

Dissertation
At
National Health Mission – ASHA Resource Cell
Gandhinagar Gujarat

Assessment of Awareness and Utilization of
Janani Suraksha Yojana

By
Anjali
PG/14/008

Under the Guidance of
DR. Vinay Tripathi
Assistant Professor- IIHMR Delhi

Post Graduate Diploma in Health Management
2014-16



International Institute of Health Management Research,
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CERTIFICATE OF DISSERTATION

The Certificate is awarded to **Anjali**, in recognition of having successfully completed her Internship at **National Health Mission (ASHA Resource Cell) Gandhinagar Gujarat**. She has successfully completed her Project on “**Assessment of Awareness and Utilization Of Janani Suraksha Yojana**”

She came across as a committed, sincere and diligent person who has a strong drive and zeal for learning.

We wish her all the best for future endeavors.



Deputy Director, (Rural Health),
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TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Anjali**, student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management research, New Delhi has undergone internship training at **National Health Mission (ASHA Resource Cell) Gandhinagar Gujarat** from **15th February 2016 to 16th May 2016**.

The candidate has successfully carried out the study designated to her during Internship and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all the success in all her future endeavors.

Dr. A.K. Aggarwal
Dean, Academics and Student Affairs
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CERTIFICATE OF APPROVAL

The following dissertation titled “**Assessment of Awareness and Utilization Of JananiSurakshaYojana**” at **National Health Mission (ASHA Resource Cell) Gandhinagar Gujaratis** hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of Post Graduate Diploma in Health and Hospital Management for which it has been submitted.

It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Name Signature



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Dr. Dhananjay,

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ADVISORY COMMITTEE

This is to certify that **Ms. Anjali**, a graduate student of **Post-Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. She is submitting the dissertation titled **"Assessment of Awareness and Utilization of Janani Suraksha Yojana"** At **National Health Mission (ASHA Resource Cell) Gandhinagar Gujarat** in partial fulfillment of the requirements for the award of the **Post-Graduate Diploma in Health and Hospital Management**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.


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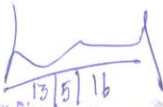
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Date: 13-5-2016

Place: Gujarat

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Anjali
PG/14/008

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Abbreviations

ANM	Auxiliary Nurse Midwife
AWW	Anganwadi Worker
ASHA	Accredited Social Health Activist
BPL	Below Poverty Line
CHC	Community Health Centre
FRU	First Referral Unit
GOI	Government of India
HPS	Higher Performing States
IFA	Iron/ Folic Acid
JSY	Janani Suraksha Yojna
LPS	low Performing States
MO	Medical Officer
MCH	Mother and Child Health
NRHM	National Rural Health Mission
NMBS	National Maternity Benefit scheme
NSAP	National social Assistance Program
PNC	Post natal Care
PHC	Primary Health Centre
RCH	Reproductive Child Health
SC	Schedule Caste
ST	Schedule Tribe

ABOUT NATIONAL HEALTH MISSION GUJARAT

National Health Mission, state health society Gujarat has created wide network of health and medical care facilities in the state to provide primary, secondary and tertiary health care at the door step of every citizen of Gujarat with prime focus on BPL families, marginalized population and weaker sections in rural and urban slum areas.

Department also takes appropriate actions to create adequate educational facilities for medical and paramedical manpower in the state of Gujarat.

NHM in India was launched on 12th April, 2005. It was conceived mainly to provide effective health care to the rural population, especially the disadvantaged groups including women and children, by improving access, enabling community ownership and demand for services, strengthening public health systems for efficient service delivery, enhancing equity and accountability and promoting decentralization. It seeks to provide accessible, affordable and quality health care to the rural population, especially the vulnerable sections. It covers the entire country, with special focus on 18 states where the challenge of strengthening poor public health systems and thereby improve key health indicators is the greatest. These are Uttar Pradesh, Uttaranchal, Madhya Pradesh, Chhattisgarh, Bihar, Jharkhand, Orissa, Rajasthan, Himachal Pradesh, Jammu and Kashmir, Assam, Arunachal Pradesh, Manipur, Meghalaya, Nagaland, Mizoram, Sikkim and Tripura.

NHM is the combination of national programmes, namely, the Reproductive and Child Health II project, (RCH-II) the National Disease Control Programmes and the Integrated Disease Surveillance Project. NRHM also enable the mainstreaming of Ayurvedic, Yoga, Unani, Siddha and Homeopathy Systems of Health (AYUSH).

Health Pyramid of Gujarat

India embarked on its journey to health after independence with a nation-wide network of efficient and effective health services based on what would later be called as the primary health care approach. Services were organized in a bottom up fashion, with a strong rural focus to attend to the needs of the underserved majority.

The primary tier has three types of health care institutions namely, a Sub-Centre (SC) for a population of 3000 to 5000, a Primary Health Centre (PHC) for 20,000 to 30,000 population and a Community Health Centre (CHC) for every 1,00,000 population.

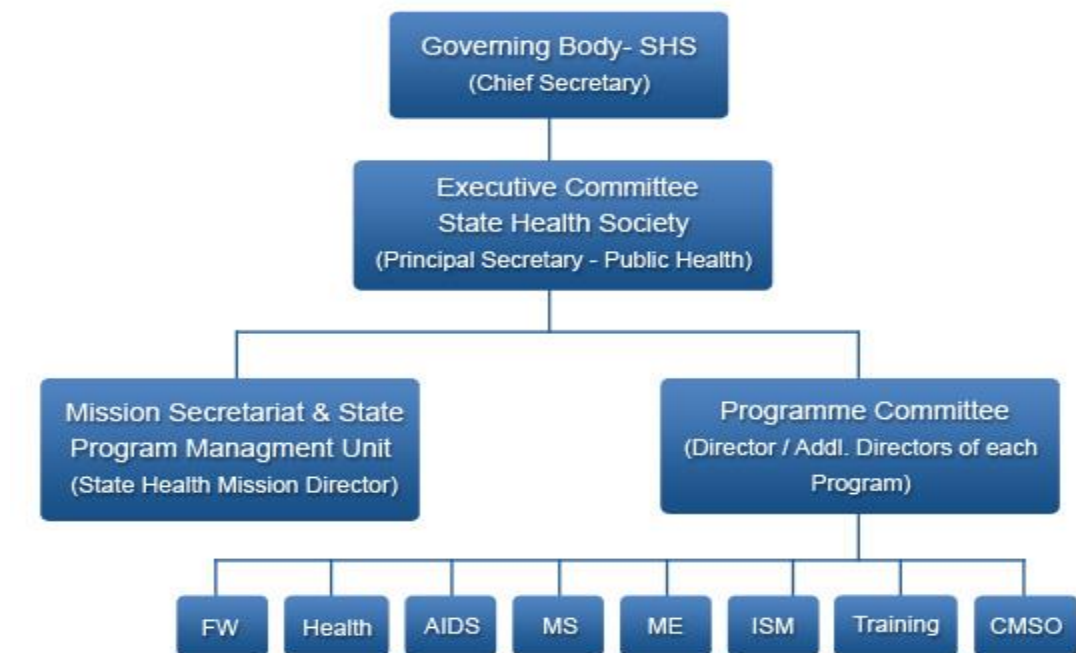
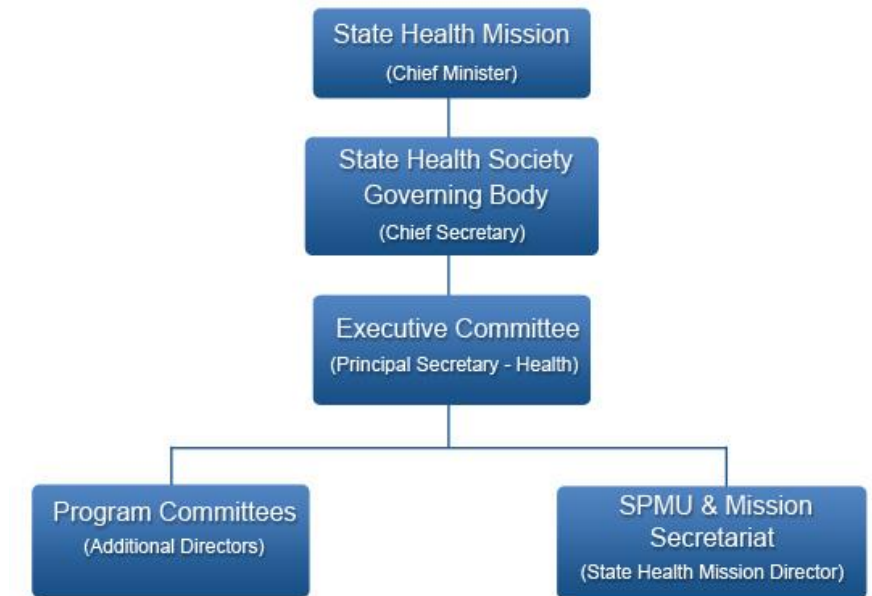
The district hospitals function as the secondary tier of care for the rural population. Tertiary health care is provided by highly specialized hospitals and health care institutions that are well equipped with sophisticated diagnostic and investigative facilities.

The health set-up in Gujarat is thus designed in a three-tier fashion:

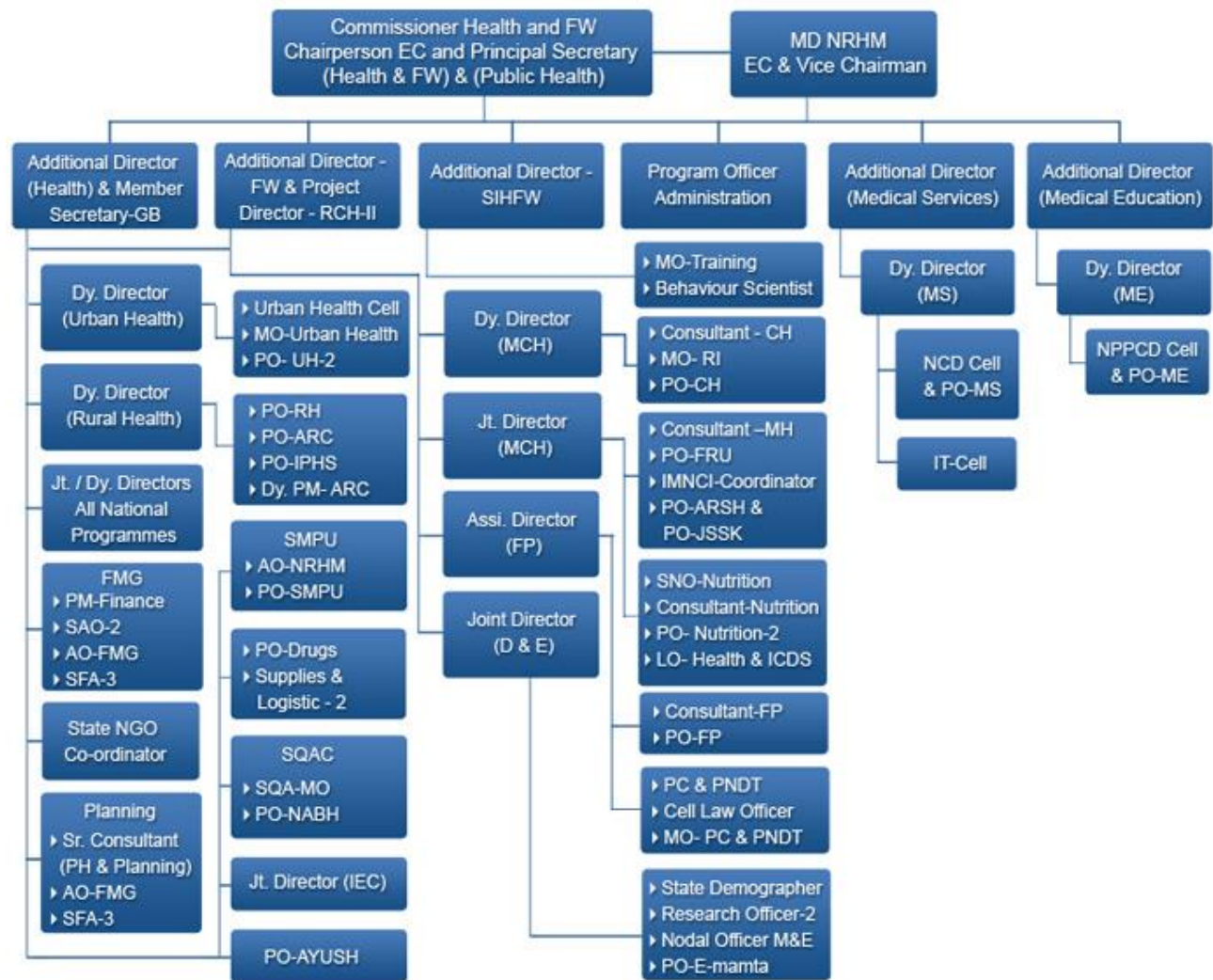


Structure

State Health Mission



Organogram



Demographic, Socio-economic and Health profile of Gujarat
State as compared to India figures

Indicator	Gujarat	India
Total population (In crore) (Census 2011)	6.03	121.01
Decadal Growth (%) (Census 2011)	19.17	17.64
Infant Mortality Rate (SRS 2013)	36	40
Maternal Mortality Rate (SRS 2010-12)	122	178
Total Fertility Rate (SRS 2012)	2.3	2.4
Crude Birth Rate (SRS 2013)	20.8	21.4
Crude Death Rate (SRS 2013)	6.5	7
Natural Growth Rate (SRS 2013)	14.3	14.4
Sex Ratio (Census 2011)	918	940
Child Sex Ratio (Census 2011)	886	914
Schedule Caste population (in crore) (Census 2001)	0.35	16.6
Schedule Tribe population (in crore) (Census 2001)	0.74	8.4
Total Literacy Rate (%) (Census 2011)	79.31	74.04
Male Literacy Rate (%) (Census 2011)	87.23	82.14
Female Literacy Rate (%) (Census 2011)	70.73	65.46

ABSTRACT

Janani Suraksha Yojana was launched in April 2005 by modifying the National Maternity Benefit Scheme (NMBS). The NMBS came into effect in August 1995 as one of the components of the National Social Assistance Programme (NSAP). The scheme was transferred from the Ministry of Rural Development to the Department of Health & Family Welfare during the year 2001-02. The NMBS provides for financial assistance of Rs. 500/- per birth up to two live births to the pregnant women who have attained 19 years of age and belong to the below poverty line (BPL) households. Since the JSY has been in operation for over years, it was felt appropriate to review and assess its performance in terms of increase in institutional deliveries, quality of care and to understand the processes of implementation for further strengthening the scheme. And no study was done on JSY in Mehsana district of Gujarat state. General Objective of the study to study the knowledge, awareness, and utilization pattern of services under JSY among the beneficiaries in Mehsana District of Gujarat. Result shows although the study sample is small, some information has emerged that could form the basis for an emerged that could form the basis for a large study. 24% of the women had planned to deliver at home while the majority planned to deliver in PHC or government facility. Reason given for a home delivery is delivery institute is too far from their house and availability of transport is bad. 94% of the women were aware of JSY scheme and had been informed by ASHA & ANM or AWW. 86% of women not having bank account number it may also delays their payment. 91% of ASHAs are aware of JSY and its components. Last training regarding JSY held 3 months back and only 34% of AHSAs carry their reading material/ module with them in field.

Assessment of Awareness and Utilization of Janani Suraksha Yojana

Introduction:

Every year, more than 500,000 women die from causes related to pregnancy and child-birth (UNICEF (2008)). More than 99% of these deaths take place in developing countries. India alone has 22% of the global total. The pattern is quite similar for infant mortality. Most maternal deaths are related to obstetric complications- including post-partum hemorrhage, infections, and eclampsia and prolonged or obstructed labor. Some 86% of the newborn deaths are the direct results of the three main causes- severe infections, asphyxia and preterm births. Infections include sepsis/ pneumonia, tetanus and diarrhea. The above facts suggest that delivering baby in a medical facility, under the supervision of a skilled medical professional can make significant dent in the instances of maternal and neo-natal mortality. Providing cash incentives was thought of as a faster way of encouraging women to come to the medical facilities to deliver their babies, thereby reducing maternal and infant mortality.

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 intervention for safe motherhood and seeks to reduce maternal and neo-natal mortality by promoting institutional delivery, i.e. by providing a cash incentive to mothers who deliver their babies in a health facility. There is also provision for cost reimbursement for transport and incentives to Accredited Social Health Activists (ASHA) 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.

Janani Suraksha Yojana (JSY) under the overall umbrella of National Rural Health Mission (NRHM) has been initiated by modifying the existing National Maternity Benefit Scheme (NMBS). While NMBS is linked to provision of better diet for pregnant women from BPL families, Janani Suraksha Yojana integrates the financial/cash assistance with antenatal care during the pregnancy period, institutional care during

delivery and immediate postpartum period in a health center by establishing a system of coordinated care by ASHA, the field level workers. It is a fully centrally sponsored scheme.

Background:

Janani Suraksha Yojana was launched in April 2005 by modifying the National Maternity Benefit Scheme (NMBS). The NMBS came into effect in August 1995 as one of the components of the National Social Assistance Programme (NSAP). The scheme was transferred from the Ministry of Rural Development to the Department of Health & Family Welfare during the year 2001-02. The NMBS provides for financial assistance of Rs. 500/- per birth up to two live births to the pregnant women who have attained 19 years of age and belong to the below poverty line (BPL) households. When JSY was launched the financial assistance of Rs. 500/-, which was available uniformly throughout the country to BPL pregnant women under NMBS, was replaced by graded scale of assistance based on the categorization of States as well as whether beneficiary was from rural/urban area. States were classified into Low Performing States and High Performing States on the basis of institutional delivery rate i.e. states having institutional delivery 25% or less were termed as Low Performing States (LPS) and those which have institutional delivery rate more than 25% were classified as High Performing States (HPS). Accordingly, eight erstwhile EAG states namely Uttar Pradesh, Uttarakhand, Madhya Pradesh, Chhattisgarh, Bihar, Jharkhand, Rajasthan, Odisha and the states of Assam & Jammu & Kashmir were classified as Low Performing States. The remaining States were grouped into High Performing States.

Role of ASHA or other link health worker associated with JSY

- Identify pregnant woman as a beneficiary of the scheme and report or facilitate registration for ANC,
- Assist the pregnant woman to obtain necessary certifications wherever necessary,
- Provide and / or help the women in receiving at least three ANC checkups including TT Injections IFA tablets,
- Identify a functional Government health center or an accredited private health institution for referral and delivery,
- Counsel for institutional delivery,
- Escort the beneficiary women to the pre-determined health center and stay with her till the woman is discharged,

- Arrange to immunize the newborn till the age of 14 weeks,
- Inform about the birth or death of the child or mother to the ANM/MO,
- Post natal visit within 7 days of delivery to track mother's health after delivery and facilitate in obtaining care, wherever necessary,
- Counsel for initiation of breastfeeding to the newborn within one-hour of delivery and its continuance till 3-6 months and promote family planning.

Important Features of JSY:

4.1 The scheme focuses on the poor pregnant woman with special dispensation for states having low institutional delivery rates namely the states of Uttar Pradesh, Uttaranchal, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan, Orissa and Jammu and Kashmir. While these states have been named as Low Performing States (LPS), the remaining states have been named as High performing States (HPS).

Tracking Each Pregnancy: Each beneficiary registered under this Yojana should have a JSY card along with a MCH card. ASHA/AWW/ any other identified link worker under the overall supervision of the ANM and the MO, PHC should mandatorily prepare a micro-birth plan.

Eligibility for Cash Assistance

LPS States	All pregnant women delivering in Government health centres like Sub-centre, PHC/CHC/ FRU / general wards of District and state Hospitals or accredited private institutions
HPS States	BPL pregnant women, aged 19 years and above
LPS & HPS	All SC and ST women delivering in a government health centre like Sub-centre, PHC/CHC/ FRU / general ward of District and state Hospitals or accredited private institutions

Note 1: Importantly, such woman in both LPS and HPS states, choosing to deliver in an accredited private health institution will have to produce a proper BPL or a SC/ST certificate in order to access JSY benefits. In addition she should carry a referral slip from the ASHA/ANM/MO and the MCH - Janani Suraksha Yojana (JSY) card.

Note 2: ANM / ASHA / MO should make it clear to the beneficiary that Government is not responsible for the cost of her delivery. She has to bear cost, while choosing to go to an accredited private institution for delivery. She only gets her entitled cash.

While mother will receive her entitled cash, the scheme does not provide for ASHA package for such pregnant women choosing to deliver in an accredited private institution.

Review of Literature

- **CONCURRENT ASSESSMENT OF JANANI SURAKSHA YOJANA (JSY) IN SELECTED STATES (BIHAR, MADHYA PRADESH, ORISSA, RAJASTHAN, UTTAR PRADESH)**

The study findings indicate a high level of awareness about JSY among recently delivered mothers in rural areas of the five states. The level of awareness about the scheme (both spontaneous and probed) was as high as 95 per cent in Rajasthan. In other states the awareness level ranged from 76-87 per cent. The combined estimate indicates that 81 per cent of the mothers knew about the schemes in these five states. As far as source of the awareness of the scheme is concerned, most of the mothers in these states, except Orissa, knew about the scheme from ASHAs. They also reported having heard about the scheme from their relatives and friends.

The awareness levels among mothers on two important aspects of JSY (health facility open for 24 hours for delivery services and involvement of private hospitals) were also obtained. 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 about 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.

- **UTILIZATION OF JSY SERVICES AMONGST RURAL WOMEN OF UTTAR PRADESH**

The knowledge of the doctors in the FRU was good and they were aware of the programme details. They were apprehensive that quality was being compromised because the patient load was high and the manpower was limited. The ASHA in the study area stated that they were limited in their duty of taking the women to the hospital many times due to the absence of any transport, the roads in village of Sitapur was not safe and once she was waylaid by thieves on the way to a beneficiary house at night. In GB Nagar the majority of the population being OBC and could afford they were not ready to go to FRU for delivery and preferred a private facility which was nearly at the same distance as the hospital. Another aspect in GB Nagar was the ‘status symbol’ of not using government facility.

Policy Implications

- Accreditation of private providers of delivery services assumes a greater significance as substantial proportion of deliveries are being conducted by them, if the family can afford.
- Government transport system is unavailable to facilitate women to attend hospitals for deliveries or for referral of complicated cases. Policy on this issue needs to be framed
- Grievance redressal system and action on complaints needs a policy.

- **Janani Suraksha Yojana: Its utilization and perception among mothers and health care providers in a rural area of North India**

Background: Janani Suraksha Yojana (JSY) is a maternal protection scheme that promotes institutional delivery by providing cash incentive to the mothers who deliver their babies in a health facility. With the purpose of improving maternal and neo-natal mortality and morbidity indicators, the investment and emphasis on JSY is continued. Utilization pattern and perception in the community regarding particular health program is important to study for assessing the success or failure of the program. **Objectives:** To assess the utilization of JSY and its perception among mothers and health care providers. **Materials and Methods:** A descriptive, cross-sectional, community based study was conducted at Agra district of Uttar Pradesh, among 246 married women of reproductive age group who had childbirth after JSY implementation for assessing their utilization pattern and perception regarding JSY services. Perception regarding the strengths and weaknesses of JSY among the health care providers was also studied. **Results:** Nearly half (53.25%) of the mothers studied had an institutional delivery and were eligible for the JSY benefits. Postnatal home visits by Accredited Social Health Activists were done in 48% of home and 100% of institutional deliveries. Nearly half (48.09%) of the beneficiaries were benefited by free transport facility under JSY. Although all of the health care providers perceived JSY as beneficial for improving maternal health, 44% of them had the notion that cash incentives under JSY can have a negative effect on family planning practices. **Conclusion:** The utilization rate of the JSY services was found to be low in certain aspects like institutional deliveries, transport facility etc., and there is scope for improvement.

RATIONALE OF THE STUDY

Since the JSY has been in operation for over years, it was felt appropriate to review and assess its performance in terms of increase in institutional deliveries, quality of care and to understand the processes of implementation for further strengthening the scheme. And no study was done on JSY in Mehsana district of Gujarat state. Mehsana has an average literacy rate of 84.26%, higher than the national average. Male literacy is 91.88%, and female literacy is 76.12%. In Mehsana, 9.4% of the population is under 6 years of age. Mehsana has the lowest child sex ratio among the urban centers in India.

Objectives:

General Objective:

To study the knowledge, awareness, and utilization pattern of services under JSY among the beneficiaries in Mehsana District of Gujarat.

Specific objectives:

- To assess the knowledge of ASHA regarding JSY
- To assess the awareness level of beneficiaries regarding JSY
- To assess the utilization of services under JSY among the beneficiaries in Mehsana District

Methodology:

This chapter will give a description of how the study area and sample for the study were selected. It also gives details of how the data was collected from the sample population with respect to objectives, how the data was managed and analyzed.

Study Design

A Cross-sectional descriptive research design are used to obtain the optimum level of understanding of respondents (ASHAs and Beneficiaries) about the level of awareness, knowledge and Utilization of Janani Suraksha Yojna in Mahesana Gujarat.

Study Area- Mahesana district, Gujarat

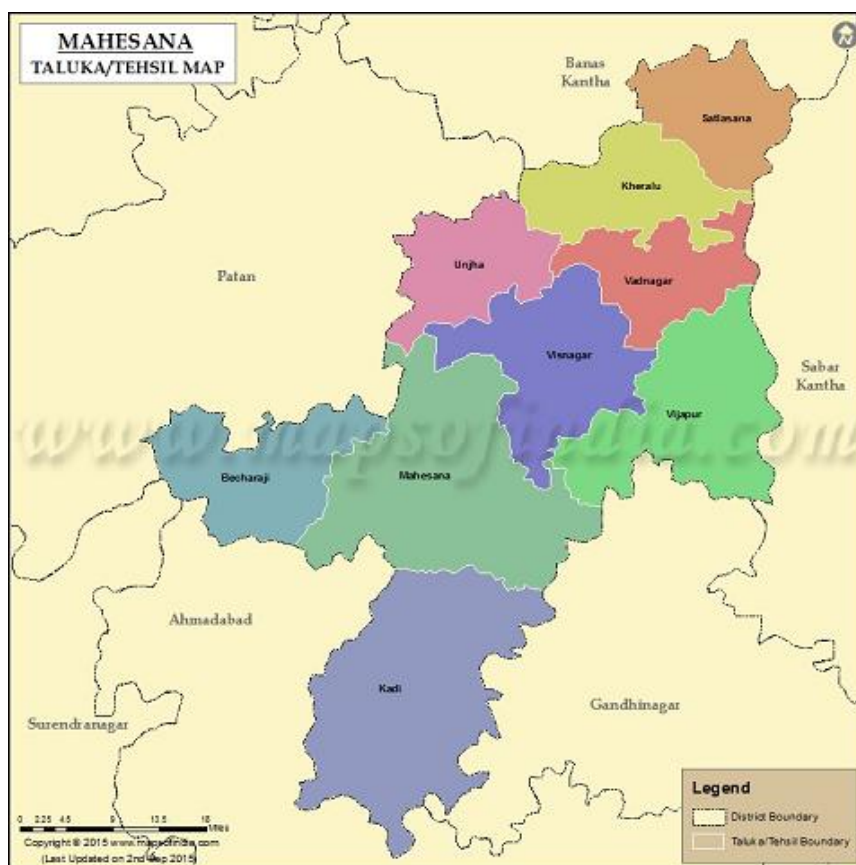


Fig- District map of Mahesana, Gujarat

As of 2011 India census, Mahesana had a population of 184,133. The sex ratio was 894 females/males. Mahesana has an average literacy rate of 84.26%, higher than the national average. Male literacy is 91.88%, and female literacy is 76.12%. In Mahesana 9.4% of the population is under 6 years of age. Mahesana has the lowest child sex ratio among the urban centers in India.

Reason for selecting Mahesana

No study was done on JSY in Mahesana district.

Sample Size

50 ASHA and 150 Beneficiaries

Sampling Technique

Convenience random sampling

Study Tool

Monitoring checklist is prepared for both ASHA and Beneficiaries of JSY to assess their knowledge, awareness and utilization of services under JSY.

Data Analysis

Data was analyzed using MS-excel.

Duration of study

3 months

RESULT:

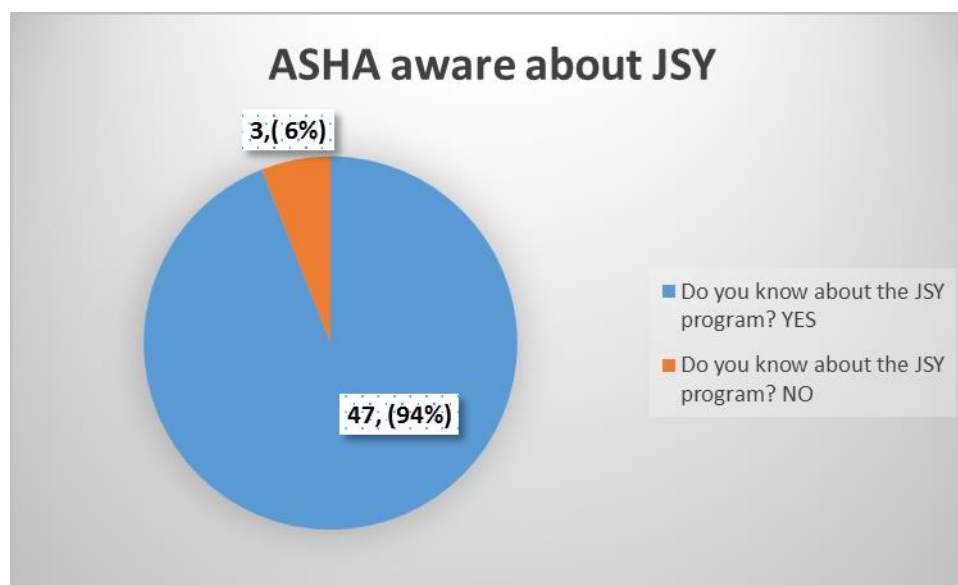
Although the study sample is small, some information has emerged that could form the basis for a large study.

Total utilization of JSY scheme (Last quarter December, January, February, March 2015-16)

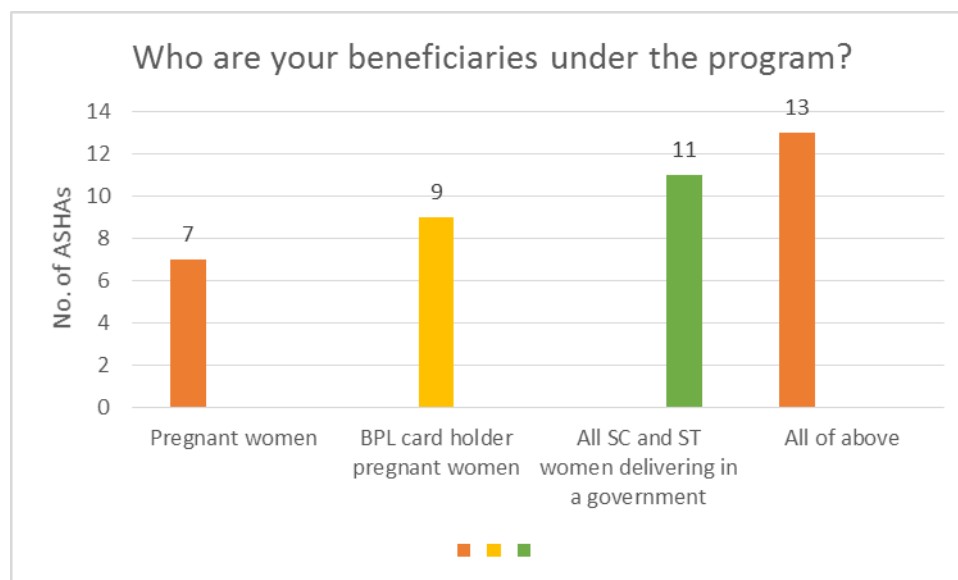
Type of delivery	Number of deliveries
Total no of deliveries in Mahesana	4856
JSY registered Delivery	2455

Above table shows in Mahesana only 51% of deliveries are JSY registered.

Assessment of knowledge of ASHA regarding the Janani Suraksha Yojana



The above pie chart shows the awareness level of ASHA regarding JSY scheme is 94% they are aware of JSY.

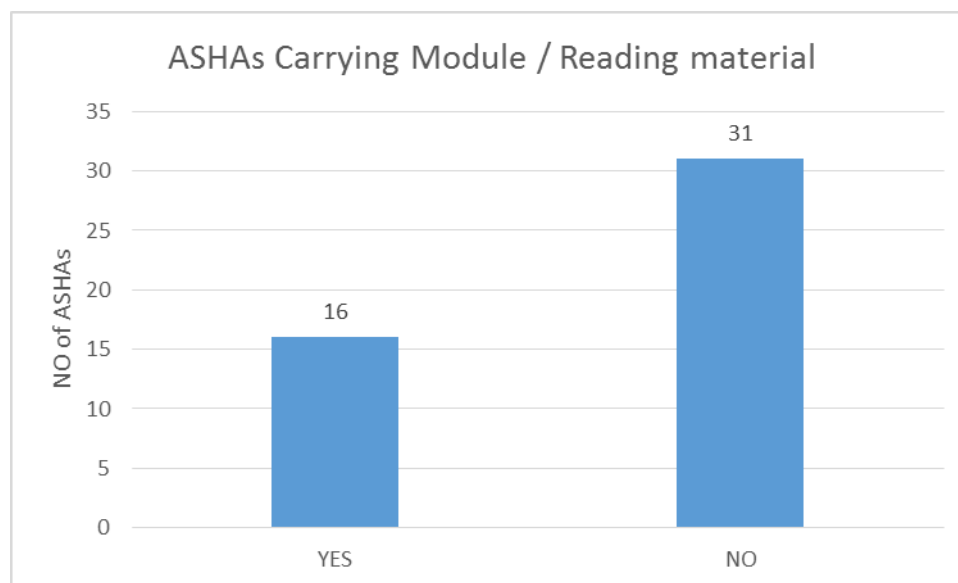


In above bar graph result shows the knowledge of ASHA about the beneficiaries of JSY program 7 ASHAs said pregnant women, 9 ASHAs said BPL card holder pregnant women are the beneficiaries, 11 ASHAs say all SC and ST women and 13 say all of above. The result show that they are not clear about who are their beneficiaries.

Knowledge of ASHA regarding cash assistance 91% said they are aware of cash assistance and the amount given in JSY for both ASHA and Beneficiaries and 9% of ASHA were not clear about the cash assistance. 46 (98%) ASHA say they help beneficiaries in getting payment under JSY.

Training of ASHAs

When ask about training regarding JSY 46 said yes they got training and 1 said no. They said last training they get was 3 months back. And 44 ASHAs got reading material/module during their training.



When ask about do u carry module with you in field. 16 said yes and 31 said no. it shows they did not carry module / reading maerial with them.

Knowledge about ANC and PNC

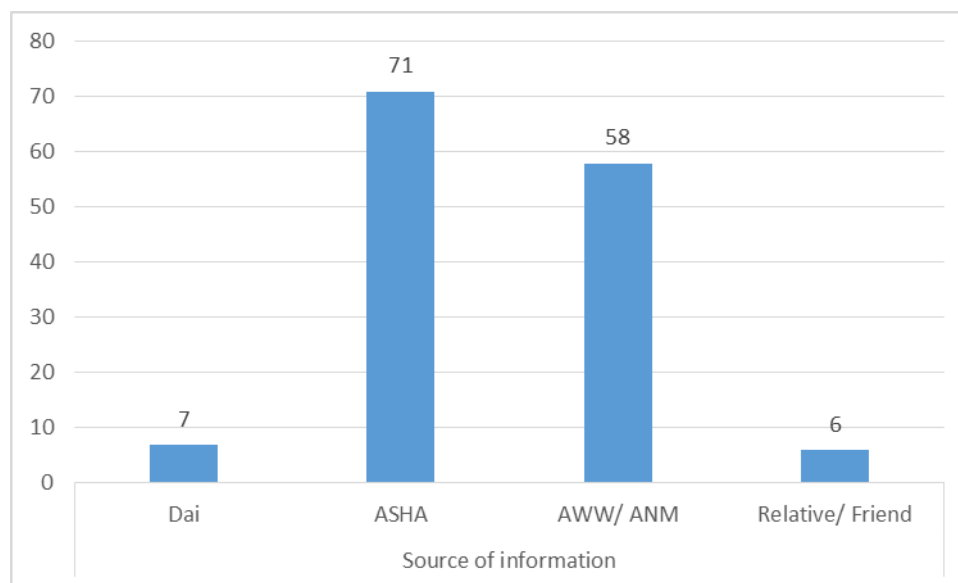
When asked about awareness of ANC and PNC, majority of them said yes they are aware of ANC and PNC services under JSY. And 41 out of 47 ASHAs (84%) said they accompany beneficiaries for ANC, 39 out of 47 (82%) say they accompany beneficiaries for institutional delivery. And 32 said they also go for PNC with beneficiaries.

Beneficiaries aware about JSY and its component in selected district

Awareness about JSY

142 beneficiaries out of 150 are aware of JSY program.

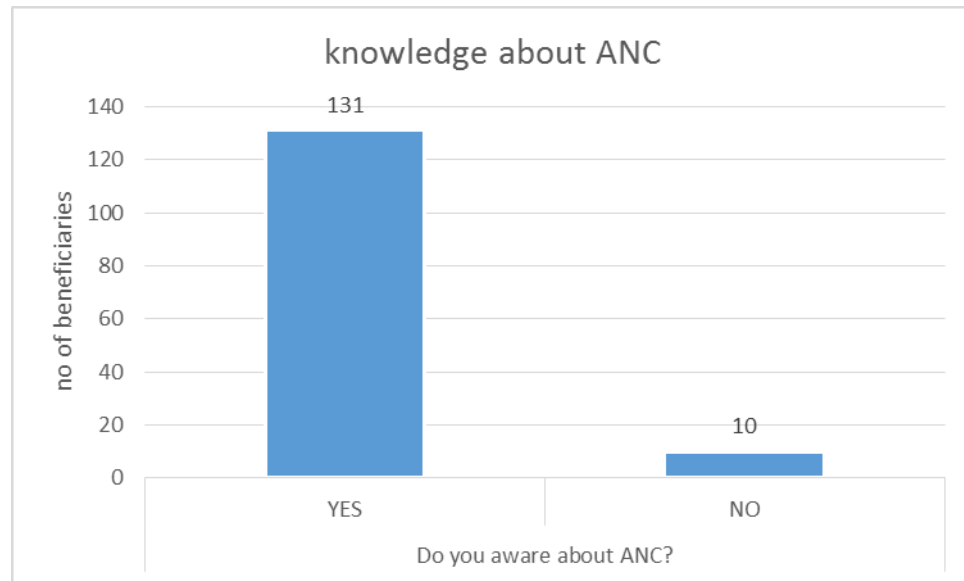
Source of information



The above graph shows the source of information regarding JSY with reference to beneficiaries. 7 said they got to know about JSY by Dai, 71 said ASHA told them about JSY and its benefits, 58 say AWW / ANM told them about JSY and rest 6 got to know through their friends and relatives.

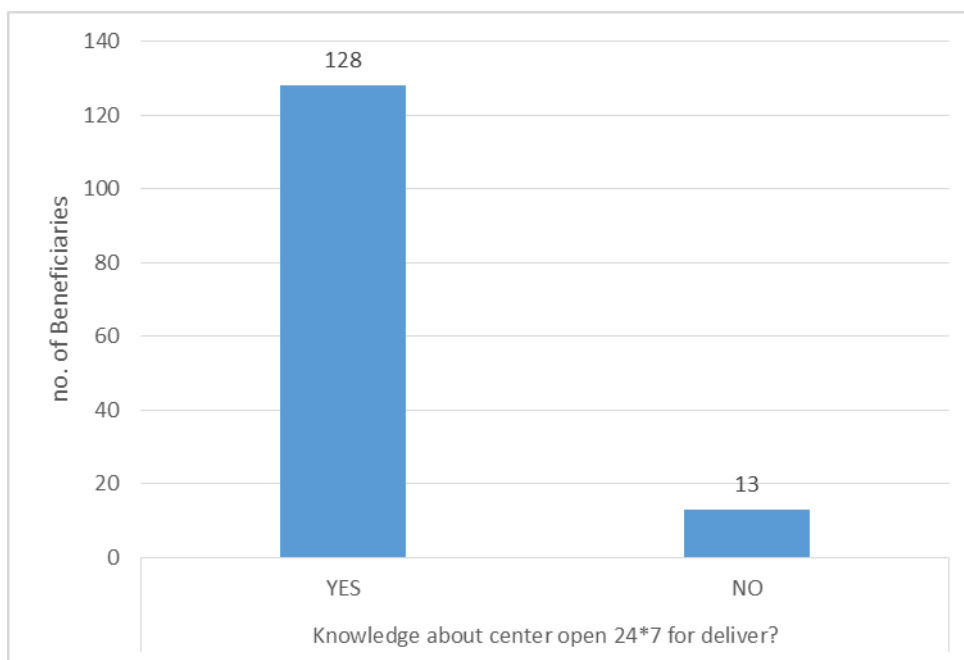
Awareness about component of JSY

When ask about registration during pregnancy in JSY 141 out of 142 said yes they are aware of registration process. Did anyone accompany you for registration 133 out of 142 say yes ASHA / AWW accompany them to health facility.



When ask about knowledge about ANC 131 (93%) out of 141 were aware of ANC visits to health facility during their pregnancy.

Knowledge about center open 24*7 for deliver

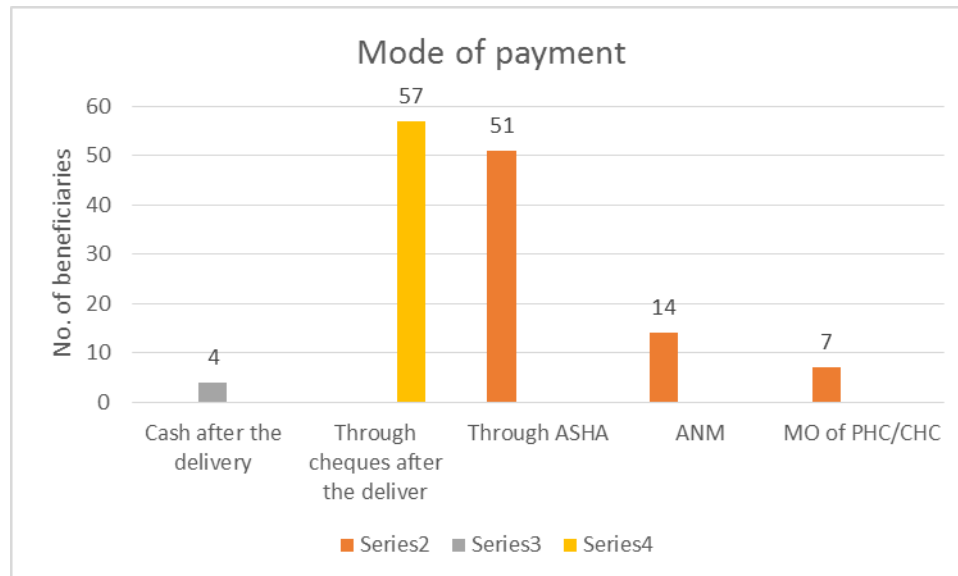


Above bar graph shows 128 (90%) women out of 141 are aware of health facility which are functional for 24*7 and they can go there for treatment any time when needed.

Knowledge about cash assistance in JSY

When ask about are you aware of cash benefits in JSY 133 said yes they know about cash assistance for ANC visits, institutional delivery and transport services and rest 8 said no they did not know about that.

Knowledge about mode of payment

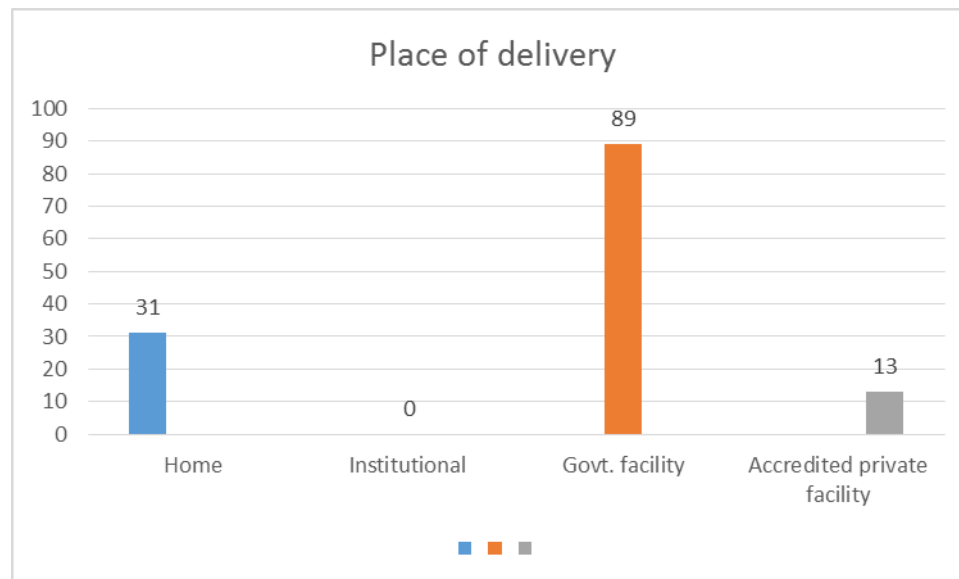


115 beneficiaries are having active bank accounts while 18 donot have bank account. When ask about mode of payment of cash benefits under JSY. 57 said they got payment through cheques after there discharge from hospital while 51 women said their payment is given by ASHA after discharge.

Time of payment

When ask about time of payment 89 beneficiaries said they got cash benefits at the time of dischare, 11 said they got a few days latter and 33 said there is no certain time of payment .

Place of delivery



The result shows 31 beneficiaries planned to deliver at home while majority planned to deliver in PHC or government facility reason for non-institutional delivery is delivery institute is too far and there is no body to take care of their family during hospital stay. And availability of government transport is very difficult at odd times.

Conclusion & Recommendations

Although the study sample is small, some information has emerged that could form the basis for an emerged that could form the basis for a large study. 24% of the women had planned to deliver at home while the majority planned to deliver in PHC or government facility. Reason given for a home delivery is delivery institute is too far from their house and availability of transport is bad.

94% of the women were aware of JSY scheme and had been informed by ASHA & ANM or AWW. 86% of women not having bank account number it may also delays their payment.

91% of ASHAs are aware of JSY and its components. Last training regarding JSY held 3 months back and only 34% of AHSAs carry their reading material/ module with them in field.

- To have more clarity among service provider about the objectives of the JSY and the inclusion criteria.
- Make sure that ASHAs should carry their reading material / module with them in field. And that should be of more pictures so that it will be convenient for them to understand.
- To ensure that payment should be made on time. All the beneficiaries should have active bank account.
- Along with introducing the JSY, parallel efforts have to make to improve quality of service delivery.
- Organize more awareness program regarding institutional delivery to avoid home deliveries. So we have safe motherhood practices.
- Make sure that all beneficiaries should have active bank account number so that payment is made on time. And those who do not have bank account, new bank account should be open for them.

Limitations of study

- Sample size is small.
- Language barrier
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References

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ANNEXURE

Monitoring Checklist

S.No	QUESTIONS	REMARKS
Assessment of knowledge of ASHA regarding the Janani Suraksha Yojana		
1.	Do you know about the JSY program?	
	Yes NO	
2.	Who are your beneficiaries under the program?	
A	Pregnant women	
B	BPL card holder pregnant women	
C	All SC and ST women delivering in a government	
D	All of above	
3.	Do you know about the eligibility for cash assistance?	
	Yes No	
4.	What amount do you get as incentive under the program?	
5.	What is the amount given to beneficiaries under JSY?	

6.	Do you help beneficiaries to receive the payment under JSY?	
	Yes	No
Training of ASHAs		
7.	Do you get any training regarding JSY?	
	Yes	No
8.	When was your last training conducted	
9.	Are you given any reading material/ module during training?	
	Yes	No
10.	Do you have reading material/ module?	
	Yes	No
11.	Do you follow the guidelines and protocol given in reading material?	
	Yes	No

Knowledge about ANC and PNC		
12.	Do you know about ANC and PNC?	
	Yes	No

13.	Do you help beneficiaries in registering for ANC services?		
	Yes	No	
14.	Accompanied for ANC		
	Yes	No	
15.	Accompanied for institutional delivery?		
	Yes	No	
16.	Helped beneficiary in receive the payment under JSY?		
	Yes	No	
17.	Told about PNC services?		
	Yes	No	
18.	Accompanied for PNC		
	Yes	No	

Beneficiaries aware about JSY and its component in selected district

S.no	Questions		Remarks
1.	Awareness about JSY		
	Yes	No	
2.	Source of information		
A	Dai		
B	ASHA		
C	AWW/ ANM		
D	Relative/ Friend		
Awareness about component of JSY			
3.	Are you aware about registration during Pregnancy in JSY?		
	Yes	No	
4.	Did anyone accompany you for registration		
	Yes	No	
5.	Do you aware about ANC?		
	Yes	No	
6.	Knowledge about center open 24*7 for deliver?		
	Yes	No	
7.	Aware about cash incentives under JSY?		

	Yes	No	
8.	Aware about cash incentives for institutional delivery under JSY?		
	Yes	No	
9.	Mode of payment to beneficiaries		
A	Cash after the delivery		
B	Through cheques after the deliver		
C	Through ASHA		
D	ANM		
E	MO of PHC/CHC		
10.	Time when payment is made to beneficiary?		
A	At the time of discharge		
B	Immediately after the delivery		
C	After few days of delivery		
D	Uncertain or no specific time		
11.	Availability of transport facility in their village?		
	Yes	No	

S.no	Questions	Remarks
12.	Place of delivery	
A	Home	
B	Institutional	

C	Govt. facility	
D	Accredited private facility	
13.	Reason for Non- Institutional delivery	
A	Home is convenient	
B	Cost of the institutional delivery	
C	No nearby institute for 24*7 delivery	
D	Delivery institute is too far	
E	Nobody is there to take care of family during my delivery outside home	
F	Untimely delivery	
14.	Do you get any receipt of JSY card	
	Yes	No