CHAPTER-VI

PROVIDERS PERSPECTIVE ON JSY SCHEME THEIR ROLES IN ITS IMPLEMENTATION AND VIEWS ON BOTTLENECKS

The present chapter deals with the roles and responsibilities of various stakeholders involved in the implementation of JSY on issues pertaining to the scheme. The chapter will briefly look into the roles of district and block level officials such as CMO, ACMO and MO-IC in relation to the planning, monitoring and supervision, payments of incentive to ASHAs, beneficiaries and barriers and bottlenecks affecting the uptake of institutional deliveries. ASHA is the heart of the scheme right from her role in informing and counseling the community and beneficiaries on various features of the scheme to utilization of services. Based on their interviews, this chapter presents the profile of ASHAs and their area, role in implementation of scheme, interaction with ANM, information and advice given to community and beneficiaries pertaining to issues such as benefits of the scheme, antenatal and delivery care, postnatal and newborn care issues. Arrangement of transport to take mothers for institutional deliveries and issues involving receipt of JSY incentives by her as well as mothers have also been dealt with in this chapter.

6.1 Role and responsibilities of ACMO and MO-Incharge

Discussion with officials at the district level revealed that while Chief Medical Officer being the district chief had the overall responsibility of all aspects of the scheme be it administrative, financial and programmatic, Additional Chief Medical Officers (ACMO) were responsible for overall implementation of scheme in the district. Their major responsibilities reported were planning, implementation, monitoring and supervision, fund disbursement to PHCs/CHCs as per their demand based on the performance in the previous month vis-à-vis the institutional deliveries and other expenses. Further, nodal officers pointed out that an audit of expenditures made under the JSY scheme was also conducted on a quarterly basis.

MO-Incharge at the PHCs/CHCs had the responsibilities of implementation, monitoring, promotion of JSY, conduct of deliveries, ensuring provision of quality services as per the guidelines and timely payment of JSY incentive to ASHAs as well as mothers delivering in their respective centers.

6.2 Planning and Monitoring

Planning of JSY scheme is an integral part of district level project implementation plan (PIP). The District Nodal Officer was overall responsible for the planning and implementation of JSY in the whole district. They were required to prepare JSY implementation plan which includes budgeting to form the part of the District level PIP and also monitoring the progress of the scheme. They have to provide guidance and supervision to the personnel involved in implementation of the scheme.

As regards the planning, the nodal officers reported 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 is based on the number of institutional deliveries conducted in the last year. The calculation of demand was based on the information provided by the PHCs/CHCs and the sub-centres at the district level. 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.

As regards the monitoring of the JSY scheme, majority of the nodal officers had indicated that monitoring was done at two levels; first progress was monitored in monthly meetings of the MOICs held at the district level and second at the PHCs/CHCs level where monthly meetings of grassroots functionaries and ASHAs were held on a routine basis to review the progress of various ongoing programmes. However, for effective monitoring blocks have been divided into sectors and meetings were held on every Thursday of the week for each sector. Progress achieved was matched with the targets for the month and appropriate decisions were taken and MOICs and concerned health workers were informed. It was also pointed out by nodal officers that a mandatory 10 percent verification of institutional deliveries was also carried out by MOIC, HEO and LHVs.

6.3 Transport Arrangement for pregnant women under JSY

Timely availability of dependable transport is most critical to reduce the incidence of second delay. Almost all the nodal officers stated that earlier there was provision of Rs. 250/- towards providing transport facilities to mothers to reach the facility. This was included in Rs. 600/- paid to ASHAs as incentive.

After the launch of '108 ambulance Sewa' and 'Uttar Pradesh Ambulance Sewa', now ambulances were available in all blocks of the state, ASHAs and mothers were also reported to be using these ambulances. Findings from the beneficiary survey on use of transport had revealed that use of ambulances was still low. Discussions with medical officers in some districts had revealed that awareness about 108 ambulances particularly among the mothers and their families was still low and it was attributed to low literacy levels. Hence there was need to generate awareness about the availability of these ambulances at the PHCs/CHCs level by MOICs by involving VHSCs and through advertisement in local papers, hoardings, posters and banners so as to generate awareness to facilitate early and easy transportation of pregnant women to the health facility.

6.4 IEC activities for Demand Generation

All the nodal officers and MOICs at the PHCs/CHCs level were also enquired about the IEC activities carried out to generate demand for institutional deliveries. Discussions indicates that 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 at the grassroots level. Information about JSY benefits in case of institutional deliveries has also been displayed at newly constructed JSY wards in PHCs/CHCs.

6.5 Recent initiatives to augment JSY scheme

A series of initiatives have been taken to improve the quality of JSY services and JSSK was one such initiative to motivate mothers delivering at Govt. health facilities to stay after delivery for 48 hours. Under the JSSK, provision had been made to provide food to mothers during the stay of 48 hours and drop back facility after their discharge from the Govt. health facility. Provision of food for beneficiaries has been made only at PHCs/CHCs level. Many nodal officers and MOICs told that longer stay at the facility would not only ensure proper postnatal and newborn care but also facilitate in preparation of cheques for the beneficiaries and early payment of incentive. In couple of districts, nodal officer reported that initially the step had led to drop in institutional deliveries but later on the situation improved with beneficiaries understanding idea behind this initiative. The scheme, by and large, was reported to be working fine.

Other initiatives included were strengthening of infrastructure such as construction of 6 bed JSY wards in 24X7 facilities and establishing sick newborn care unit in the district level hospitals.

6.6 Disbursement of fund to ASHA and beneficiaries

Payment of incentives to beneficiaries and ASHA were central to effective functioning of the scheme. Therefore, all the nodal officers were enquired about the time of payment after delivery to beneficiaries as well as ASHAs. Discussing about the delay in payment, the nodal officers pointed out that partly mothers themselves were responsible for the delayed payment as they were bent on leaving the facility at the earliest unless and until forced by the circumstances. Further nodal officers and MOICs told that there were various reasons for delayed payment. Few of the district level officials cited reasons such as ‘insistence on early discharge by beneficiary’ ‘non-availability of both signatories at any time’, ‘non-submission of required documents for preparation of cheque’. Informally some of them also pointed out to the presence of some dishonest people in the system that was responsible for bringing bad name to the department. Analysis of question about number of visits made to the facility for payment with mothers delivering in Govt. facilities (Chapter-V) indicates that less than one-tenth had received the payment on the ‘same day (9 percent)’ and slightly higher than one-fourth received the payment within one week (28 percent). Nodal officers and MOICs felt that although situation had been improving with the introduction of food given under JSSK and drop back facility in case of 48 hours stay,

it would take time for mothers to realize the necessity of staying at the facility for desired duration after the delivery.

Regarding payment to ASHAs, they told that the process took a longer duration to complete while payments were made to ASHA. Some of the MOICs told that ASHAs were given their payment within one month. However, ASHAs, on the other hand, pointed out that there was hardly a fixed schedule. When asked about the payment of last year, 82 percent ASHAs reported that they had received the entire payment.

6.7 Barriers and bottlenecks in uptake of institutional deliveries

Since the inception of JSY scheme, there has been steady improvement in uptake of intuitional deliveries particularly in Govt. health facilities yet it has been observed a significant proportion of people were either going to the Pvt. Health facilities or preferring to deliver at home. District nodal officers as well as MOICs were asked about barriers in uptake of institutional deliveries. Some of the district nodal officers felt that cultural and social issues and poor socio-economic background were some of the barriers. Low literacy levels, lack of awareness about the necessity and safety aspects of institutional deliveries, orthodox thinking and beliefs were also some other factors that thought to be the barriers in uptake of institutional deliveries. For those living in far flung areas the distance of the facility was also a deterrent.

Many among the nodal officers and MOICs also revealed that over the year's number of ASHAs had switched over to other jobs or left which has definitely affected the uptake of institutional deliveries. For instance, in one district the nodal officer pointed out that number of ASHAs in his district had decreased by more than 10 percent with respect to number of ASHAs recruited. Even MOICs and ANMs during the course of discussions had pointed out about vacant positions of ASHAs in their areas. Yet another factor that has been reported in some developed districts by officials that agents of the Pvt. Nursing homes were paying handsome amount to ASHAs for diverting their cases to their hospitals.

Some of the MOICs were candid enough to point out that quality of services at the facilities has to be improved significantly so as to attract people from educated and economically better off families.

6.8 Findings based on interviews of ASHA

This section presents the profile of ASHAs and their work area, interaction with ANM of her area and purposes, role in implementation of JSY scheme, advice and counseling of mothers' on antenatal and delivery care, postnatal and newborn care issues besides her role in delivery of these services. Arrangement of vehicle to facilitate transportation of pregnant women for delivery, experience related to payment of her incentive amount, its timeliness and perceived barriers in uptake of institutional deliveries have also been discussed.

6.8.1 Profile of ASHA

Nearly one-fifth of ASHAs were less than 30 years old. A majority of them, though, belonged to 35+ age cohorts. Mean age of ASHA was estimated at 35 years. Ninety-six percent of them were currently married and 71 percent of them had 3 and above living children. As it was mandatory for an ASHA to be from the same village, study showed that nearly 97 percent were staying in the same place. Thirty percent each belonged to SC and General castes while remaining were from OBC groups. Forty-two percent each of ASHAs had passed 6^{th} to 9^{th} and 10^{th} to 12^{th} grades while 6 percent were graduates.

Table–6.1 Background Characteristics of ASHAs

Characteristics	Percent
Age (in years)	
< 30	18.3
30-34	26.3
35-39	31.0
40+	24.3
• Mean Age (in Yrs.)	**35.1**
Currently married	96.0
Status of living children	
No child	2.0
1	3.3
2	23.3
3+	71.3
Mean number of living children	**3.3**
Living in this village	96.7
Caste	
Scheduled Caste	30.0
Other Backward Castes	40.3
None of them	29.7
Educational Level	
< 5^{th} Grade	10.1
6^{th} to 9th	42.0
10^{th} to 12^{th}	42.0
Graduate and above	5.9
Number of ASHAs	**300**

As regards their work status before joining as ASHA, study revealed that nearly a quarter of them were engaged in some income generation activity **(Figure 6.1)**. As for the duration of working in the same village, Figure 6.2 indicates that majority of ASHAs were working in this village for more than 4 years.

Figure 6.1 Work status before joining as ASHA

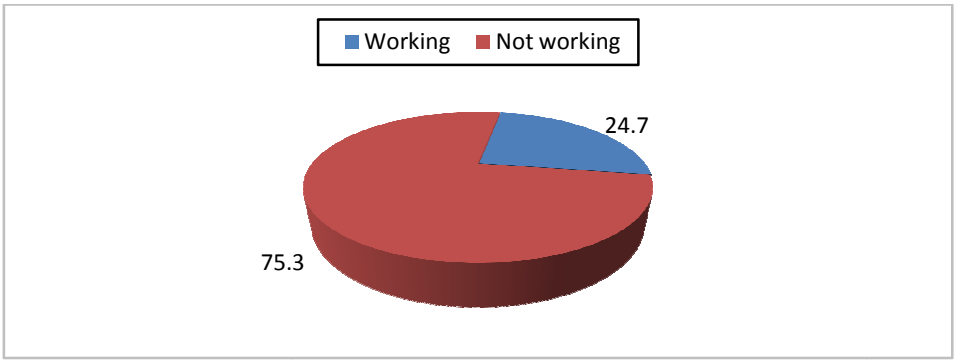
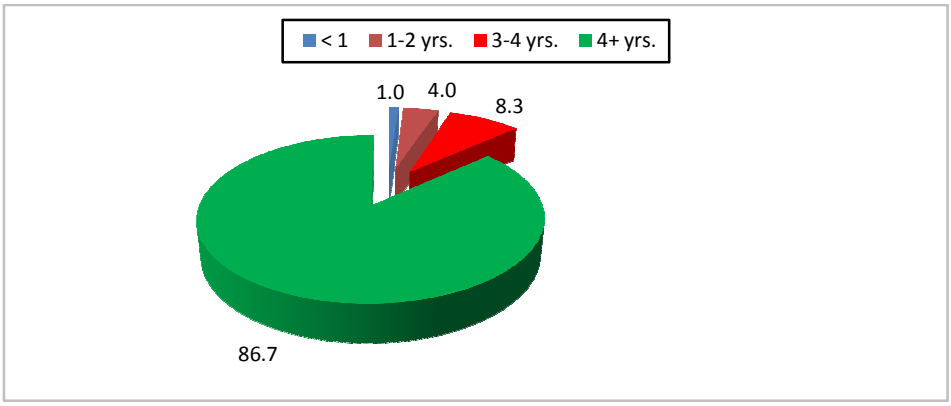


Figure 6.2 Number of years working in same village



6.8.2 Population covered by ASHA

All ASHAs were asked about the population covered by them in their village. As the analysis indicates, a little more than two-fifth of ASHAs were catering to a population between 1001 and 1500. However, more than one-fourth of ASHAs were covering a population around 1500. Mean population covered by each ASHA was around 50 percent more than what they were supposed to cover **(Table 6.2).**

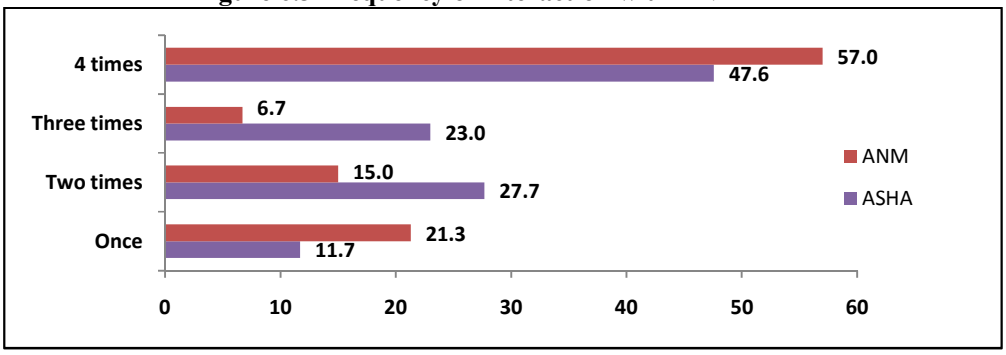
Table-6.2 Population covered by ASHA

Population covered	**Percent**
< 1000	**11.0**
1000	**20.3**
1001-1500	**42.3**
1500+	**26.4**
Mean population	1492
Total Percent	100.0
Number of ASHAs	**300**

6.8.3 Interaction with ANM

All ASHAs were asked about the frequency of interaction with ANM of her area. As the figure 6.3 indicates, slightly less than half of ASHAs were interacting with ANMs at least 4 times in a month while proportion of ANMs reporting so was 57 percent. This was probably because of the fact that they were meeting at least once on a weekly basis for VHND or immunization sessions. *Interestingly, 98 percent of ASHAs told they have the mobile numbers of their ANMs.*

Figure 6.3 Frequency of interaction with ANM



6.8.4 Occasion/place where met and purpose of interaction

Further enquiry by place of meeting revealed that a large majority of ASHAs met the ANMs in VHNDs (86 percent) and also during monthly meetings (72 percent). Another 30 percent reported that interaction with ANM took place during home visits as well **(Table-6.3).**

Table-6.3 Places/Occasions of Interactions with ANM

Place/Occasion	Total
Monthly Meetings	72.3
VHND	89.0
During home visits	29.7
Other	11.0
Number of ASHAs	**300**

*Percentage would exceed 100 due to multiple answers

Main purpose of interaction was reported to be 'checking of record (72 percent)' by most of ASHAs. More than half of ASHAs also stated that during these meetings ANMs solve the problems faced in the field (55 percent). These opportunities were used in meeting the beneficiary by a significant proportion of ASHAs (47 percent).

Table–6.4 Purpose of Interaction with ANM

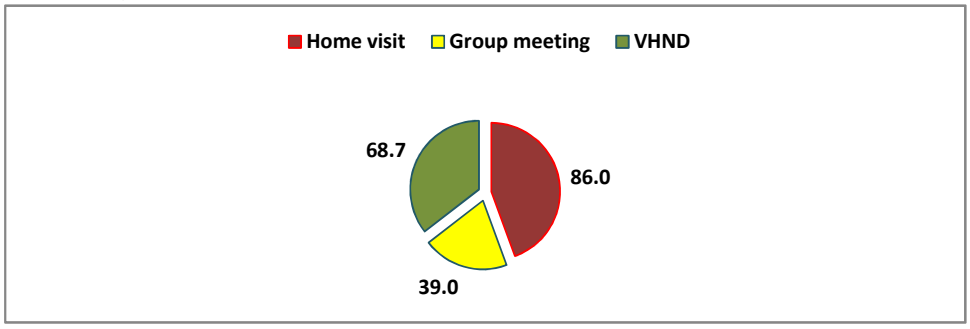
Particulars	Percent
Check the record	72.0
Meet the beneficiary	47.3
Solving the problems in working area	54.7
Number of ASHAs	**300**

*Percentage would exceed 100 due to multiple answers

6.8.5 Interaction with community and number of home visits

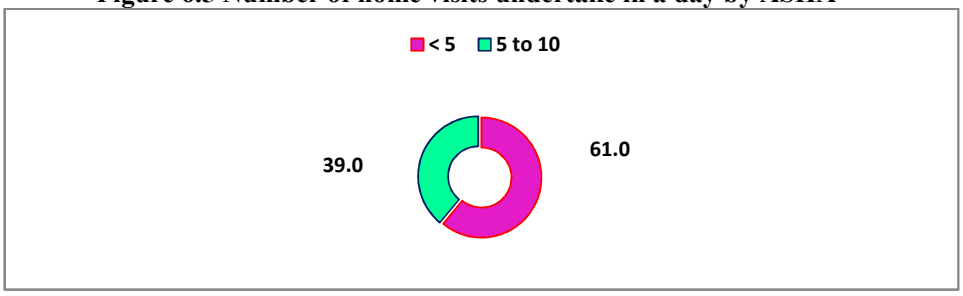
Eighty six percent of ASHAs were meeting the community people during home visits. Almost 7 in every 10 ASHAs stated that meeting also took place during VHND sessions in the village **(Figure 6.4).**

Figure 6.4 Place/Occasion to communicate with community members



Regarding the number of home visits in a day, analysis showed that 61 percent ASHAs visited less than 5 households. Interestingly, around 4 in every 10 ASHAs were visiting 5-10 households. On an average, one ASHA was making 4 home visits every day.

Figure 6.5 Number of home visits undertake in a day by ASHA



Analysis of number of women visited during last month reveals that a little above one-third of ASHAs met more than 25 women during the month preceding the survey. Slightly more than one-fifth had met 10-15 women while around 17 percent 16-20 women. On an average, each ASHA frequented 26 women during the last month.

Table– 6.5 Number of women ASHA met at home during last one month

No. of women	**Percent**
< 10 Women	15.3
10 - 15	20.7
16 – 20	16.7
21 – 25	14.0
25+	34.6
Mean	**26.3**
Total Percent	**100.0**
Number of ASHAs	300

Further, 95 percent of ASAHs were observed to have list of pregnant women. *Mean number of pregnant women in list of ASHAs was estimated at around 15.*

6.8.6 Issues on which counsel women during home visits

Table 6.6 shows the issues on which ASHA counseled women during home visits she was undertaking in her area. Creating awareness about JSY was accorded top priority as almost 8 ASHAs out of 10 were doing so during 'home visits'. Around two-third also counseled women on 'importance of institutional/safe delivery'. The other important issues on which ASHA offered advice to women included 'immunization' (58 percent), 'birth preparedness' (50 percent) and 'breastfeeding and complementary feeding' (43 percent).

Table-6.6 Issues on which ASHA counsels women

Particulars	Percent
Awareness about JSY	78.6
Importance of institutional/safe delivery	66.3
Care during pregnancy	36.3
Birth preparedness	50.3
Breast feeding and complementary feeding	43.0
Immunization	57.7
Contraception	29.3
Care of young child	27.7
Nutrition	46.7
Hygiene/Sanitation	33.7
Number of ASHAs	**300**

*Percentage would exceed 100 due to multiple answers

6.8.7 Counseling of pregnant women and assistance given

ASHAs were inquired as to what specific advices were given by them to pregnant women of their area. Analysis has been presented in table 6.7. A little above three-quarter of respondents stated that they counseled pregnant women 'on advantages of institutional delivery'. Slightly less than three-fourth advised to take 2 TT injections and 62 percent counseled them 'to register pregnancy at the earliest'. Advice to consume 100 IFA tablets was given by 61 percent whereas this figure for those who counseled for 'at least 3 ANC checkups' was 54 percent. Counseling on nutritious diet was given by slightly more than half of ASHAs.

Table- 6.7Advice given by ASHA to women during pregnancy

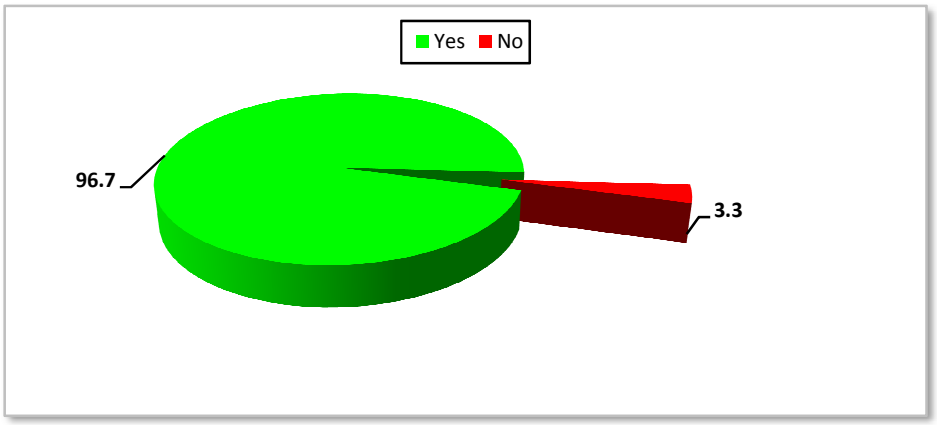
Particulars	Percent
To register the pregnancy at the earliest	62.3
Inform about the benefits of JSY	45.3
Inform about the danger signs of pregnancy	25.7
At least three and above ANC	54.3
To take two TT injections	73.3
To consume 100 IFA tablets	60.7
To counsel on nutritious diet	50.7
To take supplementary diet from AWC	16.7
On advantages of institutional delivery	76.3
Number of ASHAs	**300**

*Percentage would exceed 100 due to multiple answers

ANC services for which ASHA accompanies pregnant women

Another important activity of ASHAs was to escort the women for antenatal care services hence they were asked whether they accompanied the pregnant women to the health facility for any type of ANC. Figure 6.4 depicts that almost all ASHAs were accompanying pregnant women for antenatal services.

Figure 6.6 Percent of ASHAs who accompany pregnant women for ANC services



About the type of services analysis indicates that 71 percent of ASHAs escorted women for delivery at the health facility. Less than two-third (65 percent) accompanied for checkups while almost an equal proportion (63 percent) stated about tetanus toxoid injection.

Table-6.8 ASHAs reported accompanying pregnant women for ANC care

Particulars	**Percent**
Yes	96.7
No	3.3
Total Percent	**100.0**
Number of ASHAs	300
Type of ANC care	
Registration of pregnancy	51.0
TT injections	63.1
Checkups (weight, BP, HB test etc.)	65.5
For delivery at health facility	71.4
Other	4.5
Number of ASHAs	**290**

*Percentage would exceed 100 due to multiple answers

6.8.8 Information given to pregnant women/family members on institutional delivery and benefits by ASHA and ANM

Sixty seven percent of ANMs and 62 percent ASHAs informed the pregnant women that delivery in the health facility was conducted by trained health personnel. Almost similar proportions of ANMs and ASHAs also told them about 'monetary incentive given under JSY'. The message that 'health facilities were well equipped to conduct

delivery' was given to women by 57 percent of ASHAs and 48 percent of the ANMs. The other important messages given were 'early identification of complications by health provider' (ASHA-42 percent; ANM-51 percent) and 'emergency care available if needed' (ASHA-36 percent; ANM-35 percent). Slightly higher proportions of ANMs had given other messages to pregnant women or family members about the benefits of institutional delivery **(Table 6.9).**

Table-6.9 Advice to pregnant women or other family member about institutional delivery and its advantages by ASHA and ANM

Advice given to pregnant women	Percent	
	ASHA	ANM
Delivery is conducted by trained health personnel	62.0	67.3
Monetary incentive given under JSY	63.7	69.7
Health facilities well equipped to conduct delivery	56.7	48.3
Early identification of complications by health provider	42.0	50.7
Emergency care available if needed	36.0	35.0
Timely referral to other facility	16.7	23.1
Transportation to higher facility is readily available	19.7	33.0
Overall delivery care is better	20.3	39.5
Safe for mother and child	21.7	43.8
Number of ASHAs	**300**	**294**

*Percentage would exceed 100 due to multiple answers

6.8.9 Messages given regarding birth preparedness

Informing the women and her family regarding birth preparedness was one of the important activities of ASHA hence all ASHAs were enquired about the type of messages given in this context. Similar question was also asked to ANMs. Identification of a place of delivery or birth attendant was given to about 68 percent of mothers (ANM-76 percent). This was followed by a message given to pregnant women to 'save money for delivery/childbirth (ASHA-64 percent; ANM-56 percent). Nearly 56 percent of ASHAs informed women 'to make advance arrangement of vehicle for travel to hospital' while 62 percent ANMs advised so to the mothers. Message regarding 'identification of a potential blood donor' was given by only 10 percent of ASHAs.

Table–6.10 Messages given to pregnant women on birth preparedness by ASHA and ANM

Messages given	Percent	
	ASHA	ANM
Identify a place of delivery or birth attendant	67.7	75.7
Save money for delivery/childbirth	63.7	56.3
Arrange transport for travel to hospital	55.7	61.7
Identify a potential blood donor	10.3	-
Number of ASHAs	**300**	**300**

*Percentage would exceed 100 due to multiple answers

6.9 Counseling of women on postnatal and newborn care

In order to assess their knowledge regarding messages given to mothers after delivery on aspects related to postnatal and newborn care, related questions were asked and analysis has been presented in subsequent paragraphs.

6.9.1 Advice regarding timing of postnatal checkups after delivery

ASHAs were asked about the advice given to mothers about the timings of postnatal checkups. Analysis has been presented in table 6.11. Sixty-one percent of ASHAs and 79 percent of ANMs advised mothers for first checkup within 48 hours even if she had no problem. Advice for second checkup by day 7 even if mother had no problem was mentioned by 66 percent of ANMs and 44 percent of ASHAs while only 28 percent ASHAs told about third checkup by 42 days (ANM-37 percent). Nearly 2 in every 5 ASHAs stated that they advised women for checkup whenever they had any problem. As the analysis infers a significant proportion of ASHAs did not advise the mothers about the timings of second and third postnatal checkups which was very important from the point of view of ensuring evolution of the mother back to optimum health condition.

Table 6.11 Advice given to women regarding timings of postnatal check ups

Advice regarding timing of postnatal checkups	Percent	
	ASHA	ANM
First check up within 48 hours even if she has no problem	60.7	78.7
Second check up by day 7 even if she has no problem	44.0	66.3
Third check up by 42 days	28.3	37.0
Whenever she has any problem	38.7	35.7
Don't Know	16.3	5.3
Number of ASHAs	**300**	**300**

*Percentage would exceed 100 due to multiple answers

6.9.2 Knowledge about immediate newborn care

Ninety-one percent of ASHAs told that they advise the mothers for an immediate/exclusive breastfeeding. About 55 percent of ASHAs stated that women would be counseled on 'to keep baby warm'. Delaying bathing of the newborn baby by at least for 6 days was mentioned as 'immediate newborn care' measure by 40 percent of ASHAs. However, comparatively lower proportion stated about 'applying nothing on cord' **(Table 6.12).**

Table-6.12 Percent of ASHAs having knowledge about immediate newborn care

Essential items of immediate newborn care	Percent
Immediate & exclusive breastfeeding	90.7
Keep the baby warm	54.7
Minimum handling by others	31.3
Delay bathing at least for six days	40.3
Apply nothing on cord	34.0
Number of ASHAs	300

*Percentage would exceed 100 due to multiple answers

6.9.3 Knowledge of postnatal health conditions for which refer the women

Eighty-three percent of ASHAs referred women suffering from excessive bleeding after delivery, while nearly 55 percent also reported referral in case of high fever. Foul smelling vaginal discharge was also a health condition that also required referral in view of 47 percent of ASHAs. Referral for pain in lower abdomen and convulsions was mentioned by nearly an equal proportion of ASHAs (29-31 percent).

Table-6.13 Percent of ASHAs reporting type of health problems requiring referral during post natal period

Health problems	Percent
High fever	54.7
Lower abdominal pain	30.7
Foul smelling vaginal discharge	47.3
Excessive bleeding	83.3
Convulsions	28.7
Severe headache	13.3
Other	16.7
Number of ASHAs	300

*Percentage would exceed 100 due to multiple answers

6.9.4 Knowledge on health conditions when newborn was referred to a hospital

It is not only important for ASHAs to possess necessary knowledge to recognize the health condition of the baby but also decide that in which condition the baby should be referred to a hospital. Table 6.14 provides analysis of ASHAs' knowledge on health conditions of the newborn which necessitated referral to a doctor.

Table - 6.14 Problems of newborn child for which refer them to health facility

Type of problems	Percent
Poor sucking of breast	56.3
Becomes sick /develops fever	41.3
Low weight less than 2kg	38.3
Fast breathing/ difficulty in breathing	64.0
Blood in stool	18.0
Pallor of palms/soles or blue palms/soles	25.7
Abnormal movements	19.3
Remains excessively drowsy or cries incessantly	28.0
Feels cold or hot to touch	17.3
Bleeding from any site	10.0
Abdominal Distension	11.7
No meconium passed within 24 hours of birth	7.7
No urine passed for 48 hours	8.0
Number of ASHAs	**300**

*Percentage would exceed 100 due to multiple answers

Sixty-five percent ASHAs said that the baby was referred to the hospital in case of 'fast breathing/ difficulty in breathing'. 'Poor sucking of breast' also warranted referral according to 56 percent of ASHAs. Two-fifth of ASHAs stated that those

being sick/develop fever also necessitated referral while slightly less than two-fifth indicated so in case of 'low weight (less than 2 kg) babies. The other health conditions for which they referred included 'if child remains excessively drowsy or cries incessantly (28 percent), 'pallor of palms/soles or blue palms/soles (26 percent), 'blood in stool (18 percent) and 'feels cold or hot to touch (17 percent)'. It was important to note here that excepting a few health conditions a considerably lower percent of ASHAs had knowledge of other conditions that necessitated referral to the doctor.

6.10 Care given to mother and newborn at the health facility

ASHAs have the first hand experience on quality of services that were offered to the mothers after reaching at the Govt. health facilities for delivery and during their stay before being discharged. ASHAs were therefore asked few important questions in this context.

6.10.1 Time taken to conduct preliminary checkup and health personnel who did it

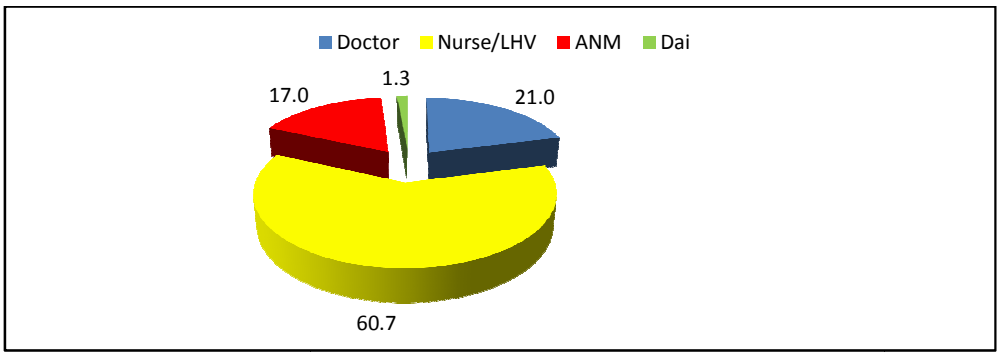
As can be seen in table 6.15 around 92 percent of ASHAs mentioned that the preliminary checkup of the mother was conducted within 30 minutes after reaching the facility for delivery.

Table-6.15 Time taken before conducting preliminary checkup of a pregnant woman after reaching the health facility for delivery

Time taken	Percent
0 – 30 Minutes	91.7
31 minutes to 1 hour	7.7
1.1 hr to 2 hr	0.6
Total Percent	**100.0**
Number of ASHAs	300

Further regarding the health personnel who did checkup Figure 6.7 indicates that preliminary checkups of a little more than one-fifth of the mothers were conducted by the doctor. Nurse/LHV accounted for nearly 61 percent of the mothers coming to the facilities for delivery. ANMs conducted the checkups of 17 percent of the mothers.

Figure 6.7 Persons who conducted preliminary checkup after reaching facility



6.10.2 Type of services provided to mother and newborn

ASHAs were enquired about the type of services provided to mother as well as newborn baby before discharge from the health facility. Table 6.16 provides the information about the type of services given. Nine in every ten ASHAs stated that postnatal checkup of mothers was conducted before the discharge from the hospital. Around eighty percent mentioned about initiation of breastfeeding. 'Keeping the baby well wrapped up and warm' was reported by almost all ASHAs. Almost eight in every ten ASHAs told 'newborn babies were given BCG and Polio 0 doses'.

Discussions revealed that although there was perceptible change in attitude of people towards colostrums feeding. Earlier they were very resistant initiating the breastfeeding within an hour. They often brought something (Jaggery, honey, Janam Ghutti etc.) to feed babies before initiating the breastfeeding.

Table-6.16 Services provided to mothers and newborn after the delivery before discharge from the health facility

Services given	Percent
Postnatal check up	90.0
Initiate breastfeeding	79.8
Keep the baby well wrapped and warm	97.0
Get the newborn weighed	96.7
BCG	80.7
Polio 0 dose	79.8
Number of ASHAs	**300**

*Percentage would exceed 100 due to multiple answers

6.10.3 Problems faced at the facility related to institutional deliveries

As the table shows, six in every ten ASHAs reported to have faced no problems at the health facilities related to institutional deliveries.' 'Non-availability of some basic medicines' (25 percent) and 'staff not being friendly' (22 percent) were some of the problems mentioned by ASHAs that they experienced during institutional deliveries. One-tenth of ASHAs pointed out problems such as non-availability of lady doctor and 'health facility remaining closed during night' and 'poor services'.

Table-6.17 Problems faced by ASHAs for institutional deliveries at health facilities

Problems faced*	Percent
Health Facility does not operate at night	10.7
Non availability lady doctor at Health Facility	10.3
Poor services at the facility	10.7
Non availability of some medicines	25.3
Staff are not friendly	22.3
Non arrangement of family member's stay at Health Facility	18.7
No major problem	63.0
Number of ASHAs	**300**

*Percentage would exceed 100 due to multiple answers

6.11 Role specific to JSY services

An attempt has been made to present some facts related to role played by ASHAs in provision of services such as registration of pregnancies, institutional deliveries, arranging transport to facilitate travel of mothers to health facility, payment of incentive to mothers and help rendered and some other related issues.

6.11.1 Role in helping women to avail JSY services

Apart from ASHAs similar question was also asked to ANMs of their areas. Analysis indicates that 78 percent of ANMs and 69 percent of ASHAs helped women register their pregnancies. More than seven in every ten ANMs (77 percent) and ASHAs (71 percent) also motivated women for institutional deliveries. Almost equal proportions of both ANMs and ASHAs assisted the women in getting JSY incentive (62 percent each) **(Table 6.18).**

Table-6.18 ASHAs' and ANMs' role in helping women to avail JSY services

Type of JSY services	Percent	
	ASHA	ANM
Register women for ANC	69.3	78.3
Motivate for institutional delivery	71.0	77.7
Assist in getting the JSY money	62.7	62.0
Have no role	14.3	16.3
Number of ASHAs	300	300

6.11.2 Role in conduct of institutional deliveries

Ninety percent of ASHAs told that they accompany the mothers for institutional deliveries while 72 percent said that they help the mothers in admitting to the health facility. Fifty-two percent stated that they helped in starting of immediate treatment. Arrangement of transport was also mentioned by nearly half of ASHAs **(Table 6.19).**

Table–6.19 Role in conduct of institutional delivery

Particulars	Percent
Accompany with the pregnant women for delivery	90.0
Arrange the transportation	50.0
To help women in admitting to health facility	72.0
To help in starting immediate treatment	52.7
Increase woman at the time of delivery	20.3
Assist in new born care after birth	16.7
Number of ASHAs	**300**

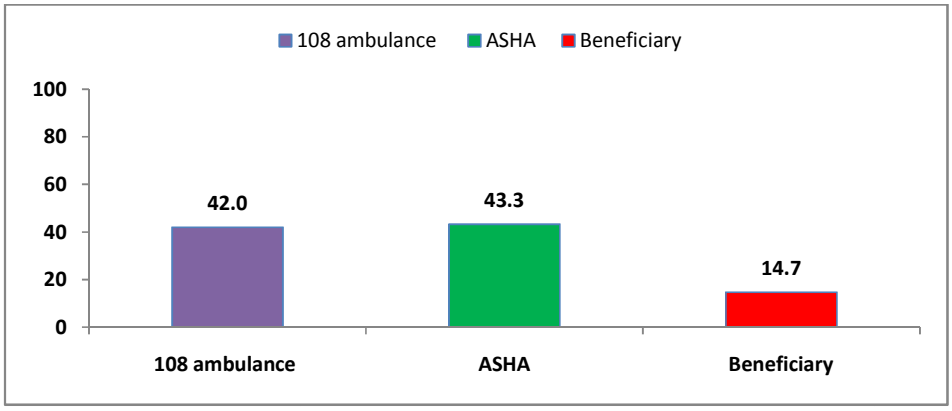
*Percentage would exceed 100 due to multiple answers

6.11.3 Arrangement of transport

Slightly more than two-fifth of ASHAs stated about the availability of 108 Ambulance for travel of pregnant women to the facility. Almost a similar proportion also mentioned that it was ASHA herself who made the arrangement of vehicle (43

percent). This was in contradiction with what the mothers had indicated in their interviews where more than 80 percent had reported to have arranged the vehicle themselves **(Figure 6.8).**

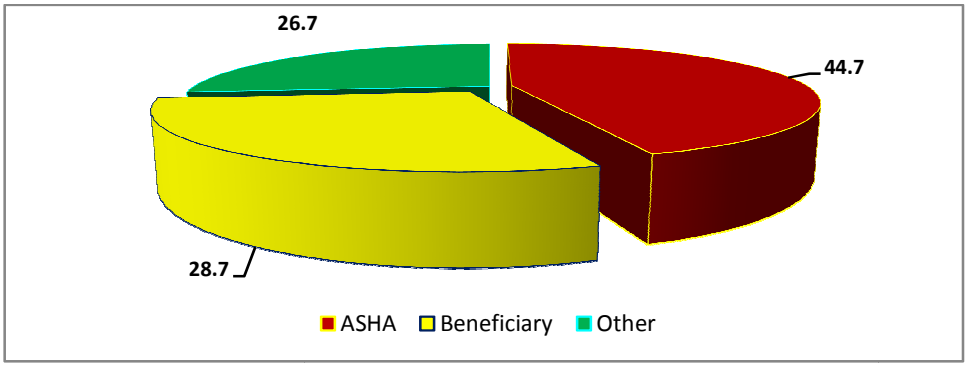
Figure- 6.8 Person who arrange vehicle for delivery at the health facility



6.11.4 Person who spent money on arranging transport

Around 45 percent of ASHAs reported that they themselves made the payment towards the hiring of vehicle. Nearly three ASHAs in every ten stated that the mother/family spent money on arranging transport while a little above one-fourth mentioned about others. Others category included travel by 108 ambulance besides vehicle arranged by relatives and friends **(Figure 6.9).**

Figure- 6.9 Person who spent money for arranging vehicle



6.11.5 Problems faced in arranging transport

It was interesting to note that nearly two-third of ASHAs did not report any problem related to arrangement of vehicle. One fifth mentioned about 'non availability of transportation in rural areas' (22 percent) while around same proportion reported about 'non-availability during night hours' (20 percent). Sixteen percent cited problems such as 'expensive transportation'. Table 6.20 shows the problems faced in arranging transport facility to take women for delivery at a health facility.

Table-6.20 Problems faced in arranging transport facility to take women for delivery to health facility

Problems faced	Percent
Non-availability of transportation in rural areas	21.7
Non-availability of transport at night	19.7
Expensive transportation	15.7
Health facility too far	13.3
No problem	**64.0**
Number of ASHAs	300

*Percentage would exceed 100 due to multiple answers

6.11.6 Help provided to mothers in payment of incentive

Interestingly, more than three-fourth of ASHAs reported that they accompanied women to the health facility for getting JSY incentive. Almost a similar proportion of ASHAs stated that they assisted mothers in preparation of neceesary documents so as to enable them to claim incentive. Less than half used to inform mothers about the process of getting incentive (47 percent) **(Table 6.21).**

Table–6.21 Help provided to mothers in getting JSY incentive

Type of help provided	Percent
Accompany her for getting incentive	75.7
To assist her in preparing necessary documents	77.0
To tell her about the process of getting incentives	46.7
To arrange meeting with concerned officer/worker	26.3
Number of ASHAs	**300**

*Percentage would exceed 100 due to multiple answers

6.12 Status of financial disbursement to ASHA under JSY

This section provides information on disbursement of incentive to ASHA for institutional deliveries, time taken in release of payment, mode of payment, adequacy of incentive amount; problems faced in getting incentive etc.

6.12.1 Time taken in release of payment

Around two-third of ASHAs reported that their payment was released in one month time while around one-fifth said within one-two months time. A negligible proportion had stated that the payment was received after three to four months **(Table 6.22).** However, 81 percent ANMs were of the view that the payment to ASHAs was often released within a month time. The analysis deciphers that there was improvement in time of release which was previously delayed for number of months. During informal discussions ASHAs too had indicated about the improvement in payment related issues especially the time factor. An ASHA remarked in this context:

> *"Whatever delay is there it is mainly due to insistence of some people in the health facility to pay them a certain amount in advance so as to get the payment".*

Table-6.22 Time taken in release of JSY incentive

Time taken in release	Percent	
	ASHA	ANM
In one month	66.7	81.3
One to two month	18.7	8.7
Three to four month	6.7	3.7
More than 4 months	8.1	6.3
Total Percent	**100.0**	**100.0**
Number of ASHAs	**300**	**300**

Further, ASHAs were asked regarding release of JSY payment of last financial year. Analysis indicates that 82 percent of ASHAs had received full payment of last financial year **(Table 6.23).**

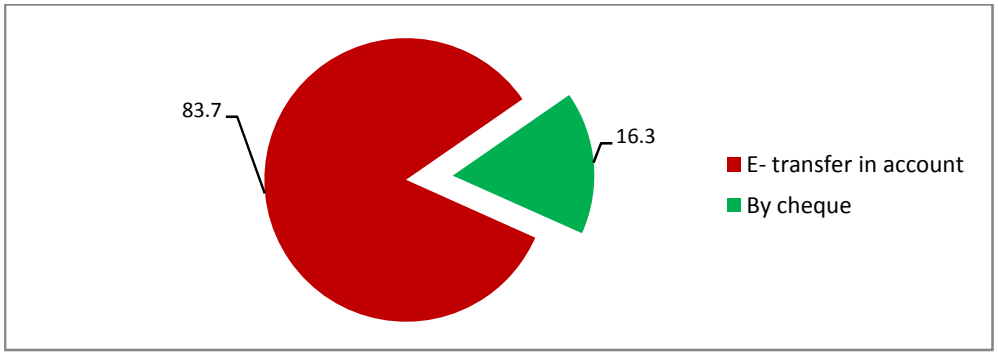
Table–6.23 Received full amount of JSY incentive for last financial year

Particulars	Percent
Yes	82.3
No	17.7
Total Percent	**100.0**
Number of ASHAs	300

6.12.2 Mode of Payment

As regards the payment procedure, around 84 percent of ASHAs reported that the payment was done through E-transfer while 16 percent said that the payment was made by account payee cheque **(Figure 6.10).** An overwhelming majority of the respondents (84 percent) were of the view that incentive amount currently given was not adequate. Many ASHAs had informally pointed out that the increase in institutional deliveries was the result of their efforts. Some of the officials too concurred with their views when pointed out about this perception prevailing among ASHAs.

Figure-6.10 Procedure followed in disbursement of JSY incentive



6.12.3 Problems faced in getting payment

ASHAs were asked about the problems faced in getting JSY payment. Sixty three percent of ASHAs said that no problem was faced in getting the incentive. However,

nearly one-fourth of ASHAs complained about 'delay in getting payment/no payment while 14 percent said repeat visits have to be made to get the payment.

Table-6.24 Problems faced in getting JSY incentives

Problems faced	Percent
Delay in payment/no timely payment	24.0
Complicated process	8.3
To get incentive has to part with some part of amount	12.0
To visit many times for getting incentive	14.0
No problem	63.0
Number of ASHAs	**300**

*Percentage would exceed 100 due to multiple answers

6.12.4 Perceived reasons to prefer home deliveries despite monetary benefit offered under JSY for institutional deliveries

Both ASHAs as well as ANMs were asked why women still prefer home deliveries despite being offered incentive under JSY for institutional deliveries. Analysis of their responses has been presented in table 6.25. Around half of ANMs (47 percent) and above two-fifth of ASHAs (42 percent) were of the view that women were still hanged on to age old traditions/customs hence preferring home deliveries. Slightly more than one-third of the respondents said that the decisions regarding the place of delivery were still taken by family elders thus pregnant women have no role to play. A sizeable proportion indicated that for them (beneficiaries) 'home delivery was convenient (ASHA-37 percent; ANM-28 percent). Further, noticeable proportions among them also mentioned about the distance of the facility' as also 'no arrangement for family members to stay at facility' as deterrents of not seeking institutional deliveries.

Table- 6.25 Reasons for preferring home delivery against institution delivery even when monetary benefits are given under JSY

Reasons	ASHA	ANM
Traditions/customs	42.0	46.7
Decisions taken by elders in family	35.3	36.7
Preference given to Dai	24.0	16.3
Delivery at home is convenient	37.3	28.0
No family member available to accompany	14.7	13.6
Support from neighbors and others easily available	8.7	9.0
Due to poverty	12.7	16.7
Distance matter	22.3	17.7
No lady doctor at health facility	6.7	9.3
Staff are not friendly	8.0	4.3
Delay in getting JSY money	2.3	8.7
For institutional delivery spend first then get JSY payment	8.3	4.0
No arrangement of family members to stay	19.0	16.7
Other/DK	8.4	3.0
Number of ASHAs	**300**	**300**

*Percentage would exceed 100 due to multiple answers