

EXECUTIVE SUMMARY

In order to address various issues concerning the health sector in rural areas, The Government of India launched the National Rural Health Mission (NRHM) in 2005. The primary objective of NRHM was to provide accessible, accountable, affordable, effective and reliable primary healthcare, especially to the poor and vulnerable sections of the population. The Mission envisioned equitable and quality health care services to rural women and children in the country with greater emphasis on 18 highly focused states. 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.

In accordance with the broad guidelines of the NRHM, the Government of Uttar Pradesh launched the programme in September 2007 with the primary aim of improving health status and quality of life of its rural population with unequivocal and explicit emphasis on sustainable development measures. Janani Suraksha Yojana (JSY) one of the important components under the overall umbrella of NRHM is proposed for all the pregnant women in the state. This includes a cash assistance to the pregnant woman to enable all antenatal care visits during the pregnancy period, institutional care during delivery and immediate post-partum period in a health centre by establishing a system of coordinated care by field level health workers namely ASHA/AWW and ANM, with an overall objective to reduce maternal mortality ratio and infant mortality rate.

Although there has been a noticeable improvement in health care scenario in Uttar Pradesh but state is still lagging behind several other states in the country. With JSY in operation for more than five years the State Government was therefore keen to conduct an Evaluation to assess on ground implementation status of JSY, increase in institutional deliveries, quality of care including issues and challenges, and understand factors and barriers in uptake of institutional deliveries. CREATE; a Lucknow based research agency was commissioned by SIFPSA to conduct the study. Study was conducted in 15 districts of the state. In all, 300 villages and 150 urban slum areas were covered under the study.

Both quantitative and qualitative techniques were used in the study to gather data. In all, 11741 mothers (Urban slum-3925; Rural-7815) who had delivered during April 01, 2012 and March 31, 2013 were interviewed using structured schedules. The other stakeholders who were interviewed included 300 ASHAs and 300 ANMs. Discussions were held with District Nodal Officers of JSY (15), MOICs at PHCs/CHCs (60) using qualitative guidelines. The report has been prepared based on the interviews of mothers and various stakeholders.

Background characteristics of Eligible women: *Slightly less than three-quarter of respondents were Hindus while rest were Muslims. All caste groups were well represented in the sample; OBC accounted for 51 percent while 31 percent belonged to SC/ST groups. Forty six percent women were illiterate with proportion of illiterates being 51 percent in rural and 37 percent in urban. Twenty five percent had completed middle and high school (8-11th grade). Ninety six percent of women were housewives. Forty-four percent belonged to 20-24 age group and 34 percent in 25-49 age groups. Mean number of children ever born was estimated at 2.8 while mean number surviving was 2.5.*

Household characteristics and possession of assets: *Seventy three percent households owned Pucca house in urban slum as against 21percent in rural areas. Less than half of the households had access to flush/pit toilet. Fifty one percent had access to safe drinking water. Seventy six percent in urban slum as against 26 percent in rural areas used electricity. LPG was the source of cooking for 55 percent households in urban slum; rural households depended on wood and*

ding cakes (88 percent). Around 99 percent were owners of the house. Sixty percent of the households in rural owned agriculture land. Eighty five percent households possessed mobile phone. Forty five percent had color televisions and 26 percent owned refrigerators. Majority of households owned essential items such as cot/bed, mattress, chairs and tables, fans etc.

Antenatal care: *Ninety-two percent of mother had registered for any ANC services. Ninety seven percent mothers with single parity registered for ANC, while 83 percent did so having 4+ parity. Seventy-two percent mothers underwent checkup in urban as compared to 51 percent in rural areas. Eighty five percent mothers having 12+ grade education received checkup as against only 45 percent illiterate mothers. Around 37 percent of mothers have had 3 or more checkups (urban slum-47 percent; rural-30 percent). Twenty nine percent had checkups in first trimester (urban slum-38 percent; rural-23 percent). Among mothers registered, 56 percent reported abdominal checkups (urban slum-72 percent; rural-49 percent) while 44 percent reported blood test (urban slum-64 percent; rural-34 percent). Other three checkups reported varied between 26 and 38 percent. Doctor (60 percent) and Nurse/ANM (64 percent) were main source of ANC checkups.*

Sixty percent mothers received IFA supplementation while only one-tenth consumed the 100 IFA tablets. Govt. health facilities were the main source of IFA supply. Ninety percent mothers had received TT injection. Among them 93 percent received 2 TT injections. Eighty five percent received TT injection at Govt. health facilities (urban slum-69 percent; rural-94 percent).

Information received from ASHA or other health worker on pregnancy related complications: *Forty-seven percent received information about Anaemia from ASHA or other health worker. Proportion of mothers who received information on other pregnancy related complications varied between 8 and 20 percent. Fifty-five percent mothers had received information on ANC checkups from ASHA.*

Messages on Birth preparedness: *Fifty eight percent of mothers were told about the 'identification of health facility/place for delivery' (rural-70 percent). Only one-fourth had received messages to 'save money for delivery' and 'arrangement of vehicle' from ASHA or health worker.*

Awareness about JSY and monetary benefits: *Awareness about JSY and monetary benefits was almost universal. Three-fourth of the respondents in rural areas (77 percent) was informed by ASHA. Most important messages received were 'advice for institutional delivery (84 percent) and 'monetary incentive given under JSY' (84 percent).*

Place of delivery: *Sixty-eight percent of the deliveries were conducted in Govt. and private institutions. Govt. institutions accounted for nearly half of deliveries taking place in rural areas (48 percent) as against 31 percent in urban areas. Sixty seven percent deliveries in rural and 71 percent in urban took place in Govt. and Pvt. Institutions. More educated among women preferred Pvt. Hospitals over Govt. health outlets. Most of the deliveries were assisted by skilled birth attendants (61 percent). Ninety one percent of deliveries were normal. Major reasons of not going for institutional delivery were 'had no time to go to the facility' (50 percent), 'its not necessary' (36 percent) and 'good care at home' (27 percent).*

Quality of care at Govt. health facility: *Ninety-three percent mothers underwent preliminary checkup after reaching facility for delivery. Among them, about 86 percent received checkup within 30 minutes. Slightly above one-fourth of mothers had received checkup from the doctor (urban-42 percent; rural-21 percent). Fifty nine percent mothers reported checkup of newborn by the doctor (urban slum-70 percent; rural-55 percent).*

Satisfaction with services received in Govt. health facility during delivery: Eighty one percent were found satisfied with services received at the facility. Important reasons for satisfaction stated were 'appropriate treatment (58 percent), 'availability of good facilities' (42 percent) and good behavior of staff (28 percent). About 15 percent had faced some problem during their stay at the Govt. health facility. Major problems cited were 'some staff asking for money before admission' (40 percent), 'poor behavior of staff (23 percent)' and 'no bed facility' (21 percent).

Major messages received from ASHA or any health worker on immediate newborn care during ANC period or after delivery included 'immunization (61 percent), 'exclusive breastfeeding' (59 percent) and 'colostrums feeding' (53 percent).

Initiation of breastfeeding and bathing: Twenty seven percent of the children in the state were breastfed within an hour of their birth (urban-30 percent; rural-25 percent). Another 31 percent were breastfed within a day of birth. Fifty four percent mothers had fed anything before the initiation of breastfeeding. Among them, 74 percent had given milk (other than mothers' milk). Almost three in every ten mothers delayed giving bath to their babies at least 3 days or more. Urban-rural differential were not so pronounced.

BCG and Polio 0 dose: Fifty nine percent newborns had received BCG dose before being discharged from a Govt. health facility (urban-76 percent; rural-54 percent). Sixty percent received Polio 0 dose as well with urban-rural proportions being almost identical as in case of BCG.

Postnatal visits: Forty percent of the mothers were visited by ASHA or health workers within 6 weeks of their last delivery with major difference in level of PNC visits between urban slum (22 percent) and rural areas (49 percent). Among them, 55 percent were visited at least once by ASHA or health worker. Around half such mothers received more than 2 PNC visits in rural areas with most of these visits undertaken by ASHAs. Seventy four percent of mothers had reported receiving advice on 'immunization of children and around half about 'timely immunization'.

Postnatal health complications: Seventeen percent mothers faced postnatal health complications. Among them 64 percent reported about 'high fever while 24 percent mentioned 'pain in lower abdomen'. Less than one-tenth of the mothers who experienced any complication were referred by ASHA in rural for the treatment. Nearly one-fifth of children faced some problem within six weeks after the delivery. Half of the children developed 'fever' while one-third experienced breathing problem. Nine percent were referred by ASHA for treatment to a govt. health facility in rural areas.

Nearly one-fifth of mothers received family planning advice after delivery in the govt. health facilities. Among them 21 percent received some family planning method.

Transport arrangement for travel to health facility: Ninety-four percent mothers said that the arrangement was made to travel to health facility. Among them, 90 percent told self/family made the arrangement. Nine percent told so about ASHA. Expenses in 87 percent cases were borne by the family itself. Six percent each mentioned about ASHA taking care of the expenses of hired vehicle and free transport.

Receipt of JSY incentive: Ninety five percent of mothers had received JSY incentive in rural and 93 percent in urban slum for delivering in a govt. health facility. Eighty percent in urban slum received full amount of Rs.1000/- and around 20 percent received more than Rs.1000/-. In rural areas, 96 percent received full amount of Rs.1400/- More than two-third received the amount

after 2 visits to the health facility. One-third received the incentive within 1-2 weeks time while one-fourth within 2-4 weeks time.

Nine in every ten said they faced no problem in getting the incentive. Among those who faced problem 50 percent told that they had to visit too many times to get the payment while 27 percent said 'paid some amount to get the incentive'. Ninety percent were however satisfied with JSY benefits.

Incentive received by BPL mothers who delivered at home: Nearly 69 percent BPL mothers delivered in Govt. and Pvt. Health institutions. Among those who delivered at home, around 6 percent (n=38) were found eligible fulfilling all 4 stipulated conditions for Rs.500/- JSY incentive. Thirty six percent in rural and 31 percent of these women in urban slum had received JSY benefit. All of them had received incentive of Rs.500/-. Only one-third of mothers were found satisfied with JSY benefits.

Providers' roles and responsibilities in JSY: At district level, ACMO was the nodal officer responsible for planning, implementation; monitoring and fund disbursement to PHCs/CHCs for JSY related payments. MOIC were the key persons for implementation and monitoring at the grassroots level, fund disbursement to ASHA as well as beneficiaries and reporting the progress at higher levels.

Planning and Monitoring: Two methods were used to estimate the demand under JSY. The first method was based on the number of expected pregnancies in a year and the second was based on the number of institutional deliveries conducted in the last year. Some of the district nodal officers reported that they used to collate all the plans received from the PHCs/CHCs and sub-centres, and these plans were further consolidated at the district level. Monitoring was done at district level in monthly meetings and second at PHC/CHCs level where besides monthly meetings cluster meetings were also held to monitor progress by data sharing etc. MOICs, HEOs and LHVs also carried out 10 percent verification of JSY cases.

Transportation: Provision has been made for Rs.250/- in ASHA incentive to facilitate travel of pregnant women to health facility. Now 108 ambulance Sewa and UP Ambulance Sewa are available in all blocks of the state. Awareness among beneficiaries was however reported to be low hence under utilization of ambulances.

IEC activities for demand generation: Efforts were made for the publicity of JSY 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 publicized. ASHA was the main person involved in person-to-person contacts and spreading information about the scheme. Some new initiatives taken include provision of food for mothers under JSSK to ensure 48 hour stay at facility. Construction of 6 bed JSY wards in 24X7 facilities and establishing sick newborn care unit in the district level hospitals were other steps aimed at augmenting JSY scheme.

Fund disbursement to ASHA and beneficiaries: Payment of incentives to beneficiaries and ASHA were central to effective functioning of JSY scheme. It was reported that though situation has improved but still there were delays in payment to both beneficiaries as well as ASHAs. Situation regarding payments to ASHAs is being discussed in subsequent sections while things related to beneficiary have already been delineated earlier.

Profile of ASHA and interaction with ANMs: Majority of ASHAs were young as their mean age was estimated at 35. All caste groups were well represented. ASHAs in UP were well educated

as two-fifth had passed 12+ grade while 6 percent were graduates. One-fourth were working before joining as ASHA. Most resided in the same village for 4+ years. Average population covered by ASHA estimated at around 1500.

About fifty percent of ASHAs interacted with ANMs at least 4 times in a month while this figure for ANMs was 57 percent. Ninety eight percent ASHAs also had mobile numbers of their ANM an important mean of communication. They often met during home visits and VHNDs. Main purpose reported was checking of records, meeting beneficiaries and solving problems.

Interaction with community: *Eighty six percent ASHAs were meeting the community during home visits while almost 70 percent interacted during VHND sessions. On an average, one ASHA was making 4 home visits every day. Mean number of women frequented by ASHA in the last month preceding the survey was 26.*

Advice and counseling on various issues: *Eight out of ten ASHAs accorded top priority to creating awareness among women in her area during home visits. Two-third counseled women on 'importance of institutional/safe delivery. Three-fourth of ASHAs counseled pregnant women on benefits of institutional delivery and taking TT injection. Six in ten ASHAs counseled them on registration of pregnancy and consumption of 100 IFA tablets.*

Almost 96 percent ASHAs accompanied pregnant women for ANC. Two-third accompanied for checkups while almost an equal proportion (63 percent) stated about tetanus toxoid injection.

Messages given on birth preparedness and institutional deliveries: *ASHA gave message on identification of birth place to 68 percent women (ANM-76 percent). Message on saving money was given by 64 percent ASHAs, 56 percent ANMs did so while counseling pregnant women. Another important message given was 'arrangement of vehicle to travel to hospital'. Messages on institutional deliveries that 'the delivery was conducted by trained personnel' and 'monetary incentive was given under JSY' was conveyed by 62-64 percent of ASHAs and 67-70 percent of ANMs. Message on 'Health facilities were well equipped to conduct delivery' was given by 56 percent of ASHAs and 48 percent of ANMs.*

Counseling of women on postnatal and newborn care: *Seventy eight percent ANMs and 61 percent ASHAs advised 'first check up within 48 hours even if she has no problem'. Second check up by day 7 even if she has no problem was given by 66 percent ANMs and 44 percent of ASHAs. A lower proportion of ASHAs had given message regarding remaining checkups. About newborn care 91 percent ASHAs advised immediate & exclusive breastfeeding' and 'keep the baby warm' was conveyed by 55 percent. Delaying bathing by 6 days was mentioned by 40 percent.*

Important postnatal health conditions of mother for which ASHA refers women were 'Excessive bleeding (83 percent) and 'high fever' (55 percent). Foul smelling vaginal discharge was mentioned for referral by 47 percent women. 'Fast breathing/ difficulty in breathing' (64 percent) and 'poor sucking of breast' (54 percent) were some important health conditions for which ASHA referred the child to the doctor.

Care given to mother and newborn at facility: *92 percent ASHAs mentioned that the preliminary checkup of the mother was conducted within 30 minutes after reaching the facility for delivery. One-fifth reported checkup by the doctor after reaching the facility while 61 percent stated that ANM/Nurse/LHV carried out the checkup. The other important postnatal care services provided at the facility as mentioned by most ASHAs were 'Postnatal check up', 'keeping the baby well wrapped and warm', weighing of newborn and administration of BCG*

and Polio 0 doses. As regards problems faced related to institutional delivery 63 percent mentioned that no problems were faced. The problems faced were 'non-availability of some essential medicines' (25 percent) and staff are not friendly (22 percent).

Role specific to JSY services: Seven in ten ASHAs helped women register their pregnancy while almost an equal proportion motivated them for institutional delivery. Ninety percent accompanied women for institutional delivery and 72 percent said help women in admitting to health facility. Slightly above two-fifth reported arranging transport for taking women to health facility whereas similar proportion mentioned about 108 ambulances. Forty-five percent ASHAs reported making payment for hired vehicle while 30 percent by mothers themselves. Sixty four percent did not face any problem in arranging travel. Majority of them accompanied mothers for payment of their incentive and also helped in preparation of documents.

Status of financial disbursement to ASHA: Two-third of ASHAs reported receiving JSY incentive in one month while 18 percent stated about 2 months. Eighty two percent of ASHAs had received their full amount of last financial year. As for mode of payment, 83 percent received payment through E-transfer. Sixty three percent told that they did not face problem related to payment of JSY incentive.

Barriers in uptake of Institutional deliveries: Low literacy levels, cultural issues and age-old customs/traditions still prevalent in the society were reported to be some of the important issues that work as barrier in utilization of institutional deliveries. Besides, lack of awareness about the necessity and safety aspects of institutional deliveries for both mother as well as newborn baby were other important factors due to which a significantly large sections in the society was not attaching much importance to seeking institutional deliveries. On service delivery front, there were issues of quality of care, lack of required infrastructure, attitude of staff, delayed payment of JSY incentive and other aspects related with the payment. Availability of transport in far flung areas was also a barrier. Though 108 ambulances were available but awareness about it was low among all sections. Some of the nodal officers had also pointed to decreasing number of ASHAs.

Emerging Issues and Recommendations:

- 1. Although continuous efforts are being made there was need to develop district or region specific IEC strategies to drive home message for all sections, caste and creed about the importance and safety aspects of institutional deliveries for both mother as well as newborn.*
- 2. As 85% households possessed mobile phones, voice messages on importance of institutional deliveries could be conveyed intermittently using the technology.*
- 3. Infrastructure has to be improved like bed facilities, staying arrangement for attendants, facilities in labour rooms and OTs.*
- 4. Availability of doctors was an issue hence needs to be tackled through administrative mechanism to ensure their presence and attend to the expectant mothers for first checkup as presently only 21 percent doctors in rural areas were conducting preliminary checkup of mothers reaching the facility for delivery.*
- 5. Quality of care at health facilities has to be improved significantly as satisfied clients will act as motivators for those who prefer 'Home' delivery.*
- 6. Time delays in payment of incentives to beneficiaries as well as ASHAs has to be taken care of on a priority basis as these were key to success of JSY and in other words increase in uptake of institutional deliveries.*
- 7. Full ANC was poor due to low consumption of 100 IFA tablets. Consumptions of IFA and number of 3 checkups have to be improved to increase full ANC coverage.*
- 8. ASHAs were not giving due emphasis to all birth preparedness messages which was very crucial for a family from poor economic strata to make advance arrangement for institutional deliveries.*
- 9. Postnatal care services were poor especially in urban areas. Hence there was need to device some mechanism towards the same by involving UHC/UHP staff wherever they are functional. On the other hand mothers delivering at the govt. health outlets in urban areas should be instructed while leaving the hospital for a return visit within 6 weeks even if they faced no problem.*
- 10. Referral system has to be strengthened as fewer mothers and newborn babies were referred by ASHAs at higher level for treatment of complications faced by them within six weeks of delivery.*
- 11. Awareness about '108 Ambulance Sewa' has to be increased by involving VHSCs and PRIs to facilitate travel to health facility for institutional delivery.*
- 12. Vacant positions of ASHAs and ANMs to be filled on a priority basis in all districts.*