

CONTENTS

	Page No.
Acknowledgements	
List of Acronyms	
List of tables and Figures	
Fact Sheet	
Executive Summary	
CHAPTER-I INTRODUCTION	
1.1 Background	I 1
1.2 Rationale for the present Study	I 1
1.3 Objectives of the study	I 2
1.4 Methodology	I 2
1.4.1 Study Area	I.2
1.4.2 Research techniques and tools	I 3
1.4.3 Sampling Design	I 4
1.4.4 Training of survey teams	I 6
1.4.5 Data Collection	I 6
1.4.6 Quality Assurance	I.6
1.4.7 Data entry, analysis and reporting	I 7
1.5 Organization of the Report	I 7
CHAPTER-II HOUSEHOLD AND RESPONDENT CHARACTERISTICS	
2.1 Socio-Economic Characteristics of eligible women and spouse	II 1
2.2 Demographic characteristics of respondent	II 2
2.3 Household amenities	II 3
2.4 Household assets	II 5
CHAPTER-III ANTENATAL AND DELIVERY CARE	
3.1 Registration for any ANC services	III 1
3.2 Antenatal care checkups	III 2
3.2.1 Number and Timing of first antenatal checkup	III 3
3.2.2 Type of antenatal checkups	III 4
3.2.3 Antenatal health care provider	III 5
3.3 IFA Supplementation	III 5
3.3.1 Source of IFA supply	III 6
3.4 Tetanus Toxoid Injections	III 7
3.4.1 Full ANC	III 8
3.4.2 Sources of Tetanus Toxoid injections	III 9
3.5 Information received from ASHA on ANC and natal care	III 9
3.5.1 Information provided on antenatal checkups	III 9
3.5.2 Information provided during antenatal visit on pregnancy complications	III 11
3.5.2 Information given on birth preparedness	III 11
3.6 Awareness about JSY and monetary incentives	III 12
3.6.1 Source of Information about JSY	III 12
3.6.2 Information given by ASHA	III 13
3.7 Place of Delivery	III 14
3.7.1 Assistance in delivery	III 15
3.7.2 Type of Delivery	III 16

3.7.3	Reasons of not going for institutional delivery	III 16
3.8	Quality of care at the facility before and after the delivery	III 17
3.8.1	Checkup done after reaching health facilities for delivery and time taken	III 17
3.8.2	Health personnel who did the checkup	III 18
3.8.3	Problem faced at the Govt. health facility	III 19
3.8.4	Satisfaction with the services received at Govt. health facility	III 19
3.8.5	Checkup of newborn baby by doctor in Govt. health facility	III 20
3.8.6	Advice given by any health worker on newborn care issues during ANC/PNC visit	III 21

CHAPTER-IV POST NATAL AND NEWBORN CARE

4.1	Initiation of Breastfeeding	IV 1
4.2	Pre-lacteal feed given before initiation of breastfeeding	IV 1
4.3	Time of bathing the baby after delivery	IV 2
4.4	Administration of BCG and Polio 0 dose before discharge from hospital	IV 3
4.5	Postnatal care visits	IV 3
4.5.1	Type of advice/services received during PNC visits	IV 4
4.5.2	Type of complication faced by mother during PNC period	IV 5
4.5.3	Referral by ASHA for complications faced	IV 5
4.5.4	Type of complications faced by child within 6 weeks of delivery	IV 6
4.5.5	Referral by ASHA for complications faced by child	IV 7
4.6	Family planning advice received during stay at health facility	IV 7

CHAPTER-V UTILIZATION OF JSY BENEFITS AND PROCESSES

5.1	Arrangement of transport	V 1
5.1.1	Person who made payment	V 2
5.2	Receipt of JSY Incentive	V 2
5.2.1	Number of visits made to receive the incentive	V 3
5.2.2	Time taken in release of JSY incentive	V 4
5.2.3	Help received in getting JSY incentive	V 4
5.2.4	Problem faced in getting JSY incentive	V 5
5.3	Satisfied with benefits received under JSY	V 5
5.4	JSY incentive received by BPL mothers who delivered at 'Home'	V 6
5.4.1	Place of delivery of all BPL mothers covered in the study	V 6
5.5	Receipt of JSY Incentive by BPL mothers	V 7
5.5.1	Help received in getting JSY incentive	V 7
5.5.2	Problems faced in getting JSY incentive	V 8
5.5.3	BPL mothers satisfied with JSY incentive	V 8

CHAPTER-VI PROVIDERS PERSPECTIVE ON JSY SCHEME THEIR ROLE IN ITS IMPLEMENTATION AND VIEWS ON BOTTLENECKS

6.1	Role and responsibilities of ACMO and MO-Incharge	VI 1
6.2	Planning and Monitoring	VI 1
6.3	Provision of transport for pregnant women under JSY	VI 2
6.4	IEC activities for Demand Generation	VI 2
6.5	Recent initiatives to augment JSY scheme	VI 3
6.6	Disbursement of funds to ASHA and beneficiaries	VI 3

6.7	Barriers and bottlenecks in uptake of institutional deliveries	VI 4
6.8	Findings based on interviews of ASHA	VI 5
6.8.1	Profile of ASHA	VI 5
6.8.2	Population covered by ASHA	VI 6
6.8.3	Interaction with ANM	VI 7
6.8.4	Occasion/place where met and purpose of interaction	VI 7
6.8.5	Interaction with community and number of home visits	VI 8
6.8.6	Issues on which counsel women during home visits	VI 9
6.8.7	Counseling of pregnant women and assistance given	VI 9
6.8.8	Information given to pregnant women/family members on institutional delivery and benefits by ASHA and ANM	VI 10
6.8.9	Messages given regarding birth preparedness	VI 11
6.9	Counseling of women on postnatal and newborn care	VI 12
6.9.1	Advice regarding timing of postnatal checkups after delivery	VI 12
6.9.2	Knowledge about immediate newborn care	VI 12
6.9.3	Postnatal health conditions for which refer the women	VI 13
6.9.4	Health condition when newborn was referred to a hospital	VI 13
6.10	Care given to mother and newborn at facility	VI 14
6.10.1	Time taken to conduct preliminary checkup and health personnel	VI 14
6.10.2	Type of services provided to mother and newborn	VI 15
6.10.3	Problems faced at the facility related to institutional deliveries	VI 15
6.11	Role specific to JSY services	VI 16
6.11.1	Role in helping women to avail JSY services	VI 16
6.11.2	Role in conduct of institutional deliveries	VI 16
6.11.3	Arrangement of transport	VI 16
6.11.4	Person who spent money on arranging transport	VI 17
6.11.5	Problems faced in arranging transport	VI 17
6.11.6	Help provided to mothers in payment of incentive	VI 18
6.12	Status of financial disbursement to ASHA under JSY	VI 18
6.12.1	Time taken in release of payment	VI 18
6.12.2	Mode of Payment	VI 19
6.12.3	Problems faced in getting payment	VI 19
6.12.4	Perceived reasons to prefer home deliveries despite monetary benefit offered under JSY for institutional deliveries	VI 20

ANNEXURE (Research Instruments)