Concurrent Assessment of Janani Suraksha Yojana (JSY) in Selected States

Bihar, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh

United Nations Population Fund - India

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UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.

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FOREWORD

The United Nations Millennium Summit adopted the Millennium Development Goals (MDGs) as a response to the world's main development challenges. One of the MDGs (Number 5) aims at reducing Maternal Mortality Ratio (MMR) by three quarters between 1990 and 2015. The MMR, defined as number of maternal deaths per 100,000 live births, has declined from 398 in 1997-98 to 301 in 2001 - 03 in India, as per the estimates provided by Sample Registration System. The latest estimates, however, show only a modest further decline, to 254 in 2004-06. The Government of India aims to bring the MMR to below 100 by year 2012. The maternal health conditions, especially in the high focus states of Bihar, Madhya Pradesh, Orissa, Rajasthan and Uttar Pradesh continue to be unfavourable, resulting in higher MMR for the states, ranging from 303 in Orissa to 440 in Uttar Pradesh.

With a view to accelerate the reduction in maternal mortality, Government of India initiated a scheme called Janani Suraksha Yojana (JSY) in 2005 under its National Rural Health Mission (NRHM). The scheme aims at reducing maternal and new born mortality rate by promoting institutional delivery for which financial incentives are provided to mothers who deliver in a health facility.

On the request of the Government of India, UNFPA commissioned this concurent evaluation study of JSY in five high focus states of Bihar, Madhya Pradesh, Orissa, Rajasthan and Uttar Pradesh. The findings of the study with regard to institutional deliveries are consistent with the service statistics in many states. It is found that the beneficiaries of the scheme cut across various strata of society. However, duration of stay afer delivery at the institution remains a major concern and there is a need to pay attention as half of maternal deaths take place post partum. Most of the women knew about the scheme as well as the benefits offered, due to the publicity undertaken by the government. This reflects the latent demand for institutional deliveriries in these states, which needs to be backed up by high quality services at health institutions.

I am confident that the findings of this study will be useful for the central Government as well as concerned state Governments in strengthening the JSY scheme. UNFPA is committed to providing technical support to improve the implementation of interventions aimed at improving maternal health. I take this opportunity to thank Prof. P. M. Kulkarni of Jawaharlal Nehru University, for his technical guidance in the design of this study. The study benefited from contributions of UNFPA staff especially Dr. Venkatesh Srinivasan, Dr. Dinesh Agarwal, Dr. K.M. Sathyanarayana and Dr. Sanjay Kumar. I thank them for the completion and compilation of this report. I am sure this report will also be of interest to academicians and researchers who have interest in tracking the implementation of government programmes, as well as on the health systems in general.

Nesim Tumkaya

October 30, 2009

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Preface

JSY is a safe motherhood internention under the National Rural Health Mission (NRHM) being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women. JSY is a centrally sponsored scheme and integrates cash assistance with delivery and post-delivery care. 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.

With nearly 83.78 lakh beneficiaries in 2008-09, JSY has seen a sharp off take in the country, up from 7.39 lakhs, 31.58 lakhs and 73.29 lakh beneficiaries in 2005-06, 2006-07 and 2007-08 respectively. Though the increasing number of institutional deliveries indicates the success of the scheme, a need has been felt to undertake concurrent evaluation of JSY in some of the high focus states to evaluate the reach of the scheme among mothers, especially among scheduled caste and scheduled tribes, along with assessing the management aspects of the scheme. I am happy that UNFPA has commissioned this study in five high focus states of Bihar, Madhya Pradesh, Orissa, Rajasthan and Uttar Pradesh. The study provides valuable information for evaluating the current implementation status of the scheme in these five states and outlines specific recommendations to improve the performance of the scheme. With the impressive increase in demand for services, the issue of supply side matching the demand and the quality of services rendered becomes very crucial for the successful functioning of the scheme in future.

I take this opportunity to achknowledge the efforts of UNFPA for commissioning this study at this opportune time when the implementation of JSY has witnessed initial success in terms of increasing the institutional deliveries in many states. I do hope that the findings of this study will be utilized by the respective State Governments towards strengthening the implementation of the Janani Suraksha Yojana, formulating an appropriate action plan to address specific gaps highlighted in this study and to act on the specific recommendations for improving the maternal health status in the country.

Amit Mohan Prasad

KEY INDICATORS:
Concurrent Assessment of JSY in Five States

Sl	Indicators	Bihar	MP	Orissa	Rajasthan	UP	Combined*
	N	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
	N (Among those aware about JSY)	***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
	N	***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
	N (Among JSY beneficiaries)	***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

Sl	Indicators	Bihar	MP	Orissa	Rajasthan	UP	Combined*
	N (Among those received any money)	***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
	N (Among JSY beneficiaries)	***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 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.

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, Rajasthan, Orissa and Uttar Pradesh which constitute 39 per cent of the total population of the country.

The success of the scheme has been assessed by the increase in institutional deliveries, particularly among families belonging to low-income categories. The concurrent assessment also examined the functioning of the processes adopted in planning and implementation of the scheme. This included transport facility for pregnant women to reach the nearest health facility, payment of cash incentives to beneficiaries and ASHA, involvement of private sector, communication activities for mobilizing community for the institutional delivery and financial management. Hence, the objectives of the study are:

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

Methodology

Both quantitative and qualitative research methods have been used in the study. The beneficiaries of JSY scheme have been selected by application of scientific and standard quantitative methodologies while qualitative methods of in-depth interviews and group discussions have been employed for stakeholder interviews. Quantitative data has been collected from a sample of 1,200 mothers each (who had delivered during the one year prior to the

survey i.e. from 1st January to 31st December, 2008) drawn from rural areas of five states namely Bihar, Madhya Pradesh, Orissa, Rajasthan and Uttar Pradesh. 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 using PPS sampling technique. In third stage, 20 mothers were selected using systematic sampling procedure after undertaking house-listing exercise in the selected villages.

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, this was used as the weighting factor for obtaining the combined estimates.

The stakeholders at various levels including community leaders, ASHAs, service providers and programme managers at block, district and state levels were interviewed. The study instruments were developed keeping in view the objectives of the assessment study 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 analyzed 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.

This 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 and their performance in last three months prior to the survey. 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 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.

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 among the community leaders was found universal with the exception of UP where only three-fourth of the community leaders knew about JSY scheme. Major sources of knowledge among community leaders were health workers, 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 who should get the benefit of the scheme.

JSY beneficiaries

The success of the scheme lies in promoting institutional deliveries, mainly in the government health facilities and under private facilities accredited under the scheme. The study findings indicate that 73 per cent of the births during the year 2008 in Madhya Pradesh and Orissa were conducted in a health facility. 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 institutional deliveries in Rajasthan, Bihar and Uttar Pradesh during the same reference period was reported to be at 59, 49 and 48 per cent respectively. The beneficiaries of the JSY scheme come 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 during 2008 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 44-47 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 having 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 per cent 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.

A comparison of the levels of institutional delivery obtained through various studies conducted in the past with this study has been made to investigate the effect of JSY scheme. The increase in proportion of institutional deliveries in these states has been slower as per last two rounds of National Family Health Survey (NFHS) conducted during 1998-99 and 2005-06. As compared to NFHS, the rate of increase in the proportion of institutional deliveries from District Level Household Survey-3 (2007-08) (DLHS) has been higher. The present study which is the latest in this series, indicate even higher levels of institutional delivery in these states compared to all the previous surveys, which clearly suggest that the scheme has been able to promote deliveries in the health facility.

Duration of stay and experiences at the institution

The Government of India guidelines recommend at least 48 hours stay after delivery in an institution. Contrary to the substantial increase in the proportion of institutional deliveries, the duration of stay by mothers at the institution after delivery remains a cause for concern. The findings indicate that 84 per cent of mothers stayed only for a day or less in Bihar, while in Uttar Pradesh also, majority (73 per cent) stayed for a shorter period than the recommended norms. In Orissa and Rajasthan, the recommended duration of stay at the institution after delivery was observed among 43 per cent of mothers, while this was relatively better in Madhya Pradesh where around 67 per cent reported having stayed for more than 48 hours.

Mothers delivering at an institution were asked about their experience at the institution. Majority of them in 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 nurse in four states, with this per cent varying between 68 and 90 per cent, except in Orissa, where 81 per cent of the deliveries were conducted by 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

A high proportion of the eligible beneficiaries in Rajasthan, Orissa and Madhya Pradesh (93, 89 and 83 per cent respectively) reported having received money under the scheme, while one-thirds of these beneficiaries in Bihar and around one-fourths of them in Uttar Pradesh did not get any money as incentive under the JSY scheme. The combined estimates for the five states together indicate that 76 per cent of eligible beneficiaries had received the cash incentive under the scheme.

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 all 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 received incentives reported to have got Rs. 1,400. 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, around 50 ASHAs in the selected villages were administered a questionnaire to elicit information on their role and level of performance. The profile of ASHA in the study indicates that 42 to 68 per cent of them belonged to Other Backward Caste in the five states and they were living in the same village for almost around last 14 years. Around 24 per cent of ASHA in Madhya Pradesh and 17 per cent in Uttar Pradesh were newly selected (in the year 2008) while in other states they were selected to work as ASHA prior to 2008. Majority of them reported having undergone training with exception of Bihar with 26 per cent and Rajasthan with 18 per cent did not receive any training.

Majority of the mothers knew about the ASHAs functioning in their villages and they also expressed satisfaction about their functioning. In Bihar, two thirds of the women expressed satisfaction with the functioning of the ASHA, which is relatively lower as compared to the responses in all other states. Most of the mothers in these states mentioned that the ASHA had helped them in getting registered for the ANC and contacted them repeatedly during their pregnancy period and informed about the JSY scheme and the benefits under it.

More than three-fourths of mothers in Rajasthan and Uttar Pradesh reported that ASHA had accompanied them to the institution for delivery. In other states, nearly two-thirds of them mentioned about this. A high proportion of ASHA in Rajasthan, Orissa and Uttar Pradesh mentioned that they arrange for transport facility for the pregnant women while this was seen relatively lower in Bihar and Madhya Pradesh (at around 32 and 40 per cent respectively). Advice on post natal care and breastfeeding practices was found to be low as per the responses from ASHA. Only in Rajasthan, 44 per cent of them reported advising pregnant women nearing their delivery

period regarding PNC and 58 per cent for breastfeeding of the newborn.

The level of performance of ASHA under the JSY scheme was judged by the amount of work accomplished by them in the last three months prior to the survey. The average number of women provided with specific services by the ASHA in respective states was taken as their level of performance. The mean number of women contacted per ASHA ranges from 9 to 13 during the last three month period prior to survey in these five states, while they were found to be providing JSY specific services to around 4-5 women, which is 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 ASHA was computed based on the population size catered by them. The findings indicate that in four of the five states, except in Orissa, a few pregnant women were left out under the service net of the health department and the ASHA, which needs to be looked into while reviewing their performance. A high proportion of ASHA did not get their payment regularly (79 per cent) in Bihar, followed by 45-48 per cent in Madhya Pradesh and Uttar Pradesh. Nearly one quarter in Orissa and one-fifth of the ASHA 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. It enquired about 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 by the appropriate authorities.

Regarding accreditation of the private institution under the scheme, it was found that this 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 Orissa, only one out of five districts had an accredited private nursing home. This was under process in Rajasthan where various schemes have been proposed which are linked with the JSY plan like 'Yashoda', started under the NIPI, in 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 Below Poverty Line (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 (MO) of the Community Health Centre / Primary Health Centre (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 Emergency Management and Research Institute (EMRI) model, 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 for publicity of the JSY have been 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 are publicised. The ASHA has been the main person involved in person-to-person contacts and spreading information about the scheme at the grassroots level.

Monitoring the scheme has been done at two levels. Firstly, all the service units are expected to submit their monthly reports. These reports are consolidated by the PHCs and sent to the CHC/district. The second level of monitoring is undertaken during field visits wherein not only monthly reports are discussed but actual field implementation of JSY is assessed. These monitoring visits also help locate the problem areas in implementation and discuss possible corrective measures. Another channel of monitoring has been functioning of a grievance cells. Some of the districts have created grievance cell so that beneficiaries could lodge complaints, while others reported that complaints were discussed in their monthly meetings and appropriate actions are taken. This has been another way of monitoring the scheme and ensuring its smooth functioning.

Financial management of JSY

Each state prepares its budget for JSY on the basis of fund requirements of the districts and below level institutions. The state budget requirements are

based on administrative cost of JSY at the state and district levels, payments to be made to the expected number of women who would deliver in institutions and to ASHA. These plans cover additional requirements of manpower, infrastructure of beds, operation theatres, drugs and other such items at each service unit level. The states convert these demands into fund requirements and subsequently submitted their demands to the Centre under RCH-2 project.

In Madhya Pradesh, funds were received four times in the last year (2007-08), with the first installment received in May-June, much later than the scheduled time. During the current year (2008-09), no 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 varied from 1 to 5 per cent as per their responses. 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.

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 or non-submission of all required documents with the previous fund disbursement and (iii) unavailability of cheque book. 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 needed.

The JSY management needs strengthening. This will entail attention 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

In 2005, the Government of India launched the National Rural Health Mission (NRHM) recognizing the need for marked improvements in the basic health care delivery system. NRHM seeks to provide effective, equitable, and affordable quality health care services to rural population particularly focusing on the needs of women and children. In an attempt to make primary health care services available, especially, to the poorest and most vulnerable segments of rural society, JSY forms a crucial component of the NRHM.

JSY is a safe motherhood intervention initiated to reduce maternal and neo-natal mortality. It is a conditional-cash transfer scheme that ensures quality maternal care during pregnancy, delivery and in the immediate post-delivery period along with appropriate referral and transport assistance. It is a cent per cent centrally-sponsored scheme and links cash assistance with delivery and post-delivery care. The scheme has made special dispensation for states having low institutional delivery rates. Further to improve accessibility to health facilities, they scheme has made provisions for engaging the private sector through an accreditation process.

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 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 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 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. In this context, the MoHFW requested UNFPA to commission a concurrent assessment of the scheme in five large states of Bihar, Madhya Pradesh, Rajasthan, Orissa and Uttar Pradesh.

1.4 Scope, Aims and Objectives

The success of the JSY scheme is to be determined not only by the increase in institutional deliveries among the low-income families as well as the overall number of institutional deliveries but processes adopted in its planning and implementation are all important. Hence, the study objectives are:

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; and
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 the present one. The second chapter discusses the methodology of the study and provides details of the study design, sample size, sampling procedure and coverage of different types of respondents in the selected states. Chapters three and four discusses the findings from the assessment wherein awareness and utilisation of the JSY scheme, 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. Further, ASHAs awareness about the JSY scheme, their role and performance and issues related to their receipt of JSY payment are dealt with while programmatic and financial management of the JSY scheme is presented in Chapter 5. The last chapter provides recommendations for strengthening the JSY Scheme.

CHAPTER II

METHODOLOGY

In this chapter, the sampling methodology for selection of respondents and other stakeholders, tools used for data collection and field management protocols including recruitment of the investigators, their training and deployment for field work are all discussed.

2.1 Target Respondents

The type of respondents covered under this study includes:

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

Both quantitative and qualitative research methods have been used in the study. The beneficiaries of JSY scheme have been selected by application of scientific and standard quantitative methodologies while qualitative methods of in-depth interviews and group discussions have been employed for stakeholder interviews. Quantitative data has been collected from a sample of 1,200 mothers each (who had delivered during the one year prior to the survey) drawn from rural areas of five states namely Bihar, Madhya Pradesh, Orissa, Rajasthan and Uttar Pradesh.

2.3 Sampling Procedure

For the quantitative survey the study adopted a three-stage sampling design with the selection of the districts being the first level, villages the second level and respondents forming the third stage in each of the state. In the first stage of sampling, in each state, all the districts were listed in descending order of their achievement in the JSY (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 where six districts were selected (owing to the size of the state and providing better sample spread). The state-wise list of selected districts is provided in Annex I.

In the second stage of sampling, all the villages in the selected districts were listed in descending

order of their population size. Then 12 villages were selected through probability proportional to the population size (PPS) technique while in Uttar Pradesh 10 villages was selected from the six districts. For the selection of respondents in the third stage, all the households in the selected villages were listed and a sampling frame of mothers who delivered in the one year prior to the survey (January to December 2008) was listed and using systematic sampling technique, with a random start, 20 eligible mothers was selected for the study. In case the selected village had more than 200 households, then the segmentation exercise has been carried out. 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 is provided in Annex I. In addition, secondary data was also collected on the performance of the scheme.

2.4 Study Tools

The instruments used for the study were developed in line with the objectives of the study. 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. Each field team consisted of three investigators and a supervisor. In addition, there was a field executive who was responsible for the field work in the state. Prior work experience in the state was a pre-requisite for selection of the field investigators and supervisors.

2.5.2 Training of field teams

Training was given by a senior researcher and a field executive in each of the states. The training of the investigators included classroom teaching, mock interviews, field practice and field editing of questionnaires. After the practice field visits, the teams were debriefed on the problems and reoriented. 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 and representatives from UNFPA also participated in these training programmes.

2.6 Quality Assurance of Data

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

- Supervisors were made accountable for the quality of the data
- Supervisors back-checked 15 per cent of all the filled-in questionnaires on a daily basis in 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 edited questionnaires were dispatched to the HQs of the respective agencies in New Delhi during the course of fieldwork. They were thoroughly scrutinised by the desk editors before they were sent 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 while senior research professionals visited the state capitals to discuss the various issues related to the JSY with the State Nodal Officers.

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 beneficiaries is one of the key towards success of any programme. This chapter brings out the findings on awareness and utilisation of the services among the target beneficiaries as well as awareness of the scheme among the community leaders, both formally elected PRI members and influential community members. The background characteristics of the respondents are described first to provide a context for each of the states.

3.1 Background Characteristics of Mothers

The socio-economic and demographic profile of the mothers indicate that majority of them were Hindus in all the states. Around 18 per cent in Bihar and 11 per cent in UP were Muslims while in other states this category formed 5 per cent or less. As far as caste composition is concerned, 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 per cent 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 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 mothers interviewed under this study.

Around 41-52 per cent of the mothers delivering in the reference period 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 a small proportion of mothers (2 to 8 per cent) were found older than 35 years in all the states. As far as the literacy level of the mothers is concerned, 72 per cent of the mothers in Bihar were illiterate, whereas 60 per cent in UP and 56 per cent in Rajasthan were in this category. Overall the literacy levels of mothers in all the states were low.

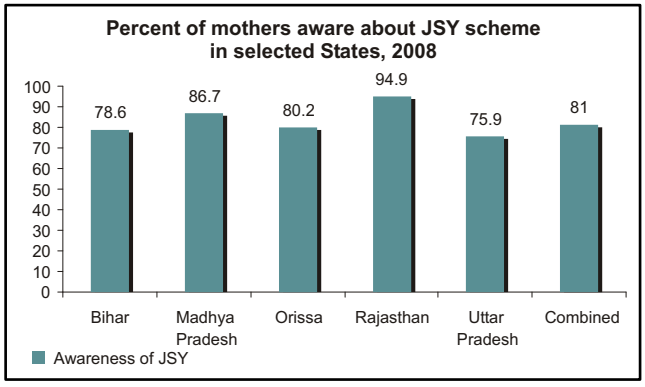
Table 3.1: Background characteristics of the mothers in selected states, 2008

Background characteristics	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
N	***1203***	***1200***	***1201***	***1199***	***1199***
Religion					
Hindu	81.6	95.2	100.0	94.0	89.0
Muslim	18.1	4.4	0.0	5.4	11.0
Caste					
SC	22.3	14.2	12.5	24.6	35.0
ST	0.4	23.1	31.6	7.5	6.0
OBC	58.0	47.1	43.0	53.5	42.0
Others	19.3	15.6	12.9	14.4	18.0
Type of house					
Katcha	53.6	59.0	56.9	42.3	41.0
Semi-Pucca	29.7	31.6	17.5	22.1	38.0
Pucca	16.7	9.4	25.6	35.6	21.0
BPL status of family					
BPL	70.8	55.4	54.9	28.7	46.0
Main source of drinking water					
Piped water	0.2	6.2	12.2	54.9	4.0
Hand pumps	88.0	58.5	4.7	17.8	92.0
Tube well	0.7	10.8	71.0	7.3	1.0
Dug well	11	23.3	11.1	12.1	4.0
No. of family members					
< 5	28.1	37.9	44.9	37.4	19.0
6-8	41.5	41.3	36.2	38.2	56.0
More than 8	30.4	20.7	18.9	24.3	24.0
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	32.0
25-34 yrs	51.0	42.2	48.4	47.6	61.0
Over 35 yrs	7.8	4.6	2.1	4.1	7.0
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	14.0
6-8 years	8.0	17.9	16.7	17.0	14.0

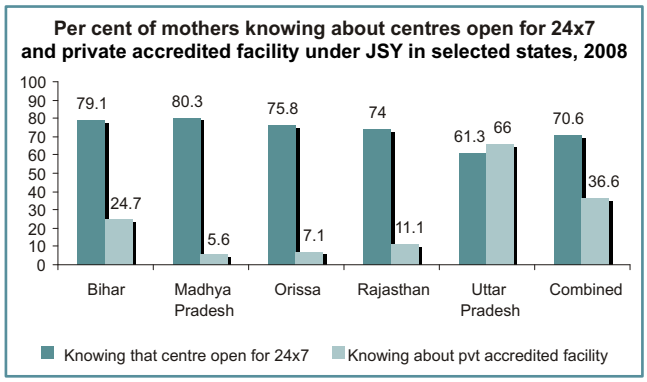
3.2 Awareness about the JSY

3.2.1 Awareness among mothers

The respondents were enquired about the JSY scheme spontaneously and also probing was done. The awareness levels among mothers about the JSY scheme and its various components and the sources of knowledge 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. It was highest at 95 per cent in Rajasthan, while in other states it ranges from 76 to 87 per cent, indicating that majority of the mothers knew about the JSY scheme in the rural areas of these states. They 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 a post of health worker has been created to accompany pregnant women for maternal care services under the scheme.



The response from mothers on the receipt of the JSY card varied from state to state. In the states of Bihar and MP, around 80-93 per cent of them 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 relatively low in UP at 61 per cent. On the other hand, 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 in UP, while only 6-11 per cent of the mothers in MP, Orissa and Rajasthan knew about. In Bihar around 25 per cent of the mothers knew about this.

Table 3.2.1: Percentage of mothers aware about JSY and its components in selected states, 2008

Variables	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
N	***1203***	***1200***	***1201***	***1199***	***1199***
Awareness of JSY (spontaneous and probed)	78.6	86.7	80.2	94.9	75.9
N	***946***	***1041***	***964***	***1138***	***911***
Source of information *					
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	55.0	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 components of JSY*					
Position of a health worker created to support women	17.8	8.0	73.2	17.1	20.1
Money is paid for transportation to the health facility	25.7	18.3	71.9	29.5	46.0
Doctors are identified where pregnant woman can visit for complications	12.5	7.3	13.2	10.7	15.3
Money is given to mothers for delivering in the institution	90.3	91.2	44.5	89.4	66.8
Centre are created 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
Receipt of 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 about centre open 24x7 for delivery	79.1	80.3	75.8	74.0	61.3
Knowledge about accredited private hospitals	24.7	5.6	7.1	11.1	66.0

**Multiple response*

3.2.2 Awareness among community leaders

Awareness about JSY scheme was also obtained from interviewing community leaders. The findings are based on more than 100 interviews of community leaders in Bihar and MP, and around 60 in rest of the three states. Table 3.2.2 brings out the awareness levels among community leaders. Knowledge about the JSY scheme was found universal among community leaders in four states, except UP in which only three quarters of the community leaders knew about the scheme. Major sources of information about JSY came from health workers, 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 as who are the intended beneficiaries of the scheme.

Table 3.2.2: Per cent distribution of community leaders by their awareness about JSY in selected states, 2008

Awareness among community leaders	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
N	***115***	***110***	***61***	***56***	***59***
Awareness about JSY	90.4	96.4	95.1	94.6	74.6
N	***104***	***106***	***58***	***53***	***44***
Sources of information*					
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

**Multiple response*

Regarding the cash incentives, more than 90 per cent of them knew about it in MP, Orissa, Rajasthan and UP. They also knew that Rs. 1,400 is paid to the mothers for institutional delivery.

In Bihar, such knowledge was found only among 60 per cent of the community leaders. Since the payment is made to the beneficiaries by cheque and also by cash in some cases, the responses of the community leader on the mode of payment also varied from state to state. Majority of the community leaders said that the payment was made by either of these two modes.

In MP, Orissa and Rajasthan the community leaders 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.

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 in their villages.

Table 3.2.3: Per cent distribution of community leaders by their knowledge on cash incentives under JSY and availability of transport facility in selected states, 2008

Knowledge among community leaders regarding payment to beneficiary under JSY	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
N	***115***	***110***	***61***	***53***	***59***
Cash incentive for institutional delivery under JSY					
Either less or more 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
Mode of payment 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
Payment made by					
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
Availability of transport facilities in their village	36.5	50.0	60.7	39.3	42.4

3.3 Institutional Delivery and JSY Beneficiaries

The extent of success of the JSY programme can be judged by the proportion of all the deliveries conducted in the government health facility or in the private hospitals accredited under the 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, which can be seen from Table 3.3. 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 in Bihar and 37 per cent in Uttar Pradesh were the beneficiaries of the scheme.

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.

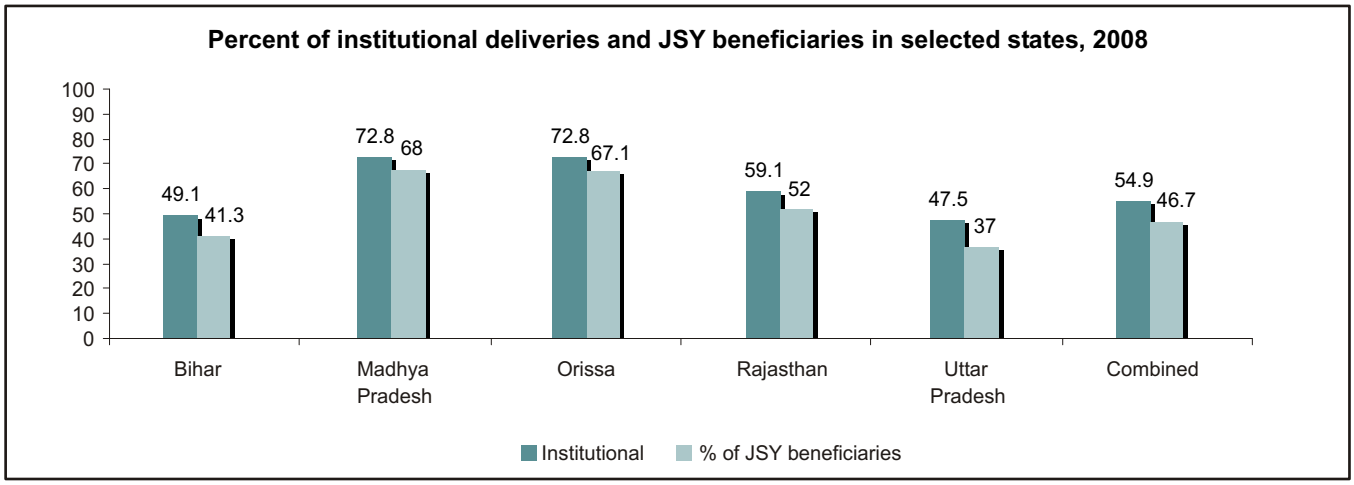


Table 3.3: Per cent distribution of mothers by place of delivery, JSY beneficiaries and reasons for non-institutional delivery in selected states, 2008

Particulars	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
N	***1203***	***1200***	***1201***	***1199***	***1199***
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 beneficiaries[1]	41.3	68.0	67.1	52.0	37.0
Type of institution					
N	***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
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
N	***652***	***983***	***1051***	***886***	***678***
Person who contacted / advised for institutional delivery*					
Relative	58.4	62.3	28.9	42.8	12.8
Friend/neighbor	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
N	***497***	***815***	***806***	***623***	***444***
Identification of place of delivery in advance	86.3	83.4	68.0	82.5	68.6
N	***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 3.3 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 giving such advice to only 36 per cent of the mothers, and most of them in this state were advised by their relatives and AWWs. Around 83 to 86 per cent of those mothers who had delivered in institution, had identified the institution in the states of Bihar, MP and Rajasthan, while in Orissa and UP, around 69 per cent of them had done so in advance.

The main reasons for not delivering in an institution were found to be 'convenience of delivering 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 delivering at home 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 10-14 per cent of those who delivered at home in these two states. In four states, except Bihar, 10-15 per cent of the mothers who delivered at home reported non-availability of someone to take them to the hospital for delivery. This reason was reported by 25 per cent of mothers in Bihar, which indicates that emphasis on proper planning for institutional delivery be given in the programme.

3.4 Socio-economic Differentials in JSY Beneficiaries

One of the aims of the study has been to investigate socio-economic differentials among JSY beneficiaries. The sample size in this study was sufficient to estimate proportion of institutional deliveries based on the caste and class groups of the respondents. Table 3.4 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, also 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 per cent 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 reflecting different socio-economic characteristics.

Table 3.4: Background characteristics by socio-economic characteristics in selected states, 2008

Percentage of institutional deliveries	States				
	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					
Kacha	36.8	69.9	58.7	42.2	33.5
Semi-pucca	44.8	67.0	80.5	67.5	37.5
Pucca	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
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

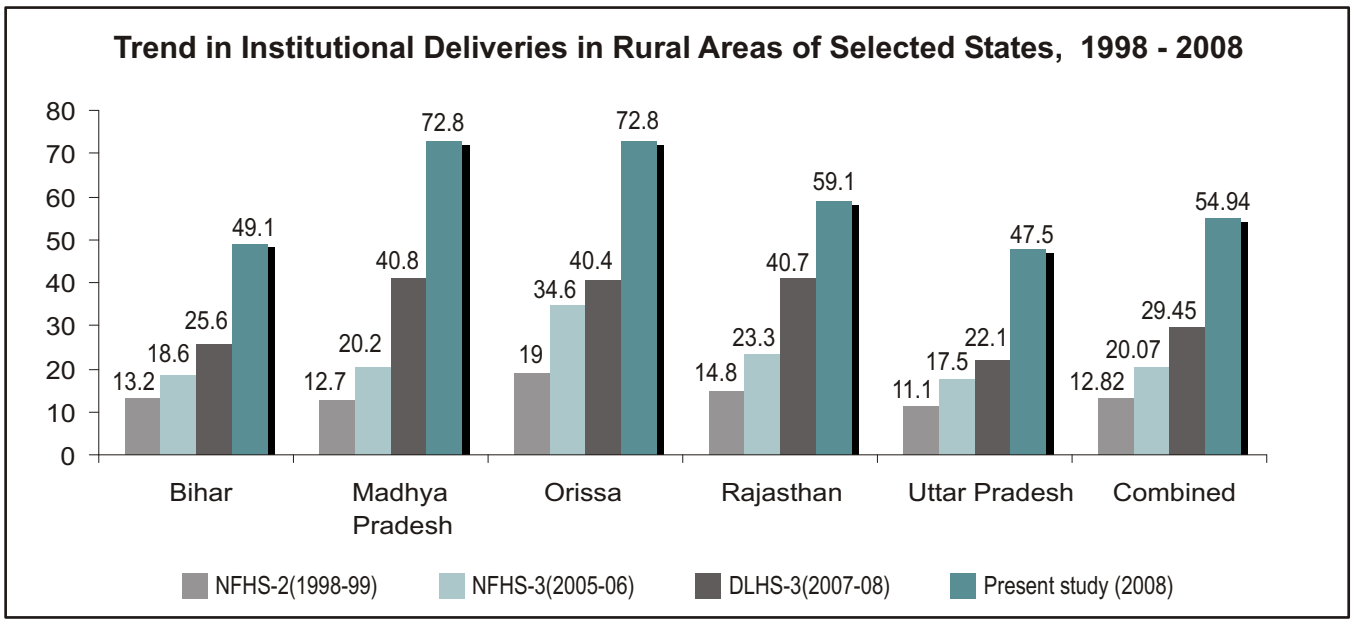
3.5 Effect of the JSY Scheme on Institutional Deliveries

An analysis was done to compare the levels of institutional deliveries in the five states which were provided by various surveys in the past with the one derived in the present study. Such comparison 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 3.5 shows the institutional deliveries in rural areas from the previous two rounds of the National Family Health Surveys (NFHS) conducted in 1998-99 and 2005-06, District level household survey (DLHS - 3) conducted in 2007-08 and the levels from the present study. The findings indicate that the levels of institutional deliveries in the rural areas as observed in two rounds of NFHS was quite low as compared to the estimates provided by the DLHS and the one which is estimated by the present study. The pace of increase in the proportion of institutional deliveries in all the states had been higher during the period when JSY has been implemented. This clearly brings out the effect of the JSY scheme on promoting institutional deliveries.

Table 3.5: Percentage of institutional deliveries in rural areas from NFHS II, NFHS III, DLHS III and the present study in 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 - III (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



3.6 Distance and Use of Transport Facility by JSY Beneficiaries

The respondents were asked about the distance of the institution from their residence where they had delivered. The findings are presented in Table 3.6. 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 these five states. 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, 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) in Bihar, MP and UP 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 3.6: Per cent distribution of JSY beneficiaries by uses of transportation and its related issues in selected states, 2008

Particulars	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
N	***497***	***815***	***806***	***623***	***444***
Distance of 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					
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
N	***495***	***777***	***797***	***580***	***422***
Whether vehicle was hired or personal					
Personally owned	3.4	17.0	10.3	10.0	13.7
Hired	96.6	83.0	89.7	90.0	86.3
N	***478***	***645***	***715***	***522***	***364***
Amount incurred on transportation (in Rs.)					
< 100	35	25.7	7.0	20.88	23.4

Contd.

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

3.7 Antenatal, Natal and Postnatal Services Received by the 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 3.7 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 rest of the three states, three ANC check-ups were found among 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 with post natal care. 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 3.7: Per cent distribution of JSY beneficiaries by receipt of maternal / child care services during ANC period and PNC at the institution in selected states, 2008

Particulars	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
N	***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*

3.8 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 3.8.

Particulars	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
N	***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

3.9 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 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.

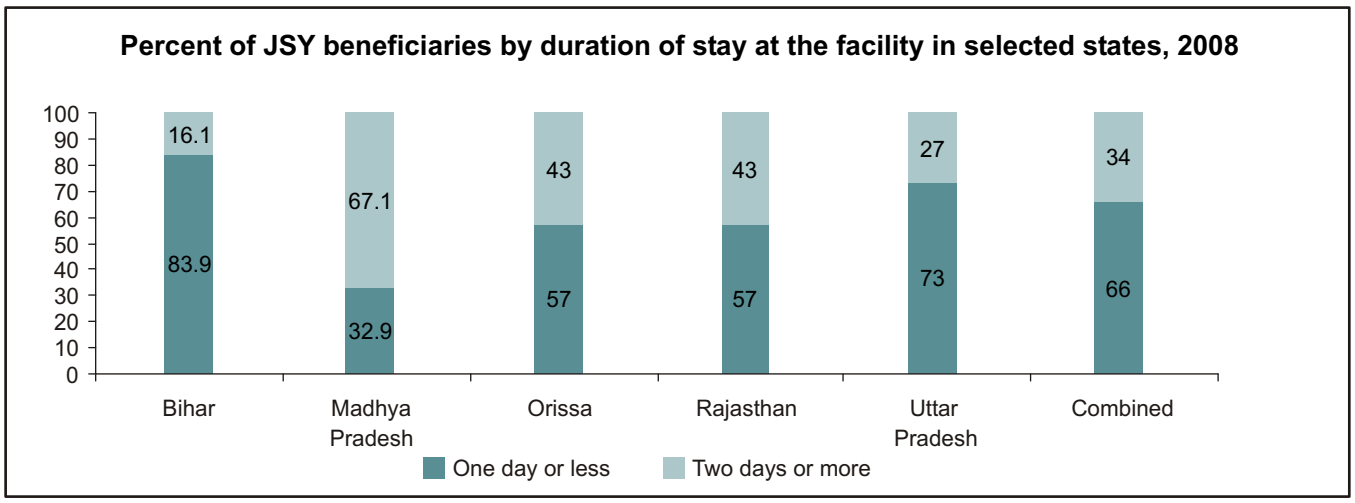


Table 3.9: Per cent distribution of JSY beneficiaries by their duration of stay at the institution after delivery in selected states, 2008

Particulars	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
N	***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 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 cent 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 3.10: Per cent distribution of JSY beneficiaries by their experiences at the institution in selected states, 2008

Particulars	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
N	***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

3.11 Receipt of Cash 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. Table 3.11 provides the findings on the receipt of cash incentives by the beneficiaries. Among the mothers who are eligible for receiving the incentives, 93 per cent in Rajasthan reported having received the money. Proportion of mothers who 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 3.11: Per cent distribution of JSY beneficiaries by their receipt status of incentive under the JSY scheme in selected states, 2008

State	Per cent of mothers				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
N	***497***	***815***	***806***	***623***	***444***
Mothers who received money after delivery	64.8	82.7	88.6	92.5	72.3
N	***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 beneficiaries 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.

3.12 Payments Made by the 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 3.12. 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 3.12. Overall, the 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 spend an average of Rs. 299 for the costs related to childbirth in an institution.

Table 3.12: Per cent distribution of JSY beneficiaries who made payment for delivery in selected states, 2008

Particulars	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
N	***497***	***815***	***806***	***623***	***444***
Whether made some payment to the institution	28.2	45.3	52.1	44.0	60.1
N	***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. As such, they have a vital role to play in implementing the JSY scheme at the grassroots level.

The present study administered a questionnaire to ASHA in the selected villages to elicit relevant information. This included their background characteristics, 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; and ranged 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 by them to the mothers in their respective areas of operation.

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 years in four states, except Rajasthan where they were found to be relatively younger (with an average age of 27.9 years). As per the guidelines under the programme, the ASHA is to be selected from the same village. 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 about 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. 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 all the five states. In Orissa and Madhya Pradesh, nearly 20 per cent of them belonged to the ST community. A fairly high per cent of ASHAs (42-68 per cent) in the five states were from Other Backward Castes. As far as their educational status is concerned, in Madhya Pradesh around quarter of them had only a primary or below-primary level of education, while the per cent of this educational category in 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-demographic profile of ASHAs in selected states, 2008

Profile	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
N	***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 other work 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 the year 2006 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: Per cent distribution of ASHA by their years of selection and training in selected states, 2008

Particulars	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
N	***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
Received Training					
In module 1 only	54.7	30.9	36.7	42.2	36.2
In modules 1 and 2	66.0	59.5	31.7	33.3	53.2
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 at the time of survey. 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 among 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 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 and they responded 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 cent of mothers described the help provided by the ASHAs.

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

Variables	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
N	***1203***	***1200***	***1201***	***1199***	***1199***
Awareness 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
N	***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 in registering for ANC services	34.4	31.5	86.0	61.2	40.6
Counseled on the ANC services	16	18.1	29.8	41.0	17.5
Referred for getting ANC services	4.9	6.2	19.8	34.6	9.3
Accompanied for ANC services	7.5	7.4	21.4	14.1	6.5
Accompanied for institutional delivery	10.8	17.1	52.0	12.0	15.2
Told about Janani Suraksha Yojana	8.1	11.8	44.5	48.0	23.7
Helped receive the payment under JSY	3.9	5.1	25.4	10.9	10.1
Told about post natal services	2.7	5.2	16.1	21.2	21.2
Accompanied for PNC	1	2.7	22.2	8.6	19.1
Counseled regarding child immunization	5.5	17.3	62.9	59.5	73.1
Counseled on breast feeding	0.4	0.5	33.6	44.6	31.5
Satisfaction with the services of ASHA	65.3	75.5	94.4	94.5	90.5

**Multiple response*

4.4 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. 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 facilitating services for the 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 4.4: Per cent distribution of community leaders by their knowledge of ASHA and its related matters in selected states, 2008

Knowledge among community leaders about ASHA	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
N	***115***	***110***	***61***	***56***	***59***
Whether ASHA is there in the village					
Yes	86.9	84.5	100.0	100.0	100.0
N	***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	57.0	52.7	80.3	55.4	45.8
for institutional delivery					
Motivate pregnant women for	15.0	23.7	60.7	33.9	32.2
institutional delivery					
N	***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
Sarpanch	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

**Multiple response*

4.5 Roles Played by the ASHA

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. They were asked about the types of support they provided to assess the role they played in facilitative implementation of the JSY scheme at the grassroots level.

ASHAs were asked a direct question: what services did they provide to pregnant women in your work area? Their responses on this are tabulated in Table 4.5.1. 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 informing pregnant women about the JSY scheme, while this response was as low as 19 per cent in Madhya Pradesh. Varying per cent 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 4.5.1: Percentage 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
N	***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*

ASHA were also asked about the type of support they provided to pregnant women who were in their last trimester, particularly nearing their delivery. Table 4.5.2 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 cent 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.

Advice on post natal care and breast feeding practices for the newborn was found in the responses from 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 4.5.2: Percentage of ASHA providing various types of support to pregnant women nearing their delivery in select states, 2008

Type of help/support provided to pregnant women*	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
N	***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
Inform 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

**Multiple response*

Table 4.5.3 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 to 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 mothers on getting the measles vaccination for their child in Bihar and Madhya Pradesh.

Table 4.5.3: Per cent of ASHA providing various types of support to mothers who had just delivered in select states, 2008

Type of help/support provided to pregnant women*	States				
	Bihar	Madhya Pradesh	Orissa	Rajasthan	Uttar Pradesh
N	***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

**Multiple response*

4.6 Performance of ASHA

With a view to judge the performance levels of the ASHAs, they were asked about the work 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 4.6 presents the mean number of beneficiaries to whom services were provided by ASHAs in the past three months prior to the survey.

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 to 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 4.6: 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
N	***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 natal 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.

4.7 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 4.7 provides their perception on this aspect. In four states, except Bihar, a high per cent 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 these states while their expectation of receiving support from Medical Officers were far lesser than the support needed from ANMs. Similarly, a lower per cent of them expressed the need for support from the Anganwadi workers. Overall, in most of the states, ASHAs expressed satisfaction in getting the needed support from other functionaries, as stated by around 90 per cent or more of them in four out of the five states. In Bihar, only 78 per cent of them reported getting the needed support from other functionaries.

Table 4.7: Percentage 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
N	***53***	***42***	***60***	***45***	***58***
Need any support from other functionaries	73.6	95.2	90.0	93.3	84.5
N	***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

4.8 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. Table 4.8 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 4.8: Percentage 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
N	***53***	***42***	***60***	***45***	***58***
ASHA receives payment regularly					
Yes	20.7	52.4	73.3	82.2	55.2
No	79.3	47.6	26.7	17.8	44.8
N	***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 FINACIAL MANAGEMENT OF JSY

As a part of the study, information was solicited from the programme implementers to understand the management aspects of JSY in sampled districts and states. The areas of investigation included: planning for JSY activities, estimating the resources requirements under this scheme, infrastructural requirements for enabling institutional deliveries, accreditation of private hospitals as per the guidelines and community mobilisation activities to generate demand for institutional deliveries. Additionally, the study also focused on resource flow mechanism. 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. 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 by a specified per centage to set it as the target for the next year. Generally, 10 per cent was added to the achievements 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. The plan also had their additional requirements to the next level of consolidation.

Clearly there is scope for improvement in the planning process. In absence of well defined processes for arriving at the targets, lot of individual preferences and prejudices prevail and dominate planning.

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 rampant unnecessary C-sections and lack of infrastructure to monitor the activities of private practitioners. Though the state did not take up accreditation of private practitioners aggressively, three out of five districts under this study reported making efforts to enrol 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 of private facilities

has been undertaken in the Rajasthan , but this has been restricted to sub district facilities only.

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 aims to leverage spare capacity available in the private facilities.

5.3 Transport Arrangements for Pregnant Women

Timely availability of dependable transport is most critical to reduce the incidence of second delay. 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. 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 IEC activities that were carried out 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 cent was quite low at 18 per cent in Bihar.

Table 5.4: Percentage 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
N	***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
N	***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, N.A. - Not Available

5.5 Monitoring

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 in time. Some of them managed funds from other plans while some of them did nothing in this regard.

5.6 Financial Management

For a conditional cash benefit scheme like the *Janani Suraksha Yojana*, proper management of funds at all levels is of utmost importance. This 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 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 funds

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.

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 knew about the availability of the administrative cost of the JSY. 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 6 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. About 20 per cent Medical Officers reported facing situations such as no access to funds.. 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 immunization 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, some key recommendations for effective management of the JSY scheme have been made. The follow-up actions based on these recommendations will provide impetus to achieve the stated objectives of this scheme. These recommendations are presented below:

6.1 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.

6.2 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)

Plans 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.

6.3 Demand-Side Interventions

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	1. Munger 2. Sheohar 3. Nalanda 4. Nawada 5. Kishanganj	GfK MODE Pvt. Ltd, New Delhi
2.	Madhya Pradesh	1. Ratlam 2. Shajapur 3. Sagar 4. Sheopur 5. Seoni.	GfK MODE Pvt. Ltd, New Delhi
3.	Orissa	1. Baraghar 2. Ganjam 3. Kendrapara 4. Malkangiri 5. Sambalpur,	Development & Research Services (P) Ltd, New Delhi
4.	Rajasthan	1. Barmer 2. Bharatpur 3. Chittaurgarh 4. Hanumangarh 5. Nagaur	Development & Research Services (P) Ltd, New Delhi
5.	Uttar Pradesh	1. Agra 2. Ambedkar Nagar 3. Barabanki 4. Bareily 5. Basti 6. Mahoba	Development & Research Services (P) Ltd, New Delhi

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