STUDY ON REVIEW OF CURRENT STATUS OF JANANI SURAKSHA YOJNA (JSY) AMONG ANC REGISTERED WOMEN IN DISTRICT HOSPITAL, ROOPNAGAR

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Under the guidance of
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I wish her all success in all his future endeavors.

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During the dissertation the student's performance was found to be satisfactory.

We wish him/her success in all his/her future endeavors.

Hussan Lal, IAS
Managing Director
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-Cum - Secretary Health and Family Welfare, Pb.

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled 'A **Study on Review of Current Status of Janani Suraksha Yojana (JSY) Among ANC Registered Women in District Hospital, Roopnagar**' and submitted by Dr. Neha Sharma, Enrollment No. **IIHMR/PGDHM/2013-15/1468** under the supervision of Dr. **Suresh Joshi** for award of MBA Hospital and Health Management of the university carried out during the period from 09th Feb, 2015 to 31st May, 2015 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Signature

A Study on Review of Current Status of Janani Suraksha Yojana (JSY) among ANC Registered Women in District Hospital, Roopnagar

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ABSTRACT

A study to assess the implementation of Janani Suraksha Yojana (JSY) has been done. JSY is a safe motherhood intervention initiated to reduce maternal and neo-natal mortality by providing primary health care services to the poorest and most vulnerable segments of rural society. It is a conditional-cash transfer scheme that ensures quality maternal care during pregnancy, delivery and in the immediate post-delivery period along with appropriate referral and transport assistance. It is a centrally-sponsored scheme and links cash assistance with delivery and post-delivery care. An attempt has been made to assess the coverage of scheme, understand the process of financial disbursement and establish association of socio-demographic factors with beneficiaries availing JSY.

JSY was implemented in Roopnagar district in 2008. In 2008-09, 922 mothers were given JSY incentive for home delivery and 392 were given incentive for institutional delivery. Present analytical study was conducted on pregnant mothers delivering baby with in period of 15th March to 15th April at District Hospital Roopnagar, with the help of a structured questionnaire and on providers through focus group discussions. 86 beneficiaries were interviewed. Informed consent was taken and analysis was done with the help of SPSS 20.

55 % of beneficiaries were in age group of 18-24. 42 % of them had education up to middle level. In addition 21 % of them are illiterate. Nearly half of the population was from Sikh religion. 45 % of them were bearing there first baby whereas 12 % of them were giving birth to their third child. Only 37 % were aware about the scheme and rest 63 % were not. 96 % of beneficiaries registered for ANC. 94 % took IFA tablet whereas

six percent of them did not. 68 % of beneficiaries were counselled by ASHA whereas $2/6^{th}$ of them were not at all counselled. $2/6^{th}$ of the mothers had been povided with the vehicle for transport and rest $4/6^{th}$ had to reach the hospital at their own. Only eight out of 86 received their money at time of discharge. No association was found between JSY awareness and Socio-Demographic factors.

JSY is doing well in providing some services like ANC, TT injection, IFA tablets, and Vaccinating children but it's lagging behind on many fronts like timely disbursement of money, provision of transport. ASHA need a constant monitoring and supportive supervision so that they can provide better services.

Acknowledgement

At the beginning of the report I would like to express my special gratitude and appreciation Mr. Husan Lal, Mission Director (NHM), Punjab for allowing me to pursue my summer Dissertation from District Hospital Roopnagar.

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Finally, and most importantly, I would like to thank God for allowing me to complete my project, my beloved parents for their blessings for the successful completion of this training.

Dr. Neha Sharma

PGDHM-18

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Introduction

Despite tremendous medical advances, the instances of maternal and neo-natal mortality occur quite frequently, especially in developing countries. Each year, more than half a million women die from causes related to pregnancy and child-birth, 99% of which take place in developing countries (UNICEF, 2009). Nearly 4 million newborns die within 28 days of birth, 98% of which occur in the low and the middle income developing countries. Most of these deaths are the result of direct causes- 80% of maternal deaths are due to obstetric complications including post-partum hemorrhage, infections, eclampsia and prolonged or obstructed labor, while 86% of the newborn deaths are the direct results of the three main causes- severe infections, asphyxia and preterm births{1} Thus, a large number of maternal and neo-natal deaths can be avoided if skilled medical personnel are at hand, better care is provided during labor and delivery, and key drugs, equipment's are available. Given that these resources are more easily available in a medical facility, delivering in a medical facility can make a significant dent in maternal and neo-natal deaths. Yet, proportion of women who deliver in medical facilities remains abysmally low in many developing countries. Maternal mortality is high in India and JSY aims to reduce it by encouraging institutional deliveries through provision of monetary incentives to women if they deliver in medical facilities, and to local community health workers if they facilitate such deliveries. JSY introduced frontline health workers, called Accredited Social Health Activists (ASHAs), as a link between the government and pregnant women in the community. The key roles of the ASHA are to identify pregnant women, facilitate at least three antenatal check-ups (ANCs), motivate them to seek an institutional delivery, visit the mother and newborn for a postnatal check-up within 7 days of delivery and counsel them on early breastfeeding.

In 2005, the Government of India launched the National Rural Health Mission (NRHM) recognizing the need for marked improvements in the basic healthcare delivery system. NRHM seeks to provide effective, equitable, and affordable quality health care services to rural population particularly focusing on the needs of women and children {2}. In an attempt to make primary health care services available, especially, to the poorest and most vulnerable segments of rural society, JSY forms a crucial component of the NRHM. JSY is a safe motherhood intervention initiated to reduce maternal and neo-natal mortality. It is a conditional-cash transfer scheme that ensures quality maternal care during pregnancy, delivery and in the immediate post-delivery period along with appropriate referral and transport assistance. It is a centrally-sponsored scheme and links cash assistance with delivery and post-delivery care. The scheme has made special dispensation for states having low institutional delivery rates. Further to improve accessibility to health facilities, they scheme has made provisions for engaging the private sector through an accreditation process. JSY was implemented in ROOPNAGAR district in 2008.In 2008-09, 922 mothers were given jsy incentive for home delivery and 392 were given incentive for institutional delivery. As the aim of JSY was to increase the number of institutional deliveries, it has been successful in achieving the same as substantiated by 2013-14 data where only 219 mothers were paid for home delivery.

Review of Literature

As per PIP 2013-14 of Punjab, State has to ensure that JSY payments are made through Direct Benefit Transfer (DBT) mechanism through AADHAAR enabled payment system / Core Banking Solution where DBT mechanism has been rolled out. Further, cash payment or bearer cheque payment is henceforth disallowed across the States, assured free transport for pregnant women and newborn/ infants. State will ensure that there would be no delays in JSY payments to the beneficiaries and full amount of financial

assistance is given to the beneficiary before being discharged from the health facility after deliver. Amount approved for Janani Suraksha Yojana / JSY is Rs 10, 42.54 lakhs. During my literature review I came across a study whose main objectives was, to assess the social profile, knowledge, attitude and utilization pattern of JSY beneficiaries. It was a descriptive study. Beneficiaries. Results drawn out were 77.66% belonged to below poverty line (BPL) category. 67 % of the respondents arranged their own / hired vehicle for transportation for delivery. Only 17.33 % were motivated by ANM /Dai/ ASHA/ AWW for institutional delivery. The arrangement of vehicle for transport was still a major issue of concern. In many cases the husbands decides the purpose for which money is to be used{3}.Similarly a study was conducted in PHC of tribal area whose objective was to study the awareness of JSY and establish its association with Socio-demographic factors and the results were more than half of the women were aware about the programme{4}. Similarly a study of utilization of Janani Suraksha Yojana (JSY) scheme, among beneficiaries in a rural area of Punjab was reviewed and the results were, out of 185 eligible JSY beneficiaries majority (88.7%) were in the age group of 20-30 years. Education profile of the beneficiaries revealed that 37.3% were illiterates, 32.4% were below matric & 30.3% were above matric. Out of total eligible beneficiaries, 76.2% had heard about JSY scheme & 23.8% hadn't heard about the scheme. Registration was done in 87% of all the eligible beneficiaries. Out of the total beneficiaries, 76.2% delivered in hospital & 23.8% delivered at home. Less than half (48.2%) of the beneficiaries, received the benefit of the JSY scheme {5}.

Rationale

For success of any scheme, its awareness, motivation and utilization is needed, awareness among population especially beneficiaries plays a crucial role. Since the JSY has been in operation for many years, it was felt appropriate to review and understand its performance

in terms of implementation for further strengthening the scheme {4}. As per HMIS 2011-2012 Punjab reported 417,720 deliveries which is 89% of the estimated deliveries whereas Roopnagar reported 11238 deliveries which is 97% of the estimated deliveries.

Research Question

What is the current status of JSY and its association with Socio-Demographic factors?

Null Hypothesis

There is no association between JSY awareness and Socio-demographic factors?

Objectives

1. To assess the level of overall JSY coverage.
2. To understand the process of financial disbursement.
3. To establish association of socio-demographic factors with availing of Janani Suraksha Yojana (JSY).

Methodology

Area: District Hospital Roopnagar

Type of Study: Analytical

Respondents: Pregnant mothers delivering a baby with in period of 15th march to 15th April in a district hospital of Roopnagar, Providers.

Sample Size: Whole Universe (86)

Study Tool: Interview Schedule, FGD guideline

Study Technique: Interpersonal interview, Structured Questionnaire, Focused group discussion.

Inclusion Criteria: BPL and SC/ST which are covered under JSY

Ethical Consideration: Informed consent will be taken from beneficiaries before filling of form.

Findings

As in the study one of the objective was to see the overall coverage of JSY, so it is presented in the following paragraphs. Distribution according to socio-demographic factors is seen and awareness level of beneficiaries is also given in the following paragraphs. It also shows the participation of ASHA that is to what extent they are involved in counselling the beneficiaries and arranging the services for them. Similarly services provided by the health facilities are also seen like breastfeeding counselling immediately after delivery, post natal care, duration of stay and vaccination of newborn for zero dose polio and BCG.

Distribution of JSY Beneficiaries according to Age:

Fig. 1 depicts distribution of beneficiaries according to their age.it shows that 55 percent of beneficiaries lie in age group of 18-24, whereas 35 percent of them lie in age group of 25-30 and only ten percent of them belong to age group of more than 30.

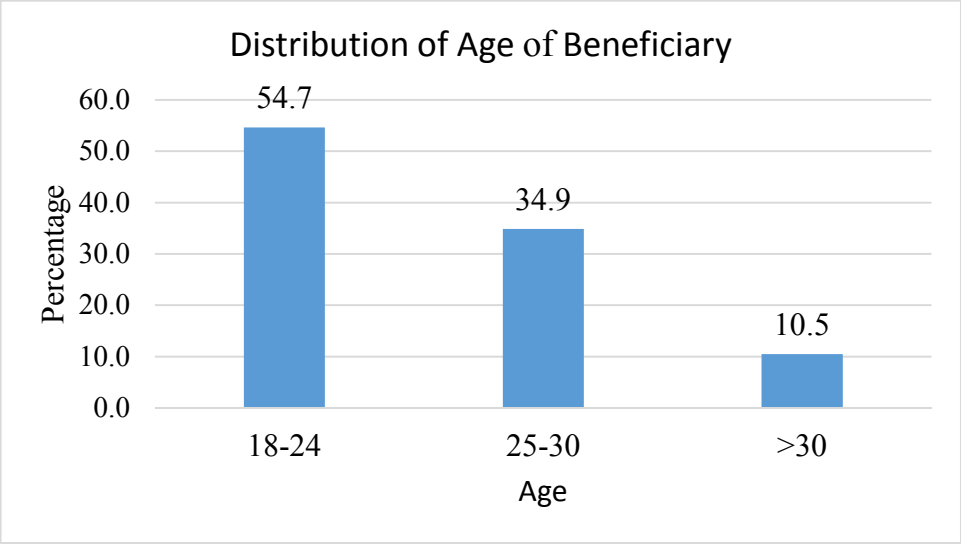


Figure 1: Distribution of Age of Beneficiary

Distribution of JSY Beneficiaries according to Education Level

Fig. 2 gives us the idea about distribution of beneficiaries according to their education level. It tell that maximum number of beneficiaries that is 42 percent of them have education up to middle level.in addition 21 percent of them are illiterate and only 0.1 percent of them have education beyond secondary level.

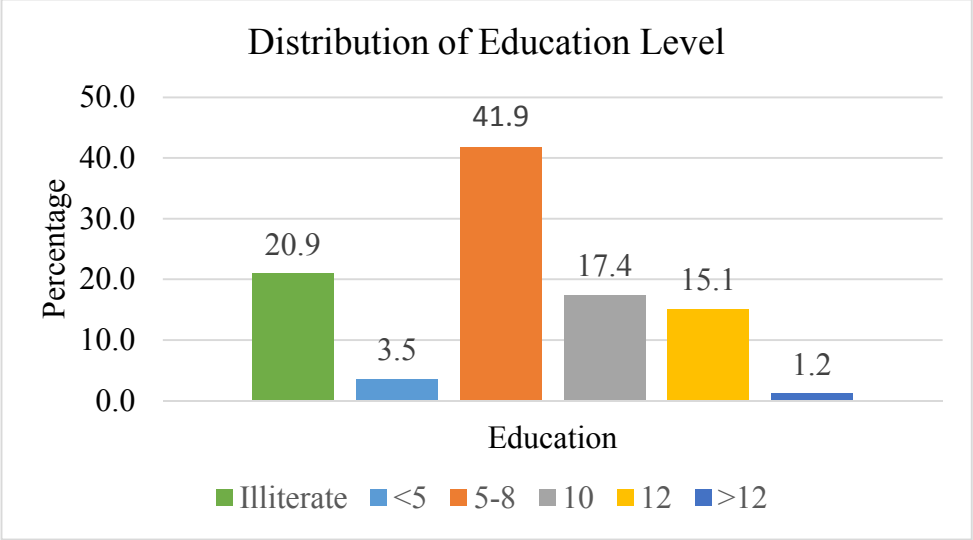


Figure 2: Distribution of Education Level

Distribution of JSY beneficiaries according to Religion

Fig. 3 tells us about distribution of beneficiaries according to their religion. Nearly half of the population belongs to Sikh religion rest of them are Hindu, and very small proportion of them belongs to Muslim.

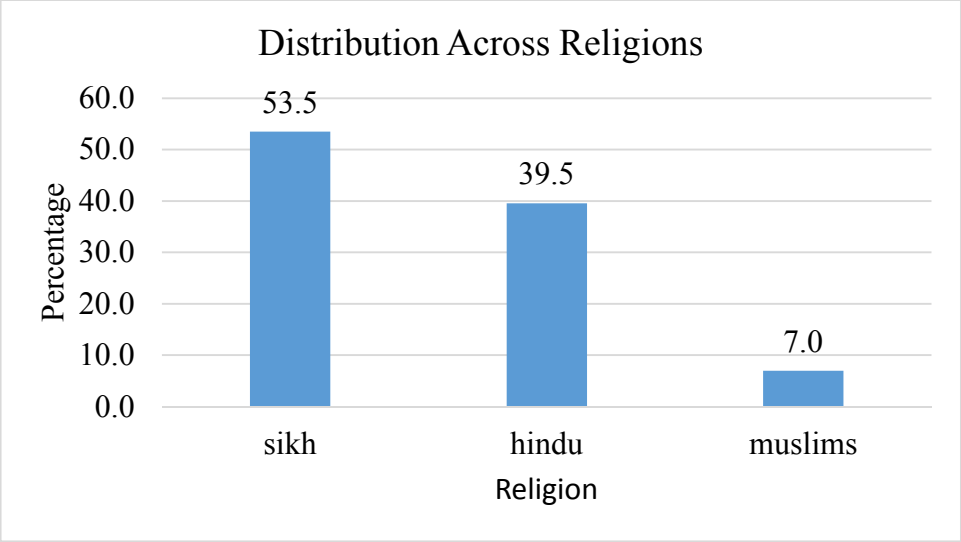


Figure 3: Distribution across Religions

Distribution of Beneficiaries according to Gravida

Fig. 4 gives us an idea about no of children beneficiary is having.45 percent of them are bearing there first baby whereas twelve percent of them are giving birth to their third child.

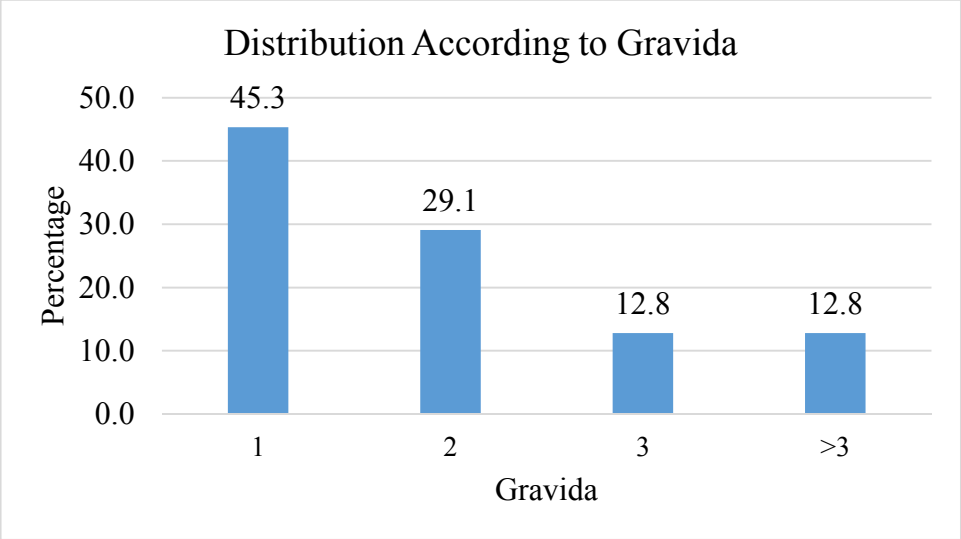


Figure 4: Distribution According to Gravida

Distribution of Beneficiaries according to Type of Family

Fig. 5 depicts the type of family beneficiaries belong to. It tells us that 67 percent of them belongs to nuclear family and rest of them have joint families.

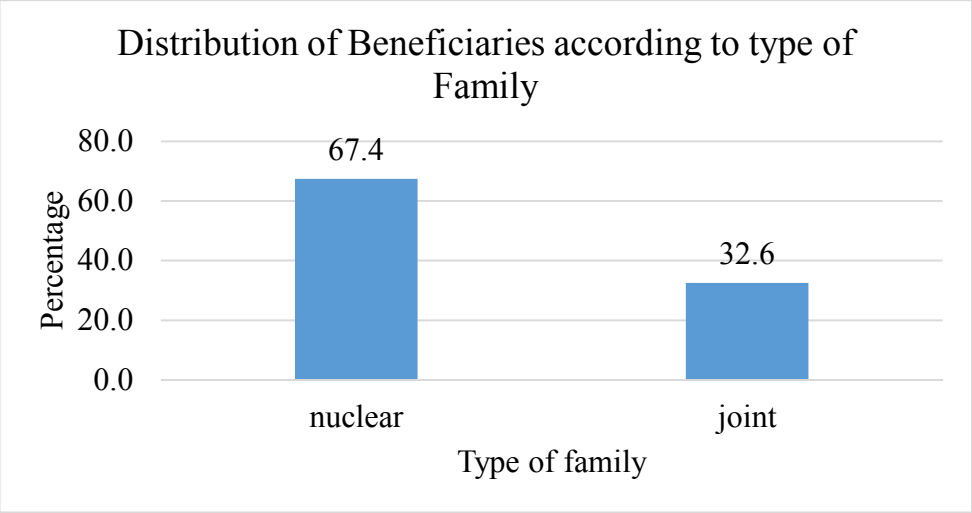


Figure 5: Distribution of Beneficiaries according to type of Family

Distribution of Beneficiaries according to Awareness about JSY and ASHA

Fig. 6 reflects the number of beneficiaries who are aware of JSY scheme and facilities provided under this scheme. It tells that only 37 percent were aware about the scheme and rest 63 percent were not. It also reflects the distribution of beneficiaries according to their awareness about ASHA. It shows that 78 percent of beneficiaries were aware about ASHA whereas rest of the 12 percent were not.

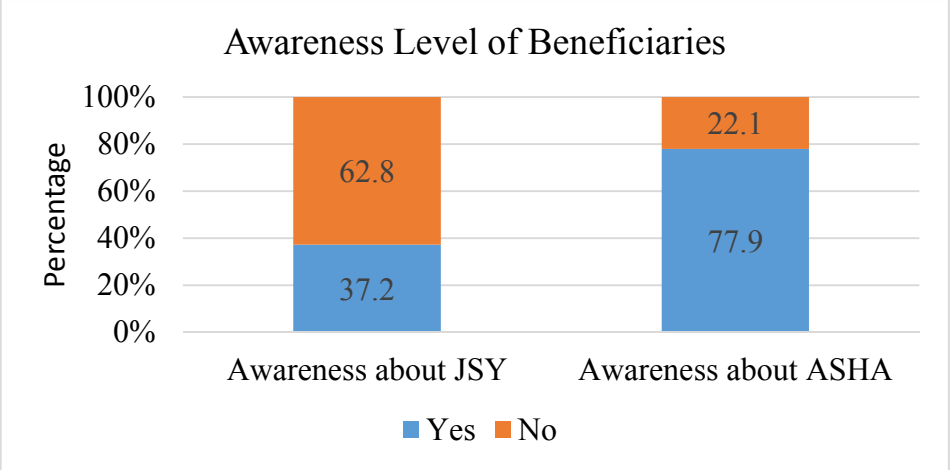


Figure 6: Awareness Level of Beneficiaries

Distribution of Beneficiaries according to ANC Registration and Consumption of IFA tablets

Fig 7 shows the distribution of beneficiaries according to ANC registration. It tells that 96 percent of beneficiaries registered for ANC. Similarly it gives us the distribution of beneficiaries according to whether they had IFA tablets or not. It shows that 94 percent Consumed IFA tablet whereas six percent of them did not.

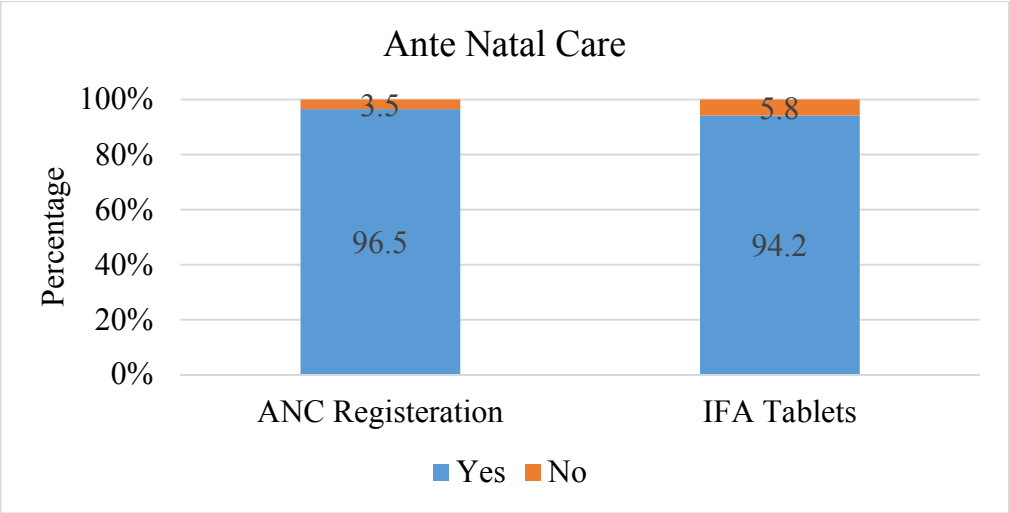


Figure 7: Ante Natal Care

Distribution of Beneficiaries according to no. of ANC

Fig. 8 gives the distribution of beneficiaries according to number of ANC. It tells that most of the beneficiary had four ANC checkups.

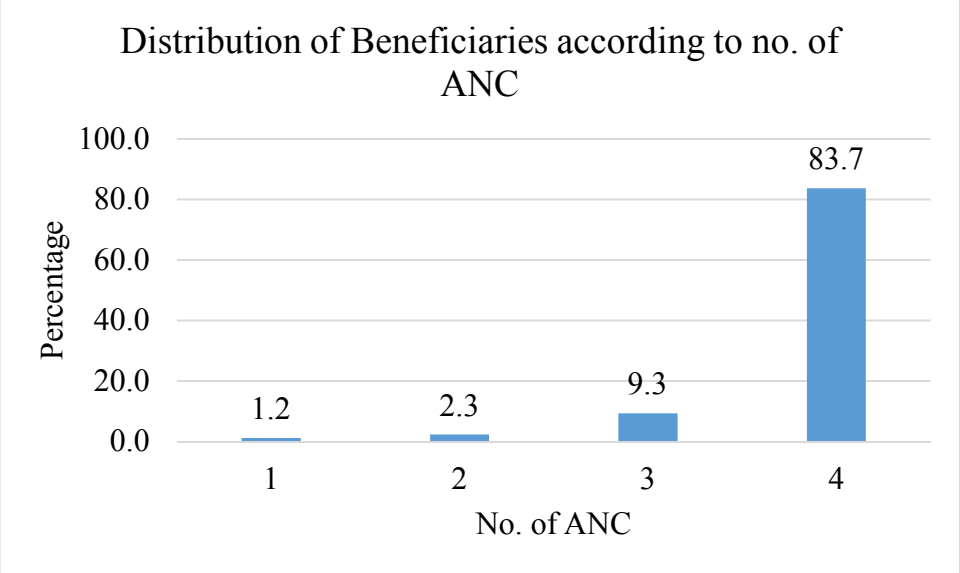


Figure 8: Distribution of Beneficiaries according to no. of ANC

Distribution of Beneficiaries according to no. of TT injections

Fig. 9 give us the reflection of number of tetanus injections beneficiaries had. It tells that 81 of them had two injections and four of them did not have any tetanus injection.

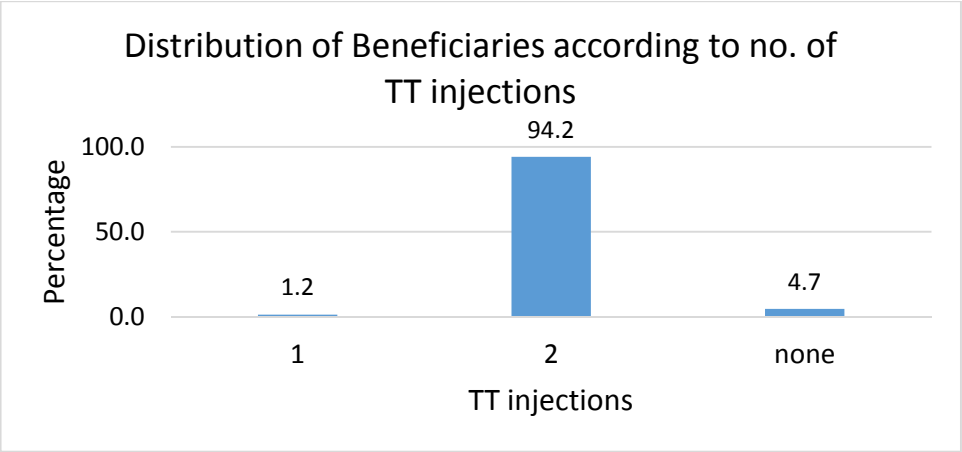


Figure 9: Distribution of Beneficiaries according to no. of TT injections

Distribution of Beneficiaries according to Counselling for Institutional Delivery and Facility of Transportation for Delivery

Fig. 10 depicts whether the beneficiaries were counselled by ASHA for institutional delivery. It tells that 68 percent of beneficiaries were counselled by ASHA whereas 2/6th of them were not at all counselled. It also reflects the distribution of beneficiaries on the basis of fact that whether ASHA arranged a vehicle for them for the purpose of taking them to hospital at time of delivery.It gives us idea that only 2/6th of the mothers had been povided with the vehicle for transport and rest 4/6th had to reach the hospital at their own.

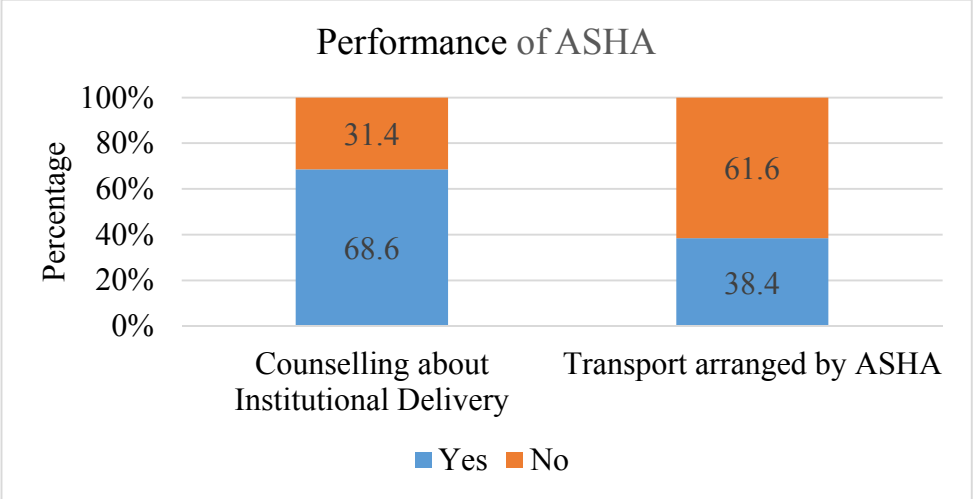


Figure 10: Performance of ASHA

Distribution of Beneficiaries according to Type of Delivery

Fig. 11 depicts the distribution of beneficiaries according to type of delivery they underwent. It reflects that 42 percent of them underwent caesarean delivery and rest 58 percent had normal delivery.

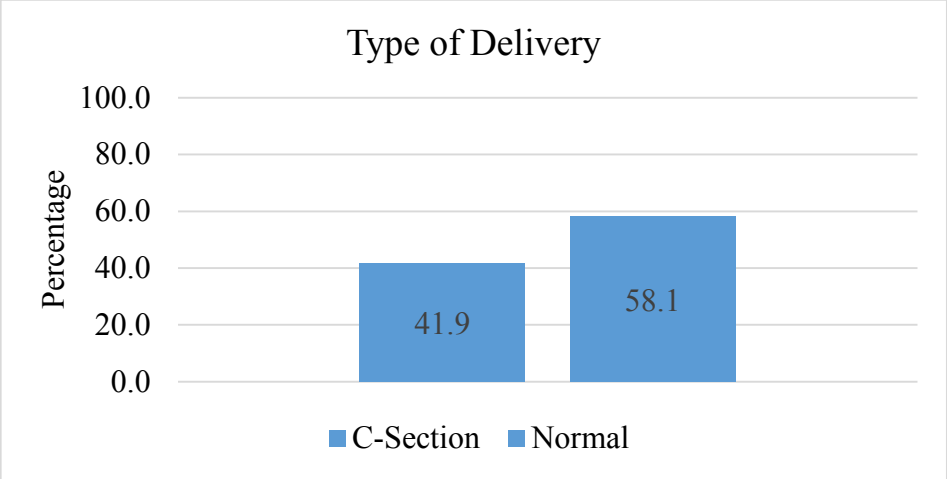


Figure 11: Type of Delivery

Distribution of Beneficiaries on the basis of Counselling for Breastfeeding

Fig. 12 gives distribution on the basis of the fact that whether beneficiaries were counselled for breast feeding immediately after delivery.It gives us the idea that only 29 percent of beneficiaries were counselled and rest 70 percent of them were not. Similarly it gives us an idea about number of children vaccinated for BCG and polio zero dose after the birth and it shows that 100 percent of them were vaccinated.

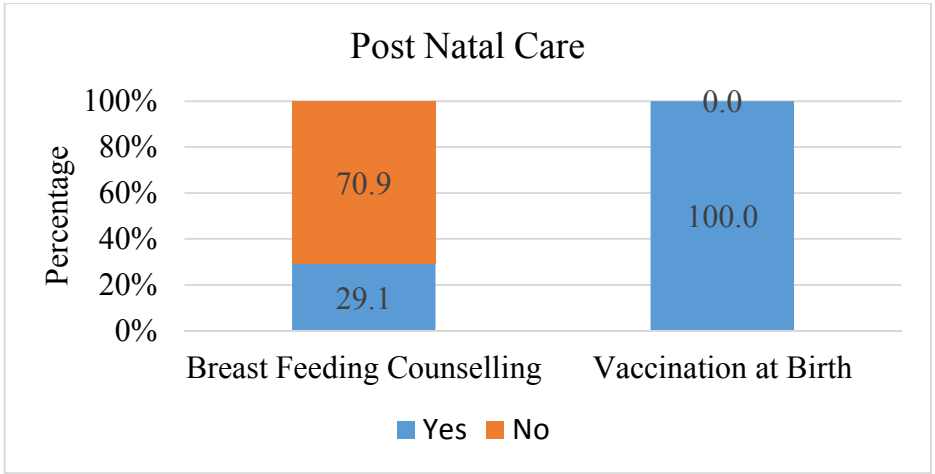


Figure 12: Post Natal Care

Distribution of Beneficiaries according to Duration of Stay in Hospital after Delivery

Fig 13 depicts the length of stay in hospital after delivery. It shows that out of total 36 caesarean, 20 had stay of 5 days and rest 6 had stay for 6 days.

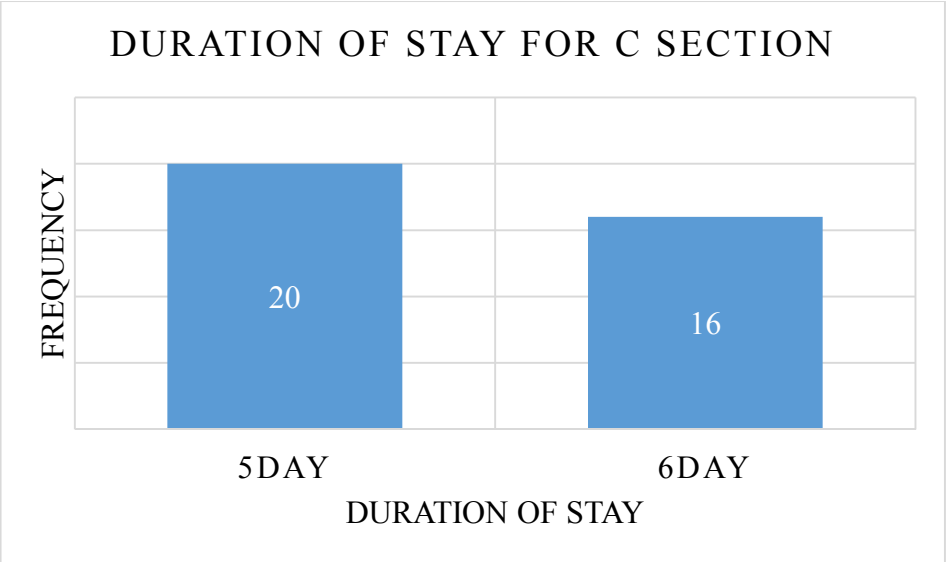


Figure 13: Duration of Stay for C section Deliveries

Fig. 14 tells duration of stay of beneficiaries with normal delivery. It that all the50 beneficiary who underwent normal delivery had a stay of three days.

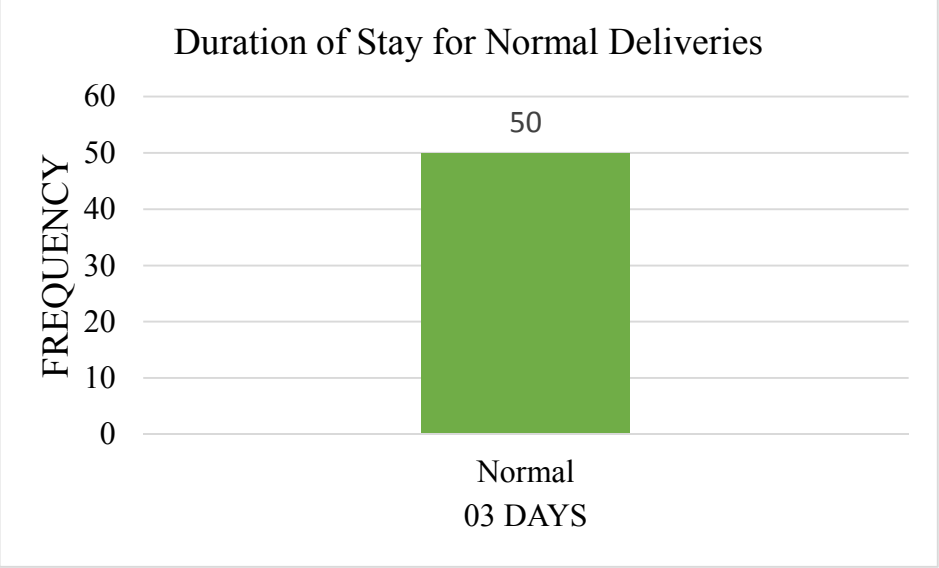


Figure 14: Duration of Stay for Normal Deliveries

Distribution of Beneficiaries who Received JSY Incentive at Time of Discharge

Fig. 15 shows the distribution of beneficiaries who received money at the time of discharge. It tells that only eight out of 86 received their money at time of discharge.

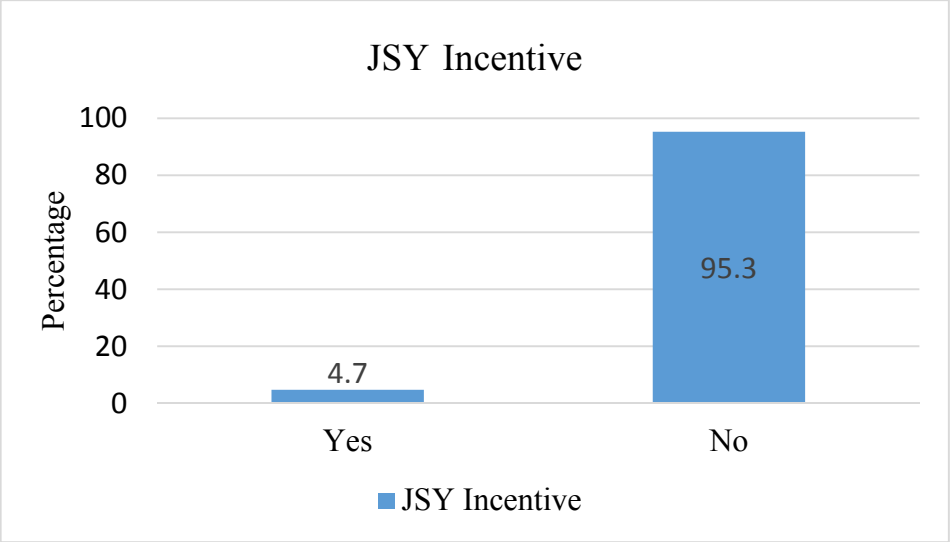


Figure 15: JSY Incentive

Process of Financial Incentive Disbursement:

To understand the process of financial disbursement a focused group discussion was conducted with the providers. Consent was taken from the Participants .Guidelines and key questions were framed to start the discussion. During the discussion it was revealed that as soon as pregnant mother came for registration, a unique identity number was created .She was asked whether she belonged to BPL or SC\ST category and then was asked to submit a proof for the same. In case she failed to produce any proof or she was not having any proof then signature of municipal commissioner were taken on a noting to validate that she belongs to a category. Simultaneously a birth plan was prepared in which ANC dates, expected date of delivery were written and intimation of same was given to the mother. Similarly mother was motivated for the institutional delivery and institution for the delivery was decided. Then Signature of the Medical officer were taken on the JSY card and money was disbursed on delivery. In case of delivery in private institution, at least $3/4^{th}$ of payment is given so that they can pay for the expenses and in case specialist doctor is not available than 1500 amount is given for the C-section. Patients who come up with some complications are referred to higher centers with a referral slip and money is paid to them once they come back to their original place. But in most of the cases payment is delayed because of delay in submission of documents or sometime delay occur on the part of providers due to official delays in getting approval for whether the beneficiary is eligible and getting them signed from higher authorities. Now government is coming up with a new scheme in which beneficiaries accounts are being linked up with their AADHAAR card and they will directly get the amount in their accounts.

Association between JSY Awareness and Socio-Demographic factors

As a part of study, it was intended to understand the impact of various socio-demographic factors on awareness and implementation of JSY. Relation between the chosen factors and awareness about JSY is presented below.

Age of beneficiaries

Table 1 shows that 19 women lying in age group of18-24 were aware of JSY scheme whereas only three women having age of more than 30 were aware of JSY scheme. Rest 54 were not aware of JSY scheme irrespective of their age. Association is not significant as critical value comes out to be .795 which is more than 0.05.

Table 1: Relation between Age of Beneficiary and Awareness about JSY

Awareness about JSY & Age of Beneficiary Cross tabulation					
Count					
		age of Beneficiary			**Total**
		18-24	**25-30**	**>30**	
awareness about JSY	**yes**	**19**	**10**	**3**	**32**
	no	**28**	**20**	**6**	**54**
Total		**47**	**30**	**9**	**86**

*Chi Squared value0.795, P value>.05

Education Level of Beneficiaries

Table 2 depicts that nine women who were illiterate and nine who had education up to middle level were aware about JSY whereas those with education more than senior secondary level were not all aware of the JSY scheme. Hence Association is not significant as critical value comes out to be 0.393 which is more than 0.05.

Table 2: Relation between Education Status and Awareness about JSY

Awareness about JSY & Education Status Cross tabulation								
Count								
		education status						Total
		<5	5-8	10	12	>12	illiterate	
awareness about jsy	yes	1	9	7	6	0	9	32
	no	2	27	8	7	1	9	54
Total		3	36	15	13	1	18	86

*Chi Squared value0.393, P value>.05

Number of Children

Table 3 depicts that 14 out of 39 women who gave birth to their first child were aware about JSY scheme as compared to three and two women with three and more than three children. Respectively. This association is not significant as critical value comes out to be .393 which is more than 0.05.

Table 3: Relation between No. of Children of Beneficiary and Awareness about JSY

Awareness about JSY & Gravida Cross tabulation						
Count						
		gravida				Total
		1	2	3	>3	
awareness about JSY	yes	14	13	3	2	32
	no	25	12	8	9	54
Total		39	25	11	11	86

*Chi Squared value0.209, P value>.05

Religion:

Table 4 shows that 16 out of 46 Sikhs were aware about JSY scheme whereas 14 out of 34 Hindu were aware of JSY scheme. This association is not significant as critical value is .825 which is less than 0.825.

Table 4: Relation between Religion and Awareness about JSY

Awareness About JSY & Religion Cross tabulation					
Count					
		religion			Total
		Sikh	Hindu	Muslims	
awareness about JSY	yes	16	14	2	32
	no	30	20	4	54
Total		46	34	6	86

*Chi Squared value0.825, P value>.05

Type of Family:

Table 5 shows that 23 out of 58 beneficiary residing in nuclear family were aware of JSY whereas 9 out of 28 belonging to joint family were aware of JSY.

Table 5: Relation between Type of Family and Awareness about JSY

Awareness About JSY & Type of Family Cross tabulation				
		type		Total
		nuclear	joint	
awareness about JSY	Yes	23	9	32
	No	35	19	54
Total		58	28	86

*Chi Squared value0.635, P value>.05

Discussion:

The Study was a cross sectional Study conducted in District hospital, Roopnagar. Beneficiaries belonging to BPL and SC/ST category were interviewed. The study revealed that majority of them belong to 18-24 years age group.53 percent of the Beneficiaries belonged to Sikh community rest of them were Hindus. 45 percent of the mothers were giving birth to their first child and only 12 percent of them were giving birth to their third child. Majority of them were residing in nuclear families. Education profile revealed that majority of them had education up to primary level.78 Percent of beneficiary were aware about ASHA, whereas only 37 percent had knowledge about JSY scheme. 96 percent of the pregnant women registered for ANC and out of them 94 percent consumed IFA tablets and had two tetanus injections during pregnancy. Only five percent of the beneficiary received money at the time if discharge, reason stated by the providers were, delayed submission of documents. Only 38 percent of the pregnant mothers were given any vehicular support and 29 percent were counselled about breast feeding practices as a part of post natal care.42 percent had caesarean delivery. Further an association was tried to establish between socio-demographic factors and awareness about JSY but no association was found. Similarly a focused group discussion was conducted with providers of the scheme and process of fund disbursement was understood.

Limitations:

Study duration was limited. Study duration was of three months during which first a review of literature was done to get a better understanding of kind of problem, then synopsis was prepared and tool preparation was done .After finalizing everything one month duration was left for data collection so a small sample could be collected which is limitation of the study.

Further Scope:

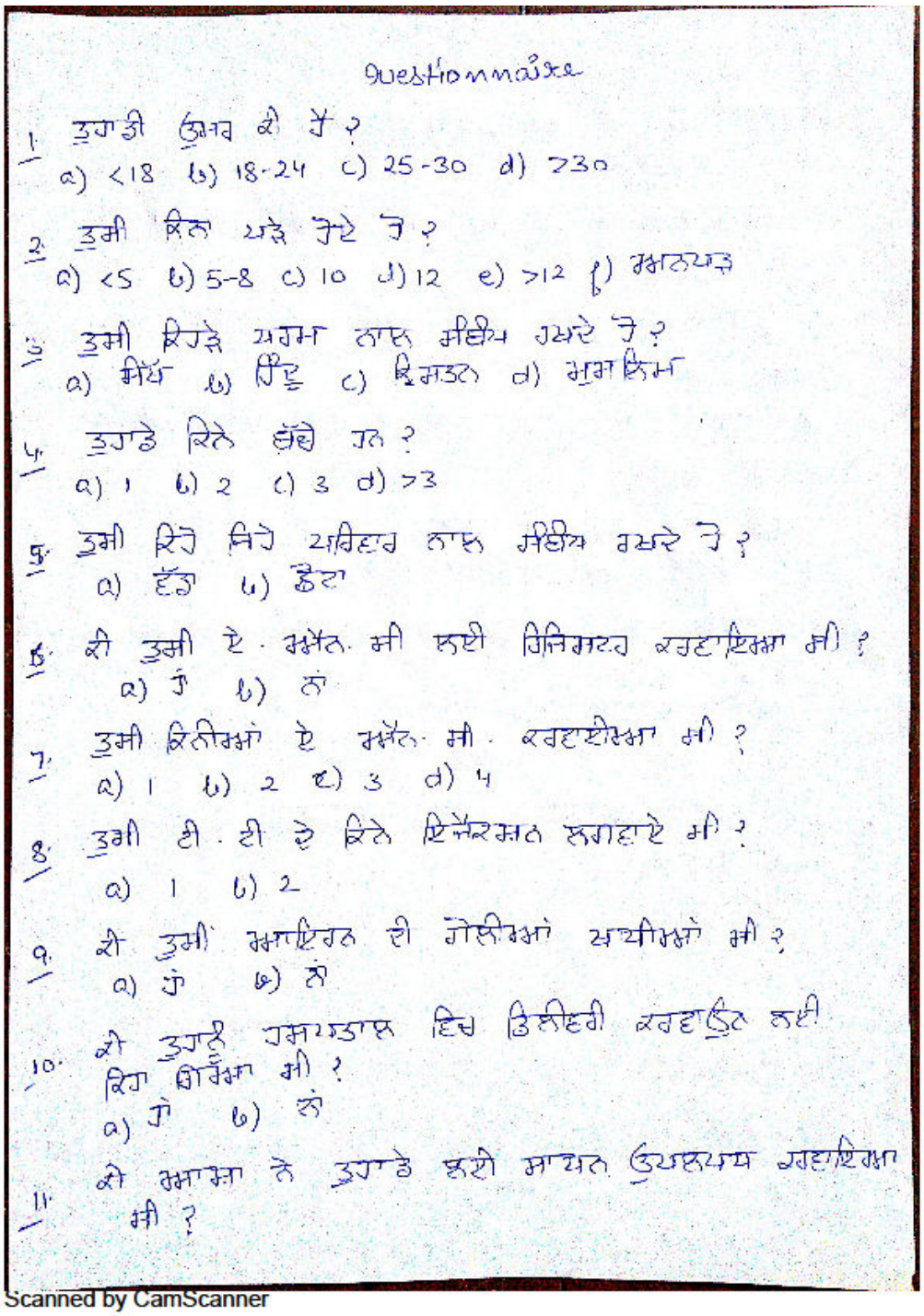
A parallel study can be conducted in different districts of Punjab to get a bet overview of current implementation status of JSY in Punjab.

Conclusion:

JSY is doing well in providing some services like ANC, TT injection, IFA tablets, and Vaccinating children but it's lagging behind on many fronts like timely disbursement of money, provision of transport. ASHA need a constant monitoring and supportive supervision so that they can provide better services.

Annexures:

Questionnaire



Questionnaire

1. ਤੁਹਾਡੀ ਉਮਰ ਕੀ ਹੈ ?
   a) <18 b) 18-24 c) 25-30 d) >30
2. ਤੁਸੀ ਕਿੰਨ ਪੜ੍ਹੇ ਹੋਏ ਹੋ ?
   a) <5 b) 5-8 c) 10 d) 12 e) >12 f) ਅਨਪੜ੍ਹ
3. ਤੁਸੀ ਕਿਹੜੇ ਅਖਬਾਰ ਨਾਲ ਸੰਬੰਧਿਤ ਹਦਰੇ ਹੋ ?
   a) ਸੰਦੇਸ਼ b) ਪੰਜਾਬ ਕੇਸਰੀ c) ਅਜੀਤ d) ਅਖਬਾਰ ਨਹੀਂ
4. ਤੁਹਾਡੇ ਕਿੰਨੇ ਬੱਚੇ ਹਨ ?
   a) 1 b) 2 c) 3 d) >3
5. ਤੁਸੀ ਕਿਹੜੇ ਕਿਹੜੇ ਮਹਿਦਾਰ ਨਾਲ ਸੰਬੰਧਿਤ ਰਹਦੇ ਹੋ ?
   a) ਵੱਡਾ b) ਛੋਟਾ
6. ਕੀ ਤੁਸੀ ਏ. ਸਮੱਸਤ. ਸੀ ਲਈ ਰਿਜਿਸਟਰਡ ਕਰਵਾਇਆ ਸੀ ?
   a) ਹਾਂ b) ਨਾ
7. ਤੁਸੀ ਕਿੰਨੀਆਂ ਏ ਸਮੱਸਤ. ਸੀ. ਕਰਵਾਈਆਂ ਸੀ ?
   a) 1 b) 2 c) 3 d) 4
8. ਤੁਸੀ ਟੀ. ਟੀ ਦੇ ਕਿੰਨੇ ਇੰਜੈਕਸਨ ਲਗਵਾਏ ਸੀ ?
   a) 1 b) 2
9. ਕੀ ਤੁਸੀਂ ਸਰਕਾਰ ਦੀ ਗੋਲੀਆਂ ਖਾਧੀਆਂ ਸੀ ?
   a) ਹਾਂ b) ਨਾ
10. ਕੀ ਤੁਹਾਨੂੰ ਹਸਪਤਾਲ ਵਿਚ ਡਿਲੀਵਰੀ ਕਰਵਾਉਣ ਲਈ ਕਿਹਾ ਗਿਆ ਸੀ ?
    a) ਹਾਂ b) ਨਾ
11. ਕੀ ਸਰਕਾਰ ਨੇ ਤੁਹਾਡੇ ਕੋਈ ਸਾਧਨ ਉਪਲਬਧ ਕਰਵਾਇਆ ਸੀ ?

a) ਹਾਂ b) ਨਾਂ

12. ਕੀ ਤੁਸੀਂ ਵੀ. ਪੀ. ਸਮੱਸਿਆ ਵਿਚ ਸਮਾਂਦੇ ਹੋ ?
a) ਹਾਂ b) ਨਾਂ

13. ਕੀ ਤੁਹਾਡੇ ਬੱਚੇ ਨੂੰ ਵੀ. ਸੀ. ਸੀ. ਦਾ ਟੀਕਾ ਲਗਿਆ ?
a) ਹਾਂ b) ਨਾਂ

14. ਕੀ ਤੁਹਾਨੂੰ ਸੇ. ਸਮੱਸਿਆ ਦਾਈ ਛਾਰੇ ਪਤਾ ਹੈ ?
a) ਹਾਂ b) ਨਾਂ

15. ਕੀ ਤੁਹਾਨੂੰ ਸੇ. ਸਮੱਸਿਆ ਦਾਈ ਦੇ ਬੱਸੇ ਮਿਲਦਾ ਸਾਏ ?
a) ਹਾਂ b) ਨਾਂ

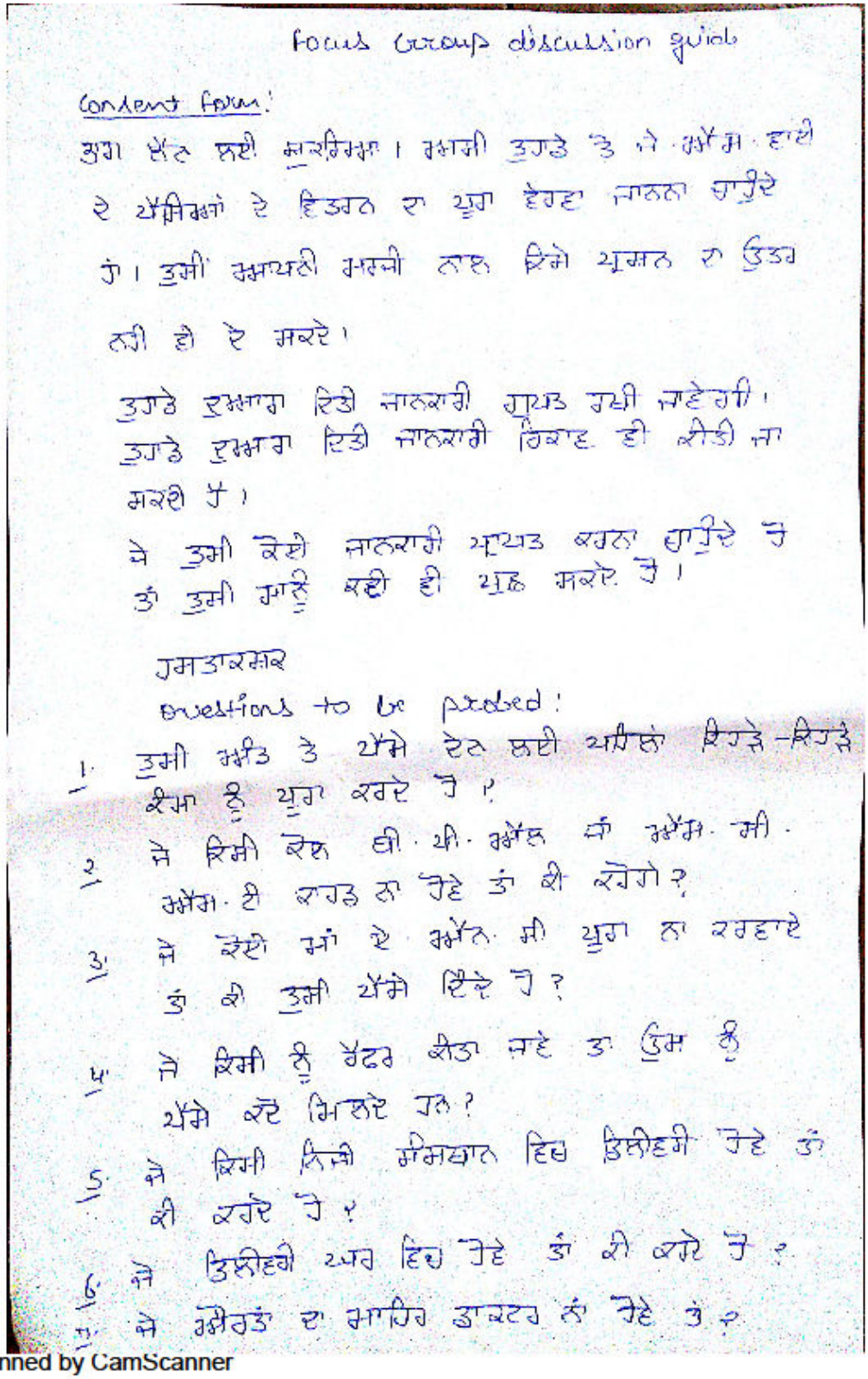
16. ਤੁਹਾਡੀ ਡਿਸ ਤਰਾਂ ਦੀ ਡਿਲੀਵਰੀ ਹੋਈ ਸੀ ?
a) ਨਾਰਮਲ b) ਓਪਰੇਸ਼ਨ ਨਾਲ

17. ਕੀ ਤੁਹਾਨੂੰ ਦੁਧ ਪਿਲਾਉਣ ਦੀ ਜਾਨਕਾਰੀ ਦਿਤੀ ਗਈ ਸੀ ?
a) ਹਾਂ b) ਨਾਂ

18. ਤੁਸੀਂ ਹਸਪਤਾਲ ਵਿਚ ਕਿਨੇ ਦਿਨ ਲਈ ਰਹੇ ?
a) < 3 ਦਿਨ b) 3 ਦਿਨ c) 5 ਦਿਨ d) 6 ਦਿਨ

19. ਕੀ ਤੁਹਾਨੂੰ ਸਮਾਰਜ਼ਾ ਦੇ ਛਾਰੇ ਜਾਨਕਾਰੀ ਹੈ ?
a) ਹਾਂ b) ਨਾਂ

Focus Group Discussion Guide:



Focus Group discussion guide

Content form:

ਸੁਭ ਦੇਣ ਲਈ ਸ਼ੁਕਰਿਆਣਾ। ਸਭਤੋ ਤੁਹਾਡੇ ਤੇ ਮੇ ਸਮੱਸਿ. ਵਾਲੀ ਦੇ ਪੱਸ਼ਿਆਂ ਦੇ ਇਤਜਾਮ ਦਾ ਪੂਰਾ ਵੇਰਵਾ ਜਾਨਨਾ ਚਾਹੁੰਦੇ ਹਾਂ। ਤੁਸੀਂ ਸਮਾਪਤੀ ਸਮਝੀ ਨਾਲ ਕਿਸੇ ਪ੍ਰਸ਼ਨ ਦਾ ਉਤਰ ਨਹੀਂ ਵੀ ਦੇ ਸਕਦੇ।

ਤੁਹਾਡੇ ਦੁਆਰਾ ਦਿਤੀ ਜਾਨਕਾਰੀ ਗੁਪਤ ਰਖੀ ਜਾਏਗੀ। ਤੁਹਾਡੇ ਦੁਆਰਾ ਦਿਤੀ ਜਾਨਕਾਰੀ ਕਿਸੇ ਵੀ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

ਜੇ ਤੁਸੀ ਕੋਈ ਜਾਨਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨਾ ਚਾਹੁੰਦੇ ਹੋ ਤੇ ਤੁਸੀ ਸਾਨੂੰ ਕਈ ਵੀ ਪੁਛ ਸਕਦੇ ਹੋ।

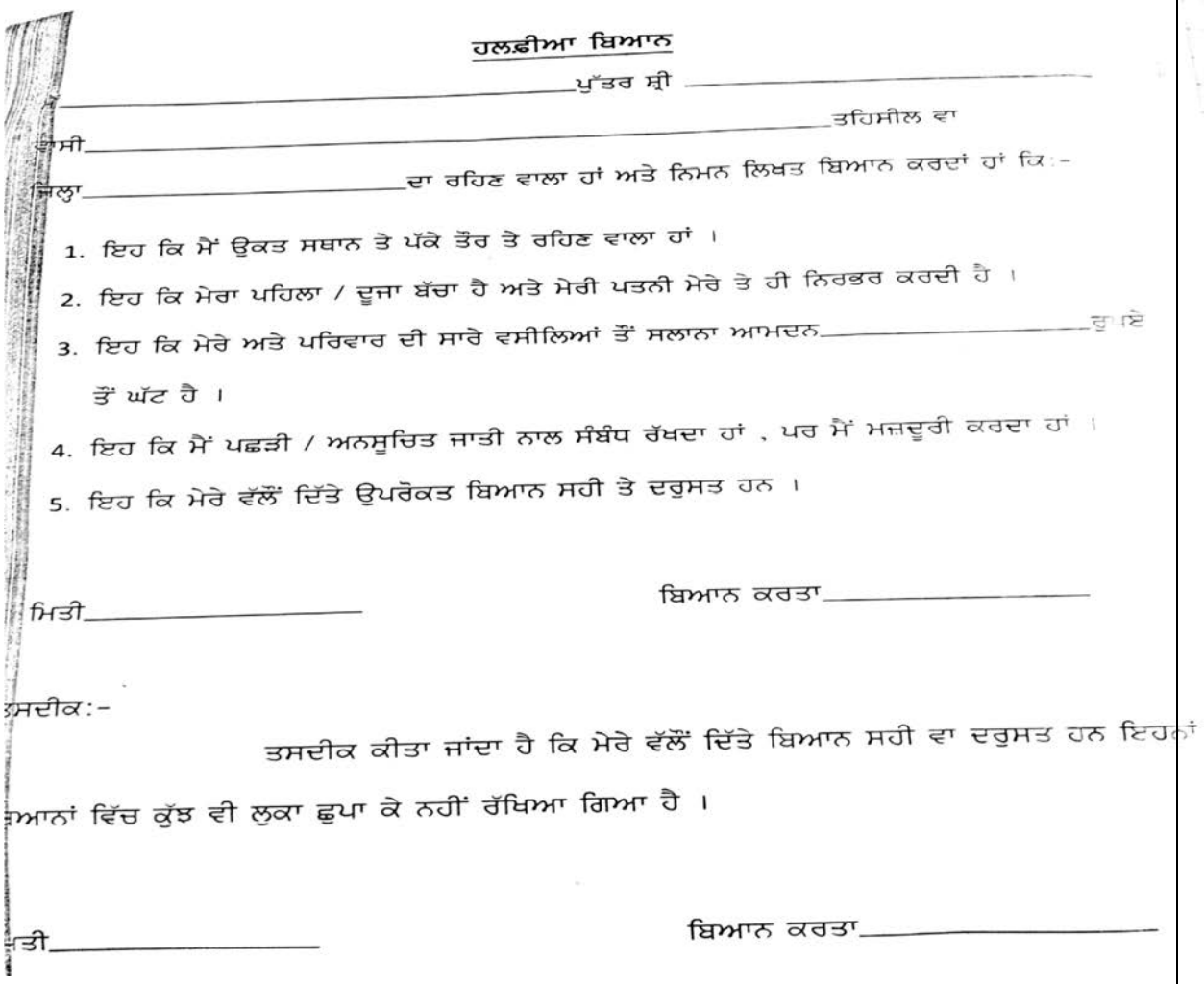
ਧਨਵਾਦਸਹਿ

Questions to be asked:

1. ਤੁਸੀ ਸਮੱਸਿ ਤੇ ਪੱਸ਼ੇ ਦੇਣ ਲਈ ਕਸੀਲੇ ਕਿਹੜੇ-ਕਿਹੜੇ ਕੈਮਾ ਨੂੰ ਪੂਰਾ ਕਰਦੇ ਹੋ?
2. ਜੇ ਕਿਸੀ ਕੋਲ ਵੀ.ਪੀ. ਸਮੱਸਿ ਤੋ ਸਮੱਸਿ. ਸੀ. ਸਮੱਸਿ. ਵੀ ਵਾਹਨ ਨਾ ਹੋਵੇ ਤਾਂ ਕੀ ਕਰੋਗੇ?
3. ਜੇ ਕੋਈ ਸਮਾਂ ਦੇ ਸਮੱਸਿ. ਸੀ ਪੂਰਾ ਨਾ ਕਰਵਾਏ ਤਾਂ ਕੀ ਤੁਸੀ ਪੱਸ਼ੇ ਦਿੰਦੇ ਹੋ?
4. ਜੇ ਕਿਸੀ ਨੂੰ ਬੱਫਰ ਕੀਤਾ ਜਾਵੇ ਤਾ ਤੁਸੀ ਕੀ ਪੱਸ਼ੇ ਵਾਪਸ ਮਿਲਦੇ ਹਨ?
5. ਜੇ ਕਿਸੀ ਕਿਸੀ ਸਮਿਸਥਾਨ ਵਿਚ ਤਿਲੀਫੋਨ ਹੋਵੇ ਤਾਂ ਕੀ ਕਰਦੇ ਹੋ?
6. ਜੇ ਤਿਲੀਫੋਨ ਘਰ ਵਿਚ ਹੋਵੇ ਤਾਂ ਕੀ ਕਰੋ ਹੋ?
7. ਜੇ ਸਮੱਸਿਤਾਂ ਦਾ ਸਾਹਿਰ ਡਾਕਟਰ ਨਾ ਹੋਵੇ ਤੇ?

Affidavit

In case the beneficiary does not have a BPL card or proof for SC/ST category, she can submit an affidavit in the below prescribed format. Affidavit is to be signed by Municipal Councillor or Sarpanch.



ਹਲਫ਼ੀਆ ਬਿਆਨ

ਮੈਂ _____ ਪੁੱਤਰ ਸ਼੍ਰੀ _____

ਵਾਸੀ _____ ਤਹਿਸੀਲ ਵਾ

ਜ਼ਿਲ੍ਹਾ _____ ਦਾ ਰਹਿਣ ਵਾਲਾ ਹਾਂ ਅਤੇ ਨਿਮਨ ਲਿਖਤ ਬਿਆਨ ਕਰਦਾਂ ਹਾਂ ਕਿ :-

1. ਇਹ ਕਿ ਮੈਂ ਉਕਤ ਸਥਾਨ ਤੇ ਪੱਕੇ ਤੌਰ ਤੇ ਰਹਿਣ ਵਾਲਾ ਹਾਂ ।
2. ਇਹ ਕਿ ਮੇਰਾ ਪਹਿਲਾ / ਦੂਜਾ ਬੱਚਾ ਹੈ ਅਤੇ ਮੇਰੀ ਪਤਨੀ ਮੇਰੇ ਤੇ ਹੀ ਨਿਰਭਰ ਕਰਦੀ ਹੈ ।
3. ਇਹ ਕਿ ਮੇਰੇ ਅਤੇ ਪਰਿਵਾਰ ਦੀ ਸਾਰੇ ਵਸੀਲਿਆਂ ਤੋਂ ਸਲਾਨਾ ਆਮਦਨ _____ ਰੁਪਏ ਤੋਂ ਘੱਟ ਹੈ ।
4. ਇਹ ਕਿ ਮੈਂ ਪਛੜੀ / ਅਨਸੂਚਿਤ ਜਾਤੀ ਨਾਲ ਸੰਬੰਧ ਰੱਖਦਾ ਹਾਂ , ਪਰ ਮੈਂ ਮਜ਼ਦੂਰੀ ਕਰਦਾ ਹਾਂ ।
5. ਇਹ ਕਿ ਮੇਰੇ ਵੱਲੋਂ ਦਿੱਤੇ ਉਪਰੋਕਤ ਬਿਆਨ ਸਹੀ ਤੇ ਦਰੁਸਤ ਹਨ ।

ਮਿਤੀ _____ ਬਿਆਨ ਕਰਤਾ _____

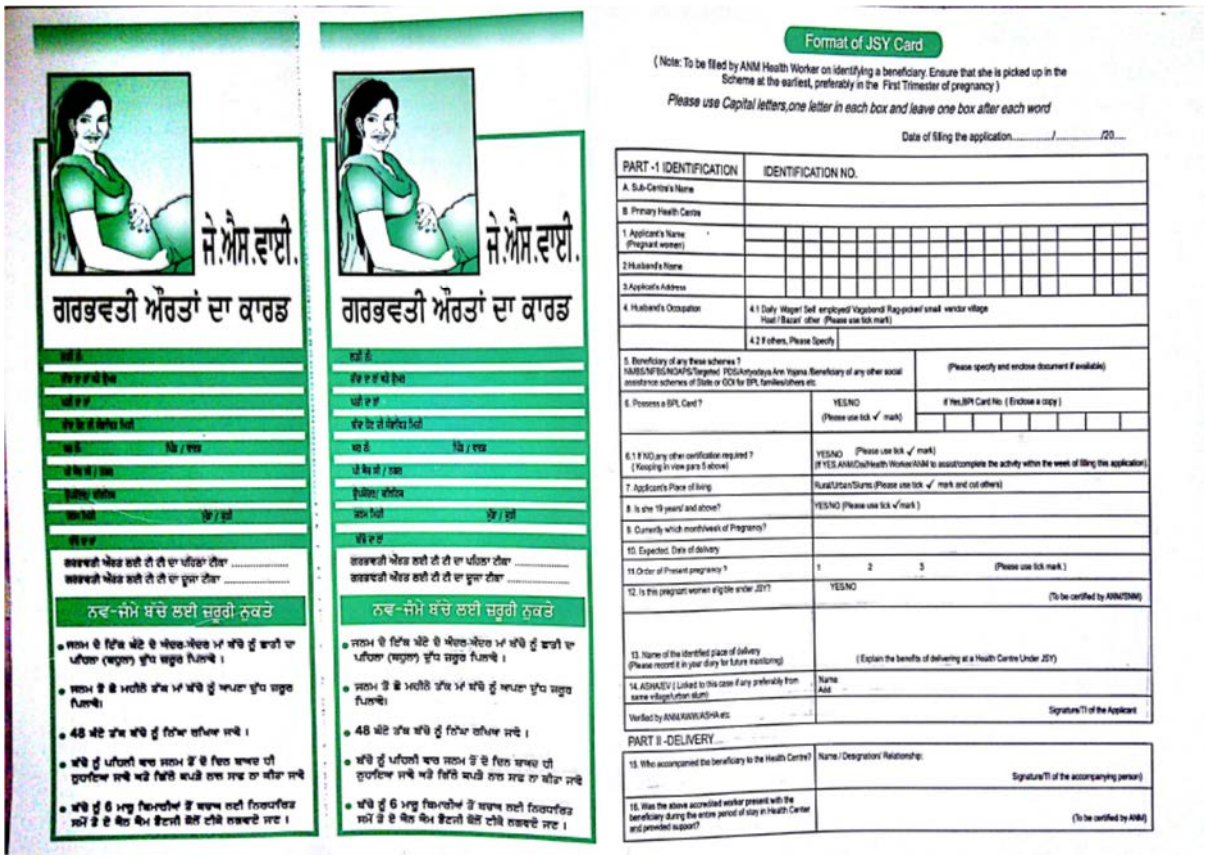
ਤਸਦੀਕ :-

ਤਸਦੀਕ ਕੀਤਾ ਜਾਂਦਾ ਹੈ ਕਿ ਮੇਰੇ ਵੱਲੋਂ ਦਿੱਤੇ ਬਿਆਨ ਸਹੀ ਵਾ ਦਰੁਸਤ ਹਨ ਇਹਨਾਂ ਬਿਆਨਾਂ ਵਿੱਚ ਕੁੱਝ ਵੀ ਲੁਕਾ ਛੁਪਾ ਕੇ ਨਹੀਂ ਰੱਖਿਆ ਗਿਆ ਹੈ ।

ਮਿਤੀ _____ ਬਿਆਨ ਕਰਤਾ _____

Format of JSY Card:

JSY card for each beneficiary is made at the time of ANC registration. One part of the card is handed over to the beneficiary and other is kept by LHV / ANM. The JSY card sample is presented below.



ਜੇ.ਐਸ.ਵਾਈ.

ਗਰਭਵਤੀ ਔਰਤਾਂ ਦਾ ਕਾਰਡ

ਨਵ-ਜੰਮੇ ਬੱਚੇ ਲਈ ਜ਼ਰੂਰੀ ਨੁਕਤੇ

Format of JSY Card

(Note: To be filled by ANM Health Worker on identifying a beneficiary. Ensure that she is picked up in the Scheme at the earliest, preferably in the First Trimester of pregnancy)

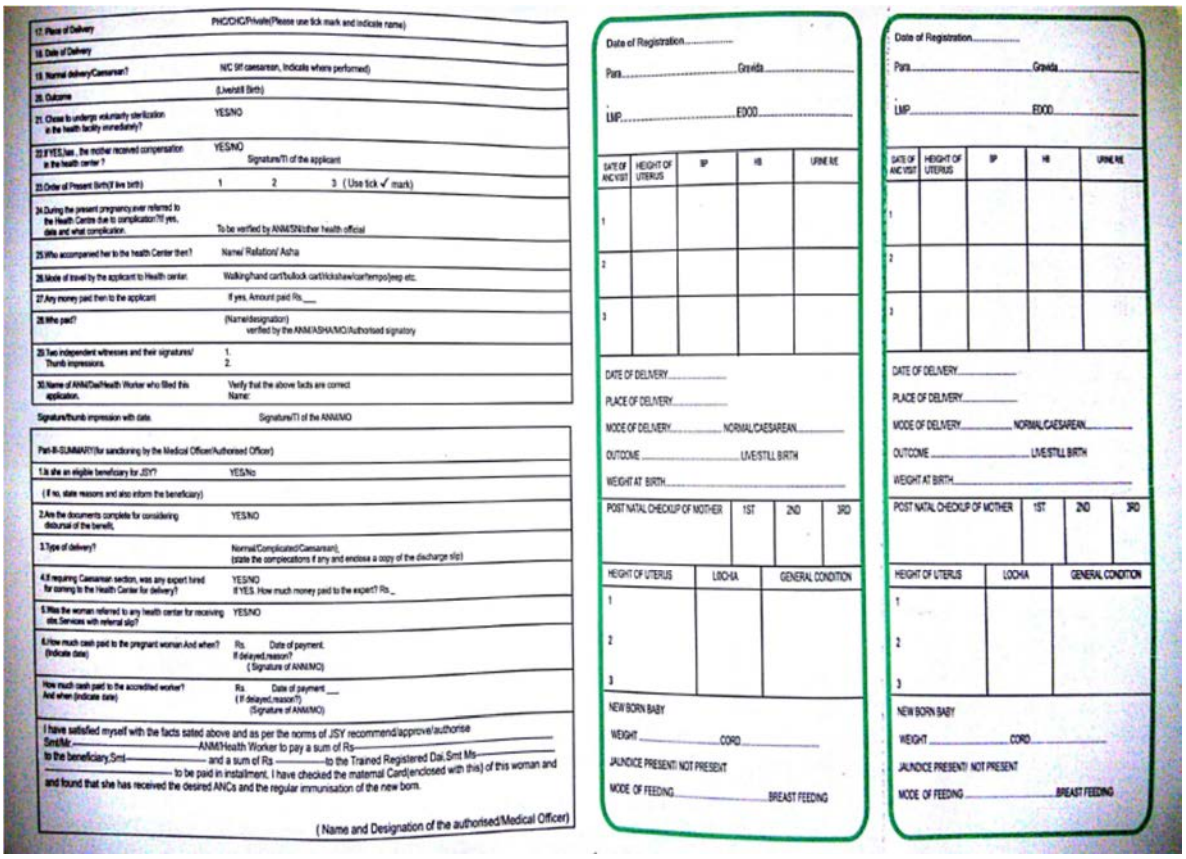
Please use Capital letters,one letter in each box and leave one box after each word

Date of filing the application...../...../20....

PART -1 IDENTIFICATION	IDENTIFICATION NO.
A. Sub-Centre's Name	
B. Primary Health Centre	
1. Applicant's Name (Pregnant women)	
2.Husband's Name	
3.Applicant's Address	
4. Husband's Occupation	4.1 Daily Wager/ Self employed/ Vagabond/ Rag-picker/ small vendor village Haat / Bazar/ other (Please use tick mark)
	4.2 If others, Please Specify
5. Beneficiary of any these schemes ? NMBS/NFBS/NOAPS/Targeted PDS/Antyodaya Ann Yojana /Beneficiary of any other social assistance schemes of State or GOI for BPL families/others etc.	(Please specify and enclose document if available)
6. Possess a BPL Card ?	YES/NO (Please use tick ✓ mark) / if Yes,BPL Card No. (Enclose a copy)
6.1 If NO,any other certification required ? (Keeping in view para 5 above)	YES/NO (Please use tick ✓ mark) (If YES,ANM/Dai/Health Worker/ANM to assist/complete the activity within the week of filling this application)
7. Applicant's Place of living	Rural/Urban/Slums (Please use tick ✓ mark and cut others)
8. Is she 19 years/ and above?	YES/NO (Please use tick ✓mark)
9. Currently which month/week of Pregnancy?	
10. Expected Date of delivery	
11.Order of Present pregnancy ?	1 2 3 (Please use tick mark)
12. Is this pregnant women eligible under JSY?	YES/NO (To be certified by ANM/ASHA)
13. Name of the identified place of delivery (Please record it in your diary for future monitoring)	(Explain the benefits of delivering at a Health Centre Under JSY)
14. ASHA/EV (Linked to this case if any preferably from same village/urban slum)	Name Add
Verified by ANM/AWW/ASHA etc	Signature/TI of the Applicant

PART II -DELIVERY

15. Who accompanied the beneficiary to the Health Centre?	Name / Designation/ Relationship: Signature/TI of the accompanying person)
16. Was the above accredited worker present with the beneficiary during the entire period of stay in Health Center and provided support?	(To be certified by ANM)



17. Place of Delivery	PHC/CHC/Private(Please use tick mark and indicate name)
18. Date of Delivery	
19. Normal delivery/Caesarean?	N/C Sf/ caesarean, Indicate where performed)
20. Outcome	(Live/still Birth)
21. Close to undergo voluntarily sterilization in the health facility immediately?	YES/NO
22 If YES,has , the mother received compensation in the health center ?	YES/NO Signature/TI of the applicant
23.Order of Present Birth(If live birth)	1 2 3 (Use tick ✓ mark)
24.During the present pregnancy,ever referred to the Health Centre due to complication?If yes, date and what complication.	To be verified by ANM/SN/other health official
25.Who accompanied her to the health Center then?	Name/ Relation/ Asha
26.Mode of travel by the applicant to Health center.	Walking/hand cart/bullock cart/rikshaw/car/tempo/jeep etc.
27.Any money paid then to the applicant	If yes, Amount paid Rs.___
28.Who paid?	(Name/designation) verified by the ANM/ASHA/MO/Authorised signatory
29.Two independent witnesses and their signatures/ Thumb impressions.	1. 2.
30.Name of ANM/Dai/Health Worker who filled this application.	Verify that the above facts are correct Name:

Signature/thumb impression with date. Signature/TI of the ANM/MO

Part-II-SUMMARY(for sanctioning by the Medical Officer/Authorised Officer)	
1.Is she an eligible beneficiary for JSY?	YES/No
(If no, state reasons and also inform the beneficiary)	
2.Are the documents complete for considering disbursal of the benefit,	YES/NO
3.Type of delivery?	Normal/Complicated/Caesarean), (state the complecations if any and enclose a copy of the discharge slip)
4.If requiring Caesarean section, was any expert hired for coming to the Health Center for delivery?	YES/NO If YES, How much money paid to the expert? Rs._
5.Was the woman referred to any health center for receiving obs.Services with referral slip?	YES/NO
6.How much cash paid to the pregnant woman And when? (Indicate date)	Rs. Date of payment. If delayed,reason? (Signature of ANM/MO)
How much cash paid to the accredited worker? And when (Indicate date)	Rs. Date of payment ___ (If delayed,reason?) (Signature of ANM/MO)

I have satisfied myself with the facts sated above and as per the norms of JSY recommend/approve/authorise Smt/Mr._____ANM/Health Worker to pay a sum of Rs_____ to the beneficiary,Smt_____ and a sum of Rs _____to the Trained Registered Dai,Smt Ms_____ _____ to be paid in installment. I have checked the maternal Card(enclosed with this) of this woman and and found that she has received the desired ANCs and the regular immunisation of the new born.

(Name and Designation of the authorised/Medical Officer)

Date of Registration.....

Para.....Gravida.....

LMP.....EDOD.....

DATE OF ANC VISIT	HEIGHT OF UTERUS	BP	Hb	URINE ALB
1				
2				
3				

DATE OF DELIVERY.....

PLACE OF DELIVERY.....

MODE OF DELIVERY.....NORMAL/CAESAREAN.....

OUTCOME.....LIVE/STILL BIRTH

WEIGHT AT BIRTH.....

POST NATAL CHECKUP OF MOTHER	1ST	2ND	3RD

HEIGHT OF UTERUS	LOCHIA	GENERAL CONDITION
1		
2		
3		

NEW BORN BABY

WEIGHT.....CORD.....

JAUNDICE PRESENT/ NOT PRESENT

MODE OF FEEDING.....BREAST FEEDING

Date of Registration.....

Para.....Gravida.....

LMP.....EDOD.....

DATE OF ANC VISIT	HEIGHT OF UTERUS	BP	Hb	URINE ALB
1				
2				
3				

DATE OF DELIVERY.....

PLACE OF DELIVERY.....

MODE OF DELIVERY.....NORMAL/CAESAREAN.....

OUTCOME.....LIVE/STILL BIRTH

WEIGHT AT BIRTH.....

POST NATAL CHECKUP OF MOTHER	1ST	2ND	3RD

HEIGHT OF UTERUS	LOCHIA	GENERAL CONDITION
1		
2		
3		

NEW BORN BABY

WEIGHT.....CORD.....

JAUNDICE PRESENT/ NOT PRESENT

MODE OF FEEDING.....BREAST FEEDING

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