"AN ASSESSMENT OF THE FUNCTIONING & UTILIZATION OF JSY (JANANI SURAKSHA YOJNA) IN DISTRICT HOSPITAL OF SUPAUL,BIHAR"

Under Guidance of Dr Dharmesh Lal (Associate Dean, IIHMR Delhi)

A dissertation submitted in partial fulfillment of the requirements for the award of

Post- Graduate Diploma in Health & Hospital Management

by:

Dr. Preeti Shokeen

PG/11/071

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May, 2013

TO WHOM SO EVER IT MAY CONCERN

This is to certify that *Dr Preeti Shokeen*, from International Institute of Health Management &Research,New Delhi has been associated as Hospital Manager in District Hospital, Supaul Bihar since 12-02-2013.

During this period (Feb-April'13) as Hospital Manager(FRUs) her area of work :-

- **Plan,organize,direct,control and coordinate day to day activities of the hospital.**
- **Planning &implementing strategic changes to improve service delivery.**
- **Managing clinical,professional and administrative staff.**

Her report was on – "To Assess The Functioning And Utilization Of JSY In District Hospital Of Supaul,Bihar"

Her behavior was found to be good and no vigilance case is pending/contemplated against her during the aforesaid period.

(Dr Arun Kumar Verma)
Deputy Superintendent,
District Hospital Supaul

Certificate of Approval

The following dissertation titled **"An Assessment Of The Functioning & Utilization Of JSY(Janani Suraksha Yojna) In District Hospital Of Supaul,Bihar"** is hereby approved as a certified study in management carried out and presented in a manner satisfactory 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.

Ms – PREETI SHOKEEN.

Dissertation Examination Committee for evaluation of dissertation

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Certificate from Dissertation Advisory Committee

This is to certify that **Ms. Preeti Shokeen** a graduate student of the **Post- Graduate Diploma in Health and Hospital Management**, has worked under our guidance and supervision. He is submitting this dissertation titled "**ASSESSMENT OF JSY FUNCTIONONG AND UTILIZATION IN DISTRICT HOSPITAL OF SUPAUL BIHAR**" 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.

Faculty Mentor Dr. Dharmesh Lal

Designation - Associate Dean

IIHMR New-Delhi

Date 03/05/13

Dr. A K Verma

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Supaul (Saharsa)

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FEEDBACK FORM

Name of the Student:-Dr. Preeti Shokeen

TrainingInsititution:-District Hospital,Supaul,at State Health Society Bihar.

Area of work in dissertation:- working as Hospital Manager(FRUs)

- Plan,organize,direct,control and coordinate day to dayactivities of the hospital.
- Planning &implementing strategic changes to improve service delivery.
- Managing clinical,professional and administrative staff.

Her report was on –

"To Assess The Functioning And Utilization Of JSY In District Hospital Of Supaul,Bihar"

Attendence:-

She was quite regular & always on time.

Objectives Met:-

She is hard working and fulfilled the objectives of the organization.

Strengths:-

She is sincere and hardworking which help her to grow in her profession life.

Suggestions:-

Encourage innovation and set goals that you can use to help improve performance and move ahead in the organization.

20/4/12

(Signature of the Officer In charge)

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Thanking You,

ABBREVIATIONS:-

ADMO - Additional District Medical Officer
ANC - Antenatal care
ANM - Auxiliary nurse midwife
ASHA - Accredited social health activist
AWW - Anganwadi worker
CDMO - Chief District Medical Officer
CHC - Community health centre
DAM - District Accounts Manager
DHH - District Headquarter Hospital
DHIO - District Health Information Officer
DPM - District Programme Manager
FGD - Focus group discussion
FRU - First referral unit
HW(F) - Health worker-female
IFA - Iron folic acid tablets
JSY -Janani Suraksha Yojana
MO - Medical Officer
NRHM - National Rural Health Mission
ORS - Oral rehydration salt
PHC - Primary health centre
PNC - Postnatal care
PPP - Public private partnership
PRI - Panchayati Raj Institution
RKS - Rogi Kalyan Samiti
SBA - Skilled birth attendant
SDH - Sub-divisional hospital
SES - Socio-economic status
SHG - Self-help group
TBA - Traditional birth attendant
TT - Tetanus Toxoid

1.0 INTRODUCTION

1.1 BACKGROUND/OVERVIEW OF THE ORGANIZATION

SADAR HOSPITAL,SUPAUL DISTRICT

- Established in British era in the year 1913 and formerly known as Wales Hospital.
- Situated in the heart of the city and cater to the needs of the population of 22 lakhs of the district.
- It is supposed to provide L3 services for MCH and it was designated as District Hospital from SDH at the end of the year 2010.
- Total sanctioned beds are 100.

Facilities at a glance:

1. OPD& EMERGENCY and Indoor:

- General OPD cases per day are around 500.
- Total OPD cases seen in the year 2012 are 180258.
- ***24x7*** Emergency and indoor services are available.
- Total emergency cases treated in the year 2012 are 22511.
- Total 19169 patients were admitted in the indoor.

2. GYNAECOLOGY AND OBSTETRICS:

- Average ANC cases seen per month are 900.
- Average normal delivery is around 500 per month.
- Total 7857 institutional deliveries were conducted in the year 2011.
- Apart from normal delivery, complicated deliveries are also managed under FRU and Caesarean Section facility is available.

Family Planning Services:

- Full range of family planning services are available.
- Family planning operatives are performed daily.

- Counseling, motivation for small family norm, distribution of condom, oral contraceptive pills and IUD insertion is done.

5.Special Care Newborn Unit:

- This unit is dedicated for the emergency care of sick children.
- It started functioning from August 2009.
- It is well equipped with modern equipments for the treatment of sick neonatal and infants.
- There are 6 Radiant warmer, 2 phototherapy machines, 2 Suction machines and other lifesaving equipment.
- Average 100 infants and children are admitted per month.
- Total 1374 cases treated in the year 2012.

6. ***Radiology and Pathology***:

- Free 24x7 Radiological and Pathological services are available under Public Private Partnership mode. IGEMS Patna is the authorized agency for X-ray and Central Diagnostics Patna has been authorized for Pathological tests.
- Total 6284 X-ray were done in the year 2012.
- Apart from outsourcing agency, hospital has its own in-house pathology run by Rogi Kalyan Samiti. Tests for Pregnancy, Routine urine, Hb%, Blood Sugar, malaria and Kala-azar are conducted. Medico legal investigations are also done in this Laboratory.

8. Blood Storage Unit:

- It Started Functioning from 29th September 2011.
- Blood storage facility is available on a 24-hour basis.

9. Ambulance Facility:

- Basic lives saving ambulance services are available on 24-hour basis.
- Hospital has 2 ambulances (102 and 108).
- Ambulance services are provided on the basis of public private partnership (PPP) mode.
- Patients have to pay Rs.7/km for 102 and Rs.9/km for 108 ambulances.

- BPL patients are exempted for paying these charges (for 108).
- Besides these 2 ambulances, one ambulance is run by Indian Red Cross society.

10. N.R.C (Nutrition Rehabilitation Centre):

- It started functioning from 29th July 2011.
- Prayas Juvenile aid Centre, New Delhi is the authorized agency for running this centre.
- Severely malnourished children are admitted for treatment and they are kept here for 21days.
- The mothers of the admitted children also live with them and they are given loss of wages@Rs.70 per day for 21 days.
- Total 152 children admitted and got treatment in the year 2011.

1.2 INTRODUCTION:- JANANI SURAKSHA YOJANA

Newer, innovative, client-cantered, and community-centered interventions were designed to address the major public health problems in India where maternal and child morbidity and mortality stand out as huge challenges. In order to address this challenge, the Government of India launched the National Rural Health Mission (NRHM) in 2005 with the sole aim of protecting and promoting the health and well -being of its citizens in general, and mothers and children in particular. It aims at reducing maternal and childhood morbidity and mortality through timely interventions like engagement of the ASHAs at village levels, the RKS, and the JSY to name a few.

The figures state that in every five minutes one woman s somewhere in India dies due to pregnancy-related complications, amounting to one lakh maternal deaths and 10 lakh new-born deaths each year. The NRHM launched its JSY scheme as one of its most important key interventions to reduce maternal mortality.

The Janani Suraksha Yojana (JSY) is an incentive -based programme for the promotion of institutional deliveries. The main objective of this programme is to ensure that each delivery is conducted in an institution and is attended to by a skilled birth attendant (SBA) to minimize/prevent maternal deaths and pregnancy -related complications in women and at the same time ensure the well -being of the mother and the new -born.

Under JSY, cash assistance to mothers and the ASHAs is provided for institutional deliveries. Recruitment and training of the ASHAs in each village has given further impetus to the efforts of preventing maternal deaths.

1.2.1 Eligibility Criteria

Low-Performing States (LPS)

- All pregnant women delivering in government health centres like subcentres (specifically approved for institutional delivery by the state) and Primary Health Centres,(PHCs), Community Health Centres (CHCs), First Referral Units (FRUs), or general wards of district hospitals.
- BPL and 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 subcentres, 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 subcentres,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 JANANI SURAKSHA YOJANA IN BIHAR

Background:-

In Bihar, every hour, a lady dies while delivering a new soul for the family and the society.Each year, about 8300 mothers die while giving 2.7 million births annually. The Maternal Mortality Ratio (MMR) in Bihar is 312 deaths per 1, 00,000 LB. The rate of decline in MMR in the past decade has been close to 4 percentage points while this should have been more than 5.5 percentage points to achieve the MDG target. Bihar contributes the second highest mortality burden in the national maternal mortality disease burden. For every woman who dies from causes related to pregnancy or childbirth, it is estimated that there are 20 others who suffer pregnancy-related illness or experience other severe consequences. The number is striking: an estimated 1,66,000 women in Bihar annually who survive their pregnancies experience adverse outcomes such as pregnancy related injuries, infections, diseases and disabilities, often with lifelong consequences. The truth is that most of these deaths and conditions are preventable – research has shown that approximately 80 per cent of maternal deaths could be averted if women had access to essential and basic health-care services.

Janani Suraksha Yojana under the overall umbrella of the National Rural Health Mission integrates the benefit of cash assistance with institutional care during delivery, coupled with antenatal care and immediate post-partum care. This is to reduce maternal as well as infant mortality.

Under this scheme, pregnant women from BPL (below poverty line) families will receive Rs. 1400 in rural areas and Rs. 1000 in urban areas for registering with a clinic and giving birth either in a government or private hospital.

The scheme has been implemented in the State since 1stJuly, 2006 and so far 3.5 lakh registrations and 89839 deliveries have taken place. To include the private nursing homes in this scheme, so far 53 private nursing homes have been accredited. This can be considered a good progress in the program.

Introduction of JBSY acted as a major boost to improving maternal health. Under the Scheme institutional delivery especially at Government Hospitals has

substantially increased, and there has also been a shift in deliveries from DHs to PHCs, thus easing the load on the DHs. There has been an increased utilization of ANC services which also led to high coverage of PNC, zero dose polio, BCG. 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. However, the minimum two day stay post-delivery is not adequately ensured and there are delays in payments to beneficiaries.

JBSY 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 postpartum 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 JBSY 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.

Another key challenge for JBSY programme in Bihar is that the full potential of JBSY in terms of provision of essential newborn care and postpartum family planning counseling is yet to be realized. Several steps are being undertaken to strengthen JBSY implementation and monitoring like payment prior to discharge through bearer cheque, monitoring of JBSY/verification of beneficiaries by officials at different levels, public disclosure of beneficiaries at the facility, setting up of NBCCs in PHCs and provision of FP counsellors.

The 2-days stay after delivery is being promoted and essential newborn care and postpartum counseling is being emphasized esp. in high volume facilities. Other interventions being conceived are improved monitoring of quality of deliveries at public health facilities and accrediting private sector facilities for delivery.

2.0- RATIONALE OF STUDY:-

We see approaches of maternal & child health services changing over the years in order to reduce maternal maternity ratio and infant mortality rates which are the critical indicators in MCH services.

Janani Suraksha Yojana initiated in April 2005 has the impact of financial support and a new brand of personnel being part of strategy.

Since the JSY has been in operation for over many 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.

So,the purpose of this assessment will help us to know whether the programme is moving in right direction and indicate required changes for the betterment.

3.0 REVIEW OF LITERATURE

Meetings with Accredited Social Health Activists, Anganwadi Workers, free out-patient services for Below Poverty Line patients, publicity through media etc were successful in getting more number of cases as compared to those who did not adopt any strategies. [7]

As per the study in Rural Block of District Jhajjar, Haryana concludes that 227(56.7%) mothers had institutional deliveries, among home deliveries 173(43.3%), attending personnel were 30(17%) untrained dais, 103(59%) trained dais; 19% health personnel and 5% others. [8]

As per an assessment of the functioning and impact of janani suraksha yojana in Orissa,reveals out that Health worker female and accredited social health activists were playing the key roles in generating awareness regarding Janani suraksha yojana. [9]

In a concurrent assessment of Janani suraksha yojana in Bihar, Madhya Pradesh, Orissa, Rajasthan and Uttar Pradesh,concludes that a high level of awareness about Janani Suraksha Yojana among recently delivered mothers in rural areas. [10]

In a study done in rural areas of Ahmednagar district in Maharashtra on provision of emergency obstetric care,concludes that the utilization of primary health centers for maternity care is negligible and dissatisfaction with the primary health system in the

community & the national rural health mission needs to address the ground level services to make motherhood safe. [11]

Only 92 (33.6%) women had undergone the minimum recommended antenatal checkup during their current pregnancy, and 188 (68.6%) women had institutional deliveries. The pattern of utilization of maternal health services and to find out the potential predictors, their distributions and their association with antenatal care utilization and pregnancy outcomes should be emphasized. The antenatal services, in spite of being essential to the care of pregnant women, are being poorly delivered.[12]

In a analysis of health facilities for child birth in rural Tanzania,concludes that mothers are benefited with health facilities provided by the doctors, nurses and trained health attendant.[13]

The investigation of institutional care seeking for child birth in rural India, economic status emerges as a more crucial determinant than access. Economic status is also the strongest influence on the choice between a private-for-profit or public facility amongst institutional births. The Greater availability of obstetric services will not alone solve the problem of low institutional delivery rates. [14]

Young educated recently delivered women with low parity, educated husband and belonging to higher socio-economic class had higher odds of utilization of accredited social health activist services. [15]

A rapid appraisal of functioning of accredited social health activist under national rural health mission in Orissa, reveals that being young in age, accredited social health activist are amenable to motivation and capacity building for functional efficacy and gives them the strength to perform better in the community. [16]

India's Janani Suraksha Yojana a conditional cash transfer programme to increase births in health facilities an impact evaluation. The data collected from the nationwide district-level household surveys in 2002—04 and 2007-09 to assess receipt of financial assistance from janani suraksha yojana as a function of socioeconomic and demographic characteristics. The study concludes that implementation of Janani Suraksha Yojana in 2007-08 was highly variable by state from less than 5% to 44% of women giving birth receiving cash payments from Janani Suraksha Yojana.[17]

The rate of reduction in Rajasthan's maternal mortality ratio has been slow. The government system provides the bulk of maternal health services. Although the service infrastructure has improved in stages, the availability of maternal health services in rural areas remains poor because of low availability of human resources, especially midwives and clinical specialists, and their non-residence in rural areas. Thirty-two percent of women delivered in institutions in 2005-2006. A 2006 government scheme to give financial incentives for delivering in government institutions has led to substantial increase in the proportion of institutional deliveries. The maternal health benefit schemes provide an opportunity to improve maternal and neonatal health, provided the quality issues.[18]

4.0 OBJECTIVES OF STUDY:-

4.1 General Objective:-

To assess the Janani Suraksha Yojana in district hospital of Supaul.

4.2 Specific Objectives:-

1. To assess the functioning of JSY among service providers on quality of care and satisfaction.
2. To understand the awareness of JSY among beneficiaries.
3. To examine utilization of various components of the scheme, including ante natal care, transport support.
4. To identify the problems/barriers (if any) faced by the service provider and beneficiaries.

5.0 METHODOLOGY:-

STUDY PERIOD:- Two Months(March-April'13)

STUDY AREA:- District hospital of Supaul,Bihar

STUDY DESIGN:- A Descriptive Cross-sectional Study

SAMPLING DESIGN:- Convenient Sampling

STUDY SUBJECTS:-

- Beneficiaries (the women who delivered in the district hospital)
- Doctors.
- Grade-A Nurses & ANMs.
- DPM,DPC and M & E Officer at district level.

SAMPLE SIZE:- 361 beneficiaries who had institutional deliveries & 25 service providers (both the doctors, Grade-A nurses & ANMs).
(Considering consecutive last 3 years data of beneficiaries who were registered, average mean study population was taken out as 6000 beneficiaries annually, from which sample size was calculated at 95% of CI which was 361.)

TOOLS USED FOR DATA COLLECTION:-
Data was collected using quantitative &qualitative semi -structured questionnaire, in-depth interviews (IDI) . Primary and secondary data sources were used for data collection. Primary data was collected from all the respondents.

Secondary data was collected from the available reports and the records at the district levels regarding the operational mechanism and utilization of the services under the JSY. All the data collected were triangulated to have more clarity on the findings at the time of analysis.

6.0 FINDINGS & DISCUSSION:-

6.1Perspectives Of Service Providers On Quality Of Care & Satisfaction

A) Human Resources:-

- Supaul District Hospital covering 3.6 lakhs population only have 7 medical doctors for obs-gynae &19 paramedical ANMs & nurses.

- As per the program managers (DPM & DPC) who were interviewed had the apprehension that the shortage of medical and paramedical workforce may pose a great hindrance to the ultimate success of the programme. In order to ensure increasing numbers of safe institutional deliveries, the health system needs to have trained medical personnel like doctors, obs -gynae, and paramedical personnel like staff nurses.

- "Lack of adequate number of female attendants, sweepers, and ANMs is a major bottleneck in ensuring good quality delivery services in the institutions'', noted by the district M & E officer.

The views and observations made by the district level functionaries in short reflected the sentiments of most of the senior and junior functionaries:-

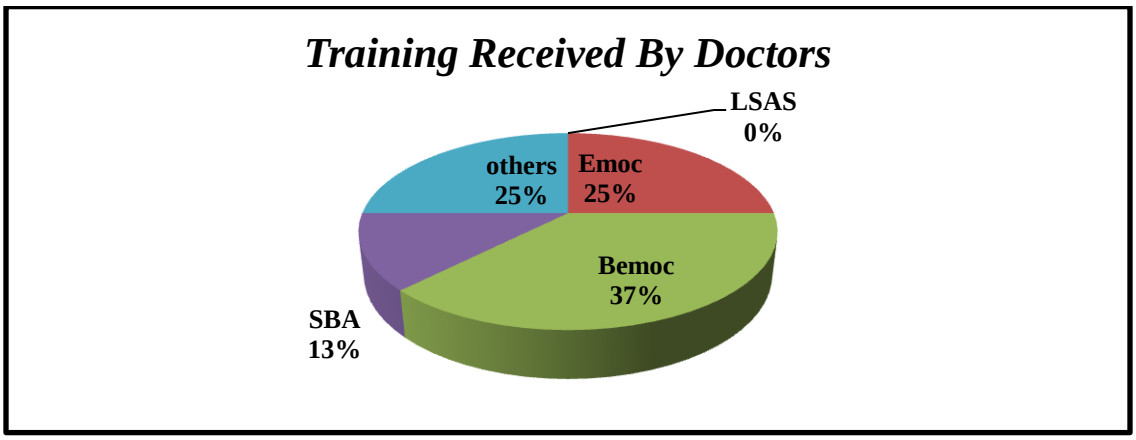
- It was revealed that at some point, a single medical officer was posted as against the sanctioned strength of two, thus leading to the overburden of work and job responsibilities.

- The non-availability of staff nurses and the LHVs further aggravated the problem of regular and quality service delivery.

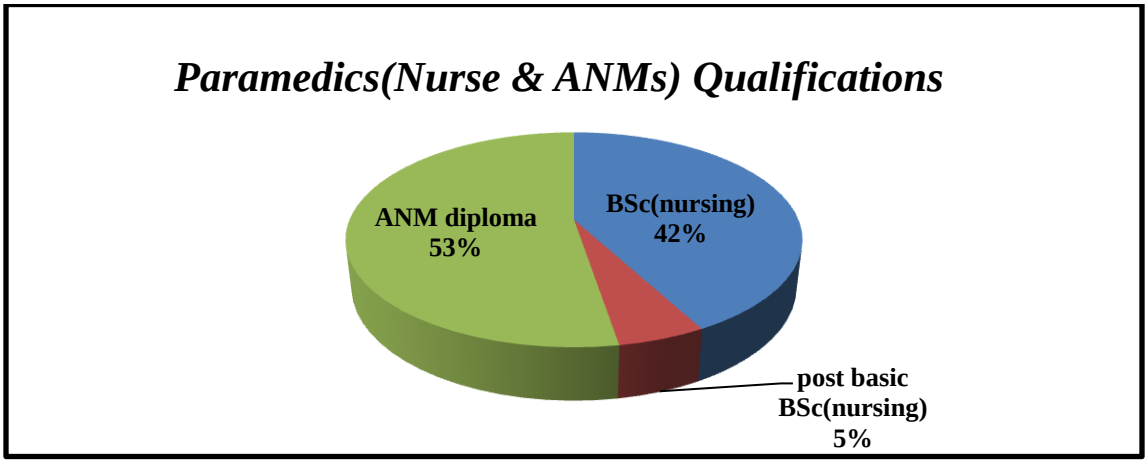
STAFF	SANCTIONED POSTS	AVAILABLE	VACCANT
DOCTORS/ M.O	**32**	**19**	**13**
NURSES	**54**	**20**	**34**
source: District Health Report 2012,DHS Supaul.			

B) Medical & Para-Medical Personnel Trained & Qualifications:-

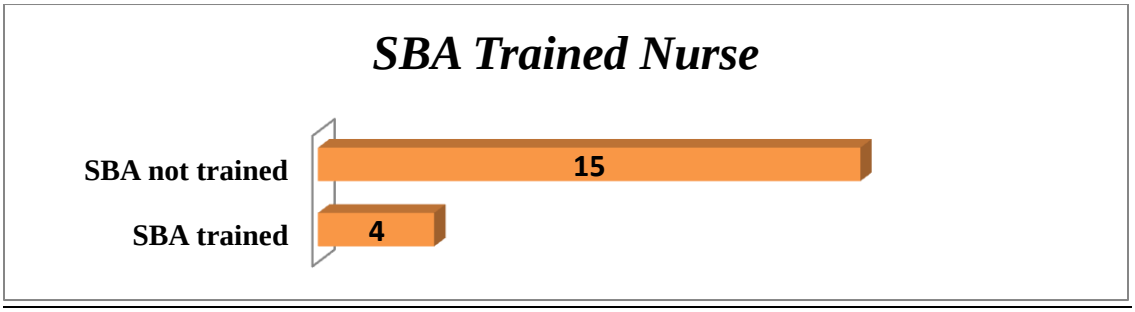
- 7 doctors who were interviewed, it was noticed that all were MBBS, 3 lady and 4 male doctors providing services.
- Only one doctor was having post graduate specialization but still others were carrying out the services.
- Only 3 doctors received the Emoc & Bemoc training.



- Out of 19 paramedics staff, it was observed that among them only 9 were Grade-A nurse & remaining 10 were ANMs.



- Other important point is that only 4 nurses are SBA trained out of 19.



C) Logistics:-

- Provision and availability of required logistics is an important issue for success of any programme. Timely supply, prompt procurement, and judicious utilization are some of the key areas of significance.

- With regard to the JSY programme, adequate logistic support in terms of forms and registers, labour room facility, instruments and equipments in the labour room, essential medicines, emergency delivery kits are of primary importance.

- At the district level, the key stakeholders commented on the availability of the labour room facilities which were inadequate in terms of numbers (delivery tables, instruments and equipments) to meet the increased delivery load following the implementation of the JSY programme. Thus the service delivery was suffering a setback both in terms of quantity and quality.

- ***"The labour rooms were not well equipped, not well -ventilated, and cleanliness was not at all maintained. This problem further is aggravated by inadequate supply and under-stocking of medicines such as antibiotics.",*** noted Medical Officer at hospital.

- ***"The major bottlenecks in the smooth implementation of the JSY programme were poor quality of IFA tablets, short supply of IFA tablets and other quality medicines,*** noted Deputy Superintendent at hospital.

6.2 Beneficiaries Perspectives On JSY

A) Characteristics Of Beneficiaries:- All beneficiaries were interviewed & following information was gathered & interpreted:

Tab 1:- Characteristics Of JSY Beneficiaries

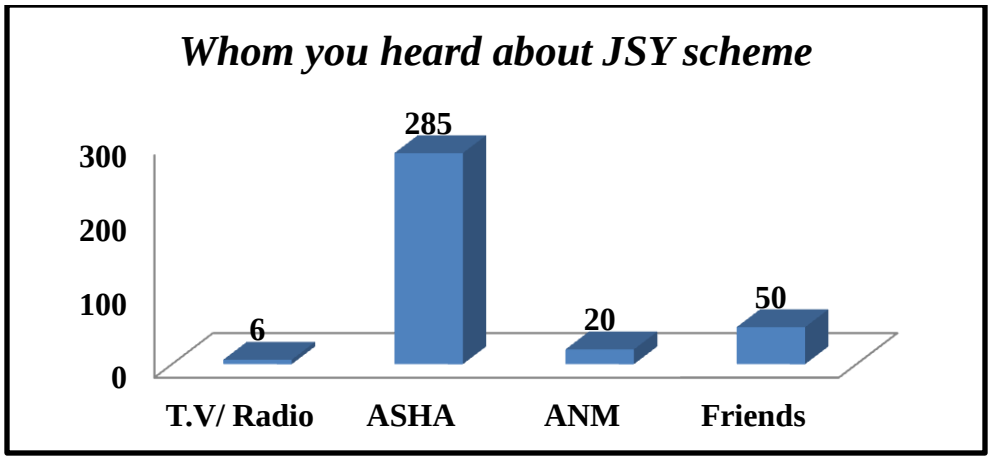
Beneficiaries Characteristics	No.(proportion)	Percentage (%)
1) Socio-demographic Profile		
a) Age Distribution		
19-21	**216**	**60%**
22-24	**104**	**29%**
25-27	**30**	**8%**
28-30	**11**	**3%**
b) Religion Distribution		
Hindu	**166**	**46%**
Muslim	**158**	**44%**
Jain	**10**	**3%**
Buddhism	**2**	**0%**
Others	**25**	**7%**
c) Caste Distribution		
General	**112**	**31%**
SC	**88**	**25%**
ST	**95**	**26%**
OBC	**66**	**18%**
d) Education Distribution		
Illiterate	**179**	**49%**
Primary	**133**	**37%**
Secondary	**25**	**7%**
Higher Secondary	**18**	**5%**
Graduate	**6**	**2%**
2) Socio-economic Profile		
a) SEC Status Distribution		
APL	**45**	**12%**
BPL	**316**	**88%**
3) Delivery Details		

a) Birth Order		
1	**104**	**29%**
2	**133**	**37%**
3-6	**124**	**34%**
b) Place Of Delivery		
Home	**0**	**0%**
Way to hospital	**8**	**2%**
Hospital	**353**	**98%**
c) Delivery Conducted by		
Doctor	**85**	**23%**
Nurse	**216**	**60%**
Dai	**39**	**11%**
Relative	**4**	**1%**
Other	**17**	**5%**
d) Delivery outcome		
Live birth	**338**	**94%**
Still birth	**23**	**6%**

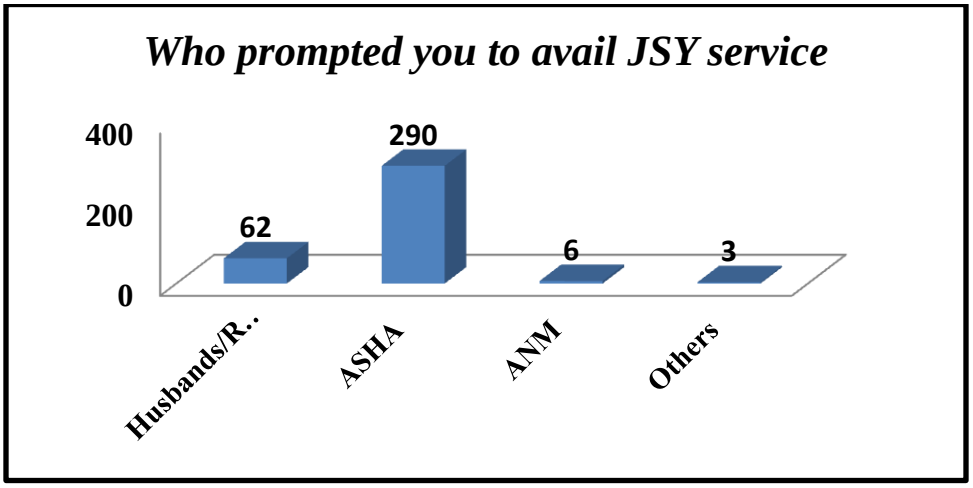
- 60% respondents were among age group of 19-21 years with maximum 37% birth order of two children & 34% with 3-6 birth order.
- 88% were found to be under BPL while 12% were APL.
- 49% respondents were found illiterate,37% with primary & 5% which is very low with higher secondary education.
- 98% respondents had institutional delivery, while 2% delivered on the way to hospital.
- 60% delivery was conducted by nurses & ANMs, while in some cases done by ASHA & relatives 5% .

B) Client Perspective:-

- It was revealed that maximum 285 of the respondents got to know about JSY through ASHA, while 50 got through relatives & friends.
- About 1% was through radio/T.V medium considered to be low & needs improvement.



- Maximum 290 respondents got prompted by ASHA to avail services, she encouraged them, while 62 got from relatives & 1% by ANMs and others.



6.3 Functioning Components Of JSY

A) ANC & Transportation Facilities:-

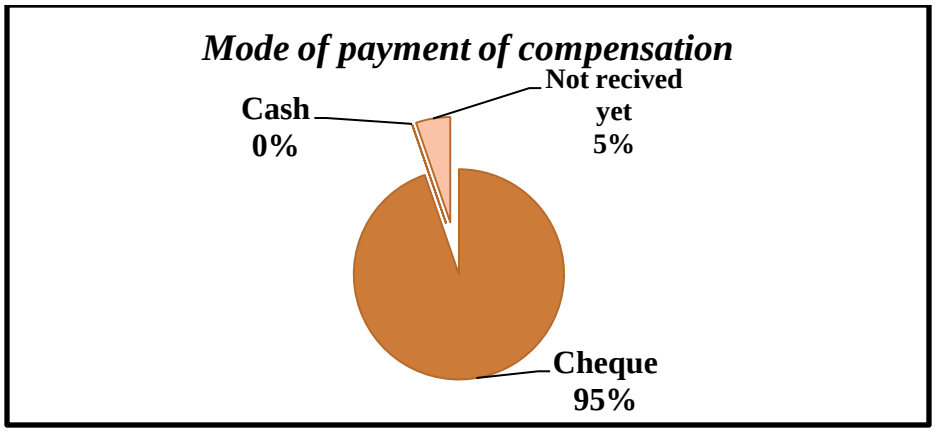
Tab 2:- JSY Clients Perspective		
	No.(proportion)	**Percentage (%)**
1) ANC Registration		
a) Registration Time		
By 3 months	**310**	**86%**
4-6	**48**	**13%**
7-9	**3**	**1%**
b) Card Received		
Yes	**323**	**89%**
No	**28**	**8%**
Don't Know	**10**	**3%**
c) ANC Checkups		
1	**113**	**31%**
2	**174**	**48%**
3	**56**	**16%**
4	**0**	**0%**
None	**18**	**5%**
d) Not availed ANC		
Did not have the time to go	**3**	**17%**
Did not feel the need for ANC	**2**	**11%**
No one to accompany for ANC	**7**	**39%**
Family pressure	**2**	**11%**
Others	**4**	**22%**
2) Transportation		
a) Mode of transport		
cycle/bullock cart	**14**	**4%**
tempo/bus	**187**	**52%**
private vehicle	**75**	**21%**
102-ambulance	**62**	**17%**
others	**23**	**6%**
b) Not availed 102 ambulance		
Did not know about it	**28**	**46%**
Called but could not connect	**7**	**12**
Called but did not come	**5**	**8%**

Previous bad experience	**10**	**16%**
Did not call	**11**	**18%**

- 86% got their registrations under JSY by 3rd month, while 1% was also there who got by 7-9th month.
- 89% had their JSY card & 8% did not received due to some causes.
- Only 16% had 3rd ANC checkup, while no one with 4th ANC, maximum 48% had 2nd ANC while 5% were also there who have not got any of ANC checkups. The reason behind this was found that 39% said no one was there to accompany them during visits,dn't know the importance of ANC,some had no time(17%) & some due to family problems can't availed out the services(11%).
- Only 17% respondents came to hospital by 102 ambulances as many of them (46%) did not know about the free services of the ambulance, some of them 16% had bad experience earlier. Maximum of them (52%) took private vehicles such as tempo, car, and auto for travelling.

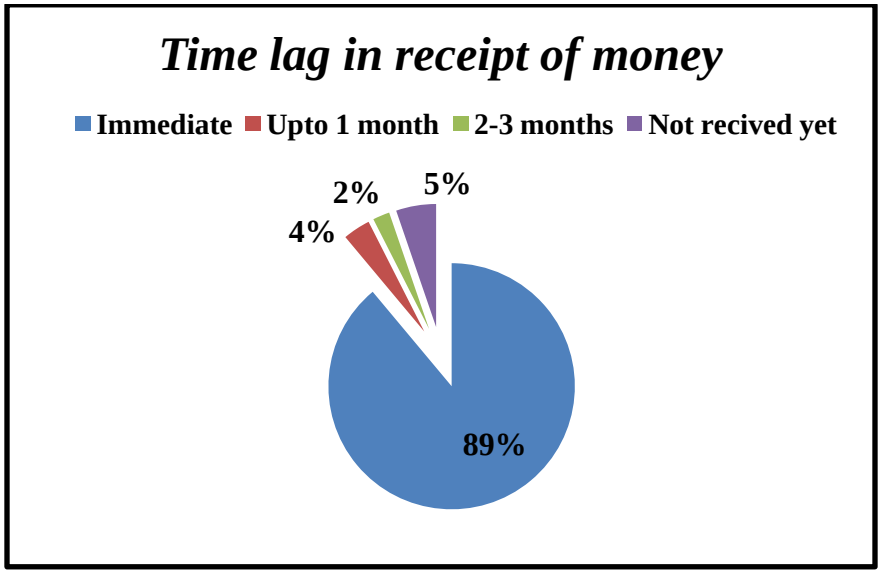
B) Incentives To Beneficiaries:-

- It was revealed that out of the 361 beneficiaries interviewed, 342 (95%) had received the money through cheques, no one received (0%) by cash, and 19 (5%) had not received money as yet.



- Out of the total beneficiaries, 321 (89%) received it immediate while discharging from the hospital, 13(4%) received after a time lag of one

month, 8(2%) from 2 – 3 months, 19 (5%) had never received the money. Out of these 19 cases, who had not received compensation as yet.



C) Out Of Pocket Expenditure:-

Tab 3:- Beneficiaries' Out Of Pocket (OOP) Expenditure		
	No.(proportion)	**Percentage(%)**
a) Transport Facility arrangement		
Own cost	**290**	**80%**
By ASHA/HW	**71**	**20%**
b) Out Of Pocket Spent		
Yes	**356**	**99%**
No	**5**	**1%**
c) Amount Spent		
< 200	**94**	**26%**
200-500	**156**	**44%**
500-800	**74**	**21%**
> 800	**32**	**9%**
d) Where Spent out(multiple response)		
Travel cost	**290**	**22%**
Food	**156**	**12%**
Drugs	**226**	**17**
Payment to doctor	**38**	**3%**

Payment to nurse	**320**	**25%**
Neonatal care	**190**	**15%**
Others	**78**	**6%**

- It was revealed out that 99% respondents have done out of pocket expenditures.
- 80% travelled on their own cost through private vehicle.
- 44% respondents spent out Rs 200-500 while 21% spent out Rs500-800, even 9% were also there who spent above Rs800 till to Rs 1200.
- They spent out on drugs (12%), transport, paid to doctors (3%) & maximum found on payment to nurses(25%) as demanded by nurses for carrying out delivery.

7.0 CONCLUSION:-

- The district hospital has made considerable improvement in the last two years, i.e. in 20010-11 and 2011-12. The number of institutional deliveries has gone up to 5603 (2010-11) from 6106 (2011-12) an increase of 33 per cent in one year.

- Lack/shortage of medical and paramedical staff for the implementation of the programme, leading to increased work load.

- Absence of institutional logistics support, e.g. ill-equipped labour rooms. Shortage of antibiotics, other medicines, poor quality of IFA tablets. Lack of adequate facility to conduct deliveries, thus impacting delivery of maternal health services.

- ***Poor utilization of JSY services*** :- Only 16% had 3rd ANC checkup, while no one with 4th ANC, maximum 48% had 2nd ANC while 5% were also there who have not got any of ANC checkups. Only 17% respondents came to hospital by 102 ambulances as many of them (46%) did not know about the free services of the ambulance. Maximum of them (52%) took private vehicles such as tempo, car, and auto for travelling.

- ***Timely Receipt of money***:- Incentives to beneficiaries were timely made out which is through cheques,only 5% got the time lag in receipt of money.

- As most of the respondents are under BPL section then after too,99% have made out of pocket expenditure in different heads which can't be reimbursed out, so this should be taken care & enquired timely by the authorities that no such extra spending should be forced or made out by the beneficiaries.

8.0 RECOMMENDATIONS:-

- Frequent Training of ASHAs & AWWs to increase awareness of JSY. Appreciation of their work. Organizing health education programme for creating awareness in the community.

- The vacancies at all levels need to be filled up immediately. More number of ASHAs need to be engaged to share the increased burden.

- The inadequacy of equipments, drugs, and the infrastructure should be assessed through facility surveys and the deficits are to be filled up urgently to meet increased demand for labour rooms. The quality of IFA tablets should be enhanced.

- There is a need for clear policy on monitoring and supervision. The monitoring and supervision diary at district and block level must be made mandatory.

- Sensitization of district and block level programme managers needs to be stepped up. Feedbacks from top to bottom need to be streamlined.

- Grievance cells should also be set up to look into the complaints related to non-payment & other problems faced by the clients.

- Moreover, in the event of predictable complicated case, the beneficiary and her family should be informed well in advance, may be during the ANCs about the expected expenditure to be incurred in case of complications as well as the contributions required from the family for such cases. Thus, the beneficiary may contribute certain pre-fixed expenses and also avail the copayment option for her delivery. This will not only help the beneficiary to arrange her contribution but will also reduce health hazards.

- It is important to assess the overall relevance of conditional cash benefit in institutional deliveries which implies that the beneficiary is only entitled to get the cash benefit when she registers in nearby health institution, go for at least 3 ANC checkups and institutional delivery. In light of the above, the scheme might introduce the maternity voucher scheme with pre, during and

post natal care coupons that can be used by the beneficiary at different stages of pregnancy and also after delivery.

- Transport facilities must be enhanced & made available at the sub-centres and block levels also.

- Innovation in the form of JSY help-line through NGOs can be experimented out by the state and each block of every district should be covered to enhance the implementation & further utilization of the scheme.

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10.0 ANNEXURES

1- BENEFICIARY INTERVIEW FOR ASSESSMENT OF UTILIZATION & FUNCTIONING OF JSY			
1	Name of the women		
2	Age of the women		
3	What is your religion	hindu	1
		muslim	2
		sikh	3
		christian	4
		jain	5
		buddhism	6
		others	0
4	What is your educational status?	primary school	1
		secondary school	2
		graduate	3
		post graduate	4
		diploma holder	5
		school dropper	6
		never been to school	7
		others	0
5	Is your family classified as BPL?	Yes	1
		No	2
6	Do you have BPL card?	Yes	1
		No	2
7	What is your monthly family income?	below Rs 1000	1
		Rs 1000-3000	2
		Rs 3001-5000	3
		Above 5000	4
		others	0
8	How many children have you given birth to?		
9	How many are alive now?		
10	How many were home delivered? How many	1)age…….sex…….delivery……..	
	were institutional delivered?(include live	2)age…….sex…….delivery……..	
	& still births)	3)age…….sex……delivery……..	
		4)age…….sex……delivery……..	
	home- 1	5)age…….sex……delivery……..	

	institutional-2		
11	Did you register yourself for this recent	yes	1
	pregnancy?	no	2(skip to 15)
12	If yes,during which month of pregnancy did	……..months	
	you register yourself?		
13	Was there seprate registration for JSY?	Yes	1
		No	2
14	Did you received any card after registration?	maternal card	1
		JSY card	2
		no card received	99
		others	0
15	How many antenatal checkups did you have	one	1
	during recent pregnancy?	two	2
		three	3
		four	4
		none (refer to 16)	99
16	What were reasons for not availing ANC	I was not present in the village	1
	services?	did not know about it	2
	(multichoice)	did not have the time to go	3
		ANC did not happen in our village	4
		did not feel the need for ANC	5
		no one to accompany for ANC	6
		family pressure	7
		others	0
17	Do you know about JSY?	Yes	1
		No	2
18	Where did the delivery take place?	district hospital	1
		on the way to hospital	2
		home delivery	3
		others	0
19	Why did you go for institutional delivery?	consider it as safer	1
		more accessable	2
		money provided under JSY	3
		ASHA accompained that confidence	4
		previous child was born here	5
		recommended by ASHA/ANM/Doctor	6
		has complicaions and was referred	7

		self motivated	8
		others	0
20	What was the mode of transport you used to come to the institution at the time of delivery?	cycle/bullock cart	1
		tempo/bus	2
		private vehicle(car,jeep,bike,tractor)	3
		ambulance vehicle govt-102	4
		ambulance vehicle private	5
		EMRI-108	6
		none	99
		others	0
21	What were the reasons for not using 102 ambulance?	no such service available	1
		did not know about it	2
		called but could not connect	3
		called but did not come	4
		called,promised but could not wait	5
		previous bad experience	6
		did not call	7
22	Who paid for refferal transport used?	ASHA	1
		self	2
		free service	3
		others	0
23	Did the ASHA accompany you?	yes	1
		no	2
24	Who did the delivery?	ANM	1
		nurse	2
		doctor	3
		specialist(gynae)	4
		dai	5
		don’t know	6
		others	0
25	For what duration did you stay after the delivery in the institution?	<3hrs	1
		3-6hrs	2
		6-12hrs	3
		12-24hrs	4
		24-48hrs	5
		>48hrs	6
26	What were the reasons for leaving the institution before 48hrs?	asked to leave by staff	1
		I want to go-not comfortable	2
		I wanted to leave-not safe	3
		my family wanted to leave	4

		was discharged	5
		no one to care	6
		no one asked to stay	7
27	Did you spent out of pocket for delivery?	yes	1
		no	2
28	How much & to whom did you pay for the entire delivery?	drugs…….	1
		surgery……	2
		hospital stay……..	3
		ANM/nurse……	4
		doctor……	5
		class-4 employee……	6
		food for self……	7
		lab test……...	8
		X-ray……	9
		others……	0
29	How much you were paid/to be paid by JSY?		
30	What do you prefer?	institutional delivery with JSY money	1
		free institutional delivery(free medicines)	2
		home delivery	3
31	What would you to others?	institutional delivery	1
		home delivery	2
32	Reasons for the recommendations?		

2- ANM/Nurse INTERVIEW FOR ASSESSMENT OF UTILIZATION & FUNCTIONING OF JSY

1	Name of the provider		
2	Age		
3	Qualifications	GNM	1
		BSc(nursing)	2
		post basic BSc(nursing)	3
		ANM diploma	4
		others	0
4	Do you have residential quarters provided	yes	1
	by the government?	no	2(skip
			to 6)
5	Is this quarter within the facilities?	yes	1
		no	2
6	How long does it take to travel from your residence to the facility in case of an emergency?	……..hrs ……..minutes	
7	How many normal deliveries have you conducted in the last 3 months?		
8	Do you received any in centives for services provided by you?	**Services** **Incentives** a) b) c)	
9	What are other in service training you have received?		
10	How long on an average do the woman stay in the facility after a normal delivery?		
11	How long a woman stay in the facility after a C-section?		
12	What are the standard precautions you have		

	used for inection prevention?		
13	Services-if no inservice training has been received for any of the following,then make a note for this:-		
	Give yes-1 & no-2	**Responses**	
	state reason in case of no in following;		
	a)provide focussed antenatal care		
	b)check haemoglobin		
	c)active management of third stage of labor		
	d)use the partograph		
	e)begin IV fluids		
	f)administer oxytocin for PPH		
	g)administer magnesium sulphate for		
	severe pre-eclampsia & eclampsia		
	h)resuscitate a newborn with bag & mask		

3- DOCTOR'S INTERVIEW FOR ASSESSMENT OF UTILIZATION & FUNCTIONING OF JSY

1	Name of the provider		
2	Sex	male-1 female-2	
2	Age		
3	Qualifications	MBBS	1
		Post graduate/diploma/DMV	2
		BAMS	3
		BUMS	4
		BHMS	5
		others	0
4	Do you have residential quarters provided	yes	1
	by the government?	no	2(skip
			to 6)
5	is this quarter within the facilities?	yes	1
		no	2
6	how long does it take to travel from your residence to the facility in case of an emergency?	……..hrs ……..minutes	
7	which of these trainings have you received?	LSAS	1
		Emoc	2
		Bemoc	3
		SBA	4
		others	0
8	what are other in service training you have received?		
9	how many normal deliveries have you conducted in the last 3 months?		

10	how many C section deliveries have you conducted in the last 3 months?		
11	do you received any in centives for services provided by you?	**Services** **Incentives** a) b) c)	
12	how long on an average do the woman stay in the facility after a normal delivery?		
13	how long a woman stay in the facility after a C-section?		
14	what are the standard precautions you have used for inection prevention?		
13	Services-if no inservice training has been received for any of the following,then make a note for this:- **Give yes-1 & no-2** **state reason in case of no in following;**	**Response**	
	a)manual removal of placenta		
	b)perform assisted vaginal delivery-vaccum		
	extractor/forceps		
	c)perform C- section(Gynecologists/MO trained		
	in Cemoc		
	d)provide anasthesia(ask anesthetist/MO		
	trained in LSAS		
14	what are the main hurdles that you face in providing out the services?	a) b) c) d)	
15	what support do you need from government to help you perform better?		