

Janani Suraksha Yojana

Concurrent Evaluation: II

By:



State Institute of Health & Family Welfare, Jaipur

(An ISO 9001: 2008 certified Institution)



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Preface:

Janani Suraksha Yojana is a safe motherhood intervention under the comprehensive strategy of National Rural Health Mission (NRHM). It aims specifically to reduce overall maternal mortality and infant mortality by way of increasing institutional deliveries. It focuses on the poor pregnant women especially from states having low institutional delivery rates, Rajasthan being one of the ten such states. Launched by the Government of India in April 2005, the scheme was put into operation in Rajasthan in September 2005.

The scheme incorporates cash assistance along with antenatal, natal and post natal care by the concerted efforts of grass root level health workers especially ASHA - an effective link between the System and the beneficiary (pregnant women).

JSY is a modified form of the existing National Maternity Benefit Scheme (NMBS). NMBS is linked to provision of better diet for pregnant women from BPL families. The scheme is 100% centrally sponsored and its effective implementation is put to a scale of the increasing in institutional delivery among the poor families.

Initially the scheme included beneficiaries belonging to BPL families over 19 years of age. The benefit was extended to only two live births. But with time the scheme was modified to include beneficiaries of all age groups irrespective of the parity. The focus areas under the JSY are identified as -

- Early registration of beneficiaries and identification of complicated cases
- Ensuring at least three antenatal check up and one post natal visit
- Providing appropriate referral and referral transport to the beneficiary
- Involving Anganwadi Worker
- Ensuring transparent and timely disbursement of cash incentive to the beneficiary and ASHA
- Providing 24x7 delivery services and obstetric care at PHC level and FRUs to provide emergency obstetric care

The state of Rajasthan lags far behind in most of the health indicators when compared to the national average and hence requires special focus. While the state contributes to about 7% of the total live births in the country, it accounts for 9.2% of total maternal deaths. At least one woman dies in the state every hour due to complications related to pregnancy and child birth. With this condition of the state the scheme was put into operation and since its implementation there has been a marked decrease in MMR & IMR and a substantial increase in Institutional Delivery. NFHS-3 reported the institutional deliveries as 41.4%% which is for a period when NRHM was just conceived). The current DLHS 3 data records the



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institutional deliveries in the state as 45.5%. The State performance data reporting 57.81 institutional deliveries, however, is not in agreement to the DLHS-3 findings.

As the key functionary of JSY scheme, outside the system, ASHA plays an important role in encouraging institutional deliveries. She is the one, who counsels the pregnant women for ID; assist her to obtain necessary certifications, provide and / or help the women in receiving at least three ANC checkups including TT injections, IFA tablets and escort the beneficiary women to the pre-determined health center and stay with her till the woman is discharged. ASHA will also receive a certain amount of cash incentive.

Earlier a mid-term evaluation was carried out in seven selected districts (Bundi, Jhunjhunu, Udaipur, Tonk, Sirohi, Bikaner and Dholpur) during the period April-June, 2008; the major findings of which for ready reference are reproduced here:



Excerpts from JSY Concurrent Evaluation (April-June '08):

Majority of medical officers had no exposure to JSY training,

91.4% of the Medical Officers reported that payment to the beneficiaries was made through A/C payee cheque. Discrepancies are seen behind mode of payment where 4.3% of MOs made payment in cash. At places higher payments were made in defiance to norms.

Only 54.3% of the Medical Officers reported that the actual incentive (Rs.1400) was given to the beneficiaries in rural areas. 86.9% Medical Officers reported that delivery during night was conducted in the PHC. Latest JSY guidelines regarding disbursement were available to 84.8% interviewed. 28.3% Medical Officers reported problems in implementing JSY scheme.

Only 13% of LHV's had received training related to JSY. 50% of the LHV's reported that the payment to the beneficiaries of institutional deliveries was done after 48 hours of the delivery.

93.5% reported that follow up of delivery was done by them. JSY guidelines were available with 63%.

97.8% LHV's affirmed that monitoring of the JSY activities was done by the supervisors. 58.7% indicated it being done by the CM & HO's while 26.1% reported that it was done by Medical Officers.

69% of the Sub-Centres had no Labor room defying the very objective of JSY. A large number (68%) reported no training regarding SBA. Only 37% reported that deliveries were conducted at their sub-center. A majority of ANMs reported that ASHA escorted beneficiary for delivery at the health centre. 53.2% ANMs said that payment for the transport was made by the ASHA who escorted women. 50.8% said payment for institutional deliveries was made after 48 hours of delivery.

It was reported by 97.5% of ANMs that deliveries were followed by them after discharge. 96.9% ASHA reported that they had received training related to JSY. Only 62.2% reported availability of new JSY guidelines.

44.2% had reported that payment to the beneficiary was done after 48 hours of delivery. 92.9% ASHA reported that they did follow up of the women after the delivery.

According to 95.9% respondents, their ANC card was prepared. A majority (97.2%) reported institutional delivery. The deliveries were conducted by the LHV/ANM followed by Medical Officers.

No delivery through cesarean section was reported. About 83% of the beneficiaries had some information about the JSY. ANM (35.6%) and ASHA (35.6%) were the major source of information regarding JSY. (98.5%) reported that they had received financial assistance for institutional delivery. 82.5% of the respondents reported that they had received the prescribed amount for institutional delivery

In maximum cases (64.5%) amount was given 48 hours or at the time of discharge and 71.2% of beneficiaries responded that payments were made through bearer cheque.

About 33.7% reported that they had paid certain amount towards seeking treatment or medicine,

Of those who paid, 74% respondents reported that the amount towards seeking treatment was paid to the Medical Officers. 5.4% respondents reported that money was demanded at the time of payment of incentives for institutional delivery. 71.5% beneficiaries were followed after delivery.



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The Study



The Study:

The State Institute of Health and Family Welfare, Rajasthan undertook the **second concurrent evaluation** of the scheme in the eight selected districts of the state – Ajmer, Banswara, Baran, Barmer, Bharatpur, Ganganagar, Jalore and Pali.

The entire study was handled under the following heads:

1. Objectives
2. Study Area
3. Selection of Study Districts
4. Estimation of Sample Size
5. Developing protocols
6. Identification and Orientation of Investigators
7. Data collection and compilation
8. Analysis and report writing

Objectives

The main objective of the assignment is to evaluate the implementation of the scheme in the State, so that if required measures may be taken to improve the existing scheme with special emphasis on financial, accounting and programmatic activities.

The main objectives are as follows:

- To provide information on the current status of implementation of the scheme across different districts of the state over a period of time.
- To quantify the impact of the scheme on coverage and quality of obstetric care.
- To understand the various operational procedures in place for financial transactions and accounting.
- To suggest mid course corrective measures as a part of study.
- To provide recommendations on operational and programmatic issues.



Area:

8 Districts of the State of Rajasthan

Sample:

Eight districts

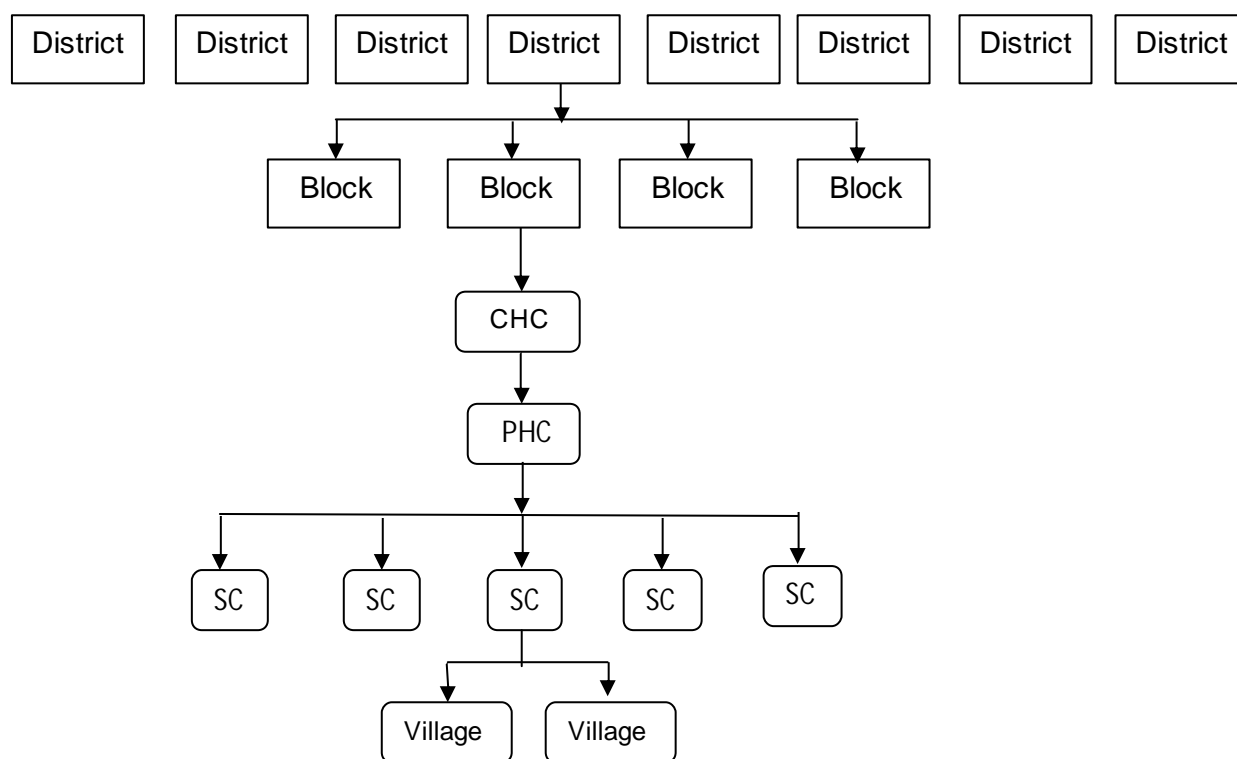
32 Blocks (4x8)

32 CHCs

32 PHCs (5x32)

160 Sub Centres

320 Villages (2x160)





Selection of Districts:

The districts were selected on the basis of their position in terms of institutional delivery for the month of December 2008.

Based on the ranking four districts with performance in institutional delivery above State average and four with performance below State average were selected. Accordingly eight districts were selected - Baran, Banswara, Pali and Ajmer with ID above average and Bharatpur, Jalore, Ganganagar and Barmer with ID below average.

Banswara	71.45
Baran	71.19
Pali	63.97
Ajmer	59.34
Bharatpur	53.55
Jalore	50.53
Ganganagar	45.27
Barmer	34.78
State Average	57.81
State Performance on ID (Dec. '08)	

Reference Period:

The reference period for the study was taken to be between **April '08 to December '08**. So the data collection covered all those respondents who had a delivery during this period. The survey was conducted simultaneously in all the eight districts during the month of February 2009.

Field Survey:

Manpower

Supervisors – 8

Investigators - 48

Key Informants:

Interviews were held at different levels:

- At the district level with the RCHO
- BCMO at the block level
- Medical officers of CHC and PHC
- LHV at CHC
- ANM of PHC and Sub Centre
- At the village level with
 - ASHA, Anganwadi Worker
 - Beneficiary and Non-Beneficiary



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Study Tools:

1. Questionnaires- RCHO, BCMO, Medical Officer, Lady Health Visitor, ANM at the PHC and Sub Centre level, ASHA and Anganwadi Worker and the Beneficiaries and Non-Beneficiaries
2. Interview

Approach:

1. Enlisting Selection and orientation of Investigators
2. Briefing of supervisors from SIHFW
3. Developing and printing of protocols
4. Developing tabulation plan
5. Data collection
6. Data analysis software development
7. Data compilation and analysis
8. Report writing



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Observations



Observations:

Based on the survey and interaction with different respondents including ANMs (180), LHVs (41), ASHA (212), AWW (263), Medical Officer (59), RCHO (8), BCMO (31), Beneficiaries (2045) and Non-Beneficiaries (1026), the data collected has been compiled and tabulated. Some of the interesting finding has been highlighted whereas some of the tables on account of small number or insignificant responses have been translated into text.

Profile of ANM

Table 1: Distribution of ANM according to SBA training status

Districts	No. of Respondents	Training received	
		Yes (%)	No (%)
Ajmer	23	14 (60.9)	9 (39.1)
Banswara	21	14 (66.7)	7 (33.3)
Baran	23	7 (30.4)	16 (69.6)
Barmer	23	16 (69.6)	7 (30.4)
Bharatpur	19	6 (31.6)	13 (68.4)
Ganganagar	21	7 (33.3)	14 (66.7)
Jalore	25	14 (56.0)	11 (44.0)
Pali	25	6 (24.0)	19 (76.0)
Total	180	84 (46.7)	96 (53.3)

In all, from the eight districts enrolled under the study, 180 multi-purpose worker- female (ANM) were questioned regarding their capacity building through Skilled Birth Attendant (SBA) trainings. Of the total only **84 (46.7%) had SBA training** at some point in time (Table 1).

Table 2: Distribution of ANM according to length of service

Districts	No. of Respondents	Length of service		
		Less than 5yrs	5-10yrs	More than 10yrs
Ajmer	23	4 (17.4)	15 (65.2)	4 (17.4)
Banswara	21	4 (19.0)	13 (61.9)	4 (19.0)
Baran	23	2 (8.7)	16 (69.6)	5 (21.7)
Barmer	23	5 (21.7)	16 (69.6)	2 (8.7)
Bharatpur	19	2 (10.5)	4 (21.1)	13 (68.4)
Ganganagar	21	4 (19.0)	12 (57.1)	5 (23.8)
Jalore	25	5 (20.0)	17 (68.0)	3 (12.0)
Pali	25	4 (16.0)	14 (56.0)	7 (28.0)
Total	180	30 (16.7)	107(59.4)	43 (23.9)



Majority of the ANMs (83.3%) had been with the system for 5 years or more and are expected to have developed a reasonably good understanding of their roles and responsibilities.

A. Responses of ANM

ANM being the key functionary for execution of JSY besides ASHA; her knowledge, perception and performance were observed and recorded. Some of the relevant observations have been recorded here under.

a. Knowledge

Table 3: Number of ANC visits

Districts	No. of Respondents	Number of ANC visits			
		Two	Three	Four	No Response
Ajmer	23	1 (4.3)	17 (73.9)	0 (0.0)	5 (21.7)
Banswara	21	0 (0.0)	13 (61.9)	4 (19.0)	4 (19.0)
Baran	23	0 (0.0)	18 (78.3)	3 (13.0)	2 (8.7)
Barmer	23	1 (4.3)	14 (60.9)	4 (17.4)	4 (17.4)
Bharatpur	19	0 (0.0)	15 (78.9)	2 (10.5)	2 (10.5)
Ganganagar	21	0 (0.0)	17 (81.0)	0 (0.0)	4 (19.0)
Jalore	25	0 (0.0)	17 (68.0)	3 (12.0)	5 (20.0)
Pali	25	0 (0.0)	18 (72.0)	3 (12.0)	4 (16.0)
Total	180	2 (1.1)	129 (71.7)	19 (10.6)	30 (16.7)

By and large **71.7% of the respondents (ANM) were aware that a minimum of three visits are to be paid during antenatal period** to every expectant mother. However, amazing had been the observation that 16.7% of the ANMs with less than 5 years stay with the system could not specify the mandatory number of ANC visits.

Table 4: Type of services to be given to PW

Districts	No. of Respondents	Weight measure (%)	Blood Pressure (%)	Hb Estimation (%)	Urine Test (%)	Abdominal Examination (%)	T.T. Injection (%)	IFA Tablets (%)
Ajmer	23	19 (82.6)	19 (82.6)	19 (82.6)	19 (82.6)	15 (65.2)	19 (82.6)	19 (82.6)
Banswara	21	17 (81.0)	16 (76.2)	15 (71.4)	15 (71.4)	16 (76.2)	17 (81.0)	17 (81.0)
Baran	23	20 (87.0)	19 (82.6)	20 (87.0)	20 (87.0)	13 (56.5)	20 (87.0)	21 (91.3)
Barmer	23	19 (82.6)	14 (60.9)	13 (56.5)	6 (26.1)	15 (65.2)	19 (82.6)	18 (78.3)
Bharatpur	19	17 (89.5)	14 (73.7)	11 (57.9)	10 (52.6)	9 (47.4)	17 (89.5)	17 (89.5)
Ganganagar	21	17 (81.0)	17 (81.0)	17 (81.0)	12 (57.1)	7 (33.3)	17 (81.0)	17 (81.0)
Jalore	25	19 (76.0)	18 (72.0)	15 (60.0)	14 (56.0)	16 (64.0)	20 (80.0)	20 (80.0)
Pali	25	21 (84.0)	20 (80.0)	14 (56.0)	7 (28.0)	16 (64.0)	22 (88.0)	22 (88.0)
Total	180	149(82.8)	137(76.1)	124(68.9)	103(57.2)	107(59.4)	151 (83.9)	151 (83.9)



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Offering specific protection (TT) and **health promotion interventions (IFA), during pregnancy, was known to 83.9% of ANMs** whereas the urine and abdominal examination were relegated to relative neglect by 57.2% and 59.4%. A fair number (149) of ANMs were conversant with the importance of recording the weight during ANC.

Table 5: Transport cost reimbursed for institutional delivery (ID)

Districts	No. of Respondents	Amount reimbursed				
		Rs. 100 (%)	Rs. 200 (%)	Rs. 300 (%)	Rs. 400 (%)	No Response (%)
Ajmer	23	0 (0.0)	1 (4.3)	22 (95.7)	0 (0.0)	0 (0.0)
Banswara	21	1 (4.8)	0 (0.0)	20 (95.2)	0 (0.0)	0 (0.0)
Baran	23	2 (8.7)	2 (8.7)	18 (78.3)	0 (0.0)	1 (4.3)
Barmer	23	1 (4.3)	0 (0.0)	20 (87.0)	1 (4.3)	1 (4.3)
Bharatpur	19	0 (0.0)	0 (0.0)	18 (94.7)	1 (5.3)	0 (0.0)
Ganganagar	21	5 (23.8)	0 (0.0)	14 (66.7)	0 (0.0)	2 (9.5)
Jalore	25	0 (0.0)	1 (4.0)	23 (92.0)	1 (4.0)	0 (0.0)
Pali	25	0 (0.0)	1 (4.0)	24 (96.0)	0 (0.0)	0 (0.0)
Total	180	9 (5.0)	5 (2.8)	159 (88.3)	3 (1.7)	4 (2.2)

As against the norms (NRHM/RCH-II/JSY/08/536, dated 24-11-08) whereby Rs. 400/- are to be paid to ASHA/Beneficiary towards transport cost, just 1.7% of the ANMs were aware of it, and majority (88.3%) were of the opinion that Rs. 300/- are to be paid towards transport cost. Almost 10% had wide and varied flight of ideas on this account. **Can somebody (RCHO/DPM/BPM) check with the availability of latest guidelines with ANMs.**

Table 6: Person accompanying the PW to health centre, for delivery

Districts	No. of Respondents	Person accompanying the PW				
		ANM (%)	ASHA (%)	AWW (%)	Husband (%)	Other relatives (%)
Ajmer	23	1 (4.3)	20 (87.0)	0 (0.0)	2 (8.7)	0 (0.0)
Banswara	21	1 (4.8)	19 (90.5)	0 (0.0)	1 (4.8)	0 (0.0)
Baran	23	1 (4.3)	18 (78.3)	0 (0.0)	1 (4.3)	3 (13.0)
Barmer	23	9 (39.1)	2 (8.7)	1 (4.3)	4 (17.4)	7 (30.4)
Bharatpur	19	1 (5.3)	17 (89.5)	0 (0.0)	0 (0.0)	1 (5.3)
Ganganagar	21	0 (0.0)	18 (85.7)	0 (0.0)	1 (4.8)	2 (9.5)
Jalore	25	2 (8.0)	10 (40.0)	0 (0.0)	5 (20.0)	8 (32.0)
Pali	25	2 (8.0)	11 (44.0)	0 (0.0)	0 (0.0)	12 (48.0)
Total	180	17 (9.4)	115 (63.9)	1 (0.6)	14 (7.8)	33 (18.3)

It is expected that the Accredited Social Health Activist would help in demand generation for institutional deliveries and simultaneously facilitate & ensure institutional deliveries and the present observations fairly gel with the expectations, with 64% of ASHAs accompanying PW to health facility for delivery, according to ANM's responses. Spouse accompanying (7.8%), though, a small number is an indication towards the male participation. However, traditionally governed practices of relatives, particularly older females from family or neighborhood accompanying the PW for delivery, was seen in 18.3% of cases.

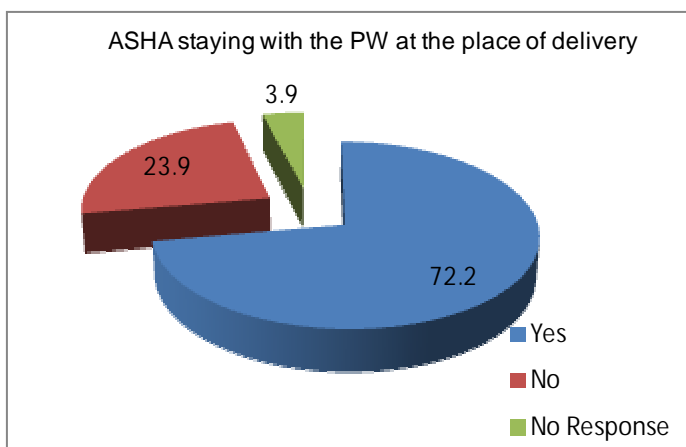


Fig 1: ASHA staying with the PW at the place of delivery

It is not only that ASHAs accompany the PW, contrary to the perception of middle and senior level managers in health care system a fairly large number **(72.2%) of ANMs feel that ASHA stays with the PW at the time and place of delivery.**

Table 7: Cash Incentive for ID

Districts	No. of Respondents	Cash incentive			
		Rs. 500 (%)	Rs. 1000 (%)	Rs. 1200 (%)	Rs. 1400 (%)
Ajmer	23	0 (0.0)	0 (0.0)	1 (4.3)	22 (95.7)
Banswara	21	0 (0.0)	0 (0.0)	0 (0.0)	21 (100.0)
Baran	23	0 (0.0)	0 (0.0)	1 (4.3)	22 (95.7)
Barmer	23	1 (4.3)	0 (0.0)	0 (0.0)	22 (95.7)
Bharatpur	19	0 (0.0)	0 (0.0)	1 (5.3)	18 (94.7)
Ganganagar	21	0 (0.0)	2 (9.5)	0 (0.0)	19 (90.5)
Jalore	25	0 (0.0)	1 (4.0)	0 (0.0)	24 (96.0)
Pali	25	0 (0.0)	0 (0.0)	0 (0.0)	25 (100.0)
Total	180	1 (0.6)	3 (1.7)	3 (1.7)	173 (96.1)

Though for the reimbursable transport cost the knowledge of ANMs was not in consonance to the guidelines, virtually **all of them are aware of the cash incentive (Rs.1400)** that a JSY beneficiary is entitled for.



Table 8: Mode of payment for ID

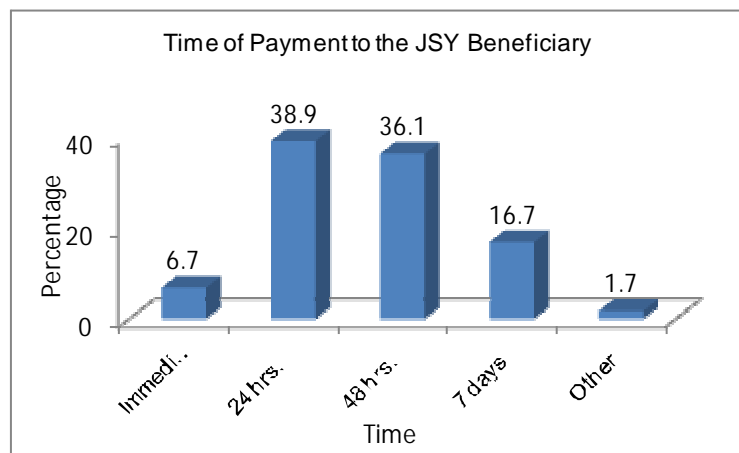
Districts	No. of Respondents	Mode of payment		
		Cash (%)	Bearer Cheque (%)	Account Payee Cheque (%)
Ajmer	23	0 (0.0)	20 (87.0)	3 (13.0)
Banswara	21	0 (0.0)	21 (100.0)	0 (0.0)
Baran	23	1 (4.3)	18 (78.3)	4 (17.4)
Barmer	23	0 (0.0)	22 (95.7)	1 (4.3)
Bharatpur	19	0 (0.0)	19 (100.0)	0 (0.0)
Ganganagar	21	0 (0.0)	21 (100.0)	0 (0.0)
Jalore	25	1 (4.0)	24 (96.0)	0 (0.0)
Pali	25	0 (0.0)	25 (100.0)	0 (0.0)
Total	180	2 (1.1)	170 (94.4)	8 (4.4)

Bearer cheques (94.4% of the ANMs feel like that) still rule the scenario wherein the mother does not have any control over the money received. There could have been operational problems in issuing account payee cheques but that has to be earliest sorted out in honor to the spirit of women empowerment.

Table 9: Time of discharge of JSY beneficiary

Districts	No. of Respondents	Time of discharge				
		Within 24hrs. of delivery (%)	Within 12-24hrs. (%)	Within 24-48hrs. (%)	After 48hrs. (%)	No Response (%)
Ajmer	23	0 (0.0)	8 (34.8)	12 (52.2)	1 (4.3)	2 (8.7)
Banswara	21	1 (4.8)	1 (4.8)	9 (42.9)	10 (47.6)	0 (0.0)
Baran	23	0 (0.0)	6 (26.1)	6 (26.1)	11 (47.8)	0 (0.0)
Barmer	23	0 (0.0)	8 (34.8)	6 (26.1)	8 (34.8)	1 (4.3)
Bharatpur	19	0 (0.0)	2 (10.5)	6 (31.6)	11 (57.9)	0 (0.0)
Ganganagar	21	0 (0.0)	10 (47.6)	10 (47.6)	1 (4.8)	0 (0.0)
Jalore	25	0 (0.0)	6 (24.0)	19 (76.0)	0 (0.0)	0 (0.0)
Pali	25	0 (0.0)	3 (12.0)	17 (68.0)	5 (20.0)	0 (0.0)
Total	180	1 (0.6)	44 (24.4)	85 (47.2)	47 (26.1)	3 (1.7)

73.3% of ANMs feel that the mother should be discharged after 24 to 48 hours of delivery and another 24.4% feel that the women can be safely discharged after 12 to 24 hours.



Peripheral centers are often accused for not holding, the women who had just delivered for a minimum of 24 to 48 hours. Somehow, the observations do not hold the system's ill-perceived apprehension as majority of the **ANMs (75%) opined that the payment to JSY beneficiaries is made after 24 to 48 hours at the time of discharge.**

Fig 2: Time of Payment to the JSY Beneficiary

Table 10: Cash incentive to ASHA for motivating PW

Districts	No. of Respondents	Cash incentive to ASHA				
		Rs. 200 (%)	Rs. 400 (%)	Rs. 500 (%)	Rs. 600 (%)	No Response (%)
Ajmer	23	3 (13.0)	2 (8.7)	10 (43.5)	0 (0.0)	2 (8.7)
Banswara	21	4 (19.0)	4 (19.0)	9 (42.9)	2 (9.5)	0 (0.0)
Baran	23	12 (52.2)	5 (21.7)	4 (17.4)	0 (0.0)	0 (0.0)
Barmer	23	8 (34.8)	0 (0.0)	3 (13.0)	2 (8.7)	7 (30.4)
Bharatpur	19	3 (15.8)	2 (10.5)	9 (47.4)	1 (5.3)	1 (5.3)
Ganganagar	21	5 (23.8)	1 (4.8)	10 (47.6)	0 (0.0)	1 (4.8)
Jalore	25	3 (12.0)	10 (40.0)	5 (20.0)	0 (0.0)	2 (8.0)
Pali	25	7 (28.0)	6 (24.0)	8 (32.0)	2 (8.0)	2 (8.0)
Total	180	45 (25.0)	30 (16.7)	58 (32.2)	7 (3.9)	15 (8.3)

ASHA as voluntary worker has to be compensated as per the provisions made under the scheme. ANMs were grilled on the question ascertaining their understanding of the amount to be given for each pregnancy escorted to a health facility.

Only 25% of the ANMs did know the exact amount as per norms whereas 32.2% felt that it was Rs. 500/- that ASHA gets for every pregnant woman that she escorts.



Table 11: Perceptions on ID Increase due to JSY

Districts	No. of Respondents	Yes (%)	No (%)	No Response
Ajmer	23	20 (87.0)	1 (4.3)	2 (8.7)
Banswara	21	20 (95.2)	0 (0.0)	1 (4.8)
Baran	23	22 (95.7)	1 (4.3)	0 (0.0)
Barmer	23	21 (91.3)	0 (0.0)	2 (8.7)
Bharatpur	19	17 (89.5)	0 (0.0)	2 (10.5)
Ganganagar	21	21 (100.0)	0 (0.0)	0 (0.0)
Jalore	25	24 (96.0)	1 (4.0)	0 (0.0)
Pali	25	25 (100.0)	0 (0.0)	0 (0.0)
Total	180	170 (94.4)	3 (1.7)	7 (3.9)

Almost 94% of the ANMs feel that **institutional deliveries are on increase**.

b. Facilities at the Health Centre

Table 12: Availability of labor room

Districts	No. of Respondents	Availability of labor room		
		Yes (%)	No (%)	No Response (%)
Ajmer	23	13 (56.5)	5 (21.7)	5 (21.7)
Banswara	21	2 (9.5)	15 (71.4)	4 (19.0)
Baran	23	4 (17.4)	17 (73.9)	2 (8.7)
Barmer	23	6 (26.1)	13 (56.5)	4 (17.4)
Bharatpur	19	2 (10.5)	15 (78.9)	2 (10.5)
Ganganagar	21	7 (33.3)	10 (47.6)	4 (19.0)
Jalore	25	11 (44.0)	9 (36.0)	5 (20.0)
Pali	25	12 (48.0)	9 (36.0)	4 (16.0)
Total	180	57 (31.7)	93 (51.7)	30 (16.7)

Almost 32% of the ANMs responded that labor rooms are available at their health centers while **52% had no facility of labor room** which could be interpreted in view of the findings at Table 15 where almost 45% of the deliveries are referred either a PHC or CHC.



Table 13: Availability of weighing machine

Districts	No. of Respondents	Availability of weighing machine		
		Yes (%)	No (%)	No Response (%)
Ajmer	23	18 (78.3)	0 (0.0)	5 (21.7)
Banswara	21	17 (81.0)	0 (0.0)	4 (19.0)
Baran	23	21 (91.3)	0 (0.0)	2 (8.7)
Barmer	23	18 (78.3)	1 (4.3)	4 (17.4)
Bharatpur	19	16 (84.2)	0 (0.0)	3 (15.8)
Ganganagar	21	16 (76.2)	1 (4.8)	4 (19.0)
Jalore	25	18 (72.0)	2 (8.0)	5 (20.0)
Pali	25	19 (76.0)	2 (8.0)	4 (16.0)
Total	180	143 (79.4)	6 (3.3)	31 (17.2)

79.4% of the ANMs affirmatively said that they have weighing machines for recording birth weight which was further cross checked on questioning as to whether do they weigh the baby and maintain its record (refer table 22).

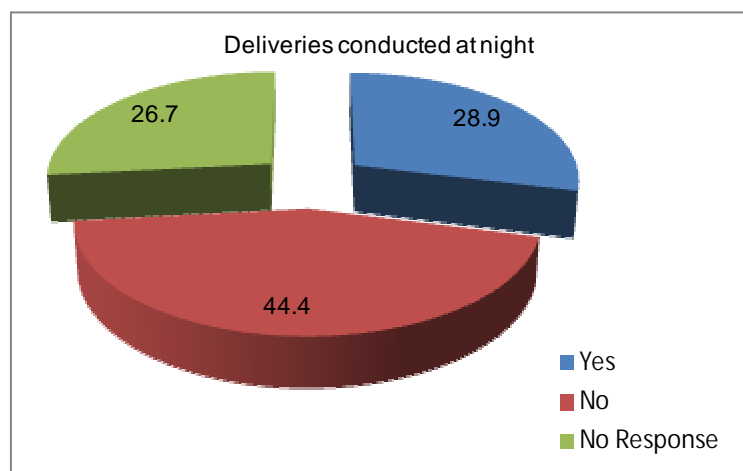
Table 14: Deliveries conducted at SC

Districts	No. of Respondents	Deliveries conducted		
		Yes (%)	No (%)	No Response (%)
Ajmer	23	10 (43.5)	8 (34.8)	5 (21.7)
Banswara	21	4 (19.0)	12 (57.1)	5 (23.8)
Baran	23	2 (8.7)	19 (82.6)	2 (8.7)
Barmer	23	7 (30.4)	12 (52.2)	4 (17.4)
Bharatpur	19	1 (5.3)	16 (84.2)	2 (10.5)
Ganganagar	21	8 (38.1)	9 (42.9)	4 (19.0)
Jalore	25	18 (72.0)	2 (8.0)	5 (20.0)
Pali	25	8 (32.0)	13 (52.0)	4 (16.0)
Total	180	58 (32.2)	91 (50.6)	31 (17.2)

With just 32.2% of ANMs conducting delivery at sub centers and 50.6% probably forced to refer on account of non-availability of labor rooms, speaks a volume about the **infrastructure facilities to be developed or strengthened.**

Table 15: Deliveries conducted at night

Districts	No. of Respondents	Deliveries conducted at night		
		Yes (%)	No (%)	No Response (%)
Ajmer	23	11 (47.8)	7 (30.4)	5 (21.7)
Banswara	21	4 (19.0)	13 (61.9)	4 (19.0)
Baran	23	1 (4.3)	16 (69.6)	6 (26.1)
Barmer	23	9 (39.1)	10 (43.5)	4 (17.4)
Bharatpur	19	1 (5.3)	9 (47.4)	9 (47.4)
Ganganagar	21	6 (28.6)	11 (52.4)	4 (19.0)
Jalore	25	16 (64.0)	4 (16.0)	5 (20.0)
Pali	25	4 (16.0)	10 (40.0)	11 (44.0)
Total	180	52 (28.9)	80 (44.4)	48 (26.7)



In defiance to the norm wherein the staff is expected to stay at the head quarters it appears that majority of them do not stay which has very clearly come out in the observations. The question put to the ANMs, whether they do conduct **deliveries at night, 44% categorically said 'No'** while another 26.7% evaded the question.

Fig 3: Deliveries conducted at night

Table 16: Place of delivery in the absence of delivery services at the sub centre

Districts	No. of Respondents from places without delivery facility	PHC (%)	CHC (%)	District Hospital (%)
Ajmer	8	5 (62.5)	3 (37.5)	0 (0.0)
Banswara	12	7 (58.3)	5 (41.7)	0 (0.0)
Baran	19	3 (15.8)	16 (84.2)	0 (0.0)
Barmer	12	4 (33.3)	8 (66.7)	0 (0.0)
Bharatpur	16	2 (12.5)	12 (75.0)	2 (12.5)
Ganganagar	9	4 (44.4)	4 (44.4)	1 (11.1)



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Jalore	2	1 (50.0)	1 (50.0)	0 (0.0)
Pali	13	8 (61.5)	2 (15.4)	3 (23.1)
Total	91	34 (37.4)	51 (56.0)	6 (6.6)

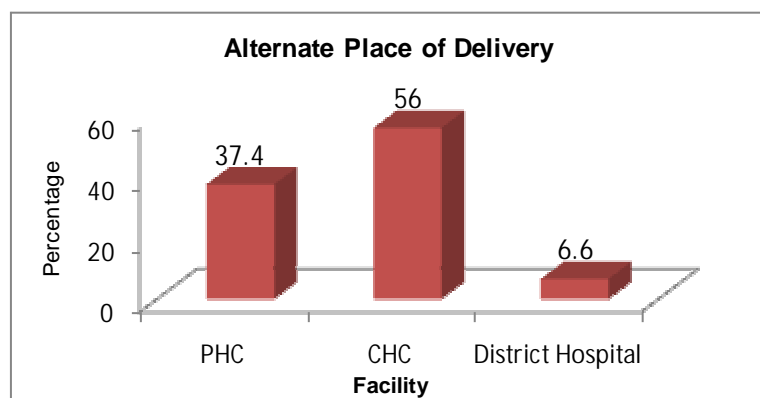


Fig 4: Alternate Place of Delivery

As observed earlier also for want of facilities at sub center the delivery and/or staff not staying at sub center, cases are referred to PHC (37.4%) or CHC (56.0%). These **operational-cum-logistic issues have to be addressed** at the earliest so that maternal mortality rate drops by boosting institutional deliveries.

Somehow, the referral to private hospitals was insignificant.

Table 17: Availability of FRU List

Districts	No. of Respondents	Availability of FRU List		
		Yes (%)	No (%)	No Response
Ajmer	23	7 (30.4)	12 (52.2)	4 (17.4)
Banswara	21	15 (71.4)	6 (28.6)	0 (0.0)
Baran	23	18 (78.3)	4 (17.4)	1 (4.3)
Barmer	23	5 (21.7)	17 (73.9)	1 (4.3)
Bharatpur	19	2 (10.5)	17 (89.5)	0 (0.0)
Ganganagar	21	15 (71.4)	6 (28.6)	0 (0.0)
Jalore	25	19 (76.0)	6 (24.0)	0 (0.0)
Pali	25	4 (16.0)	19 (76.0)	2 (8.0)
Total	180	85 (47.2)	87 (48.3)	8 (4.4)

It is being safely assumed that 10% of the pregnant women at some point in time during or after delivery would need a little more specialized care at the level of First Referral Units for which all the health workers are expected to keep a ready reckoner on the nearest FRU; but less than 50% of the ANMs responded affirmatively for FRU list availability.



c. Performance

The 180 ANMs did register 6079 pregnancies in their respective areas (SC/PHC) between April to December 2008. Somehow this cannot be corroborated with the expected number of pregnancies based on the average birth rate as the population specific data for the sub center and PHCs were not recorded.

The maximum number of pregnancies was registered by ANMs in Bharatpur (1199) and Banswara (1005).

Table 18: Average Deliveries at SC in a month

Districts	No. of Respondents	No. of Respondents conducting delivery at SC	Average Deliveries at SC in a month			
			1-2 (%)	3-5 (%)	6-10 (%)	Above 10 (%)
Ajmer	23	10	7 (70.0)	2 (20.0)	0 (0.0)	1 (10.0)
Banswara	21	4	2 (50.0)	1 (25.0)	0 (0.0)	1 (25.0)
Baran	23	2	0 (0.0)	1 (50.0)	1 (50.0)	0 (0.0)
Barmer	23	7	2 (28.6)	3 (42.9)	2 (28.6)	0 (0.0)
Bharatpur	19	1	1 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)
Ganganagar	21	8	3 (37.5)	2 (25.0)	1 (12.5)	2 (25.0)
Jalore	25	18	5 (27.8)	10 (55.6)	3 (16.7)	0 (0.0)
Pali	25	8	2 (25.0)	6 (75.0)	0 (0.0)	0 (0.0)
	180	58	22 (37.9)	25 (43.1)	7 (12.1)	4 (6.9)

On an average 43.1% of the ANM are conducting three to five deliveries in a month as against the expected 10 – 12. Only 6.9% conduct ten or more deliveries per month.

Table 19: Number of deliveries conducted & referred during April-Dec. '08

Districts	No. of Respondents	Number of deliveries conducted between April-Dec.'08	Number of PW referred during April-Dec. '08
Ajmer	23	372	115
Banswara	21	172	319
Baran	23	335	272
Barmer	23	357	141
Bharatpur	19	10	175
Ganganagar	21	583	214
Jalore	25	541	79
Pali	25	354	107
Total	180	2724	1422



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In all the eight districts the total number of deliveries conducted between April to December '08 were 2724, whereas another 1422 pregnant women were referred for delivery to some other institution, a **referral rate of 52%** reflecting on the facilities at sub centre, competence & confidence of ANM and the credibility that the health staff enjoys.

Table 20: Practice of recording Birth Weight

Districts	No. of Respondents	Birth Weight recorded		
		Yes (%)	No (%)	No Response
Ajmer	23	18 (78.3)	0 (0.0)	5 (21.7)
Banswara	21	13 (61.9)	3 (14.3)	5 (23.8)
Baran	23	19 (82.6)	2 (8.7)	2 (8.7)
Barmer	23	15 (65.2)	4 (17.4)	4 (17.4)
Bharatpur	19	15 (78.9)	2 (10.5)	2 (10.5)
Ganganagar	21	17 (81.0)	0 (0.0)	4 (19.0)
Jalore	25	18 (72.0)	2 (8.0)	5 (20.0)
Pali	25	20 (80.0)	1 (4.0)	4 (16.0)
Total	180	135 (75.0)	14 (7.8)	31 (17.2)

A healthy observation, however, is that 75% of the ANMs do take the birth weight and also maintain that in records (93.3%). 17.2% of ANMs ducked the question on taking the birth weight and only 6.7% are not putting it on record. Of the 135 (75%) who measure the birth rate 93.3% of them maintain it in records.

Table 21: Follow up visits made

Districts	No. of Respondents	Follow up visits made				
		One (%)	Two (%)	Three (%)	Four (%)	No Response (%)
Ajmer	23	0 (0.0)	2 (8.7)	18 (78.3)	1 (4.3)	2 (8.7)
Banswara	21	0 (0.0)	2 (9.5)	16 (76.2)	2 (9.5)	1 (4.8)
Baran	23	2 (8.7)	3 (13.0)	18 (78.3)	0 (0.0)	0 (0.0)
Barmer	23	1 (4.3)	4 (17.4)	13 (56.5)	3 (13.0)	2 (8.7)
Bharatpur	19	0 (0.0)	5 (26.3)	10 (52.6)	4 (21.1)	0 (0.0)
Ganganagar	21	0 (0.0)	2 (9.5)	14 (66.7)	5 (23.8)	0 (0.0)
Jalore	25	0 (0.0)	0 (0.0)	22 (88.0)	3 (12.0)	0 (0.0)
Pali	25	0 (0.0)	1 (4.0)	21 (84.0)	2 (8.0)	1 (4.0)
Total	180	3 (1.7)	19 (10.6)	132 (73.3)	20 (11.1)	6 (3.3)

73% of the ANMs have been visiting the mother thrice during post natal period and this was maximum in districts like Jalore (88%), Ajmer and Baran (78.3% each).



Post natal visit: Issues discussed during follow up

Table 22: Advice for mother

Districts	No. of Respondents	Foul smelling vaginal discharge (%)	Difficulty in breathing (%)	Fits (%)	Swelling in the breast (%)	Painful micturition (%)	Pain in abdomen (%)	Fever and weakness (%)	Family Planning (%)
Ajmer	23	21 (91.3)	10 (43.5)	8 (34.8)	13 (56.5)	10 (43.5)	12 (52.2)	15 (65.2)	19 (82.6)
Banswara	21	21 (100.0)	21 (100.0)	21 (100.0)	21 (100.0)	21 (100.0)	21 (100.0)	21 (100.0)	21 (100.0)
Baran	23	15 (65.2)	9 (39.1)	4 (17.4)	8 (34.8)	10 (43.5)	13 (56.5)	10 (43.5)	16 (69.6)
Barmer	23	13 (56.5)	14 (60.9)	4 (17.4)	7 (30.4)	10 (43.5)	18 (78.3)	13 (56.5)	17 (73.9)
Bharatpur	19	14 (73.7)	2 (10.5)	1 (5.3)	1 (5.3)	1 (5.3)	7 (36.8)	7 (36.8)	13 (68.4)
Ganganagar	21	20 (95.2)	19 (90.5)	18 (85.7)	20 (95.2)	21 (100.0)	21 (100.0)	21 (100.0)	21 (100.0)
Jalore	25	23 (92.0)	17 (68.0)	16 (64.0)	18 (72.0)	19 (76.0)	22 (88.0)	18 (72.0)	23 (92.0)
Pali	25	18 (72.0)	4 (16.0)	1 (4.0)	4 (16.0)	5 (20.0)	10 (40.0)	8 (32.0)	15 (60.0)
Total	180	145 (80.6)	96 (53.3)	73 (40.6)	92 (51.1)	97 (53.9)	124 (68.9)	113 (62.8)	145 (80.6)

The female health staff does discuss about the problems that the mother during post natal period could face and their maximum focus is on vaginal discharge and abdominal pain, besides counseling the mother on family planning methods. This needs to be aptly recognized by the system.

Table 23: Advice for new born care

Districts	No. of Respondents	Keeping the baby warm (%)	Initiate breastfeeding (%)	Care of umbilical cord (%)	Care of eyes (%)	Washing hands (%)
Ajmer	23	21 (91.3)	21 (91.3)	19 (82.6)	8 (34.8)	7 (30.4)
Banswara	21	21 (100.0)	21 (100.0)	21 (100.0)	21 (100.0)	20 (95.2)
Baran	23	15 (65.2)	21 (91.3)	12 (52.2)	8 (34.8)	12 (52.2)
Barmer	23	17 (73.9)	19 (82.6)	11 (47.8)	14 (60.9)	14 (60.9)
Bharatpur	19	8 (42.1)	18 (94.7)	7 (36.8)	7 (36.8)	10 (52.6)
Ganganagar	21	19 (90.5)	21 (100.0)	20 (95.2)	18 (85.7)	21 (100.0)
Jalore	25	25 (100.0)	24 (96.0)	25 (100.0)	17 (68.0)	18 (72.0)
Pali	25	11 (44.0)	23 (92.0)	15 (60.0)	2 (8.0)	10 (40.0)
Total	180	137 (76.1)	168 (93.3)	130 (72.2)	95 (52.8)	112 (62.2)



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The ANMs do understand the importance of and accordingly advise mother on basics of new born care. Majority of them (93%) advised the mother on early initiation of breast feeding while maintaining the body warmth (76.1%) and care of cord (72.2%) was also emphasized during post natal care.

Table 24: No. of deliveries during last one month

Districts	No. of Respondents	No of deliveries in last one month	No. of Deliveries conducted at night
Ajmer	23	103	72
Banswara	21	116	75
Baran	23	60	14
Barmer	23	123	56
Bharatpur	19	176	62
Ganganagar	21	83	36
Jalore	25	166	90
Pali	25	116	31
Total	180	943	436

The responses from the 180 ANMs from the study district show that during the month preceding the survey, out of the total 943 deliveries conducted at SC/PHC; almost 46% were conducted at night, which was further verified through a question “who conducts delivery at night” and the responses almost match the percentage.

Table 25: Person conducting deliveries at night

Districts	No. of Respondents	MO (%)	LHV (%)	ANM (%)	No Response (%)
Ajmer	23	3 (13.0)	1 (4.3)	12 (52.2)	7 (30.4)
Banswara	21	2 (9.5)	0 (0.0)	7 (33.3)	12 (57.1)
Baran	23	2 (8.7)	2 (8.7)	15 (65.2)	4 (17.4)
Barmer	23	8 (34.8)	2 (8.7)	9 (39.1)	4 (17.4)
Bharatpur	19	0 (0.0)	0 (0.0)	2 (10.5)	17 (89.5)
Ganganagar	21	8 (38.1)	2 (9.5)	11 (52.4)	0 (0.0)
Jalore	25	4 (16.0)	2 (8.0)	19 (76.0)	0 (0.0)
Pali	25	4 (16.0)	0 (0.0)	9 (36.0)	12 (48.0)
Total	180	31 (17.2)	9 (5.0)	84 (46.7)	56 (31.1)

Terse, the deliveries at night, if at all conducted, are conducted by ANMs (46.7%) while some of them (17.2%) according to ANMs, are conducted by Medical Officers. The LHV somehow, are left far behind as just 5% of the ANMs responded in their favor regarding facilitating a delivery at night.

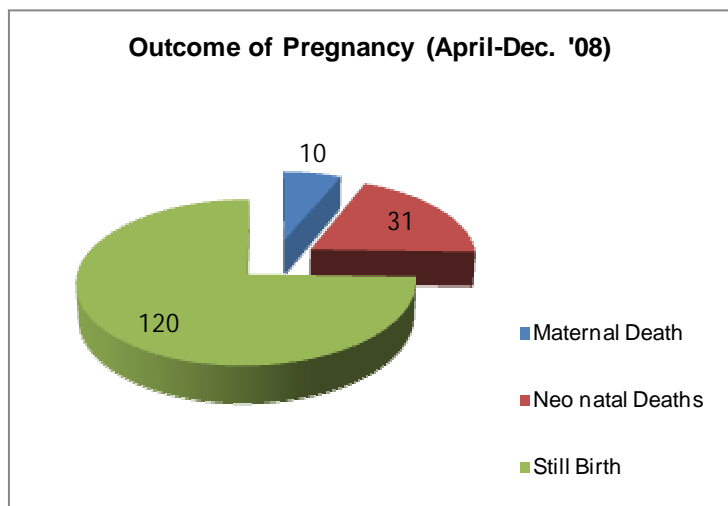


Fig 5: Outcome of Pregnancy (April-Dec. '08)

Out of the 2724 deliveries between April to December '08, 10 women were lost on account of one or the other complication during pregnancy and/or during post natal period resulting in **maternal mortality ratio of 367 per 100,000 live births, which is significantly lower than the State average**. During the same period, 131 new born also did not survive (a **neo natal mortality rate of 48.09 per 1000 live births**).

d. System's Performance

Table 26: Beneficiaries waiting for cash incentive at the time of survey

Districts	No. of Respondents	Beneficiaries waiting for cash incentive at the time of survey
Ajmer	23	238
Banswara	21	24
Baran	23	18
Barmer	23	175
Bharatpur	19	0
Ganganagar	21	0
Jalore	25	3
Pali	25	2
Total	180	460

Of the 2724 JSY eligible beneficiaries, who delivered between April-Dec. '08, 460 were still waiting for the cash incentive; maximum number were confined to two districts - Ajmer (238) and Barmer (175) which could prove detrimental to the very basic concept of JSY.



Table 27: Person visiting for supervision and monitoring

Districts	No. of Respondents	Monitoring visits by						
		MOIC (%)	RCHO (%)	DPM (%)	BCMO (%)	MO (%)	Any other (%)	No Response (%)
Ajmer	23	2 (8.7)	2 (8.7)	0 (0.0)	9 (39.1)	2 (8.7)	6 (26.1)	2 (8.7)
Banswara	21	5 (23.8)	4 (19.0)	0 (0.0)	1 (4.8)	5 (23.8)	6 (28.6)	0 (0.0)
Baran	23	1 (4.3)	1 (4.3)	2 (8.7)	7 (30.4)	4 (17.4)	7 (30.4)	1 (4.3)
Barmer	23	0 (0.0)	3 (13.0)	0 (0.0)	6 (26.1)	7 (30.4)	5 (21.7)	2 (8.7)
Bharatpur	19	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (10.5)	17 (89.5)	0 (0.0)
Ganganagar	21	1 (4.8)	2 (9.5)	2 (9.5)	5 (23.8)	7 (33.3)	4 (19.0)	0 (0.0)
Jalore	25	0 (0.0)	6 (24.0)	1 (4.0)	11 (44.0)	4 (16.0)	3 (12.0)	0 (0.0)
Pali	25	0 (0.0)	2 (8.0)	1 (4.0)	6 (24.0)	4 (16.0)	11 (44.0)	1 (4.0)
Total	180	9 (5.0)	20 (11.1)	6 (3.3)	45 (25.0)	35 (19.4)	59 (32.8)	6 (3.3)

Supervision and monitoring are the keys to effective hand holding particularly in field situations. Somehow, this came out to be a neglected element in whatever little supervision that has gone in for JSY scheme, is shouldered by BCMOs, a feeling that 25% of ANMs carry.



B. Responses of LHV

Of the 32 CHCs and 32 PHCs included in the study sample only 41 LHVs were found in position at the time of study.

a. Knowledge

Table 1: Number of ANC Visits

Districts	Number of Respondents	Number of ANC Visits	
		Three (%)	Four (%)
Ajmer	3	3 (100.0)	0 (0.0)
Banswara	8	8 (100.0)	0 (0.0)
Baran	5	5 (100.0)	0 (0.0)
Barmer	5	3 (60.0)	2 (40.0)
Bharatpur	3	3 (100.0)	0 (0.0)
Ganganagar	6	5 (83.3)	1 (16.7)
Jalore	7	7 (100.0)	0 (0.0)
Pali	4	4 (100.0)	0 (0.0)
Total	41	38 (92.7)	3 (7.3)

Almost **93% of LHVs know that three ANC visits are essential components of antenatal care.** Similarly, more than 95% are conversant with the basic services to be provided during antenatal care but for abdominal examination where the percentage (68.3%) in this supervisory cadre was pretty low particularly with reference to the knowledge levels of ANMs and ASHAs, who here score over LHVs.

Table: 2 Types of services given to pregnant women

Districts	No. of Respondents	Weight measure (%)	Blood Pressure (%)	Blood Test (%)	Urine Test (%)	Abdominal Examination (%)	T.T. Injection (%)	IFA Tablets (%)
Ajmer	3	3 (100.0)	3 (100.0)	3 (100.0)	3 (100.0)	3 (100.0)	3 (100.0)	3 (100.0)
Banswara	8	8 (100.0)	8 (100.0)	8 (100.0)	8 (100.0)	8 (100.0)	8 (100.0)	7 (87.5)
Baran	5	5 (100.0)	5 (100.0)	5 (100.0)	5 (100.0)	3 (60.0)	5 (100.0)	5 (100.0)
Barmer	5	5 (100.0)	5 (100.0)	4 (80.0)	4 (80.0)	4 (80.0)	5 (100.0)	5 (100.0)
Bharatpur	3	3 (100.0)	3 (100.0)	3 (100.0)	3 (100.0)	2 (66.7)	3 (100.0)	3 (100.0)
Ganganagar	6	6 (100.0)	6 (100.0)	6 (100.0)	6 (100.0)	1 (16.7)	6 (100.0)	6 (100.0)
Jalore	7	7 (100.0)	7 (100.0)	7 (100.0)	5 (71.4)	6 (85.7)	7 (100.0)	7 (100.0)
Pali	4	3 (75.0)	3 (75.0)	4 (100.0)	4 (100.0)	1 (25.0)	3 (75.0)	3 (75.0)
Total	41	40 (97.6)	40 (97.6)	40 (97.6)	38 (92.7)	28 (68.3)	40 (97.6)	39 (95.1)



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Virtually all the LHV's have access to the latest JSY guidelines which was cross verified to questions like through questions like "amount to be paid to JSY beneficiaries in rural and urban areas", and all of the 41 LHV's responded with Rs. 1400/- and Rs. 1000/- respectively.

Table 3: Time of payment to the Beneficiary

Districts	Number of Respondents	Time of payment		
		Immediately after delivery (%)	After 24hrs. at the time of discharge (%)	After 48hrs. at the time of discharge (%)
Ajmer	3	0 (0.0)	3 (100.0)	0 (0.0)
Banswara	8	1 (12.5)	3 (37.5)	4 (50.0)
Baran	5	1 (20.0)	2 (40.0)	2 (40.0)
Barmer	5	0 (0.0)	3 (60.0)	2 (40.0)
Bharatpur	3	0 (0.0)	2 (66.7)	1 (33.3)
Ganganagar	6	0 (0.0)	6 (100.0)	0 (0.0)
Jalore	7	0 (0.0)	5 (71.4)	2 (28.6)
Pali	4	0 (0.0)	2 (50.0)	2 (50.0)
Total	41	2 (4.9)	26 (63.4)	13 (31.7)

Of the 41 LHV's 63.4% responded that the payment of cash incentive to the beneficiary is made after 24 hours at the time of discharge another 31.7% LHV's opined that the payment is made after 48 hours at the time of discharge. However, in Barmer and Baran the women are discharged and the payment is made immediately after delivery, could be that the territory and the distances have something to do with it.

Table 4: Mode of payment

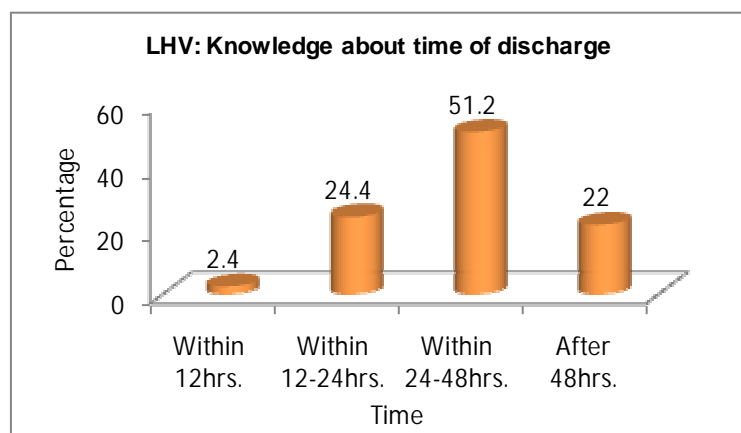
Districts	Number of Respondents	Mode of payment	
		Bearer Cheque (%)	Account Payee Cheque (%)
Ajmer	3	2 (66.7)	1 (33.3)
Banswara	8	8 (100.0)	0 (0.0)
Baran	5	4 (80.0)	1 (20.0)
Barmer	5	5 (100.0)	0 (0.0)
Bharatpur	3	3 (100.0)	0 (0.0)
Ganganagar	6	6 (100.0)	0 (0.0)
Jalore	7	7 (100.0)	0 (0.0)
Pali	4	4 (100.0)	0 (0.0)
Total	41	39 (95.1)	2 (4.9)

In contradiction to the responses in ANMs and ASHAs, LHV's feel that to best of their knowledge beneficiaries are never paid in cash.

Table 5: Person accompanying the pregnant women

Districts	Number of Respondents	Person accompanying			
		ASHA (%)	AWW (%)	Husband (%)	Other Relatives (%)
Ajmer	3	3 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)
Banswara	8	6 (75.0)	0 (0.0)	0 (0.0)	1 (25.0)
Baran	5	3 (60.0)	0 (0.0)	1 (20.0)	1 (20.0)
Barmer	5	3 (60.0)	1 (20.0)	1 (20.0)	0 (0.0)
Bharatpur	3	3 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)
Ganganagar	6	6 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)
Jalore	7	5 (71.4)	0 (0.0)	2 (28.6)	0 (0.0)
Pali	4	2 (50.0)	0 (0.0)	0 (0.0)	2 (50.0)
Total	41	31 (75.6)	1 (2.4)	4 (9.8)	5 (12.2)

In consonance to the mandate for ASHA regarding helping in demand generation for institutional deliveries and simultaneously facilitating & ensuring institutional deliveries the responses from LHV testify that, as reflected in the study observations where 75.6% of the LHVs responded in favor of ASHAs when it comes to escorting the pregnant women to the health facility.



51.2% of LHVs feel that the mother should be discharged after 24 to 48 hours of delivery and another 24.4% feel that the women can be safely discharged after 12 to 24 hours.

Fig 1: Time of discharge

ASHAs do get motivational money. Though the guidelines prescribe for Rs. 200/- as motivational money it is amazing to note that only 39% of the LHVs had the knowledge of Rs. 200/- to be given to ASHA. Only 16% of the LHVs in Ganganagar and another 20% in Baran were aware of the exact amount of incentive for ASHA.



Similarly, with regard to the extent to which the transport cost can be reimbursed to ASHA, was known to only **46.3% of LHV's as Rs. 400/-** and rest others made all kind of wild guesses. The LHV's in Ganganagar and Jalore were a little more informed on this account.

Almost all the LHV's (90.2%) were aware of the cash incentive that goes towards every home delivery. However, a few of them still lacked the knowledge despite availability of latest JSY guidelines and gave various responses.

All the LHV's feel that institutional deliveries have increased tremendously after the implementation of the JSY scheme and almost all of the LHV's (97.6%) motivate the pregnant women to have an institutional delivery.

b. Facilities

Table 6: Facilities at the health centre

Districts	Number of Respondents	Labour room		Deliveries conducted at night	
		Yes (%)	No (%)	Yes (%)	No (%)
Ajmer	3	3 (100)	0 (0.0)	3 (100)	0 (0.0)
Banswara	8	7 (87.5)	1 (12.5)	7 (87.5)	1 (12.5)
Baran	5	5 (100)	0 (0.0)	5 (100)	0 (0.0)
Barmer	5	5 (100)	0 (0.0)	4 (80)	1 (20.0)
Bharatpur	3	3 (100)	0 (0.0)	3 (100)	0 (0.0)
Ganganagar	6	6 (100)	0 (0.0)	6 (100)	0 (0.0)
Jalore	7	7 (100)	0 (0.0)	7 (100)	0 (0.0)
Pali	4	4 (100)	0 (0.0)	4 (100)	0 (0.0)
Total	41	40 (97.6)	1 (2.4)	39 (95.1)	2 (4.9)

97% of the CHCs/PHCs according to 41 respondents had the facility of labor room at respective centres and using this facility deliveries are also conducted at night, respond 95% of LHV's.



c. Performance

Based on the averages regarding population served by a CHC/PHC and the birth rate in the state, ideally there should have been 77760 registered pregnancies (for the reference period i.e. April to December '08) as against 11277 (14.5%) actually registered probably because the registered figures with the LHV's at CHCs/PHCs do not include the PW registered with ANMs at sub centres.

Table 7: Number of pregnant women registered

Districts	Number of Respondents	ANC
Ajmer	3	269
Banswara	8	2013
Baran	5	1018
Barmer	5	963
Bharatpur	3	1258
Ganganagar	6	1686
Jalore	7	3480
Pali	4	590
Total	41	11277

Table 8: Deliveries conducted in one month

Districts	Number of Respondents	Deliveries conducted in one month	
		Total Deliveries	Deliveries at night (%)
Ajmer	3	112	58 (51.8)
Banswara	8	674	263 (39.0)
Baran	5	327	149 (45.6)
Barmer	5	138	92 (66.7)
Bharatpur	3	271	94 (34.7)
Ganganagar	6	200	74 (37.0)
Jalore	7	373	184 (49.3)
Pali	4	112	57 (50.9)
Total	41	2207	971 (44.0)

In all, there were 2207 deliveries conducted in the month preceding the survey, i.e. January '09, out of which 971 (44.0%) were conducted at night, said 41 LHV's interacted during study. The delivery load at night is almost equally shared by MO (34.1%), ANM (31.7%) and LHV (29.3%)



Table 9: Average no. of deliveries conducted in the health center

Districts	Number of Respondents	Average no. of deliveries			
		1-2 (%)	3-5 (%)	6-10 (%)	More than 10 (%)
Ajmer	3	0 (0.0)	0 (0.0)	0 (0.0)	3 (100.0)
Banswara	8	2 (25.0)	0 (0.0)	0 (0.0)	6 (75.0)
Baran	5	0 (0.0)	0 (0.0)	1 (20.0)	4 (80.0)
Barmer	5	0 (0.0)	0 (0.0)	1 (20.0)	4 (80.0)
Bharatpur	3	1 (33.3)	0 (0.0)	0 (0.0)	2 (66.7)
Ganganagar	6	0 (0.0)	0 (0.0)	0 (0.0)	6 (100.0)
Jalore	7	0 (0.0)	2 (28.6)	1 (14.3)	4 (57.1)
Pali	4	0 (0.0)	0 (0.0)	0 (0.0)	4 (100.0)
Total	41	3 (7.3)	2 (4.9)	3 (7.3)	33 (80.5)

Almost 80% of the 41 LHV's said that their health centres conduct more than 10 deliveries per month. However, 19.4% of them feel that the centres are conducting 1-10 deliveries per month, a gross under utilization of health facilities.

Table 10: Performance based on available records

Districts	Number of Respondents	No. of deliveries conducted between April-Dec.'08	No. of pregnant women referred (%)	No. of deliveries conducted by LHV (%)
Ajmer	3	1576	49 (3.1)	720 (45.7)
Banswara	8	4626	42 (0.9)	372 (8.0)
Baran	5	4642	73 (1.6)	976 (21.0)
Barmer	5	955	94 (9.8)	514 (53.8)
Bharatpur	3	3679	49 (1.3)	16 (0.4)
Ganganagar	6	1488	26 (1.7)	384 (25.8)
Jalore	7	4459	102 (2.3)	2249 (50.4)
Pali	4	1704	133 (7.8)	265 (15.6)
Total	41	23129	568 (2.5)	5496 (23.8)

Total number of deliveries conducted in the eight study districts stood at 23129, out of which 23.8% were conducted by LHVs of either CHC or PHC with around 50% in Barmer and Jalore and a mere 0.4% in Bharatpur.

Out of the total deliveries 2.5% of the pregnant women had to be referred to a higher facility on one or the other pretext, responded 41 LHVs from the eight study districts. Despite the fact that LHVs were found to be assisting maximum number of deliveries in Barmer (53.8%), the highest referrals were also recorded



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for the same district which could be explained on the basis of sparsely distributed population, relative absence of ASHAs (particularly those not staying at the village), distances and reach.

97.6% of the LHV's responded that one or the other officer at some point ensures to make a supervisory visit. For the effective functioning of the scheme, supervision and monitoring are a must.

Medical Officers In charge (26.8%) were found to be the most responsible for supervision in comparison to others – RCHO (22.0%), DPM (17.1%) and MO (4.9%).

Table 11: PNC visits

Districts	Number of Respondents	PNC visits	
		Yes (%)	No (%)
Ajmer	3	2 (66.7)	1 (33.3)
Banswara	8	8 (100.0)	0 (0.0)
Baran	5	4 (80.0)	1 (20.0)
Barmer	5	5 (100.0)	0 (0.0)
Bharatpur	3	3 (100.0)	0 (0.0)
Ganganagar	6	6 (100.0)	0 (0.0)
Jalore	7	7 (100.0)	0 (0.0)
Pali	4	4 (100.0)	0 (0.0)
Total	41	39 (95.1)	2 (4.9)

Table 12: Number of PNC visits

Districts	Number of Respondents	Frequency of PNC visit			
		One (%)	Two (%)	Three (%)	Four (%)
Ajmer	3	0 (0.0)	2 (66.7)	1 (33.3)	0 (0.0)
Banswara	8	0 (0.0)	5 (62.5)	3 (37.5)	0 (0.0)
Baran	5	2 (40.0)	1 (20.0)	0 (0.0)	2 (40.0)
Barmer	5	0 (0.0)	3 (60.0)	2 (40.0)	0 (0.0)
Bharatpur	3	0 (0.0)	2 (66.7)	0 (0.0)	1 (33.3)
Ganganagar	6	3 (50.0)	1 (16.7)	1 (16.7)	1 (16.7)
Jalore	7	2 (28.6)	2 (28.6)	3 (42.9)	0 (0.0)
Pali	4	1 (25.0)	0 (0.0)	0 (0.0)	3 (75.0)
Total	41	8 (19.5)	16 (39.0)	10 (24.4)	7 (17.1)

95.1% of the LHV's have been visiting the mother during the post natal period. However, in contrast to the ANMs where 73% of them visit thrice, LHV's (39.0%) make a maximum of two visits only.



Table 13: Outcome of delivery (based on available records)

Districts	Number of Respondents	No. of deliveries conducted between April-Dec.'08	Death of women during pregnancy and 42 days after delivery	No. of neonatal deaths
Ajmer	3	1576	0	3
Banswara	8	4626	1	13
Baran	5	4642	1	23
Barmer	5	955	0	4
Bharatpur	3	3679	0	15
Ganganagar	6	1488	0	4
Jalore	7	4459	1	19
Pali	4	1704	0	10
Total	41	23129	3	91

A data from records was requested through LHVs in the study blocks of 8 districts regarding maternal and neo natal deaths. Of the 23129 institutional deliveries there were only 3 maternal deaths and 91 neo natal deaths.

C. Responses of ASHA

Profile of ASHA:

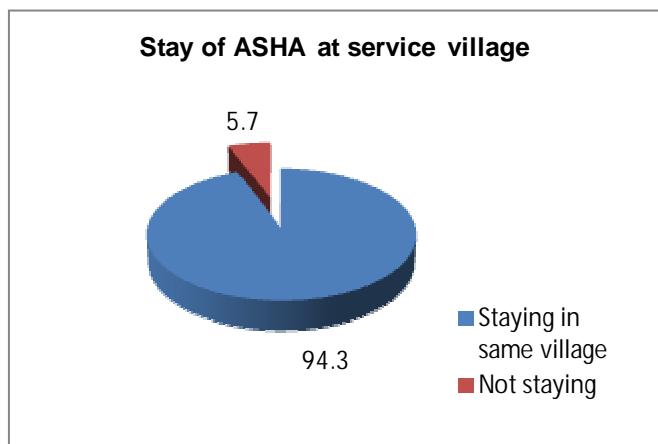


Fig 1: Stay of ASHA at service village

Time again the people raise their concern about ASHA not staying in the village. The observations from the present study probably shall be a little soothing. Of the 212 ASHA, 200 (94.3%) were found to be from the same village and staying in the village itself. It was in Barmer and Banswara that 18.8% and 15.2% of the ASHAs respectively were not staying in the service village with overall percentage of just 5.2%.

Majority of ASHAs in the study districts and villages, to be precise, had been complimenting the system's efforts for last +2 yrs (58.5%) with only 6.6 % who are there for some 6 months. Ajmer has the highest number (72.7%) of experienced ASHAs whereas Baran had the maximum (16.2%) with experience of 6 months and less.

Put together the 212 ASHAs in the study districts had 2446 pregnant women registered in their records with an average of 11.53 pregnant women per ASHA. For every ASHA recorded PW was maximum in Ajmer (14.2%).

a. Knowledge

Table 1: Mode of transport used for taking PW to health centre for ID

Districts	No. of Respondents	Private vehicle		Hired vehicle		Govt. vehicle		Any other	
		Number	%	Number	%	Number	%	Number	%
Ajmer	33	3	9.1	28	84.8	0	0	2	6.1
Banswara	33	9	27.3	24	72.7	0	0	0	0.0
Baran	37	8	21.6	28	75.7	1	2.7	0	0.0
Barmer	16	4	25.0	11	68.8	0	0	1	6.3
Bharatpur	32	2	6.3	30	93.8	0	0	0	0.0
Ganganagar	33	4	12.1	28	84.8	0	0	1	3.0
Jalore	9	2	22.2	7	77.8	0	0	0	0.0
Pali	19	1	5.3	16	84.2	0	0	2	10.5
Total	212	33	15.6	172	81.1	1	0.5	6	2.8



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As expected the commonest mode of transportation was a hired vehicle (81.1%), the next mode being private vehicle of the family.

Table 2: Time of discharge

Districts	No. of Respondents	Time of discharge			
		Within 12hrs. of delivery (%)	12-24hrs. (%)	24-48hrs. (%)	After 48hrs. (%)
Ajmer	33	3 (9.1)	11 (33.3)	16 (48.5)	3 (9.1)
Banswara	33	0 (0.0)	4 (12.1)	19 (57.6)	10 (30.3)
Baran	37	1 (2.7)	3 (8.1)	14 (37.8)	19 (51.4)
Barmer	16	1 (6.3)	5 (31.3)	3 (18.8)	7 (43.8)
Bharatpur	32	2 (6.3)	1 (3.1)	12 (37.5)	17 (53.1)
Ganganagar	33	0 (0.0)	10 (30.3)	17 (51.5)	6 (18.2)
Jalore	9	1 (11.1)	2 (22.2)	5 (55.6)	1 (11.1)
Pali	19	1 (5.3)	6 (31.6)	6 (31.6)	6 (31.6)
Total	212	9 (4.2)	42 (19.8)	92 (43.4)	69 (32.5)

The responses of ASHA further support the responses of beneficiary and non beneficiary again so far as the time of discharge is concerned. ASHAs (43.4%) also opined that majority of institutional delivery cases are discharged after 24 to 48 hours followed by another 32.5% stating the discharge time as after 48 hours of delivery. Banswara (57.6%) and Jalore (55.6%) have the highest compliance to the guidelines of holding the recently delivered women for a minimum of 24 to 48 hours.

95.3% of ASHAs were observed to be comfortably conversant about the cash incentives for ID under the scheme. Some 3.3%, however, had put this figure as Rs. 1700/- probably for the reason that the transport money (Rs. 300/- mentioned in earlier guidelines) was clubbed with the incentives.

Table 3: Time of payment to the Beneficiary

Districts	No. of Respondents	Time of payment				
		Immediately after delivery (%)	After 24hrs. at the time of discharge (%)	After 48hrs. at the time of discharge (%)	Within a week (%)	Any other (%)
Ajmer	33	0 (0.0)	17 (51.5)	13 (39.4)	3 (9.1)	0 (0.0)
Banswara	33	0 (0.0)	4 (12.1)	23 (69.7)	5 (15.2)	0 (0.0)
Baran	37	5 (13.5)	11 (29.7)	19 (51.4)	3 (8.1)	0 (0.0)
Barmer	16	0 (0.0)	5 (31.3)	2 (12.5)	9 (56.3)	0 (0.0)
Bharatpur	32	0 (0.0)	3 (9.4)	12 (37.5)	13 (40.6)	4 (12.5)
Ganganagar	33	0 (0.0)	17 (51.5)	14 (42.4)	2 (6.1)	0 (0.0)
Jalore	9	0 (0.0)	2 (22.2)	6 (66.7)	1 (11.1)	0 (0.0)
Pali	19	6 (31.6)	5 (26.3)	5 (26.3)	3 (15.8)	0 (0.0)
Total	212	11 (5.2)	64 (30.2)	94 (44.3)	39 (18.4)	4 (1.9)



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74.5% of the ASHAs had the understanding that the incentive money is given to the women at the time of discharge (24/48 hours after delivery) and 95.3% responding to the modalities of payment said that the payments are made through bearer cheques, which is in consonance to the responses from ANMs and the beneficiaries.

Table 4: Incentive for motivation

Districts	No. of Respondents	Amount				
		Rs. 100 (%)	Rs. 200 (%)	Rs. 300 (%)	More (%)	No Response (%)
Ajmer	33	11 (33.3)	15 (45.5)	4 (12.1)	2 (6.1)	1 (3.0)
Banswara	33	5 (15.2)	20 (60.6)	6 (18.2)	1 (3.0)	1 (3.0)
Baran	37	1 (2.7)	23 (62.2)	12 (32.4)	0 (0.0)	1 (2.7)
Barmer	16	2 (12.5)	0 (0.0)	13 (81.3)	0 (0.0)	1 (6.3)
Bharatpur	32	1 (3.1)	25 (78.1)	2 (6.3)	4 (12.5)	0 (0.0)
Ganganagar	33	19 (57.6)	2 (6.1)	3 (9.1)	8 (24.2)	1 (3.0)
Jalore	9	3 (33.3)	4 (44.4)	2 (22.2)	0 (0.0)	0 (0.0)
Pali	19	2 (10.5)	10 (52.6)	3 (15.8)	3 (15.8)	1 (5.3)
Total	212	44 (20.8)	99 (46.7)	45 (21.2)	18 (8.5)	6 (2.8)

ASHAs as voluntary workers do get incentives based on the number of women that they take for ID to health facility, as motivational money. Though the guidelines prescribe for Rs. 200/- as motivational money it is **amazing to note that 28.7% of ASHAs having been getting Rs. 300/- or more while 20.8% were altogether denied their dues as per guidelines.** The system needs to again have it examined for the reasons in these kinds of obvious discrepancies.

Another perplexing issue relates to the incentive that every ASHA was expected to receive **for facilitating child immunization during MCHN day. Ideally they should have received Rs. 100 per session but what they got was almost fifty percent more than the prescribed norm in 88.7% of the cases.**

98.6% of the ASHAs feel that for the facilities and incentives offered to PW the **institutional deliveries are on increase in their area.**

There were eight maternal deaths and 88 Neo Natal deaths in the area covered by these 212 ASHAs during the period of April to December '08. Maximum maternal as well as neo natal deaths are reported by ASHAs from Banswara.

One of the key functions assigned to ASHA is timely referral of women to a health facility for which it is imperative that an FRU list is available with them. Unfortunately **47.2% of them do not have any such record** available and/or maintained at their level.



b. Performance

Table 5: Number of ANC visits facilitated by ASHA

Districts	No. of Respondents	Two		Three		Four	
		Number	%	Number	%	Number	%
Ajmer	33	2	6.1	28	84.8	3	9.1
Banswara	33	3	9.1	29	87.9	1	3.0
Baran	37	1	2.7	36	97.3	0	0.0
Barmer	16	1	6.3	15	93.8	0	0.0
Bharatpur	32	1	3.1	31	96.9	0	0.0
Ganganagar	33	0	0.0	32	97.0	1	3.0
Jalore	9	0	0.0	9	100.0	0	0.0
Pali	19	0	0.0	19	100.0	0	0.0
Total	212	8	3.8	199	93.9	5	2.4

With the primary responsibility of generating demand and facilitating the process, majority of the ASHAs have understood their responsibilities towards demand generation and facilitating institutional deliveries the study findings are a strong testament of this statement, with 93.9% ASHAs responding that they have taken their registered PW to a health facility for a minimum of two check ups.

Table 6: No. of PW accompanied by ASHA during April-Dec. '08 for ID

Districts	No. of Respondents	No. of PW
Ajmer	33	248
Banswara	33	244
Baran	37	214
Barmer	16	227
Bharatpur	32	324
Ganganagar	33	255
Jalore	9	63
Pali	19	74
Total	212	1649

Further, between April to December '08 out of 2446 registered pregnant women, 1649 pregnancies were escorted (183.2 pregnancies escorted per month) meaning thereby that 0.86 pregnant women per ASHA were the escort rate per month for ID. This is just a crude estimate with the inherent limitation of the distribution of total population of the study districts and villages being not recorded.

Table 7: Duration of ASHA's stay with PW at the health centre

Districts	No. of Respondents	Duration of stay				
		6 hours (%)	12 hours (%)	24 hours (%)	48 hours (%)	No Response (%)
Ajmer	33	6 (18.2)	4 (12.1)	20 (60.6)	1 (3.0)	2 (6.1)
Banswara	33	3 (9.1)	6 (18.2)	16 (48.5)	7 (21.2)	1 (3.0)
Baran	37	3 (8.1)	5 (13.5)	13 (35.1)	12 (32.4)	4 (10.8)
Barmer	16	8 (50.0)	3 (18.8)	2 (12.5)	2 (12.5)	1 (6.3)
Bharatpur	32	2 (6.3)	8 (25.0)	14 (43.8)	8 (25.0)	0 (0.0)
Ganganagar	33	1 (3.0)	8 (24.2)	17 (51.5)	7 (21.2)	0 (0.0)
Jalore	9	1 (11.1)	2 (22.2)	5 (55.6)	1 (11.1)	0 (0.0)
Pali	19	7 (36.8)	6 (31.6)	3 (15.8)	0 (0.0)	3 (15.8)
Total	212	31 (14.6)	42 (19.8)	90 (42.5)	38 (17.9)	11 (5.2)

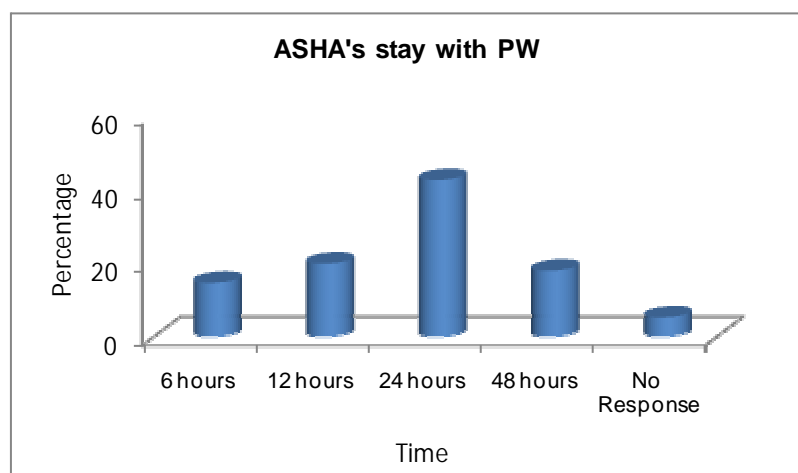


Fig 3: ASHA's stay with PW

It is not that ASHAs escort alone, they also stay with them during and after the delivery and almost **42.5% of the ASHAs responded that they stay for a minimum of 24 hours**. In Ajmer 60.6% stay for 24 hours while the percentage of ASHAs staying with women for 24 hours was lowest in Barmer (12.5%).



Table 8: No. of PNC visits made by ASHA

Districts	No. of Respondents	PNC visits			
		One (%)	Two (%)	Three (%)	Four (%)
Ajmer	33	0 (0.0)	5 (15.2)	17 (51.5)	11 (33.3)
Banswara	33	2 (6.1)	5 (15.2)	19 (57.6)	7 (21.2)
Baran	37	2 (5.4)	2 (5.4)	24 (64.9)	9 (24.3)
Barmer	16	0 (0.0)	8 (50.0)	8 (50.0)	0 (0.0)
Bharatpur	32	1 (3.1)	2 (6.3)	17 (53.1)	12 (37.5)
Ganganagar	33	0 (0.0)	2 (6.1)	14 (42.4)	17 (51.5)
Jalore	9	0 (0.0)	2 (22.2)	7 (77.8)	0 (0.0)
Pali	19	0 (0.0)	0 (0.0)	10 (52.6)	9 (47.4)
Total	212	5 (2.4)	26 (12.3)	116 (54.7)	65 (30.7)

To reiterate, post natal care has a significant contribution in cutting down the MMR and the ASHAs have inculcated this to a fairly large extent, reflected in the average of **54.7% of ASHAs making three PNC visits** and some (30.7%) even interacting with an extra visit during the PNC period.

Baran had the highest number of ASHAs (64.9%) making three PNC visits while Ganganagar ASHAs (51.5%) have been making an extra visit besides the three prescribed.

Post natal visit: Issues discussed during follow up

Table 9: Advice for mother

Districts	No. of Respondents	Foul smelling vaginal discharge (%)	Difficulty in breathing (%)	Fits (%)	Swelling in the breasts (%)	Pain in urination (%)	Pain abdomen (%)	Fever and weakness (%)	Family Planning (%)
Ajmer	33	27(81.8)	14 (42.4)	12 (36.4)	23 (69.7)	19 (57.6)	21 (63.6)	28 (84.8)	28 (84.8)
Banswara	33	30(90.9)	32 (97.0)	32 (97.0)	32 (97.0)	32 (97.0)	32 (97.0)	33 (100.0)	33 (100.0)
Baran	37	16(43.2)	12 (32.4)	4 (10.8)	17 (45.9)	14 (37.8)	15 (40.5)	17 (45.9)	25 (67.6)
Barmer	16	11(68.8)	4 (25.0)	1 (6.3)	4 (25.0)	5 (31.3)	11 (68.8)	14 (87.5)	15 (93.8)
Bharatpur	32	27(84.4)	5 (15.6)	0 (0.0)	3 (9.4)	3 (9.4)	16 (50.0)	23 (71.9)	22 (68.8)
Ganganagar	33	33(100.0)	21 (63.6)	21 (63.6)	33 (100.0)	32 (97.0)	33(100.0)	32 (97.0)	31 (93.9)
Jalore	9	8(88.9)	8 (88.9)	7 (77.8)	8 (88.9)	8 (88.9)	8 (88.9)	8 (88.9)	9 (100.0)
Pali	19	4(21.1)	2 (10.5)	1 (5.3)	3 (15.8)	8 (42.1)	8 (42.1)	11 (57.9)	14 (73.7)
Total	212	156(73.6)	98 (46.2)	78 (36.8)	123 (58.0)	121(57.1)	144(67.9)	166(78.3)	177 (83.5)



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The commonest problems that these ASHAs ask for and try to solve are fever (78.3%) indicative of infection, foul smelling vaginal discharge (73.6%), pain abdomen (67.9%). Further, 83.5% of ASHAs also use this opportunity for advising women on family planning.

Table 10: Advice for new born care

Districts	No. of Respondents	Advice on Neo natal care				
		Keeping the baby warm (%)	Start breastfeeding (%)	Care of umbilical cord (%)	Care of eyes (%)	Washing hands (%)
Ajmer	33	28 (84.8)	31 (93.9)	30 (90.9)	14 (42.4)	18 (54.5)
Banswara	33	33 (100.0)	32 (97.0)	33 (100.0)	32 (97.0)	33 (100.0)
Baran	37	29 (78.4)	31 (83.8)	17 (45.9)	14 (37.8)	15 (40.5)
Barmer	16	10 (62.5)	7 (43.8)	7 (43.8)	10 (62.5)	12 (75.0)
Bharatpur	32	27 (84.4)	29 (90.6)	11 (34.4)	9 (28.1)	18 (56.3)
Ganganagar	33	33 (100.0)	33 (100.0)	33 (100.0)	33 (100.0)	33 (100.0)
Jalore	9	9 (100.0)	9 (100.0)	9 (100.0)	8 (88.9)	8 (88.9)
Pali	19	16 (84.2)	19 (100.0)	17 (89.5)	5 (26.3)	11 (57.9)
Total	212	185 (87.3)	191 (90.1)	157 (74.1)	125 (59.0)	148 (69.8)

It is amazing to note that on issues related to new born care the responses of ASHAs virtually match that of the ANMs. Since the study was reasonably supervised in the field on day-to-day basis personally by the SIHFW staff we fail to subscribe to the possibility of “manipulation” and simply need to accept it as it is. ASHAs do understand the importance of and accordingly advise mother on basics of new born care. **Majority of them (90.1%) advised the mother on early initiation of breast feeding while maintaining the body warmth (87.3%) and care of cord (74.1%) was also emphasized during post natal care.**

96.2% of the ASHAs responded assertively regarding their participation in MCHN days, though the study did not record the specific areas of participation.

On an average 11.7 children were taken to a MCHN session by every ASHA

D. Responses of Anganwadi Worker (AWW)

Though the Anganwadi Workers are not in the main loop of JSY scheme still as the AWW is taking care of maternal nutrition (pregnant and lactating women) and child health (nutrition and growth monitoring), it was thought as just and apt to have an understanding of AWW about JSY scheme, accordingly a set of questions were hurled at them also, the responses of which are tabulated here under.

Table 1: Information about JSY

Districts	No. of Respondents	Knowledge source of JSY scheme				
		Mass Media (%)	Training (%)	ASHA (%)	Other govt. health officials (%)	Others (%)
Ajmer	37	1 (2.7)	6 (16.2)	3 (8.1)	27 (73.0)	0 (0.0)
Banswara	33	0 (0.0)	11 (33.3)	6 (18.2)	16 (48.5)	0 (0.0)
Baran	40	0 (0.0)	26 (65.0)	1 (2.5)	13 (32.5)	0 (0.0)
Barmer	35	0 (0.0)	30 (85.7)	0 (0.0)	5 (14.3)	0 (0.0)
Bharatpur	30	2 (6.7)	20 (66.7)	3 (10.0)	5 (16.7)	0 (0.0)
Ganganagar	31	1 (3.2)	11 (35.5)	9 (29.0)	10 (32.3)	0 (0.0)
Jalore	26	1 (3.9)	16 (61.5)	1 (3.9)	7 (26.9)	1 (3.9)
Pali	31	1 (3.2)	21 (67.7)	0 (0.0)	8 (25.8)	1 (3.2)
Total	263	6 (2.3)	141 (53.6)	23 (8.7)	91 (34.6)	2 (0.8)

Of the 263 AWW interacted on how do they know about the scheme, 53.6% aired that it was during their trainings that they were told about the scheme (ICDS and WCD deserve applaud for that). Another, 34.6% had this information from health staff and officials.

Table 2: Awareness about incentive given to Beneficiary

Districts	No. of Respondents	Amount				
		Rs. 500 (%)	Rs. 1000 (%)	Rs. 1200 (%)	Rs. 1400 (%)	Rs. 1700 (%)
Ajmer	37	0 (0.0)	0 (0.0)	2 (5.4)	34 (91.9)	1 (2.7)
Banswara	33	0 (0.0)	1 (3.0)	0 (0.0)	32 (97.0)	0 (0.0)
Baran	40	0 (0.0)	0 (0.0)	1 (2.5)	39 (97.5)	0 (0.0)
Barmer	35	0 (0.0)	0 (0.0)	0 (0.0)	35 (100.0)	0 (0.0)
Bharatpur	30	0 (0.0)	0 (0.0)	0 (0.0)	29 (96.7)	1 (3.3)
Ganganagar	31	0 (0.0)	4 (12.9)	2 (6.5)	25 (80.7)	0 (0.0)
Jalore	26	0 (0.0)	0 (0.0)	0 (0.0)	22 (84.6)	4 (15.4)
Pali	31	1 (3.2)	1 (3.2)	0 (0.0)	25 (80.7)	4 (12.9)
Total	263	1 (0.4)	6 (2.3)	5 (1.9)	241 (91.6)	10 (3.8)



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Further, a healthy 91.6% know about the incentives given to JSY beneficiaries, ASHAs in Barmer (100%) were the best equipped on this account.

Table 3: ASHA working in the village

Districts	No. of Respondents	Yes (%)	No (%)
Ajmer	37	31 (83.8)	6 (16.2)
Banswara	33	31 (93.9)	2 (6.1)
Baran	40	37 (92.5)	3 (7.5)
Barmer	35	17 (48.6)	18 (51.4)
Bharatpur	30	30 (100.0)	0 (0.0)
Ganganagar	31	28 (90.3)	3 (9.7)
Jalore	26	13 (50.0)	13 (50.0)
Pali	31	16 (51.6)	15 (48.4)
Total	263	203 (77.19)	60 (22.8)

77.2% of the AWWs vouched for the stay and working of ASHA in the same village.

Table 4: Number of pregnant women registered at AWC

Districts	No. of Respondents	ANC
Ajmer	37	446
Banswara	33	368
Baran	40	343
Barmer	35	735
Bharatpur	30	305
Ganganagar	31	295
Jalore	26	245
Pali	31	314
Total	263	3051

Matching the number of pregnant women registered with 212 ASHAs (11.53 PW per ASHA), 263 AWWs also had 3051 PW registered at their respective centres (11.60 PW per AW centre).



Table 5: Number of ANC visits need to be made during the pregnancy

Districts	No. of Respondents	Number of ANC visits				
		One (%)	Two (%)	Three (%)	Four (%)	More (%)
Ajmer	37	0 (0.0)	2 (5.4)	33 (89.2)	2 (5.4)	0 (0.0)
Banswara	33	0 (0.0)	2 (6.1)	28 (84.9)	3 (9.1)	0 (0.0)
Baran	40	0 (0.0)	2 (5.0)	37 (92.5)	1 (2.5)	0 (0.0)
Barmer	35	1 (2.9)	3 (8.6)	29 (82.9)	2 (5.7)	0 (0.0)
Bharatpur	30	0 (0.0)	1 (3.3)	26 (86.7)	3 (10.0)	0 (0.0)
Ganganagar	31	0 (0.0)	0 (0.0)	31 (100.0)	0 (0.0)	0 (0.0)
Jalore	26	0(0.0)	4 (15.4)	17 (65.4)	5 (19.2)	0 (0.0)
Pali	31	0 (0.0)	5 (16.1)	19 (61.3)	6 (19.4)	1 (3.2)
Total	263	1 (0.4)	19 (7.2)	220 (83.7)	22 (8.4)	1 (0.4)

AWW, though not directly involved with antenatal care, have a fair understanding of number of ANC visits that a pregnant woman should undergo. 83.7% of them could specifically point out that three ANC visits are a must during antenatal period. AWWs at Ganaganagar (100%) and Baran (92.5%) stood to be the most updated.

Table 6: Knowledge about services to be given during ANC

Districts	No. of Respondents	Services						
		Weight measure (%)	Blood Pressure (%)	Blood Test (%)	Urine Test (%)	Stomach Examination (%)	T.T. Injection (%)	IFA Tablets (%)
Ajmer	37	33 (89.2)	30 (81.1)	30 (81.1)	28 (75.7)	25 (64.9)	35 (94.6)	34 (91.9)
Banswara	33	33 (100.0)	29 (87.9)	28 (84.9)	27 (81.8)	28 (84.9)	31 (93.9)	33 (100.0)
Baran	40	36 (90.0)	27 (67.5)	25 (62.5)	17 (42.5)	16 (40.0)	37 (92.5)	38 (95.0)
Barmer	35	35 (100.0)	18 (51.4)	11 (31.4)	6 (17.1)	16 (45.7)	31 (88.6)	34 (97.1)
Bharatpur	30	29 (96.7)	19 (63.3)	23 (76.8)	17 (56.7)	15 (50.0)	30 (100.0)	30 (100.0)
Ganganagar	31	31 (100.0)	30 (96.8)	29 (93.6)	27 (87.1)	13 (41.9)	30 (96.8)	31 (100.0)
Jalore	26	23 (88.5)	17 (65.4)	16 (61.5)	14 (53.9)	16 (61.5)	22 (84.6)	26 (100.0)
Pali	31	28 (90.3)	17 (54.8)	17 (54.8)	9 (29.0)	14 (45.2)	30 (96.8)	30 (96.8)
Total	263	248 (94.3)	187 (71.1)	179 (68.1)	145 (55.1)	142 (54.0)	246 (93.5)	256 (97.3)

Knowledge about the total service package essential for ANC was fairly good amongst the AWWs in the study villages. More than 90% of them knew about IFA tablets, tetanus immunization and weight recording.



Table 7: Services given to Lactating mothers at the AWC

Districts	No. of Respondents	Services to Lactating mothers		
		Nutrition Supplements (%)	IFA Tablets (%)	Both (%)
Ajmer	37	10 (27.0)	1 (2.7)	26 (70.3)
Banswara	33	16 (48.5)	9 (27.3)	8 (24.2)
Baran	40	38 (95.0)	2 (5.0)	0 (0.0)
Barmer	35	19 (54.3)	16 (45.7)	0 (0.0)
Bharatpur	30	30 (100.0)	0 (0.0)	0 (0.0)
Ganganagar	31	10 (32.3)	19 (61.3)	2 (6.5)
Jalore	26	21 (80.8)	3 (11.5)	2 (7.7)
Pali	31	27 (87.1)	4 (12.9)	0 (0.0)
Total	263	171 (65.0)	54 (20.5)	38 (14.5)

Ironically, what should have been their forte came out to be a weakness with them particularly in relation to the nutritional supplements and IFA tablets to be given to lactating mothers through AW centres. Only 65% knew that AW centres have an obligation of providing nutrition supplement and only 20.5% were in knowledge of IFA tablets to lactating mothers.

E. Responses of Medical Officer

59 medical officers from eight study districts were interacted during the study. 66% of them have the JSY funds budgeted in their financial forecast while almost 34% ask for it as and when the payments are due. The cut off for asking for money is 75% of the funds getting exhausted.

a. Knowledge

Table 1: Time of discharge

Districts	Number of Respondents	Time of Discharge			
		Within 24hrs. of delivery (%)	Within 12-24hrs (%)	Within 24-48hrs. (%)	After 48hrs. (%)
Ajmer	7	1 (14.3)	0 (0.0)	3 (85.7)	0 (0.0)
Banswara	6	0 (0.0)	3 (50.0)	3 (50.0)	0 (0.0)
Baran	7	0 (0.0)	2 (28.6)	3 (42.9)	2 (28.6)
Barmer	8	0 (0.0)	3 (37.5)	3 (37.5)	2 (25.0)
Bharatpur	8	0 (0.0)	4 (50.0)	4 (50.0)	0 (0.0)
Ganganagar	8	0 (0.0)	8 (100.0)	0 (0.0)	0 (0.0)
Jalore	7	0 (0.0)	1 (14.3)	6 (85.7)	0 (0.0)
Pali	8	0 (0.0)	0 (0.0)	8 (100.0)	0 (0.0)
Total	59	1 (1.7)	21 (35.6)	33 (55.9)	4 (6.8)

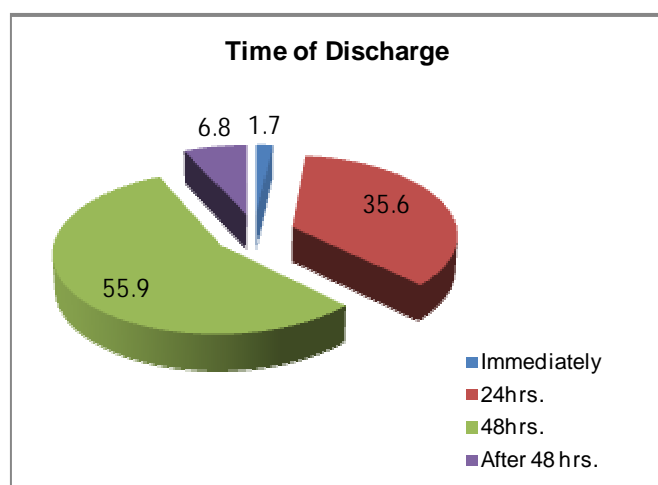


Fig 1: Time of Discharge

56% of the medical officers had a fair idea of time of discharge (24 to 48 hours after delivery) while 36% felt that lady could be discharged from facility after 12 to 24 hours of child birth. Close to **98% of the officers were aware of the amount (Rs. 1400/-)** to be given to the beneficiary woman. Somehow, all of them said that **bearer cheque is the commonest mode of payment** rather than an account payee cheque.



Table 2: Criteria for eligibility to be a JSY beneficiary

Districts	Number of Respondents	Eligibility Criteria			
		First and second birth (%)	Birth order not a criteria (%)	Rural areas (%)	No Response (%)
Ajmer	7	0 (0.0)	4 (57.1)	2 (28.6)	1 (14.3)
Banswara	6	0 (0.0)	5 (83.3)	1 (16.7)	0 (0.0)
Baran	7	2 (28.6)	2 (28.6)	3 (42.9)	0 (0.0)
Barmer	8	0 (0.0)	4 (50.0)	1 (12.5)	3 (37.5)
Bharatpur	8	0 (0.0)	7 (87.5)	0 (0.0)	1 (12.5)
Ganganagar	8	0 (0.0)	8 (100.0)	0 (0.0)	0 (0.0)
Jalore	7	0 (0.0)	7 (100.0)	0 (0.0)	0 (0.0)
Pali	8	0 (0.0)	4 (50.0)	0 (0.0)	4 (50.0)
Total	59	2 (3.4)	41 (69.5)	7 (11.9)	9 (15.3)

Majority of the medical officers (69.5%) feel that birth order is not a criterion to deny JSY benefits to any pregnant woman.

Table 3: Incentive for home delivery

Districts	Number of Respondents	Amount			
		Rs. 300 (%)	Rs. 500 (%)	Rs. 700 (%)	No Response (%)
Ajmer	7	0 (0.0)	7 (100.0)	0 (0.0)	0 (0.0)
Banswara	6	0 (0.0)	6 (100.0)	0 (0.0)	0 (0.0)
Baran	7	0 (0.0)	7 (100.0)	0 (0.0)	0 (0.0)
Barmer	8	0 (0.0)	8 (100.0)	0 (0.0)	0 (0.0)
Bharatpur	8	0 (0.0)	8 (100.0)	0 (0.0)	0 (0.0)
Ganganagar	8	0 (0.0)	8 (100.0)	0 (0.0)	0 (0.0)
Jalore	7	0 (0.0)	7 (100.0)	0 (0.0)	0 (0.0)
Pali	8	0 (0.0)	6 (75.0)	0 (0.0)	2 (25.0)
Total	59	0 (0.0)	57 (96.6)	0 (0.0)	2 (3.4)

Almost all the medical officers (96.6%) had an awareness about the cash incentive (Rs. 500/-) to be given for a delivery at home whereas four medical officers out of the 59 preferred to maintain silence on this issue. Out of these 89.8% could also cite the criterion (only BPL families) for home deliveries. It is however, surprising to note that some of the medical officers felt that this benefit is a given only to women belonging to SC/ST category and some opined the existence of no criteria for home deliveries.

Table 4: Incentive to ASHA for motivation

Districts	Number of Respondents	Amount					
		Rs.100 (%)	Rs. 200 (%)	Rs. 300 (%)	Rs. 400 (%)	Rs. 500 (%)	Rs. 600 (%)
Ajmer	7	1 (14.3)	3 (42.9)	3 (42.9)	0 (0.0)	0 (0.0)	0 (0.0)
Banswara	6	0 (0.0)	4 (66.7)	1 (16.7)	0 (0.0)	1 (16.7)	0 (0.0)
Baran	7	0 (0.0)	3 (42.9)	0 (0.0)	1 (14.3)	2 (28.6)	1 (14.3)
Barmer	8	0 (0.0)	5 (62.5)	3 (37.5)	0 (0.0)	0 (0.0)	0 (0.0)
Bharatpur	8	1 (12.5)	2 (25.0)	0 (0.0)	1 (12.5)	4 (50.0)	0 (0.0)
Ganganagar	8	2 (25.0)	5 (62.5)	0 (0.0)	0 (0.0)	1 (12.5)	0 (0.0)
Jalore	7	0 (0.0)	4 (57.1)	0 (0.0)	0 (0.0)	2 (28.6)	1 (14.3)
Pali	8	1 (12.5)	2 (25.0)	0 (0.0)	0 (0.0)	3 (37.5)	2 (25.0)
Total	59	5 (8.5)	28 (47.5)	7 (11.9)	2 (3.4)	13 (22.0)	4 (6.8)

It is quite heartening to note that the awareness of the medical officers as to the incentive given to ASHA for motivating the PW for institutional delivery did not match the guidelines as **only 48% of them cited the right amount (Rs. 200/-)**. Others had varying responses on this issue. Similar is the case with the knowledge of medical officers related to incentive to ASHA for transportation.

b. Facilities

Table 5: Availability of Labour tables at the health centres

Districts	Number of Respondents	Number of labor tables				
		One (%)	Two-Three (%)	Four-Five (%)	More (%)	No Response (%)
Ajmer	7	4 (57.1)	1 (14.3)	2 (28.6)	0 (0.0)	0 (0.0)
Banswara	6	1 (16.7)	4 (66.7)	1 (16.7)	0 (0.0)	0 (0.0)
Baran	7	1 (14.3)	3 (42.9)	2 (28.6)	0 (0.0)	1 (14.3)
Barmer	8	2 (25.0)	5 (62.5)	1 (12.5)	0 (0.0)	0 (0.0)
Bharatpur	8	3 (37.5)	4 (50.0)	0 (0.0)	0 (0.0)	1 (12.5)
Ganganagar	8	3 (37.5)	3 (37.5)	1 (12.5)	1 (12.5)	0 (0.0)
Jalore	7	2 (28.6)	4 (57.1)	1 (14.3)	0 (0.0)	0 (0.0)
Pali	8	4 (50.0)	3 (37.5)	1 (12.5)	0 (0.0)	0 (0.0)
Total	59	20 (33.9)	27 (45.8)	9 (15.3)	1 (1.7)	2 (3.4)

As a bare minimum requirement for facilitating deliveries at health centres, availability of labor table was assessed. **45.8% of the medical officers confirmed that there were two to three labor tables at**



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CHCs/PHCs. The number of institutions having 2 -3 labor tables was highest in Banswara and Barmer. Incidentally, Banswara stands as a high performance JSY district whereas Barmer hits the bottom.

Table 6: Availability of Ambulance at the health centres

Districts	Number of Respondents	Availability of Ambulance		
		Yes (%)	No (%)	No Response (%)
Ajmer	7	3 (42.9)	4 (57.1)	0 (0.0)
Banswara	6	3 (50.0)	3 (50.0)	0 (0.0)
Baran	7	3 (42.7)	4 (57.1)	0 (0.0)
Barmer	8	2 (25.0)	6 (75.0)	0 (0.0)
Bharatpur	8	2 (25.0)	6 (75.0)	0 (0.0)
Ganganagar	8	2 (25.0)	5 (62.5)	1 (12.5)
Jalore	7	3 (42.9)	4 (57.1)	0 (0.0)
Pali	8	3 (37.5)	5 (62.5)	0 (0.0)
Total	59	21 (35.6)	37 (62.7)	1 (1.7)

Defying the very concept of a functional FRU and a 24x7 PHC (state intends to have 50% of PHCs as 24x7 facility), where availability of transport is an essential prerequisite; only 35.6% of medical officers responded affirmatively when questioned on availability of ambulance.

c. Performance

Table 7: Deliveries at CHC/PHC and referral to higher facility

Districts	Number of Respondents	No. of Deliveries in last one month	No. of pregnant women referred	No. of Deliveries conducted at night in last one month
Ajmer	7	238	40	77
Banswara	6	885	9	410
Baran	7	340	31	122
Barmer	8	188	20	114
Bharatpur	8	504	42	188
Ganganagar	8	206	40	94
Jalore	7	376	57	185
Pali	8	200	155	62
Total	59	2937	394	1252

A total of 2937 deliveries were conducted in the eight study districts in the month (Jan. '09) preceding the survey of which 42.6% were conducted at night while 13.4% were referred for one or the other reason to a higher facility.

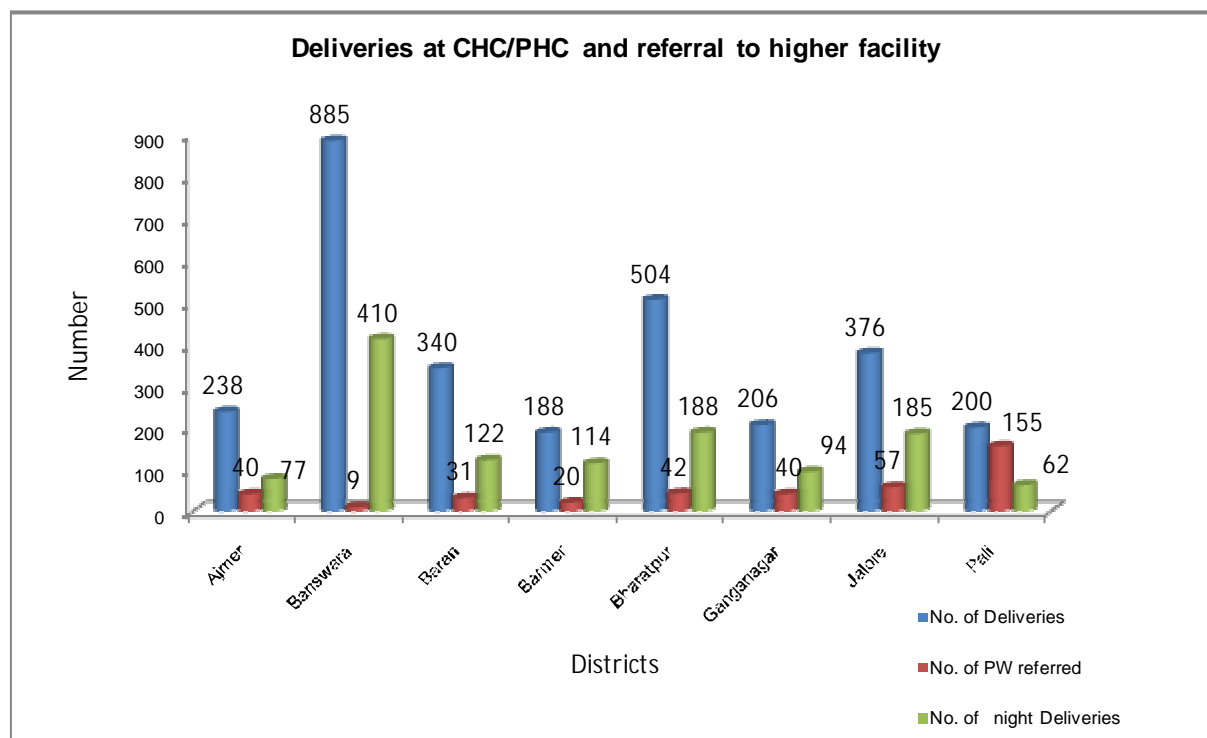


Fig 2: Deliveries at CHC/PHC and referral to higher facility

Table 8: Mortality Status

Name	No. of IDs between April-Dec. '08	Death of women during pregnancy and 42 days after delivery	No. of neonatal deaths
Ajmer	2585	0	28
Banswara	9599	3	97
Baran	3266	0	8
Barmer	778	0	6
Bharatpur	6547	3	3
Ganganagar	5779	0	7
Jalore	4274	0	34
Pali	1688	14	16
Total	34516	20	199

Of the 34516 institutional deliveries between April to Dec. '08 there were just 20 maternal deaths (57.9 per 100,000 live births, a reason to be sanguine or a gross under reporting) and 199 neo natal deaths recorded with the system.

Table 9: Person conducting deliveries at night

Districts	Number of Respondents	Person conducting deliveries at night				
		MO (%)	LHV (%)	ANM (%)	Any Other (%)	No Response (%)
Ajmer	7	3 (42.9)	1 (14.3)	2 (28.6)	0 (0.0)	1 (14.3)
Banswara	6	5 (83.3)	0 (0.0)	0 (0.0)	1 (16.7)	0 (0.0)
Baran	7	1 (14.3)	1 (14.3)	4 (57.1)	0 (0.0)	1 (14.3)
Barmer	8	5 (62.5)	0 (0.0)	3 (37.5)	0 (0.0)	0 (0.0)
Bharatpur	8	1 (12.5)	1 (12.5)	3 (37.5)	0 (0.0)	3 (37.5)
Ganganagar	8	2 (25.0)	1 (12.5)	2 (25.0)	3 (37.5)	0 (0.0)
Jalore	7	4 (57.1)	2 (28.6)	0 (0.0)	1 (14.3)	0 (0.0)
Pali	8	5 (62.5)	0 (0.0)	1 (12.5)	1 (12.5)	1 (12.5)
Total	59	26 (44.1)	6 (10.2)	15 (25.4)	6 (10.2)	6 (10.6)

Medical Officers (44.1%) and ANMs (25.4%) by far are found instrumental for conducting deliveries at night at respective health centres.

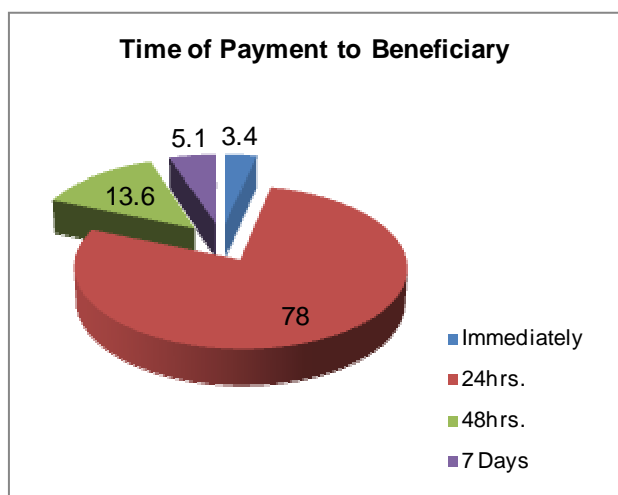


Fig 3: Time of Payment to Beneficiary

Though some 36% (Table 1) were of the opinion that the lady could be discharged between 12 to 24 hours, a cross check is not in conformance to these responses as almost 78% of medical officers were making payment between 12 to 24 hours after delivery and at the time of discharge.



Table 10: Time of payment to the Beneficiary

Districts	Number of Respondents	Time of payment			
		Immediately after delivery (%)	24hrs. after discharge (%)	48hrs. after discharge (%)	Within a week (%)
Ajmer	7	0 (0.0)	5 (71.4)	2 (28.6)	0 (0.0)
Banswara	6	0 (0.0)	5 (83.3)	0 (0.0)	1 (16.7)
Baran	7	1 (14.3)	4 (57.1)	2 (28.6)	0 (0.0)
Barmer	8	0 (0.0)	5 (62.5)	2 (25.0)	1 (12.5)
Bharatpur	8	0 (0.0)	7 (87.5)	1 (12.5)	0 (0.0)
Ganganagar	8	0 (0.0)	8 (100.0)	0 (0.0)	0 (0.0)
Jalore	7	1 (14.3)	4 (57.1)	1 (14.3)	1 (14.3)
Pali	8	0 (0.0)	8 (100.0)	0 (0.0)	0 (0.0)
Total	59	2 (3.4)	46 (78.0)	8 (13.6)	3 (5.1)

For the 34516 institutional deliveries between April to Dec. '08 in all the eight study districts an amount of Rs.46.30 million was received by responding medical officers which is assumed to have been disbursed amongst 34503 JSY beneficiaries (Rs.1342/- per JSY beneficiary) with just 13 beneficiaries having not received the incentive for ID.

Only around 50% of the medical officers said that they have FRU list availability at the facility for referrals.

Majority (69.5%) of the medical officers reported “no” problem in the implementation of the JSY scheme. The remaining cited problems as untimely release of funds and failure to assess the requirement in advance.



F. Responses of RCHOs and BCMOs

Following the ethical practice in order to avoid singling out of the individual officer from the district the total number of RCHOs and BCMOs contacted during the study have been clubbed into one common response pool for tabulating and interpreting the common questions.

Of the 31 BCMOs interacted during study, 24 (77.41%) have a planned availability of funds for disbursement to JSY beneficiaries, rest 22.6% simply get it when they ask for it.

Though BCMOs by and large plan for availability of JSY funds, they pass it down not as a routine but when demand comes (close to 50% BCMO follow this practice) from MOs.

All the BCMOs and RCHOs know that Rs.1400/- is the cash incentive to be given to every beneficiary in rural area and Rs. 1000/- to urban beneficiaries. Virtually all the BCMOs were in knowledge of the cash incentive that goes towards every home delivery. 87% of the BCMOs could rightly come out with the eligibility (BPL families) for payment who delivered at home. Rest 13% included SC/ST and BPL as the eligibility criteria.

Regarding ASHAs motivational money, the responses had flight of ideas ranging from Rs. 100/- (10.3%) to Rs. 300/- (23.1%). This variation probably would explain the reasons why ANMs, ASHAs and beneficiaries also responded in erratic manner regarding how much money ASHA gets for motivation. As they got what RCHO/BCMO thought and quoted what they got.

Majority of the RCHOs/BCMOs (74.4%) knew what the ASHA should get towards transport cost but 25.6% did try to cover up their ignorance through silence.

Put together the records available with all the RCHOs have 162683 entries related to institutional deliveries in eight study districts. The number would have been a little more had one of the RCHOs given us the data for his district also.

Of the 50223 institutional deliveries recorded with BCMO offices in all the study districts, Bharatpur had the highest (11924) and Barmer had the lowest (2284); but this should not be exposed to any kind of interpretation as the number of expected deliveries would depend on the population dynamics.



Table 1: Amount to be given to beneficiaries

Districts	No. of Respondents	ID	Pending
Ajmer	4	5302	2
Banswara	4	9854	3
Baran	4	3150	16
Barmer	4	2284	0
Bharatpur	4	11924	25
Ganganagar	4	5668	0
Jalore	3	6301	0
Pali	4	5740	0
Total	31	50223	46

The systems hierarchy often accuses the middle level managers of not being responsive in time. Somehow, our observations have not met with any fiasco on part of those responsible for making payments to JSY beneficiaries, neither in rural nor in urban. Close to 0.009% pendency of payments does not require any attention and this was a situation in February relating to institutional deliveries between

April to December '08. But when it came to RCHOs who had 162683 IDs in the record, 4521 (2.77%) beneficiaries were found to be in queue to receive cash incentive; which probably could be interpreted that the bottlenecks are precisely at the level district rather than blocks.

20% of the BCMOs said that they do not have an accountant and find it difficult to manage the accounts. Further, of the 80% (25 BCMOs) who had the accountants, 96% found them to be helpful.

Table 2: FRUs and blood bank in the area

Districts	Number of Respondents	No. of FRUs	Blood bank
Ajmer	4	3	0 (0.0)
Banswara	4	4	2 (50.0)
Baran	4	4	2 (50.0)
Barmer	4	4	4 (100.0)
Bharatpur	4	6	0 (0.0)
Ganganagar	4	3	1 (33.3)
Jalore	3	3	0 (0.0)
Pali	4	7	3 (42.9)
Total	31	34	12 (35.3)



Blood bank is a mandatory requirement for each of the FRU in order to have a firsthand feel of the situation in the field all the 31 BCMOs were embarrassed with the question regarding existence of blood banks in the FRUs of their block. Of the 34 FRUs spread over study blocks of eight districts 35.3% did not have blood bank facility at the FRU, one of the reasons for district load of IDs.

Table 3: Availability of Specialist at FRU

Districts	No. of Respondents	No. of FRUs	No. of Anesthetist in FRU (%)	Gynecologist in FRU (%)
Ajmer	4	3	6 (200.0)	3 (100.0)
Banswara	4	4	1 (25.0)	2 (50.0)
Baran	4	4	2 (50.0)	3 (75.0)
Barmer	4	4	1 (25.0)	3 (75.0)
Bharatpur	4	6	0 (0.0)	1 (16.7)
Ganganagar	4	3	0 (0.0)	0 (0.0)
Jalore	3	3	2 (66.7)	2 (66.7)
Pali	4	7	4 (57.1)	3 (42.9)
Total	31	34	16 (47.1)	17 (50.0)

It is not only the blood bank; FRU also needs to be staffed with a gynecologist and anesthetist to handle all possible obstetric complications. It was abysmally shocking that despite being a commodity on premium some of the FRUs have been patronized by the system to the extent that in Ajmer 3 FRUs had 6 anesthetists posted while none of the FRUs in Bharatpur and Ganganagar in their 6 and 3 FRUs respectively had any anesthetist.

Likewise, the specialist of Ob & Gy are also not available to any of the three FRUs in Ganganagar. Overall, 70.6% of the FRUs are managing without an anesthetist and another 50% are waiting to see a gynecologist at the FRU.

However, for all the eight districts there were 11 anesthetist and 28 Gynecologists with an apparently distorted distribution of the available manpower (specialists).



Table 4: Number of Maternal and Neo natal deaths during April – December

Districts	Number of Respondents	Total ID	Maternal deaths	Neo natal deaths
Ajmer	4	5302	1	0
Banswara	4	9854	1	104
Baran	4	3150	0	0
Barmer	4	2284	0	0
Bharatpur	4	11924	1	21
Ganganagar	4	5668	0	3
Jalore	3	6301	1	17
Pali	4	5740	4	50
Total	31	50223	8	195

Though it would not be very close to the prevailing situation a data from records was requested through BCMOs in the 32 study blocks of 8 districts regarding maternal and neo natal deaths. Of the 50223 institutional deliveries there were 8 maternal deaths and 195 neo natal deaths. That would mean that the **MMR had dropped to 16 per 100,000 live births** which by no stretch of imagination can be held true. This somehow has to be looked in view of the recorded maternal deaths and the system's willingness to record the maternal deaths. Besides, the limitation on part of BCMOs and the study teams that the data is confined to the selected study blocks.

The same when explored from the data at the level of district (through concerned RCHOs), the number of maternal and neo natal deaths recorded with the system were 60 and 742 respectively. When converted into **MMR this works out to be 37 per 100,000 live births**, providing enough reasons to question the records and reporting procedures in relation to its validity (a sum total of accuracy, authenticity and completeness).

G. Responses of Beneficiary

Of the total 2045 JSY beneficiaries spread over eight study districts, 30.7% had a family income of less than Rs. 2000/-, another **56.9% with income between Rs. 2001 – 5000/-**, 12.5% with income above Rs. 5000/- per month.

66.8% of the beneficiaries were from nuclear families while the rest still are in the traditional joint family system.

28.1% of JSY beneficiaries were living below poverty line BPL and another 71.9% beneficiaries were relatively comfortable when it comes to the family income.

Table 1: Nature of Delivery

Districts	Number of Respondents	Type of Birth		
		Normal (%)	Caesarean (%)	Complicated (%)
Ajmer	253	242 (95.6)	7 (2.7)	4 (1.5)
Banswara	257	254 (98.8)	3 (1.1)	0 (0.0)
Baran	278	274 (98.5)	1 (0.3)	3 (1.0)
Barmer	250	246 (98.4)	4 (1.6)	0 (0.0)
Bharatpur	287	275 (95.8)	8 (2.7)	4 (1.3)
Ganganagar	252	246 (97.6)	6 (2.3)	0 (0.0)
Jalore	230	226 (98.2)	4 (1.7)	0 (0.0)
Pali	238	224 (94.1)	11 (4.6)	3 (1.2)
Total	2045	1987 (97.1)	44 (2.1)	14 (0.6)

In majority (97.1%) of the JSY beneficiaries, the physiological process terminated into a normal outcome with just 2.1% placed under a surgical scalpel.

Table 2: Outcome of delivery

Districts	Number of Respondents	Outcome	
		Live birth (%)	Still birth (%)
Ajmer	253	248 (98.0)	5 (2.0)
Banswara	257	254 (98.8)	3 (1.2)
Baran	278	275 (98.9)	3 (1.1)
Barmer	250	248 (99.2)	2 (0.8)
Bharatpur	287	287 (100.0)	0 (0.0)
Ganganagar	252	251 (99.6)	1 (0.4)
Jalore	230	229 (99.6)	1 (0.4)
Pali	238	236 (99.2)	2 (0.8)
Total	2045	2028 (99.2)	17 (0.8)



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JSY: Concurrent Evaluation - 2

The still birth rate was almost negligible, only 17 unfortunate mothers, out of 2045 JSY beneficiaries, could not listen to the first cry of their baby. For 99.2% it was a live birth. Though the nature extends fair chance to both the sexes, the study observations did not witness the same as in 58% of the cases the outcome was a male boy while the girl child percentage was restricted to 41.8% out of the total deliveries that the 2045 JSY beneficiaries underwent. Interestingly, none of the beneficiary had the pregnancy interrupted by an abortion.

The state IEC efforts and the wide publicity for JSY under NRHM, looks had created a positive impact, substantiated here by the understanding about JSY amongst 98.2% of 2045 beneficiaries of the scheme.

Almost (80%) of beneficiaries knew about JSY scheme through either ANM (54%) or ASHA (26%). The mass media (3.8%) did not make any significant contribution in publicizing the scheme.

Table 3: Registration of Pregnancy

Districts	No. of Respondents	1 st Trimester (%)	2 nd Trimester (%)	8 th month of pregnancy (%)	9 th month of pregnancy (%)	No Response (%)
Ajmer	253	173 (68.4)	70 (27.7)	6 (2.4)	3 (1.2)	1 (0.4)
Banswara	257	115 (44.7)	115 (44.7)	24 (9.3)	2 (0.8)	1 (0.4)
Baran	278	93 (33.5)	176 (63.3)	3 (1.1)	0 (0.0)	6 (2.2)
Barmer	250	137 (54.8)	112 (44.8)	0 (0.0)	0 (0.0)	1 (0.4)
Bharatpur	287	164 (57.1)	120 (41.8)	1 (0.3)	1 (0.4)	1 (0.3)
Ganganagar	252	213 (84.5)	37 (14.7)	1 (0.4)	0 (0.0)	1 (0.4)
Jalore	230	160 (69.6)	68 (29.6)	1 (0.4)	1 (0.4)	0 (0.0)
Pali	238	120 (50.4)	96 (40.3)	14 (5.9)	7 (2.9)	1 (0.4)
Total	2045	1175 (57.5)	794 (38.8)	50 (2.4)	14 (0.7)	12 (0.6)

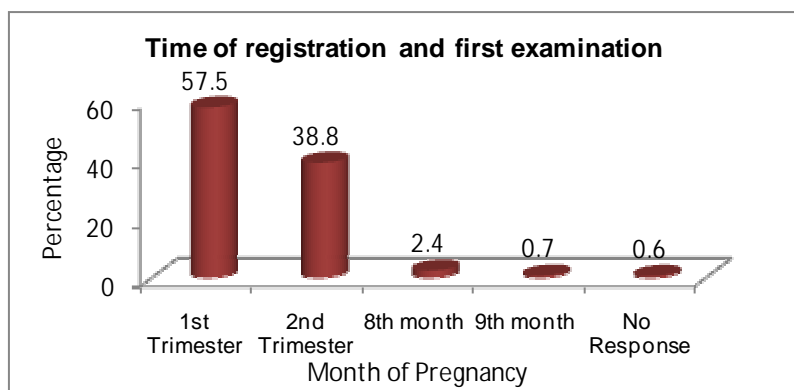


Fig1: Time of Registration and first examination

On being questioned as to when the pregnancy was registered and they were examined during pregnancy for the first time, **57.5%** responded that it was **in the first trimester** while another **38.8%** could interact with the system only during second trimester.



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The health staff (ANM) was instrumental for ANC in 93% of the cases and only 2.9% were seen by Medical Officers.

In all the districts more than **98% of the women had a pregnancy registration card** given to them and that is something for which the system and the health staff are to be commended. Majority of these women (50.9%) had their ANC card during third month another 39% had it between fourth to sixth month.

Table 4: Number of IFA Tablets received

Districts	No. of Respondents	Number of tablets				
		50 (%)	100 (%)	150 (%)	Did not receive (%)	No Response (%)
Ajmer	253	55 (21.7)	158 (62.5)	20 (7.9)	20 (7.9)	0 (0.0)
Banswara	257	59 (23.0)	178 (69.3)	11 (4.3)	8 (3.1)	1 (0.4)
Baran	278	53 (19.1)	185 (66.5)	4 (1.4)	34 (12.2)	2 (0.7)
Barmer	250	15 (6.0)	224 (89.6)	7 (2.8)	4 (1.6)	0 (0.0)
Bharatpur	287	104 (36.2)	138 (48.1)	3 (1.0)	39 (13.6)	3 (1.0)
Ganganagar	252	38 (15.1)	192 (76.2)	10 (4.0)	10 (4.0)	2 (0.8)
Jalore	230	31 (13.5)	183 (79.6)	11 (4.8)	5 (2.2)	0 (0.0)
Pali	238	87 (36.6)	124 (52.1)	1 (0.4)	26 (10.9)	0 (0.0)
Total	2045	442 (21.6)	1382 (67.6)	67 (3.3)	146 (7.1)	8 (0.4)

Nutrition supplement in form of iron and folic acid tablets stays as an important health promotion intervention during pregnancy in view of the fact that close to 60% of the pregnant women are anemic by any standard but ensuring the compliance at the level of beneficiary has many more punctuations than what one can think of. **67.6% of the beneficiaries received 100 tablets of IFA during the ANC visits and around 93.4% said that they took IFA during pregnancy.** The same is substantiated by the evidence generated in the present study where the astonishing observation is that though **52.4% of the beneficiaries consumed some 61 to 100 IFA tablets** during the entire pregnancy the range had been very wide. Some of the women who even consumed either just one tablet or those who consumed more than 180 tablets were recorded in the responses from the beneficiaries.

Of the 124 (6.6%) JSY beneficiaries who did not consume IFA tablets, various reasons were subscribed by the beneficiaries like not required (41.6%) followed by side effects like nausea (40.8%).

Of those who consumed, majority (91.2%) had it dispensed by the system, where 67.8% of beneficiaries got it from ANM, 23.6% from AWW and simply 8.3% got it from ASHA.

Table 5: Tetanus vaccines

Districts	No. of Respondents	Response		
		Yes (%)	No (%)	No Response (%)
Ajmer	253	249 (98.4)	3 (1.2)	1 (0.4)
Banswara	257	251 (97.7)	6 (2.3)	0 (0.0)
Baran	278	275 (98.9)	1 (0.4)	2 (0.7)
Barmer	250	247 (98.8)	3 (1.2)	0 (0.0)
Bharatpur	287	284 (99.0)	3 (1.0)	0 (0.0)
Ganganagar	252	251 (99.6)	1 (0.4)	0 (0.0)
Jalore	230	229 (99.6)	1 (0.4)	0 (0.0)
Pali	238	235 (98.7)	3 (1.3)	0 (0.0)
Total	2045	2021 (98.8)	21 (1.0)	3 (0.1)

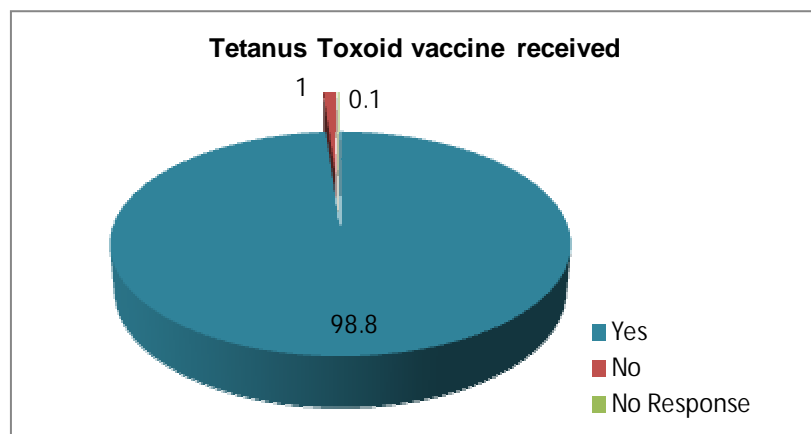


Fig 2: Tetanus Toxoid vaccine received

Another healthy observation is that **98.8% of the JSY beneficiaries took tetanus toxoid shots** during the previous pregnancy of which, 86.5% had it twice meaning thereby that one time system intervention are easily acceptable as compared to those which are left at the mercy of case compliance.

Table 6: Number of TT shots received

Districts	No. of Respondents	No. of Respondents who received TT shots	Number of TT shots		
			One (%)	Two (%)	Three (%)
Ajmer	253	249	12 (4.8)	201 (80.7)	36 (14.5)
Banswara	257	251	30 (12.0)	173 (68.9)	48 (19.1)
Baran	278	275	20 (7.3)	242 (88.0)	13 (4.7)
Barmer	250	247	16 (6.5)	231 (93.5)	0 (0.0)
Bharatpur	287	284	12 (4.2)	264 (93.0)	8 (2.8)
Ganganagar	252	251	22 (8.8)	229 (91.2)	0 (0.0)
Jalore	230	229	6 (2.6)	219 (95.6)	4 (1.7)
Pali	238	235	34 (14.5)	190 (80.9)	11 (4.7)
Total	2045	2021	152 (7.5)	1749 (86.5)	120 (5.9)

Table 7: Service interventions during ANC

Districts	No. of Respondents	Service interventions				
		Blood (Hb) (%)	Urine (%)	BP Measurement (%)	Abdominal Examination (%)	Weight Recording (%)
Ajmer	253	241 (95.3)	242 (95.7)	216 (85.4)	210 (83.0)	224 (88.5)
Banswara	257	194 (75.5)	193 (75.1)	220 (85.6)	236 (91.8)	248 (96.5)
Baran	278	222 (79.9)	197 (70.9)	217 (78.1)	192 (69.1)	257 (92.4)
Barmer	250	138 (55.2)	47 (18.8)	177 (70.8)	176 (70.4)	240 (96.0)
Bharatpur	287	176 (61.3)	127 (44.3)	134 (46.7)	179 (62.4)	226 (78.7)
Ganganagar	252	239 (94.8)	232 (92.1)	242 (96.0)	247 (98.0)	250 (99.2)
Jalore	230	191 (83.0)	157 (68.3)	194 (84.3)	187 (81.3)	220 (95.7)
Pali	238	145 (60.9)	134 (56.3)	136 (57.1)	186 (78.2)	205 (86.1)
Total	2045	1546 (75.6)	1329 (65.0)	1536 (75.1)	1613 (78.9)	1870 (91.4)

Of all the service interventions made during pregnancy, amongst 2045 JSY beneficiaries, weight monitoring was done for 91.4% followed by abdominal examination (78.9%), hemoglobin estimation (75.6%), Blood pressure measurement (75.1%) and Urine examination (65%).

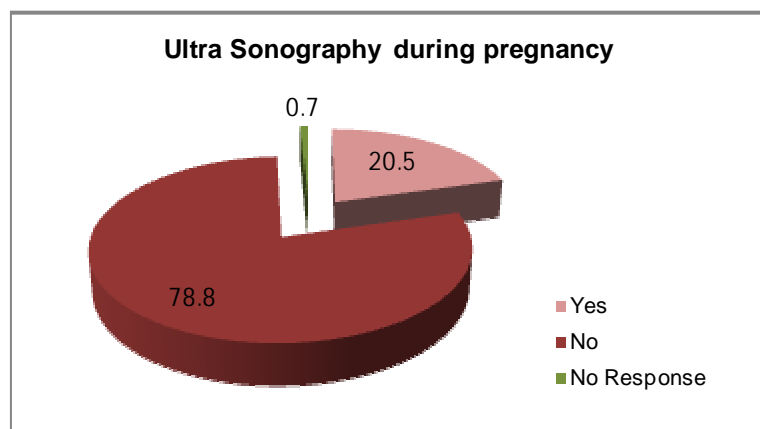


Fig 3: USG during pregnancy

420 (20.5%) of the beneficiaries for one or the other reason got themselves subjected to USG, and of those who took it 60.2% (253) went to a government hospital whereas 167 (39.8%) had it done at a private facility.

Majority of the USG service seekers extended the reason as “check the development of fetus (37.1%)”, another 23% had it for pain abdomen and 11.2% were advised by the doctor. Somehow, going by the past experience and the prevalent misuse of USG technique, these reasons may not be palatable to anyone. Only 5.2% of the beneficiaries boldly admitted that they were interested to know the sex of their child (Table 8).

Table 8: Reasons for undergoing USG

Districts	No. of Respondents undergone USG in last pregnancy	Reasons					
		Advised by the Doctor (%)	Some problem (%)	Check fetal development (%)	Pain abdomen (%)	Sex detection (%)	No Response (%)
Ajmer	56	27 (48.2)	0 (0.0)	3 (5.4)	4 (7.1)	0 (0.0)	(39.3)
Banswara	39	4 (10.3)	11 (28.2)	6 (15.4)	12 (30.8)	2 (5.1)	(10.3)
Baran	95	5 (5.3)	1 (1.1)	48 (50.5)	19 (20.0)	11 (11.6)	(11.6)
Barmer	7	3 (42.9)	0 (0.0)	1 (14.3)	0 (0.0)	0 (0.0)	(42.9)
Bharatpur	52	2 (3.8)	2 (3.8)	25 (48.1)	20 (38.5)	1 (1.9)	(3.8)
Ganganagar	57	3 (5.3)	2 (3.5)	29 (50.9)	10 (17.5)	3 (5.3)	(17.5)
Jalore	36	2 (5.6)	2 (5.6)	6 (16.7)	20 (55.6)	3 (8.3)	(8.3)
Pali	78	3 (3.8)	17 (21.8)	38 (48.7)	13 (16.7)	2 (2.6)	(6.4)
Total	420	49 (11.7)	35 (8.3)	156 (37.1)	98 (23.3)	22 (5.2)	(14.3)

Maximum number of beneficiaries opted for a CHC/PHC (66.9%) for the delivery while another 20.6% had

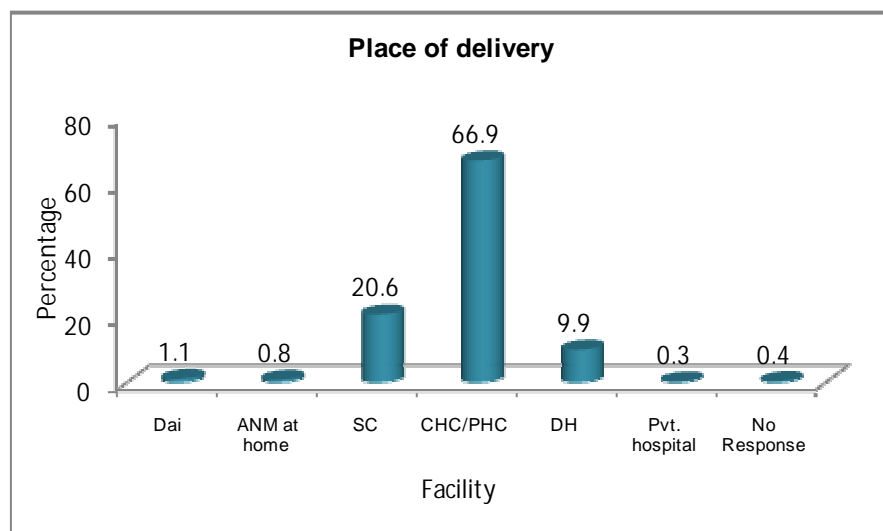


Fig 4: Place of delivery

their pregnancy outcome at a sub center. Beneficiaries in Bharatpur (90.2%) and Baran (93.5%) preferred the CHC/PHC. Of the 422 JSY beneficiaries delivering at a sub center, maximum utilized the services of sub center in Jalore (53.5%) and Ganganagar (43.3%).

Table 9: Place of delivery

Districts	Total	Place of delivery						
		At home with the help of Dai (%)	At home with the help of ANM (%)	Sub centre (%)	CHC/PHC (%)	District Hospital (%)	Pvt. hospital (%)	No Response (%)
Ajmer	253	0 (0.0)	5 (2.0)	55 (21.7)	147 (58.1)	45 (17.8)	1 (0.4)	0 (0.0)
Banswara	257	9 (3.5)	3 (1.2)	14 (5.4)	217 (84.4)	14 (5.4)	0 (0.0)	0 (0.0)
Baran	278	2 (0.7)	3 (1.1)	1 (0.4)	260 (93.5)	9 (3.2)	1 (0.4)	2 (0.7)
Barmer	250	4 (1.6)	2 (0.8)	69 (27.6)	154 (61.6)	21 (8.4)	0 (0.0)	0 (0.0)
Bharatpur	287	4 (1.4)	2 (0.7)	0 (0.0)	259 (90.2)	22 (7.7)	0 (0.0)	0 (0.0)
Ganganagar	252	0 (0.0)	1 (0.4)	109 (43.3)	116 (46.0)	23 (9.1)	1 (0.4)	2 (0.8)
Jalore	230	1 (0.4)	0 (0.0)	123 (53.5)	85 (37.0)	16 (7.0)	2 (0.9)	3 (1.3)
Pali	238	2 (0.8)	0 (0.0)	51 (21.4)	130 (54.6)	53 (22.3)	1 (0.4)	1 (0.4)
Total	2045	22 (1.1)	16 (0.8)	422 (20.6)	1368 (66.9)	203 (9.9)	6 (0.3)	8 (0.4)

It was amazing to note that despite the old proverb “money is sweeter than honey”, when questioned on why did they ascribed for institutional delivery, 48.7% reposed their faith into the system and opted the public facilities for “proper care” and another 18.9% said that they believe in hospital facilities. It was just

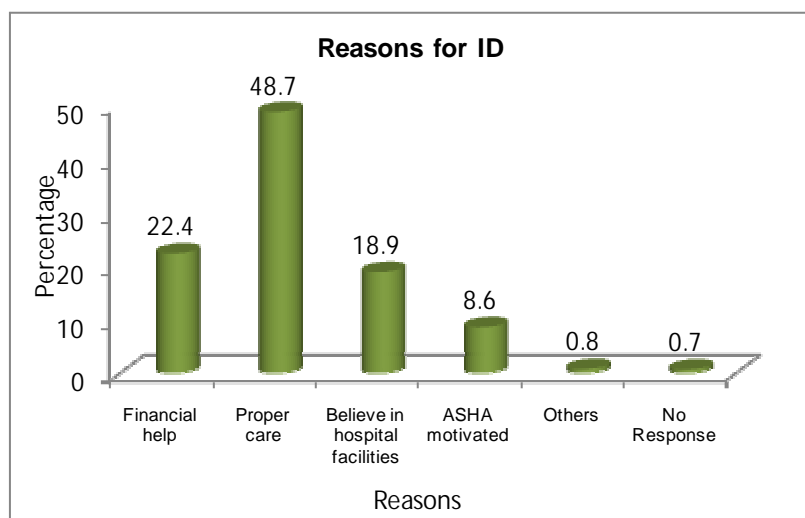


Fig 5: Reasons for ID

22.4% for whom the cash incentive was the reason for going for institutional delivery. The skeptics of the scheme, who had been often voicing their concern as to how long the system would sustain the cash incentives, probably would feel a little disappointed.

Table 10: Reasons for Institutional delivery

Districts	No. of Respondents	Reasons					
		Financial help (%)	Proper care (%)	Believe in hospital facilities (%)	ASHA motivated (%)	Others (%)	No Response (%)
Ajmer	253	6 (2.4)	161 (63.6)	54 (21.3)	21 (8.3)	11 (4.3)	0 (0.0)
Banswara	257	90 (35.0)	82 (31.9)	45 (17.5)	32 (12.5)	2 (0.8)	6 (2.3)
Baran	278	40 (14.4)	122 (43.9)	100 (36.0)	12 (4.3)	2 (0.7)	2 (0.7)
Barmer	250	125 (50.0)	32 (12.8)	85 (34.0)	8 (3.2)	0 (0.0)	0 (0.0)
Bharatpur	287	61 (21.3)	200 (69.7)	20 (7.0)	3 (1.0)	0 (0.0)	3 (1.0)
Ganganagar	252	13 (5.2)	99 (39.3)	43 (17.1)	97 (38.5)	0 (0.0)	0 (0.0)
Jalore	230	65 (28.3)	143 (62.2)	21 (9.1)	0 (0.0)	0 (0.0)	1 (0.4)
Pali	238	58 (24.4)	156 (65.5)	19 (8.0)	2 (0.8)	1 (0.4)	2 (0.8)
Total	2045	458 (22.4)	995 (48.7)	387 (18.9)	175 (8.6)	16 (0.8)	14 (0.7)

ANM (53.8%) and ASHA (28.3%) were found to be the main proponents of ID concept amongst the populace.

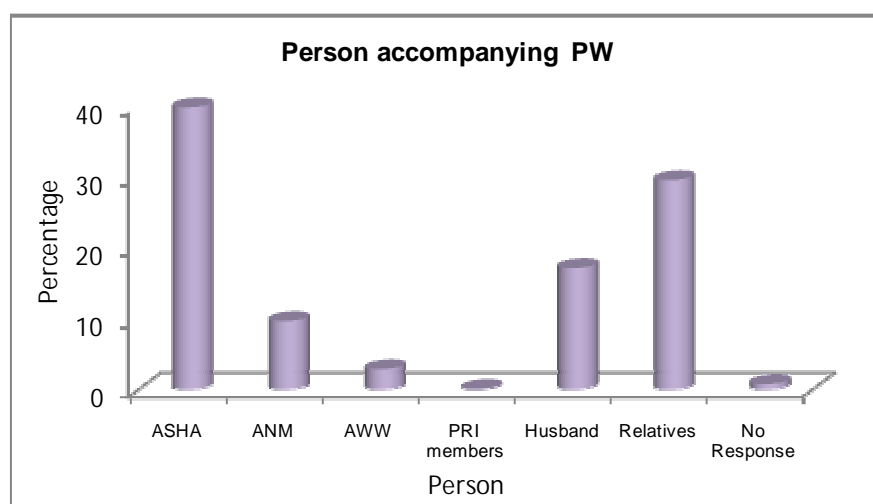


Fig 6: Person accompanying PW

39.8% of the beneficiaries when questioned as to who escorted them to a health facility, voted for ASHA. This is in conformance to the response from ANM when the same question was put to them during the study.

The most common mode of transportation was a **hired vehicle (77.7%)** whereas 13% used their personal vehicles to reach a facility for delivery.



Table 11: Escort staying with PW at the health facility

Districts	No. of Respondents	Escort staying with PW		
		Yes (%)	No (%)	No Response (%)
Ajmer	253	170 (67.2)	74 (29.2)	9 (3.6)
Banswara	257	134 (52.1)	92 (35.8)	31 (12.1)
Baran	278	95 (34.2)	181 (65.1)	2 (0.7)
Barmer	250	160 (64.0)	88 (35.2)	2 (0.8)
Bharatpur	287	190 (66.2)	77 (26.8)	20 (7.0)
Ganganagar	252	195 (77.4)	57 (22.6)	0 (0.0)
Jalore	230	123 (53.5)	107 (46.5)	0 (0.0)
Pali	238	124 (52.1)	111 (46.6)	3 (1.3)
Total	2045	1191 (58.2)	787 (38.5)	67 (3.3)

Though **49.5% beneficiaries got themselves escorted by ASHA/ANM** and another **17.2% by husband**, only 58% did have the escort present throughout their stay at the facility, which simply means that almost 42% of the escorts simply escorted but did not stay.

Table 12: Referral to higher facility

Districts	No. of Respondents	Referral		
		Yes (%)	No (%)	No Response (%)
Ajmer	253	13 (5.1)	240 (94.9)	0 (0.0)
Banswara	257	19 (7.4)	234 (91.1)	4 (1.6)
Baran	278	7 (2.5)	263 (94.6)	8 (2.9)
Barmer	250	13 (5.2)	237 (94.8)	0 (0.0)
Bharatpur	287	11 (3.8)	273 (95.1)	3 (1.0)
Ganganagar	252	7 (2.8)	245 (97.2)	0 (0.0)
Jalore	230	50 (21.7)	180 (78.3)	0 (0.0)
Pali	238	10 (4.2)	226 (95.0)	2 (0.8)
Total	2045	130 (6.4)	1898 (92.8)	17 (0.8)

92.8% of the beneficiaries stayed at the facility that they visited for the delivery and simply **6.4% were referred** to a higher facility. Jalore had the highest percentage of beneficiaries referred to a higher facility for one or the other reason.



Table 13: Expenditure on medicines

Districts	No. of Respondents	Amount Spent				
		Nil (%)	Less than Rs. 500 (%)	Rs. 500 – Rs. 1000 (%)	More than Rs. 1000 (%)	No Response (%)
Ajmer	253	79 (31.2)	84 (33.2)	62 (24.5)	28 (11.1)	0 (0.0)
Banswara	257	83 (32.3)	130 (50.6)	35 (13.6)	6 (2.3)	3 (1.2)
Baran	278	64 (23.0)	179 (64.4)	19 (6.8)	12 (4.3)	4 (1.4)
Barmer	250	132 (52.8)	112 (44.8)	5 (2.0)	1 (0.4)	0 (0.0)
Bharatpur	287	37 (12.9)	156 (54.4)	58 (20.2)	32 (11.1)	4 (1.4)
Ganganagar	252	165 (65.5)	74 (29.4)	8 (3.2)	5 (2.0)	0 (0.0)
Jalore	230	168 (73.0)	54 (23.5)	3 (1.3)	4 (1.7)	1 (0.4)
Pali	238	130 (54.6)	70 (29.4)	16 (6.7)	20 (8.4)	2 (0.8)
Total	2045	858 (42.0)	859 (42.0)	206 (10.1)	108 (5.3)	14 (0.7)

The system intentions time and again have been made loud and clear that the JSY beneficiaries shall be offered all medicines free from the facility. But the recalcitrant attitude made **58% of the JSY beneficiaries to pay for their medicines** for the varying amount ranging between less than Rs. 500/- and Rs. 500/- to 1000/-; out of which 42% had paid up to Rs. 500/- for buying medicines from the market.

Table 14: Cleanliness of the facility

Districts	No. of Respondents	Labor room			Toilets		
		Yes (%)	No (%)	No Response (%)	Yes (%)	No (%)	No Response (%)
Ajmer	253	230 (90.9)	23 (9.1)	0 (0.0)	192 (75.9)	61 (24.1)	0 (0.0)
Banswara	257	247 (96.1)	3 (1.2)	7 (2.7)	244 (94.9)	6 (2.3)	7 (2.7)
Baran	278	270 (97.1)	5 (1.8)	3 (1.1)	266 (95.7)	10 (3.6)	2 (0.7)
Barmer	250	249 (99.6)	1 (0.4)	0 (0.0)	232 (92.8)	18 (7.2)	0 (0.0)
Bharatpur	287	269 (93.7)	15 (5.2)	3 (1.0)	242 (84.3)	42 (14.6)	3 (1.0)
Ganganagar	252	252 (100.0)	0 (0.0)	0 (0.0)	249 (98.8)	3 (1.2)	0 (0.0)
Jalore	230	230 (100.0)	0 (0.0)	0 (0.0)	223 (97.0)	6 (2.6)	1 (0.4)
Pali	238	235 (98.7)	1 (0.4)	2 (0.8)	227 (95.4)	9 (3.8)	2 (0.8)
Total	2045	1982 (96.9)	48 (2.3)	15 (0.7)	1875 (91.7)	155 (7.6)	15 (0.7)

Some of the non-medical needs also dictate the utilization of services, cleanliness is one of them. Fortunately, **96.9% of the beneficiaries were happy with the cleanliness of labor rooms, and 91.7% satisfied with conditions of toilet** which given the understanding of the situation appears to be an



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exaggeration but then they were no more in the labor room or the facility at the time of interview (the technique confers to “exit interview”), so we need to believe that.

Table 15: Initiation of breast feeding

Districts	No. of Respondents	Time of initiation					
		Within 1 hr (%)	1hr- 4 hrs (%)	4hr-8hrs (%)	After 8 hrs (%)	Others (%)	No Response (%)
Ajmer	253	97 (38.3)	120 (47.4)	19 (7.5)	15 (5.9)	1 (0.4)	1 (0.4)
Banswara	257	148 (57.6)	52 (20.2)	26 (10.1)	28 (10.9)	0 (0.0)	3 (1.2)
Baran	278	118 (42.4)	128 (46.0)	13 (4.7)	13 (4.7)	1 (0.4)	5 (1.8)
Barmer	250	157 (62.8)	72 (28.8)	5 (2.0)	16 (6.4)	0 (0.0)	0 (0.0)
Bharatpur	287	146 (50.9)	110 (38.3)	6 (2.1)	21 (7.3)	3 (1.0)	1 (0.3)
Ganganagar	252	175 (69.4)	63 (25.0)	4 (1.6)	9 (3.6)	0 (0.0)	1 (0.4)
Jalore	230	167 (72.6)	62 (27.0)	0 (0.0)	1 (0.4)	0 (0.0)	0 (0.0)
Pali	238	105 (44.1)	106 (44.5)	5 (2.1)	13 (5.5)	6 (2.5)	3 (1.3)
Total	2045	1113 (54.4)	713 (34.9)	78 (3.8)	116 (5.7)	11 (0.5)	14 (0.7)

All the JSY beneficiaries were subjected to the question asking when the breast feeding was initiated after the child birth. It is heartening to note that 54.4% (NFHS 3 reported only 13.3% while DLHS 3 denoted it as 41.9%) did start the breast feeding within an hour of child birth and another 34.9% started between 1 to 4 hours.

Table 16: Advice for breastfeeding

Districts	No. of Respondents	Service Provider				
		Doctor	Staff nurse	ASHA	Others	No Response
Ajmer	253	133 (52.6)	49 (19.4)	57 (22.5)	13 (5.1)	1 (0.4)
Banswara	257	61 (23.7)	160 (62.3)	21 (8.2)	10 (3.9)	5 (1.9)
Baran	278	64 (23.0)	182 (65.5)	14 (5.0)	14 (5.0)	4 (1.4)
Barmer	250	40 (16.0)	111 (44.4)	38 (15.2)	61 (24.4)	0 (0.0)
Bharatpur	287	97 (33.8)	69 (24.0)	90 (31.4)	28 (9.8)	3 (1.0)
Ganganagar	252	21 (8.3)	120 (47.6)	98 (38.9)	12 (4.8)	1 (0.4)
Jalore	230	28 (12.2)	170 (73.9)	25 (10.9)	7 (3.0)	0 (0.0)
Pali	238	38(16.0)	162 (68.1)	11 (4.6)	23 (9.7)	4 (1.7)



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Total	2045	482 (23.6)	1023 (50.0)	354 (17.3)	168 (8.2)	18 (0.9)
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Table 17: Time of discharge

Districts	No. of Respondents	Time of discharge				
		Within 12 hrs (%)	12-24 hrs (%)	24-48hrs (%)	After 48 hrs (%)	No Response (%)
Ajmer	253	14 (5.5)	93 (36.8)	106 (41.9)	40 (15.8)	0 (0.0)
Banswara	257	18 (7.0)	40 (15.6)	166 (64.6)	27 (10.5)	6 (2.3)
Baran	278	7 (2.5)	53 (19.1)	71 (25.5)	145 (52.2)	2 (0.7)
Barmer	250	41 (16.4)	97 (38.8)	80 (32.0)	32 (12.8)	0 (0.0)
Bharatpur	287	52 (18.1)	39 (13.6)	86 (30.0)	107 (37.3)	3 (1.0)
Ganganagar	252	24 (9.5)	60 (23.8)	135 (53.6)	33 (13.1)	0 (0.0)
Jalore	230	30 (13.0)	61 (26.5)	135 (58.7)	4 (1.7)	0 (0.0)
Pali	238	58 (24.4)	64 (26.9)	54 (22.7)	53 (22.3)	9 (3.8)
Total	2045	244 (11.9)	507 (24.8)	833 (40.7)	441 (21.6)	20 (0.6)

71.5% of the beneficiaries responded that they had stayed at the facility for 12 to 48 hours out of which

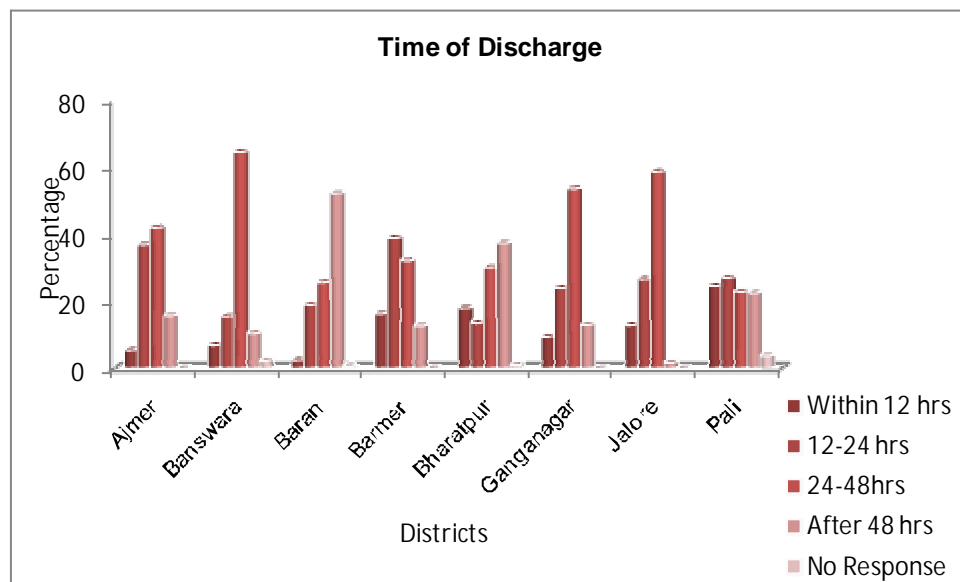


Fig 7: Time of Discharge

almost 41% had stayed for the mandatory period of 24 to 48 hours. However, the reasons for the mother staying for more than 48 hours could not be explicitly recorded.

Of the 751 JSY beneficiaries who got themselves discharged within 24 hours after child birth, from the facility, **256 (34.1%)** did it because of family pressure. **128 (17.0%)** were forced to leave as there was



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not sufficient medical attention. 101 (13.4%) cited reasons as lack of food and toilet facilities for leaving the facility earlier than expected.

Table 18: Amount of cash incentive received

Districts	No. of Respondents	Amount				
		Rs. 1000	Rs. 1200	Rs. 1400	More	No Response
Ajmer	253	0 (0.0)	1 (0.4)	228 (90.1)	23 (9.1)	1 (0.4)
Banswara	257	7 (2.7)	3 (1.2)	232 (90.3)	12 (4.7)	3 (1.2)
Baran	278	2 (0.7)	3 (1.1)	240 (86.30)	31 (11.2)	2 (0.7)
Barmer	250	0 (0.0)	0 (0.0)	243 (97.2)	7 (2.8)	0 (0.0)
Bharatpur	287	0 (0.0)	0 (0.0)	263 (91.6)	24 (8.4)	0 (0.0)
Ganganagar	252	26 (10.3)	0 (0.0)	197 (78.2)	29 (11.5)	0 (0.0)
Jalore	230	0 (0.0)	1 (0.4)	225 (97.8)	4 (1.7)	0 (0.0)
Pali	238	4 (1.7)	2 (0.8)	196 (82.4)	35 (14.7)	1 (0.4)
Total	2045	39 (1.9)	10 (0.5)	1824 (89.2)	165 (8.1)	7 (0.3)

As the largest cash subsidy based scheme a strong motivation for the families to bring the women for ID, JSY has made a provision for Rs. 1400/- to every women delivering at a health facility. The beneficiaries in the study districts were asked a plain question regarding the amount that they received. Though **89.2% of the women delivering at the institution received a full Rs. 1400/-**, there were deviations were some 8.1% said that they received more than Rs. 1400/- and another almost 2% got just Rs. 1000/-. For those who received more than the stipulated amount possible reason could be that the beneficiary failed to recollect the break up and the investigator was not able to explore any further, but then we fail to assign any single reason for the receipt of rupees just 1000/-.



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Table 19: Time when the amount of cash incentive is reimbursed

Districts	Total	Time					
		Immediately after delivery (%)	After 24hrs. at the time of discharge (%)	After 48hrs. at the time of discharge (%)	Within a week (%)	Others (%)	No Response (%)
Ajmer	253	9 (3.6)	92 (36.4)	104 (41.1)	45 (17.8)	3 (1.2)	0 (0.0)
Banswara	257	17 (6.6)	25 (9.7)	123 (47.9)	66 (25.7)	21 (8.2)	5 (1.9)
Baran	278	54 (19.4)	46 (16.5)	139 (50.0)	18 (6.5)	19 (6.8)	2 (0.7)
Barmer	250	30 (12.0)	68 (27.2)	44 (17.6)	101 (40.4)	7 (2.8)	0 (0.0)
Bharatpur	287	2 (0.7)	10 (3.5)	52 (18.1)	111 (38.7)	111 (38.7)	1 (0.3)
Ganganagar	252	4 (1.6)	89 (35.3)	116 (46.0)	33 (13.1)	10 (4.0)	0 (0.0)
Jalore	230	20 (8.7)	81 (35.2)	93 (40.4)	31 (13.5)	4 (1.7)	1 (0.4)
Pali	238	17 (7.1)	69 (29.0)	59 (24.8)	38 (16.0)	54 (22.7)	1 (0.4)
Total	2045	153 (7.5)	480 (23.5)	730 (35.7)	443 (21.7)	229 (11.2)	10 (0.5)

When asked about “when did they get the money” 35.7% of the beneficiaries said “after 48 hours at the time of discharge”. Somehow, this does not tally to the cumulative average response of the beneficiaries in all the districts, with the response related to the question “when were you discharged”, where 40.7% of the women said that they came out of the facility after 48 hours (Table 17).

Table 20: Mode of payment

Districts	No. of Respondents	Mode of payment			
		Cash (%)	Bearer cheque (%)	Account payee cheque (%)	No Response (%)
Ajmer	253	0 (0.0)	252 (99.6)	0 (0.0)	1 (0.4)
Banswara	257	21 (8.2)	232 (90.3)	2 (0.8)	2 (0.8)
Baran	278	38 (13.7)	202 (72.7)	36 (12.9)	2 (0.7)
Barmer	250	0 (0.0)	249 (99.6)	1 (0.4)	0 (0.0)
Bharatpur	287	7 (2.4)	279 (97.2)	1 (0.3)	0 (0.0)
Ganganagar	252	2 (0.8)	250 (99.2)	0 (0.0)	0 (0.0)
Jalore	230	0 (0.0)	230 (100.0)	0 (0.0)	0 (0.0)
Pali	238	3 (1.3)	229 (96.2)	4 (1.7)	2 (0.8)
Total	2045	71 (3.5)	1923 (94.0)	44 (2.2)	7 (0.3)



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Though the instructions are very clear about the mode of payment, it appears that either these instructions and guidelines are not available with the health staff or the women do not have the bank accounts; from the simple observation that 94% of the beneficiaries received a bearer cheque instead of account payee cheque (2.2%). Further cash disbursement (3.5% of beneficiaries) is a big question which finance people probably would address from an absolutely different viewpoint.

Table 21: Distribution of Health Staff making PNC visits

Districts	No. of Respondents	Service Providers			
		ASHA (%)	ANM (%)	No One (%)	No Response (%)
Ajmer	253	106 (41.9)	122 (48.2)	25 (9.9)	0 (0.0)
Banswara	257	58 (22.6)	135 (52.5)	59 (23.0)	5 (1.9)
Baran	278	79 (28.4)	103 (37.1)	94 (33.8)	2 (0.7)
Barmer	250	15 (6.0)	173 (69.2)	62 (24.8)	0 (0.0)
Bharatpur	287	171 (59.6)	42 (14.6)	70 (24.4)	4 (1.4)
Ganganagar	252	137 (54.4)	95 (37.7)	19 (7.5)	1 (0.4)
Jalore	230	19 (8.3)	202 (87.8)	9 (3.9)	0 (0.0)
Pali	238	29 (12.2)	122 (51.3)	85 (35.7)	2 (0.8)
Total	2045	614 (30.0)	994 (48.6)	423 (20.3)	14 (0.7)

Addressing to some of the causes of maternal mortality like sepsis and hemorrhage; post natal visits are included in the basic obstetric care. It is expected that each recently delivered women will have a minimum of four to five interactions by the health staff in first 42 days after delivery. The beneficiaries were asked as to who came to see them after delivery, the responses are that 48.6% of the beneficiaries were visited by an ANM followed ASHA (30%). The district wise analysis shows a skewed distribution, favoring ASHA in one and ANM in another district. This could be related to number of ASHAs available in the districts (Ajmer-1362, Banswara-1903, Baran-1103, Barmer-1205, Bharatpur-1583, Ganganagar-1484, Jalore-590, Pali-1153) as on February '09.

Table 22: Number of PNC visits received

Districts	No. of Respondents	No. of Respondents received PNC visits	Number of visits			
			One (%)	Two (%)	Three (%)	Four (%)
Ajmer	253	228	30 (13.2)	64 (28.1)	87 (38.2)	47 (20.6)
Banswara	257	193	18 (9.3)	86 (44.6)	73 (37.8)	16 (8.3)
Baran	278	182	30 (16.5)	71 (39.0)	78 (42.9)	3 (1.6)
Barmer	250	188	10 (5.3)	112 (59.6)	65 (34.6)	1 (0.5)
Bharatpur	287	213	45 (21.1)	80 (37.6)	80 (37.6)	8 (3.8)
Ganganagar	252	232	14 (6.0)	48 (20.7)	108 (46.6)	62 (26.7)



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Jalore	230	221	20 (9.0)	66 (29.9)	123 (55.7)	12 (5.4)
Pali	238	151	23 (15.2)	60 (39.7)	60 (39.7)	8 (5.3)
Total	2045	1608	190 (11.8)	587 (36.5)	674 (41.9)	157 (9.8)

41.9% of the beneficiaries had three PNC visits by one or the other worker and another **36.5% were visited twice during the post natal period.**

Table 23: Time of first visit

Districts	No. of Respondents	Time				
		One day after discharge (%)	Within a week (%)	After a week (%)	Others (%)	No Response (%)
Ajmer	253	82 (32.4)	113 (44.7)	41 (16.2)	5 (2.0)	12 (4.7)
Banswara	257	94 (36.6)	69 (26.8)	52 (20.2)	1 (0.4)	41 (16.0)
Baran	278	87 (31.3)	65 (23.4)	36 (12.9)	0 (0.0)	90 (32.4)
Barmer	250	85 (34.0)	88 (35.2)	17 (6.8)	0 (0.0)	60 (24.0)
Bharatpur	287	99 (34.5)	90 (31.4)	27 (9.4)	0 (0.0)	71 (24.7)
Ganganagar	252	193 (76.6)	41 (16.3)	2 (0.8)	0 (0.0)	16 (6.3)
Jalore	230	126 (54.8)	80 (34.8)	16 (7.0)	0 (0.0)	8 (3.5)
Pali	238	62 (26.1)	75 (31.5)	12 (5.0)	3 (1.3)	86 (36.1)
Total	2045	828 (40.5)	621 (30.4)	203 (9.9)	9 (0.4)	384(18.8)

Even though 20.3% of the beneficiaries said no one visited them for post natal care, but in those who had the PNC services the response time was observed to be a little heartening. **40.5% were visited by an ANM/ASHA just after reaching home** and another **30.4% of the beneficiaries were extended the first post natal care visit within a week of their discharge.**

Table 24: ASHA participation in child immunization

Districts	No. of Respondents	Participation		
		Yes (%)	No (%)	No Response (%)
Ajmer	253	235 (92.9)	17 (6.7)	1 (0.4)
Banswara	257	238 (92.6)	18 (7.0)	1 (0.4)
Baran	278	236 (84.9)	(39 14.0)	3 (1.1)
Barmer	250	107 (42.8)	143 (57.2)	0 (0.0)
Bharatpur	287	267 (93.0)	19 (6.6)	1 (0.3)
Ganganagar	252	239 (94.8)	11 (4.4)	2 (0.8)
Jalore	230	123 (53.5)	107 (46.5)	0 (0.0)
Pali	238	153 (64.3)	84 (35.3)	1 (0.4)
Total	2045	1598 (78.1)	438 (21.4)	9 (0.4)



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ASHA, entrusted with various responsibilities, facilitating child immunization being one of them, is expected to complement the system's effort. In order to verify beneficiaries were asked whether ASHA advised and/or facilitated their children's immunization and the **scores (78.1%) awarded to ASHA**, make her get through with distinction.

Table 25: Maternal death within 42 days of pregnancy, delivery, after delivery in last three years

Districts	No. of Respondents	Maternal deaths in the family		
		Yes (%)	No (%)	No Response (%)
Ajmer	253	0 (0.0)	252 (99.6)	1 (0.4)
Banswara	257	3 (1.2)	254 (98.8)	0 (0.0)
Baran	278	2 (0.7)	276 (99.3)	0 (0.0)
Barmer	250	0 (0.0)	250 (100.0)	0(0.0)
Bharatpur	287	2 (0.7)	284 (99.0)	1 (0.3)
Ganganagar	252	3 (1.2)	246 (97.6)	3 (1.2)
Jalore	230	1 (0.4)	229 (99.6)	0 (0.0)
Pali	238	3 (1.3)	235 (98.7)	0 (0.0)
Total	2045	14 (0.7)	2026 (99.1)	5 (0.2)

Table 26: Neo natal death in last 3 years

Districts	No. of Respondents	Neo natal death		
		Yes (%)	No (%)	No Response (%)
Ajmer	253	3 (1.2)	247 (97.6)	1 (0.4)
Banswara	257	10 (3.9)	247 (96.1)	0 (0.0)
Baran	278	11 (4.0)	266 (95.7)	1 (0.4)
Barmer	250	2 (0.8)	248 (99.2)	0 (0.0)
Bharatpur	287	14 (4.9)	273 (95.1)	0 (0.0)
Ganganagar	252	17 (6.7)	233 (92.5)	2 (0.8)
Jalore	230	13 (5.7)	217 (94.3)	0 (0.0)
Pali	238	10 (4.2)	228 (95.8)	0 (0.0)
Total	2045	80 (3.9)	1959 (95.8)	4 (0.2)

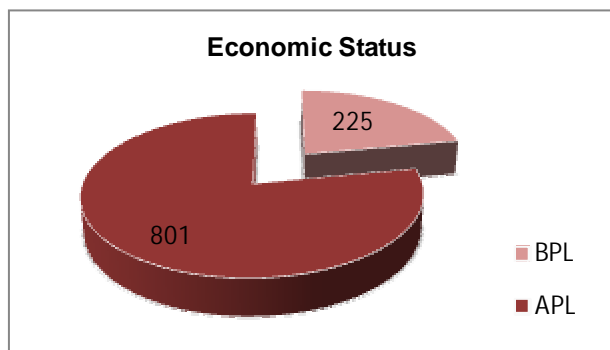
The families of beneficiaries were asked to recall if there were any maternal and neo natal deaths in the family in last three years. The observations based on the respondents recall are quite soothing as only 0.7% of the 2045 beneficiaries encountered a maternal death in the family and 3.9% of the beneficiary families lost the new born within first 28 days of life.

H. Responses of Non - Beneficiary

To understand the difference in profile and variables attached with women who did not benefit from JSY scheme. 1026 non - beneficiaries (women who did not deliver at a health facility and did not receive cash incentive) were picked up from the 8 study districts.

Table 1: Distribution of Non- Beneficiary according to BPL Status of the Family

Districts	No. of Respondents	Yes		No	
		Number	%	Number	%
Ajmer	189	39	20.6	150	79.4
Banswara	95	52	54.7	43	45.3
Baran	107	34	31.8	73	68.2
Barmer	189	37	19.6	152	80.4
Bharatpur	88	10	11.4	78	88.6
Ganganagar	59	9	15.3	50	84.7
Jalore	151	15	9.9	136	90.1
Pali	148	29	19.6	119	80.4
Total	1026	225	21.9	801	78.1



Only 21.9% of them belonged to BPL families while rest (78.1%) was APL and almost the same percentage distribution was observed amongst Beneficiaries.

Fig 1: Economic Status

Table 2: Distribution of Non- Beneficiary according to Outcome of Pregnancy

Districts	No. of Respondents	Outcome of Pregnancy		
		Live Birth (%)	Still Birth (%)	Abortion (%)
Ajmer	189	185 (97.9)	4 (2.1)	0 (0.0)
Banswara	95	92 (96.8)	3 (3.2)	0 (0.0)
Baran	107	107 (100.0)	0 (0.0)	0 (0.0)
Barmer	189	184 (97.4)	4 (2.1)	1 (0.5)
Bharatpur	88	85 (96.6)	3 (3.4)	0 (0.0)
Ganganagar	59	59 (100.0)	0 (0.0)	0 (0.0)
Jalore	151	148 (98.0)	3 (2.0)	0 (0.0)
Pali	148	148 (100.0)	0 (0.0)	0 (0.0)
Total	1026	1008 (98.2)	17 (1.7)	1 (0.1)



98.2% of even non-beneficiaries had a healthy and positive outcome of the last pregnancy (just 1% less than the beneficiaries) in form of a live male child (54.1%) or a live girl child (45.5%)

Table 3: Distribution of Non- Beneficiary according to ANC care

Districts	No. of Respondents	ANC care received		
		Yes (%)	No (%)	No Response (%)
Ajmer	189	176 (93.1)	12 (6.3)	1 (0.5)
Banswara	95	93 (97.9)	2 (2.1)	0 (0.0)
Baran	107	96 (89.7)	11 (10.3)	0 (0.0)
Barmer	189	170 (89.9)	19 (10.1)	0 (0.0)
Bharatpur	88	84 (95.5)	3 (3.4)	1 (1.1)
Ganganagar	59	58 (98.3)	1 (1.7)	0 (0.0)
Jalore	151	150 (99.3)	1 (0.7)	0 (0.0)
Pali	148	135 (91.2)	13 (8.8)	0 (0.0)
Total	1026	962 (93.8)	62 (6.0)	2 (0.2)

93.8% of non-beneficiaries of JSY, on an average had undergone ANC during pregnancy, from a health facility worker; women in Jalore availing the maximum (99.3%). This was verified through records that **95% women had in their possession, a “Jacha Bacha card”** and **47.6% of them got it made during the third month of pregnancy.** The remaining 5% who did not have a card cited lack of knowledge (31.4%) as the main reason for not having the same.

80.9% of the subjects consumed IFA tablets during pregnancy (maximum in Banswara (93.7%) Ganganagar (93.2%) and 92.7 % in Jalore), though only **63.4% of pregnant ladies receiving 100 IFA tablets** and another 22.9% got 50 tablets during the entire pregnancy. The non-compliance of IFA consumption was attributed to either “there was no need” (53.3%) or Nausea (32.6%). Majority (87.8%) got their IFA supply from the health facility/ worker (68.9%from ANM, 19.8% from AWW and 10.7% from ASHA) with just 2.2% purchasing it from open market.

Table 4: Tetanus injection

Districts	No. of Respondents	Tetanus injection received		
		Yes (%)	No (%)	No response (%)
Ajmer	189	185 (97.9)	4 (2.1)	0 (0.0)
Banswara	95	93 (97.9)	2 (2.1)	0 (0.0)
Baran	107	97 (90.7)	10 (9.3)	0 (0.0)
Barmer	189	173 (91.5)	15 (7.9)	1 (0.5)
Bharatpur	88	86 (97.7)	2 (2.3)	0 (0.0)
Ganganagar	59	58 (98.3)	1 (1.7)	0 (0.0)
Jalore	151	148 (98.0)	2 (1.3)	1 (0.7)
Pali	148	137 (92.6)	10 (6.8)	1 (0.7)
Total	1026	977 (95.2)	46 (4.5)	3 (0.3)

Tetanus toxoid injections as specific protective measure under primary prevention, was given to 95.2% of

pregnant women; further confirming that interventions made by system are better reached, covered and accepted as compared to those left to people for compliance (IFA, precisely in this case).

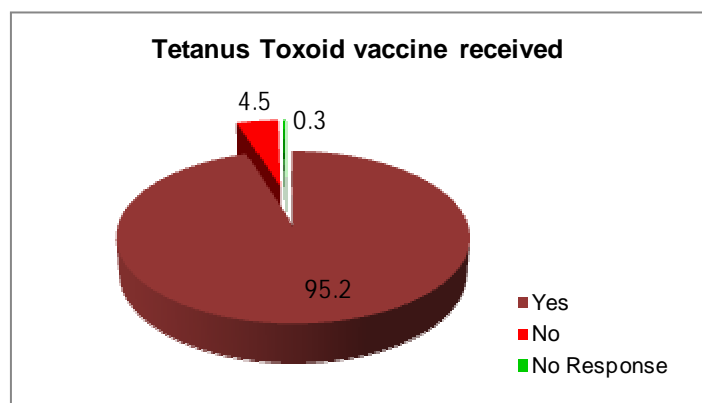
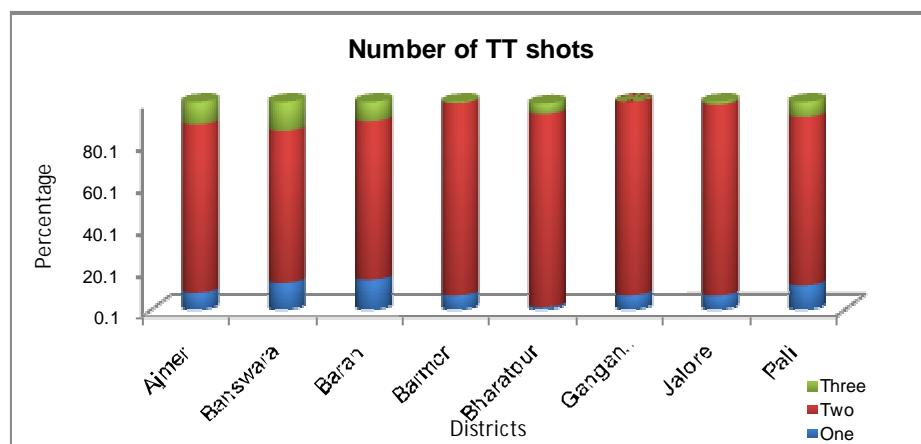


Fig 2: Tetanus Toxoid vaccine received

Table 5: No of TT injections received

Districts	Total No. of Respondents	TT recipients	Number of TT shots		
			One (%)	Two (%)	Three (%)
Ajmer	189	185	15 (8.1)	150 (81.1)	20 (10.8)
Banswara	95	93	12 (12.9)	68 (73.1)	13 (14.0)
Baran	107	97	14 (14.4)	74 (76.3)	9 (9.3)
Barmer	189	173	12 (6.9)	160 (92.5)	1 (0.6)
Bharatpur	88	86	1 (1.2)	80 (93.0)	5 (5.8)
Ganganagar	59	58	4 (6.9)	54 (93.1)	0 (0.0)
Jalore	151	148	10 (6.8)	136 (91.9)	2 (1.4)
Pali	148	137	16 (11.7)	111 (81.0)	10 (7.3)
Total	1026	977	84 (8.6)	833 (85.3)	60 (6.1)



Further, **85% of them took two shots of TT injections.**

Barmer, Ganganagar, Bharatpur and Jalore had more than 90% of the non – beneficiaries who exposed their arms twice to get TT.

Fig 3: Number of TT shots

Table 6: Types of services given to pregnant women

Districts	No. of Respondents	Service interventions				
		Blood (Hb) (%)	Urine (%)	BP Measurement (%)	Abdominal Examination (%)	Weight Recording (%)
Ajmer	189	169 (89.4)	170 (89.9)	147 (77.8)	150 (79.4)	163 (86.2)
Banswara	95	67 (70.5)	64 (67.4)	75 (78.9)	88 (92.6)	90 (94.7)
Baran	107	71 (66.4)	72 (67.3)	71 (66.4)	70 (65.4)	84 (78.5)
Barmer	189	78 (41.3)	24 (12.7)	97 (51.3)	140 (74.1)	176 (93.1)
Bharatpur	88	53 (60.2)	46 (52.3)	52 (59.1)	62 (70.5)	75 (85.2)
Ganganagar	59	44 (74.6)	51 (86.4)	54 (91.5)	53 (89.8)	55 (93.2)
Jalore	151	108 (71.5)	94 (62.3)	121 (80.1)	122 (80.8)	144 (95.4)
Pali	148	62 (41.9)	63 (42.6)	59 (39.9)	89 (60.1)	107 (72.3)
Total	1026	652 (63.5)	584 (56.9)	676 (65.9)	774 (75.4)	894 (87.1)

The plain statement that women received ANC during Pregnancy does not make any sense. It is imperative to ensure that women receive quality care with basic essential components inbuilt. In order to get the feel, the type of services provided was assessed. **87.1% had weight recorded, hemoglobin estimation was done in 63.5% while abdominal examination was done in 75.4% of pregnant women.**

As compared to beneficiaries (20.5%) who had undergone USG during pregnancy, only 17.6% of the non – beneficiaries did subject themselves to USG.

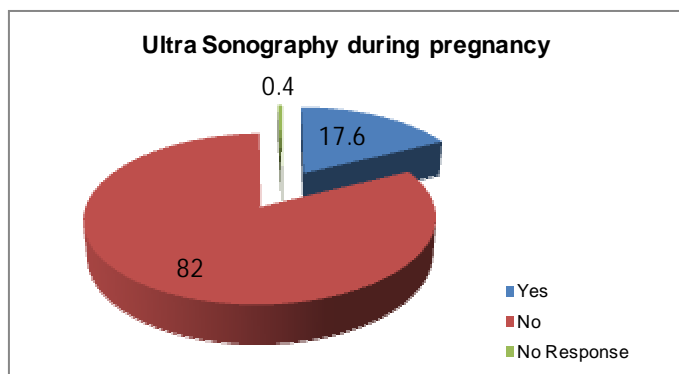


Fig 4: USG during pregnancy



Table 7: Reasons for undergoing USG

Districts	No. of Respondents undergone USG in last pregnancy	Reasons					
		Advised by the Doctor (%)	Some problem (%)	Check fetal development (%)	Pain abdomen (%)	Sex detection (%)	No response (%)
Ajmer	37	11(29.7)	1 (2.7)	3 (8.1)	1 (2.7)	0 (0.0)	21 (56.8)
Banswara	15	0 (0.0)	1 (6.7)	4 (26.7)	3 (20.0)	1 (6.7)	6 (40.0)
Baran	24	1 (4.2)	2 (8.3)	5 (20.8)	8 (33.3)	4 (16.7)	4 (16.7)
Barmer	5	1 (20.0)	0 (0.0)	2 (40.0)	0 (0.0)	0 (0.0)	2 (40.0)
Bharatpur	32	3 (9.4)	2 (6.3)	13 (40.6)	5(15.6)	2 (6.3)	7 (21.9)
Ganganagar	17	1 (5.9)	1 (5.9)	9 (52.9)	4 (23.5)	0 (0.0)	2 (11.8)
Jalore	20	0 (0.0)	0 (0.0)	8 (40.0)	5 (25.0)	1 (5.0)	6 (30.0)
Pali	31	1 (3.2)	11(35.5)	10 (32.3)	7 (22.6)	1 (3.2)	1 (3.2)
Total	181	18 (9.9)	18 (9.9)	54 (29.8)	33 (18.2)	9 (5.0)	49 (27.1)

The reasons for undergoing USG by non – beneficiaries were almost the same as narrated by the JSY beneficiaries with the percentage getting doubled up for the non-beneficiaries (27.1%) who opted to maintain a silence on this issue. **Majority (60.8%) of the non-beneficiaries had the test done at a private facility while 60.2% of the beneficiaries who had this USG done availed the services of a government hospital.**

Table 8: Place of delivery

Districts	No. of Respondents	Place of delivery					
		At home (%)	Sub Centre (%)	PHC (%)	CHC (%)	District Hospital (%)	Pvt. Hospital (%)
Ajmer	189	140 (74.1)	0 (0.0)	2 (1.1)	0 (0.0)	4 (2.1)	43 (22.8)
Banswara	95	80 (84.2)	2 (2.1)	1 (1.1)	1 (1.1)	1 (1.1)	10 (10.5)
Baran	107	92 (86.0)	1 (0.9)	1 (1.0)	7 (6.5)	3 (2.8)	3 (2.8)
Barmer	189	179 (94.7)	2 (1.1)	2 (1.1)	1 (0.5)	0 (0.0)	5 (2.7)
Bharatpur	88	44 (50.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (1.1)	43 (48.9)
Ganganagar	59	52 (88.1)	2 (3.4)	0 (0.0)	0 (0.0)	1 (1.7)	4 (6.8)
Jalore	151	143 (94.7)	0 (0.0)	1 (0.7)	0 (0.0)	0 (0.0)	7 (4.6)
Pali	148	133 (89.9)	0 (0.0)	0 (0.0)	3 (2.0)	2 (1.4)	10 (6.8)
Total	1026	863 (84.1)	7 (0.7)	7 (0.7)	12 (1.2)	12 (1.2)	125 (12.2)

Why these 1026 women were not beneficiaries and the simple answer is that JSY scheme is not extended to home deliveries and that is what can be derived from responses. **84.1% of these non-**

beneficiaries delivered at home. Somehow, we fail to make any logical conclusion as to why those who delivered at CHC (1.2%), PHC (0.7%) and SC (0.7%), were put into non-beneficiary category; could be that payments were not released to them till the time of this study, could be that they left before 24 hours or some administrative bottleneck existed. For private hospitals (12.2%), yes, one can understand that these may not have been the accredited institutions.

Table 9: Nature of Delivery

Districts	No. of Respondents	Nature of Delivery		
		Normal (%)	Caesarean (%)	Complicated (%)
Ajmer	189	180 (95.2)	5 (2.6)	4 (2.1)
Banswara	95	88 (92.6)	4 (4.2)	3 (3.2)
Baran	107	104 (97.2)	3 (2.8)	0 (0.0)
Barmer	189	189 (100.0)	0 (0.0)	0 (0.0)
Bharatpur	88	70 (79.5)	16 (18.2)	2 (2.3)
Ganganagar	59	57 (96.6)	2 (3.4)	0 (0.0)
Jalore	151	146 (96.7)	5 (3.3)	0 (0.0)
Pali	148	144 (97.3)	2 (1.4)	2 (1.4)
Total	1026	978 (95.3)	37 (3.6)	11 (1.1)

By and large, 95.3% had normal delivery and just 3.6% had to undergo LSCS. The caesarean section rate was highest (18.2%) in Bharatpur, while complications were reported in 3.2% of women in Banswara against the average of 1.1% in the all study districts on an average.

Table10: Could the complications be avoided had it been an Institutional Delivery

Districts	No. of Respondents	Respondents who had home delivery	Yes (%)	No (%)	No response (%)
Ajmer	189	140	27 (19.3)	49 (35.0)	64 (45.7)
Banswara	95	80	56 (70.0)	16 (20.0)	8 (10.0)
Baran	107	92	25 (27.2)	1 (1.1)	66 (71.7)
Barmer	189	179	13 (7.3)	32 (17.9)	134 (74.9)
Bharatpur	88	44	29 (65.9)	0 (0.0)	15 (34.1)
Ganganagar	59	52	22 (42.3)	5 (9.6)	25 (48.1)
Jalore	151	143	92 (64.3)	2 (1.4)	49 (34.3)
Pali	148	133	107 (80.5)	16 (12.0)	10 (7.5)
Total	1026	863	371 (43.0)	121 (14.0)	371 (43.0)

Table 11: Knowledge about JSY

Districts	No. of Respondents	Yes (%)	No (%)	No response (%)
Ajmer	189	177 (93.7)	12 (6.3)	0 (0.0)
Banswara	95	86 (90.5)	9 (9.5)	0 (0.0)
Baran	107	101 (94.4)	6 (5.6)	0 (0.0)
Barmer	189	172 (91.0)	16 (8.5)	1 (0.5)
Bharatpur	88	88 (100.0)	0 (0.0)	0 (0.0)
Ganganagar	59	59 (100.0)	0 (0.0)	0 (0.0)
Jalore	151	144 (95.4)	7 (4.6)	0 (0.0)
Pali	148	139 (93.9)	9 (6.1)	0 (0.0)
Total	1026	966 (94.2)	59 (5.8)	1 (0.1)

Women had the knowledge (94.2%) and awareness about JSY and still preferred to stay at home for delivery, as observed earlier, is a little perplexing when it come to explanation. This further confirms that the **cash subsidy for people is a secondary issue**; home comfort and other social reasons have emerged as strong reasons for home delivery and hope that system understands it at the earliest and responds to the need of this sizable proportion of clients, to reduce MMR.

The ANM (55.5%), ASHA (19.9%) and AWW (14.3%) were instrumental in spreading the awareness about JSY in the community, responded non-beneficiaries too.

Table 12: Source of information about JSY

Districts	Respondents who had the knowledge of JSY	Information Source				
		TV/Radio (%)	ASHA (%)	ANM (%)	AWW (%)	Relatives (%)
Ajmer	177	15 (8.5)	60 (33.9)	35 (19.8)	58 (32.8)	9 (5.1)
Banswara	86	0 (0.0)	13 (15.1)	61 (70.9)	11 (12.8)	1 (1.2)
Baran	101	5 (5.0)	18 (17.8)	50 (49.5)	14 (13.9)	14 (13.9)
Barmer	172	5 (2.9)	4 (2.3)	142 (82.6)	16 (9.3)	5 (2.9)
Bharatpur	88	11 (12.5)	30 (34.1)	28 (31.8)	12 (13.6)	7 (8.0)
Ganganagar	59	6 (10.2)	40 (67.8)	10 (16.9)	2 (3.4)	1 (1.7)
Jalore	144	0 (0.0)	9 (6.3)	122 (84.7)	8 (5.6)	5 (3.5)
Pali	139	4 (2.9)	18 (12.9)	88 (63.3)	17 (12.2)	12 (8.6)
Total	966	46 (4.8)	192(19.9)	536 (55.5)	138(14.3)	54 (5.6)



Table 13: Maternal Mortality in last three years in the family

Districts	Total	Maternal Mortality in last three years		
		Yes (%)	No (%)	No Response (%)
Ajmer	189	0 (0.0)	188 (99.5)	1 (0.5)
Banswara	95	0 (0.0)	95 (100.0)	0 (0.0)
Baran	107	0 (0.0)	107 (100.0)	0 (0.0)
Barmer	189	0 (0.0)	189 (100.0)	0 (0.0)
Bharatpur	88	0 (0.0)	88 (100.0)	0 (0.0)
Ganganagar	59	0 (0.0)	59 (100.0)	0 (0.0)
Jalore	151	2 (1.3)	149 (98.7)	0 (0.0)
Pali	148	1 (0.7)	147 (99.3)	0 (0.0)
Total	1026	3 (0.3)	1022 (99.6)	1 (0.1)

Out of the 1026 non-beneficiaries (only 0.3) have witnessed a maternal death in last two years in the family. Since the number of total births during the same period in the family and the number of pregnancy episodes were not recorded in the study it is not possible to draw any conclusion out of this.



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Conclusion



Conclusion:

An interaction with 180 ANMs, 41 LHV, 212 ASHAs, 263 AWW, 98 MOs/RCHOs/BCMOs, 2045 JSY Beneficiaries and 1026 Non-Beneficiaries in 32 blocks, 32 CHCs, 32PHCs 160 Sub Centres and 320 villages of eight districts, selected on the basis of the reported state performance on ID as on December '08 (top four high performance and bottom four low performance districts), gave some encouraging results along with equally disappointing observations related to a few of the parameters.

The SBA trainings, though gradually picking up need to be up scaled, and earlier the better the health workers by and large are aware of the ANC component, the PNC mandate and the interventions that a pregnant woman needs but for inherent punctuations failed, at times to translate the knowledge and skills into effective actions.

Despite the clear guidelines, the system has not been able to hold the recently delivered woman at the facility for desired number of hours which have a direct bearing on maternal mortality on account of the predominant hemorrhage and sepsis. It could be a matter of co incidence that these proven detriments have not been able to play around with their full potential or the women were fortunate not to encounter the maternal mortality at par with state averages. System has been trying hard to make the facilities available but still the availability of functional labor rooms restricted to almost 50% keep eluding the efforts, as a result of which sub centres are not optimally utilized for institutional delivery and people are forced to travel to a higher facility.

The post natal visits and the basic components of post natal care are reasonably looked after by ANMs with good support from LHV and ASHA. Often the PHCs are accused of closing their gates at night but 40% of the deliveries taking place in night are a sufficient evidence to negate the prevalent skepticism. The minimum stay of recently delivered women at PHC is between 12 to 48 hours. It is not that ASHAs simply escort the pregnant women; they do stay in majority of the cases from 12 to 24 hours which even the LHVs have vouched for. Another area of concern from Cassandra relate to the stay of ASHA at their service village. ANMs, LHVs and AWWs have stood testimony to the stay of ASHA in the service village by and large; but for Barmer.

With equal number of beneficiaries and non-beneficiaries if JSY living below poverty line (28% each), ANMs have been instrumental in rendering ANC and PNC services to JSY beneficiaries. Another area of concern for the system often is the delay in payment, but the results of the present study find themselves unable to stand a witness thereof.

Though, the number of IDs is on increase, the state performance data is not supported by the NFHS and DLHS 3. The grey area identified in the study is that the greed has remained uncontrolled and though a small number (9.1%) of beneficiaries were forced to pay to get their legitimate dues.



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Recommendations



Recommendations:

1. Infrastructure facilities - labor room, availability of ambulance - need to be ensured by the system in conformance to the subscribed goals and objectives.
2. Latest JSY guidelines need to be made available with all the cadres of health staff at its earliest in view of the frequent and repeated changes.
3. A logical distribution of the manpower with premium tag (specialist of Ob & Gy and Anesthetist) be ensured rather than dumping them at privileged institutions.
4. As an empowerment mechanism, only account payee cheques to be issued to the real beneficiary even though this might require a little effort on part of the system.
5. Cash incentive in the form of account payee cheques to be posted to the beneficiary rather than giving it in hand.
6. Analysis of data on the cash incentive disbursed at the district level should be matched with the total amount disbursed for the same.
7. Adequate arrangement should be made for the stay of ASHA accompanying the pregnant woman at the health facility.
8. More number of private health institutions be accredited to the scheme.
9. An evidence base needs strongly be generated to support the system's effort particularly in relation to maternal mortality ratio through systematically designed studies so as to place on record the exact status of maternal mortality rather than going by estimates.
10. That the concurrent evaluation should be inbuilt into the JSY scheme and a six monthly exercise on this account should be undertaken.