds. The state and district nodal officers reported that this scheme was very popular. The responses of the medical officers of the PHCs/CHCs were different with only 38 per cent MOs reporting that the *Janani Express Scheme* was implemented in their work area and it appears that the scheme was being expanded at the time of this study.

In Bihar, the state and districts did not make any effort to organise transport facilities for women. But it was reported that since the scheme had set aside Rs. 200 per case for transporting women, this information was disseminated to the ASHAs, women and community members. In most cases, the ASHAs organised the transportation and got paid Rs. 200 as part of an incentive for helping women to deliver in institutions. It was reported by state, district and medical officers that information on availability of Rs. 200 for transportation was known to most of the community members. All districts and lower level institutions were instructed to pay this incentive money to women who used their own mode of transport to reach the institution. When specifically asked whether they felt any need for transport arrangement, the State Nodal Officer felt a definite need for arrangements for 24x7 transportation, preferably an ambulance, and this could be taken up for consideration in future.

All the districts in Rajasthan had their own methods for providing transport facilities to pregnant women. The most common was the use of '108 ambulance service', which is provided under the EMRI for the transportation of pregnant women. More ambulances are functional at the PHC and CHC level to facilitate the transportation of the pregnant women. Private cars have also been provided to the people for a certain cost. Generally, the provider charges Rs. 6 per km. to transfer women from their home to the facility. In Orissa, only two nodal officers used their own innovative methods to provide transport facilities to pregnant women. Both of them utilised the *Janani Express Scheme* for transportation of pregnant women. In Uttar Pradesh only two nodal officers had come up with their own innovative ideas for providing transport facilities to pregnant women. One of them engaged the EMRI ambulance (ambulance with 108 number) for transportation of pregnant women and the other had utilised ambulance services as per the *Sanjivini Parivahan Yojna*, in which a larger number of ambulances are made functional at the PHC/ CHC level to facilitate the provision of transportation for the community members including pregnant women who need such a facility.

5.4 IEC activities for demand generation

Major efforts were made for the publicity of JSY in all the states through newspaper advertisements, hoardings, posters, pamphlets and leaflets through which messages about the monetary incentive for the beneficiaries and other benefits of institutional deliveries were

publicised. The ASHA was the main person involved in person-to-person contacts and spreading information about the scheme at the grassroots level. The district nodal officers were asked in detail about their IEC activities.

All the district nodal officers and medical officers in Bihar pointed out that they developed a detailed communication plan for involving most of the stakeholders in the publicity activities of JSY and were monitoring IEC activities of ASHAs. In Madhya Pradesh, though almost all the medical officers interviewed reported that they had planned IEC activities and that these plans were being implemented, both the state and district nodal officers felt that the implementation at lower levels needed improvement. According to them, even village health societies were engaged in this task of publicity of the scheme. It was stated that publicity was much better in villages where village health societies were functional. But many district nodal officers felt that involvement of the VHS was limited and needed to be augmented. In Orissa, Rajasthan and Uttar Pradesh, it was reported that the medical officers were responsible for generating awareness among the public in general and among the expected beneficiaries in particular. Almost all the medical officers in these states reported having used IEC activities for spreading awareness about JSY by adopting various methods.

The extent of IEC activities at the ground level was judged on the basis of the responses of the community leaders interviewed under this study. Table 5.4 below shows their awareness about such activities in their villages. In Madhya Pradesh and Rajasthan, 50–60 per cent of the community leaders reported using IEC activities for spreading mass awareness, while in Orissa and Uttar Pradesh this was reported by around 38–39 per cent of the community leaders and this per centage was quite low at 18 per cent in Bihar.

Table 5.4: Per centage distribution of community leaders by their knowledge of IEC activities carried out for mass awareness of JSY in selected states, 2008

Variables	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
<i>N</i>	115	110	61	56	59
Whether any IEC activities had been carried out for mass awareness of JSY	18.3	59.1	37.7	60.7	39.0
<i>N</i>	21	65	23	34	23
Type of messages communicated through IEC activities*					
Pregnancy registration	66.7	43.1	56.5	17.6	NA
ANC related information	57.1	24.6	65.2	73.5	NA
Institutional delivery and related incentive information	66.6	61.5	87.0	17.6	NA
Information related to immunisation of new born child	19.1	21.5	52.2	5.9	NA
* Multiple response					

5.5 Monitoring the scheme

Monitoring of the scheme was done at two levels. Firstly, a monthly reporting system was developed; all the service units were expected to submit their monthly reports. These reports were consolidated at appropriate levels. For instance, PHCs got their reports from all the sub-centres under their area. These reports were consolidated by PHCs; it added its work into it. This type of consolidated report was submitted to the CHCs or district for consolidation at higher levels. Such monthly reports were sent to the state, to be forwarded to the Centre in an appropriate format. The second level of monitoring involved field visits where not only monthly reports were discussed but actual field implementation of JSY was seen. The visits also helped to find the problems in implementation and discuss possible corrective measures.

All district nodal officers and the State Nodal Officer reported that most of the monitoring reports were being submitted regularly and that they were mostly complete. These reports came along with financial reporting. It was also reported that field visits were being made regularly to see actual implementation of the scheme and learn about the problems at the field level.

Another channel of monitoring was the grievance cells. Some of the districts created grievance cells so that beneficiaries could lodge complaints, while others reported that they were discussing the complaints in their monthly meetings and appropriate actions were taken. This was also a way to monitor and ensure smooth functioning of the scheme.

Despite reported smooth functioning of the monitoring system, several problems in the JSY functioning was noted. For instance, payments were not being made regularly and women were being discharged within 24 hours. Around one-third of the medical officers in the states of Orissa, Rajasthan and Bihar reported that there were instances when funds under the JSY scheme were not available to them. Some of them managed funds from other plans while some of them did nothing in this regard.

5.6 Financial Management of the scheme

For a conditional cash benefit scheme like the *Janani Suraksha Yojana*, proper management of funds at all levels is of utmost importance. The JSY is a fully Central Government-supported scheme and the Ministry of Health and Family Welfare provides funds to the State Health Society which is responsible for its disbursement to the districts. Depending on the receipt of funds from the Centre, each state disbursed the funds to the districts and in turn, districts sent funds to all the institutions within the district so that the institutions could incur costs related to JSY including administrative costs as well as payments to women and ASHAs. This section discusses all the issues related to financial management of the scheme including the regularity of fund flow as experienced by the states and ways by which funds are managed in the case of non-receipt of funds in time.

For streamlining the process of finance management, a national budget is prepared at the central level, which is then sent to all the involved states, which make further needful changes to distribute the funds. A standard format of collecting and reporting financial data is followed by the states, districts, blocks and medical officers and this is sent to the Centre at the end of a financial year. Financial data includes the amount spent on various heads like administration, programme management, hiring of experts, incentives given to mothers and ASHAs, and for transport facility.

Each state prepared its budget for JSY on the basis of fund requirements of the districts and lower level institutions. The state budget requirement was based on the administrative cost of JSY at state and district levels and payments to be made to the expected number of women who would deliver in institutions and ASHAs. These plans cover additional requirements of manpower, infrastructure of beds and operation theatre, etc., drugs and other such items at each service unit level. These requirements would get consolidated at higher levels till all districts sent their demand to the state. The states converted these demands into fund requirements and subsequently submitted their demands to the Centre under RCH-2.

5.6.1 Receipt of fund

The receipt status of funds under this scheme was enquired about from the State Nodal Officer. In Madhya Pradesh, funds were received four times last year (2007–08), with the first installment being received in May-June, much later than the scheduled time. During the current year (2008–09), no JSY fund has been received so far, till January 2009. The State Nodal Officer has reported that despite their efforts to get funds from other plans to pay to the JSY beneficiaries and ASHAs, they did not have funds for four months in 2008–09. In general, funds from the Government of India are received late, as experienced by Madhya Pradesh.

In Bihar, it was reported that the state did not receive JSY funds in 2007–08 at the time of interview of the senior government officials in the month of December in this state. It suggests that there had been irregularity in the receipt of funds at the state level. This irregularity in the budget receipt at the state level got reflected in the JSY budget at the district level and below. It was also reported that the state had to go without JSY funds twice in 2008–09.

In the states of Orissa, Rajasthan and Uttar Pradesh, the state officials reported that neither the state nor the districts had faced any paucity of funds in the past 3 years. In Rajasthan, the district nodal officers reported that funds had never been a problem; they had received funds as and when needed by them from the state, or else they were allowed to use funds from the RCH flexi-pool. Districts prepared the budget plan on the basis of community-based surveys held in the districts under which the present situation and future requirements were taken into consideration. Out of the 6 per cent of administrative funds received by the district, 3 per cent were utilised at the district level and the rest was used at the block, CHC and PHC levels.

5.6.2 Administrative Cost

Under JSY, the Central funds include incentive money for the beneficiaries and ASHAs plus the administrative cost at the state and district levels and the cost of the IEC activities. This cost is reported to be 1 per cent of the total cost at the state level and 4 per cent of the total cost at the district level by the officials in Madhya Pradesh. Both the state and district nodal officers know about the availability of the administrative cost of the JSY and its per centage. The state nodal officers feel that this administrative cost of 1 and 4 per cent respectively is adequate. On the other hand, in Bihar the State Nodal Officer knew about the administrative costs which the state and the district gets under this scheme, but the district nodal officers were not aware about such cost provisions. In Rajasthan, it was reported that 7 per cent of the allocated funds are kept for administrative expenses however the officials also reported that only 1 per cent is kept by the state and the rest is transferred to the districts. In Orissa, four nodal officers reported that certain funds are earmarked for programme management under this scheme and the proportion varies from 1 to 5 per cent as per their response. Similarly in

Uttar Pradesh, district nodal officers reported such provisions for administrative cost and the proportion earmarked for programme management varied from 2.5 per cent to 6 per cent of the allocated funds kept for administrative purposes.

5.6.3 Fund Management for JSY in case of non-receipt of funds

A specific question was asked to the state and district nodal officers as to how they managed the JSY payments when they did not receive funds from higher levels in time.

The district nodal officers in Madhya Pradesh reported that they very often faced such situations and normally they managed such crisis by diverting funds from other plans /schemes. Fifty-seven per cent of the medical officers of different service units reported that they faced non-availability of funds several times/very often. In such situations, 42 per cent of them borrowed funds from other plans, while an equal per centage of them waited for the JSY funds to arrive and 16 per cent borrowed from the district.

According to the State Nodal Officer in MP, in such situations, they diverted funds from the RCH flexi-pool and the *Rogi Kalyan Samitis*. They also reported situations when even these funds ran out, leading to non-payment to the beneficiaries and ASHAs. He also pointed out that diverting funds from other sources, cause several problems. Firstly, many a times, the RCH programme is not able to give advances for JSY because of its own priorities and the limited funds it has. Secondly, adjustment of the advances sent to the district is difficult to use because of confusions in record-keeping at each level. Therefore, it is suggested that districts keep a separate account for JSY funds so that adjustment problem can be minimised. According him, besides the non-availability of funds, its disbursement to the districts also gets delayed because many a times districts do not submit all the necessary documents.

In Bihar, it was obvious that the state was short of funds or out of funds several times in a year. In such situations, the state sometimes used funds from other plan schemes and sometimes they would wait for funds from the Centre as a result of which the districts would not get their JSY budget. Irregularity of funds at the district level and below, therefore, could be due to non-availability of funds from the Centre. It was also pointed out that, often, financial reports submitted were incomplete and did not have all the required documentation. Various queries had to be made to get complete documentation before release of funds.

Thirty-one MOs in Bihar were asked whether they had faced situations of non-availability of funds for making JSY payments. About 20 per cent reported that they had faced such situations. They would wait for funds to make payments to the beneficiaries and ASHAs. Out of the five district nodal officers interviewed, two of them reported situations of non-availability of funds.

5.6.4 Payments to the beneficiaries and ASHA

The MOs were asked if beneficiaries were getting money at the time of discharge; 58 per cent MOs in Madhya Pradesh reported that beneficiaries were getting money at the time of discharge. The remaining 43 per cent reported that they would get it within a week. The reason for delay in payment was lack of funds, as well as non-availability of the cheque book (reported by three out of the five districts under study). In one instance, lack of coverage of BCG immunisation of the newborn also delayed the payment to the beneficiaries and the ASHAs.

In Bihar, it was reported by the district nodal officers that the beneficiaries did not get their payments because of lack of availability of cheque books and linking of payment to BCG immunisation of the newborn.

Thus, there are several factors which delay payments to the beneficiaries and ASHAs as reported by the district nodal officers and the MOs in the studied states. The most frequent reasons reported were: (i) non-availability of JSY funds at the service unit level, (ii) facilities not getting funds either due to non-availability of funds and non-submission of all the required documents needed with the report for the previous fund disbursement, and (iii) cheque book unavailability which was reported quite often. The MOs also cited that payment to the beneficiaries or ASHAs was delayed due to the use of non-registered vehicles for transportation, linking payment with BCG immunisation of the newborn, and payment to women belonging to other districts.

5.6.5 Reporting on Funds

Districts submit monthly reports on physical achievements and expenditure incurred. But there had been situations when the reports were not received on time or the documentation on the expenditure was not complete, as reported in Bihar. In such situations, the state either got clarifications over the telephone or the financial officer visited the district to get clarification. Similar was the situation in the case of lower level institutions; often clarifications were sought over the telephone and sometimes the District Financial Officer visited the institution to get more information/clarification.

In Madhya Pradesh, these reports were received along with other monthly RCH reports. The state and district nodal officers in this state reported that the reports were mostly received on time, both at the district and state levels. It has also been reported that there is good matching between the money received and money disbursed in most of the districts, excepting for a few districts where there has been a problem in accounting. It means that account keeping is generally good except in a few districts. Steps have already been taken to improve the quality of the reports for districts where problems exist. All districts have been repeatedly informed about the needed documentation in order to accept all claims of expenditure.

5.6.6 Ways to improve accounting

The state nodal officer in MP reported three types of problems in the financial report: (i) misinterpretation of the opening balance, (ii) cumulative expenditure, and (iii) correct filling of the monthly reports. It was also reported that district and block level accounts managers were being trained regularly to maintain accounts.

The State Nodal Officer felt that the method of monitoring advances, needed to be improved through appropriate reporting formats. The state has developed such formats. Currently concurrent auditing is being done at the district level; there is a need to extend such auditing to lower level of service units as well.

The district level nodal officials reported major problems they are facing in accounting in the states of Madhya Pradesh and Bihar, which have been mentioned below:

- Verification of the beneficiaries
- Balancing of cash books, ledger books and cheque books
- Verification of cheque books and delivery registers for release of funds

- Cheques issued but not distributed
- Differential payments to rural (Rs. 1,400) and urban beneficiaries (Rs. 1,000),
- Ways to utilise the advance given at different levels
- Release of funds from all levels

The district and state nodal officers in these states recommended the following to improve fund management:

- Periodic training
- Continuous monitoring of record keeping
- Continuous feedback to the accounts managers for their record keeping and dispatch of reports

CHAPTER – VI RECOMMENDATIONS

In the following paragraphs, an attempt has been made to make some key recommendations for effective management of the JSY scheme. We believe that follow-up actions based on these recommendations will provide impetus to achieve the stated objectives of this scheme. These recommendations are presented below;

- **Policy Level**

Study findings indicate a huge increase in institutional deliveries in the low performing states and this can be attributed to the immense popularity of the JSY scheme. In order to reach the stated goal of 80 per cent institutional deliveries, more capacity needs to be created in health systems to cater to this JSY-induced demand. In this context, there is a need for policy level thrust in leveraging spare capacity available in the private sector for providing institutional services. Different states have interpreted guidelines differently with respect to the engagement of the private sector in JSY. Rajasthan is not accrediting private sector facilities at the district HQ level, while UP is accrediting such facilities. A guidance note from the Government of India to the states spelling out different options for increasing the engagement of the private sector is most certainly needed.

- **Programme Level**

The JSY scheme management needs strengthening. This will entail attention to the following elements of the programme management.

- **JSY plans** (facility, district and state) should be developed using available utilisation data. There has to be annual planning using facility data. While past trends in service utilisation are good pointers, there is need of some kind of facility mapping with volumes achieved in previous years. Planning based on such information will help in identifying underserved areas and the programme should take proactive steps to set up facilities in these areas.
- **Monitoring Plan**
JSY guidelines provide detailed information about monitoring of the scheme at different levels. Issues related to less payment, inordinate delays in making payments, early discharge, etc. can be addressed largely through periodic monitoring visits by District Level Programme Managers. It is suggested that appropriate monitoring visits may be chalked out in advance. Check-lists should be developed for use during monitoring visits. One of the important components of these visits should be interactions with the clients receiving services. Grievance cells which redress problems should be established at the district level to specifically look into complaints of the clients.
- **Communication Plan**
Districts should be encouraged to have a sound communication activity plan for JSY. The plan should identify key target groups and relevant communication messages so as to achieve communication objectives. Study findings clearly indicate important knowledge gaps in the community regarding key features of the scheme.

- **Financial Planning**

Financial planning also needs attention. While district plans are supposed to provide the overall resource requirement, a system of giving adequate advance also needs to be devised so as to avoid interruptions in funds availability at the facility level. Also in extreme cases of non-availability of funds in an emergency, the officer in-charge of the facility should be in a position to use either RKS funds or untied funds available. Some programme managers articulated the need for additional hands to handle payments, etc. especially at the high volume facilities. Since the scheme provides for the use of 3 per cent of the total expenditures as overhead, there is scope for hiring additional human resources as needed so as to streamline financial operations.

- **Quality of care**

JSY is not about promoting institutional deliveries alone. Programme objectives for reduction of maternal mortality and morbidity will be achieved when women coming to facilities receive quality delivery and post partum care services. In the absence of corresponding inputs for human resources, additional labour rooms and post natal beds, drugs and other supplies, quality of services, etc. have been a major casualty. In many instances providers may not adhere to the evidence-based guidelines. Hence, it has been proposed to monitor the quality of facilities as an integral component of JSY monitoring so that service providers and programme managers also appreciate the importance of the focus in the quality of services provided and don't see their role only as mere distributors of money.

- **Demand side intervention**

Study findings indicate that optimum engagement of ASHAs is yet to be achieved. There are huge variations across the districts in the states regarding payment of ASHAs, not only for JSY but for other schemes as well. Any changes in the payment schedule for ASHAs should be communicated in advance to the ASHAs. It will be useful to have a uniform charter of performance-based reimbursement prominently displayed for ASHAs. Grievance cells should also be set up to look into the complaints related to non-payment of ASHAs.

Annex – I
List of Selected Districts in each state covered under Concurrent Assessment of JSY
in Five States, 2008

Sl No.	State	List of Districts selected under study	Name of the Agency
1.	Bihar	<ol style="list-style-type: none"> 1. Munger 2. Sheohar 3. Nalanda 4. Nawada 5. Kishanganj 	<i>GfK MODE Pvt. Ltd, New Delhi</i>
2.	Madhya Pradesh	<ol style="list-style-type: none"> 1. Ratlam 2. Shajapur 3. Sagar 4. Sheopur 5. Seoni. 	<i>GfK MODE Pvt. Ltd, New Delhi</i>
3.	Orissa	<ol style="list-style-type: none"> 1. Baraghar 2. Ganjam 3. Kendrapara 4. Malkangiri 5. Sambalpur, 	<i>Development & Research Services (P) Ltd, New Delhi</i>
4.	Rajasthan	<ol style="list-style-type: none"> 1. Barmer 2. Bharatpur 3. Chittaurgarh 4. Hanumangarh 5. Nagaur 	<i>Development & Research Services (P) Ltd, New Delhi</i>
5.	Uttar Pradesh	<ol style="list-style-type: none"> 1. Agra 2. Ambedkar Nagar 3. Barabanki 4. Bareily 5. Basti 6. Mahoba 	<i>Development & Research Services (P) Ltd, New Delhi</i>