Coverage Evaluation of Maternal Health Services in Dang District, Gujarat

Internship Training
at
Government of Gujarat, NRHM, Dang
(February 3 - May 15, 2014)

By
Kunal Pawar

Under the guidance of
Dr. Suresh Joshi

Post Graduate Diploma in Hospital & Health Management
2012–14

Institute of Health Management Research
Jaipur
2014

INSTITUTE OF HEALTH MANAGEMENT RESEARCH
1, Prabhu Dayal Marg
Sanganer Airport, JAIPUR - 302 029, INDIA
Tel. : 3924700, 2791431-32
Fax : 91-141-3924738
E-mail : iihmr@iihmr.org
URL : http://www.iihmr.org
Gram : HEALTHINST

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr Kunal Chandrashekar Pawar** student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from Institute of Health Management Research, Jaipur has undergone internship training at **NRHM, Gujarat** from **3rd February 2014** to **15th May 2014**

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

Col. (Dr.) Ashok Kaushik
Dean, Academics and Student Affairs
IIHMR, Jaipur

Dr Suresh Joshi
Professor
IIHMR, Jaipur

HEALTH DEPARTMENT

Zila Panchayat Office, Ahwa, The Dangs - 394710

DPMU/No.//DDM-86//0002014
Health Department, Zila Panchayat, The Dangs
16 / 5 / 2014

INTERNSHIP COMPLETION CERTIFICATE

This is to certify that Dr.KUNAL CHANDRASHEKHAR PAWAR, Enrol. No. IIHMR/PGDHM/2012-14/17-1330 student of Institute of Health Management Research Jaipur has successfully completed his internship project titled FACTORS AFFECTING INSTITUTIONAL DELIVERY IN THE DANGS- A DEMAND SIDE PERSPECTIVE in our organization District Health Society, Ahwa, Dang from 03rd February 2014 to 15th May 2014.

.

Wishing him a bright and successful career ahead.

Signature of the Industry Mentor

Additional Disitrict Heath Office
Ahwa- Dangs

INSTITUTE OF HEALTH MANAGEMENT RESEARCH
1, Prabhu Dayal Marg
Sanganer Airport, JAIPUR - 302 011, INDIA
Tel. : 3924700, 2791431-32
Fax : 91-141-3924738
E-mail : iihmr@iihmr.org
URL : http://www.iihmr.org
Gram : HEALTHINST

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "Coverage evaluation of maternal health services in The Dangs, Gujarat" by Dr. Kunal Chandrashekhar Pawar Enrollment No. 1330 under the supervision of Dr. Suresh Joshi for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from 3rd February 2014 to 15th May 2014 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
(Dr. Kunal C. Pawar)

Abstract

Introduction: medical attention received by pregnant women is important to reduce maternal and infant mortality. DLHS 3 showed that institutional delivery is 28.3%. In 2013-14 institutional delivery in Dang district was 54.67%. Although institutional delivery has risen, the growth is very slow. Coverage evaluation of maternal health program which focuses on antenatal care service and cash incentive programs along with other flag ship programs is essential to understand the situation of the district. This study has been taken up with the objective to find the coverage of maternal health services with focus on ante natal care service.

Method: 30*7 cluster sampling technique was used. 210 women who delivered in 2013-2014 were interviewed and services utilized by them were noted down in closed ended questionnaire. Awareness about the cash incentive programs and other programs related to promotion of institutional delivery were also taken in the questionnaire. Reasons for preference of institutional/home delivery were asked to see the prevalence.

Results: Utilization of 3 ante natal check up was 73%, drop out from1st ANC and 3rd ANC service was 25%. 96% women were immunised with TT-2/booster. Urine examination was done in 13% women.

Awareness and utilisation of JSY, KPSY, JSSK was low in comparison to MIS. Awareness of free referral transport was high but utilization was low.

Major reasons reported for home delivery were never felt the need and delay in decision making, followed by pressure from family. And reasons reported for home deliveries were good facilities at health institution and motivation by ASHA.

Conclusion: Drop out from ante natal care should be reduced by utilizing MCTS and due list of the beneficiary should be given to ASHA day prior to Mamta session. Education and counselling of Flagship programs should be increased. Currently only 5 PHC, 1 CHC and 1 DH is providing delivery facility in the district. Rest of the health institutions should be made functional to increase institutional delivery. Partnering with private hospital to reduce out of pocket expenditure. Operationalising Mamta ghar in the district to reduce the delays (3 delay model).

Table of content

Acknowledgement

I am grateful to my guide Dr. Suresh Joshi sir and my mentor VijayPratap Raghuvanshi sir who helped and guided me throughout these two years of my course. Without the inputs and help of Dr. Suresh Joshi sir this study wouldn't have been possible. They have guided me through every difficulty.

My deepest gratitude goes to P.K Taneja Sir and A.M. Mankad Sir who gave me an opportunity to work with Gujarat Government and to Dr. M.R. Chaudhary Sir and J.S. Dulera Sir who supported and guided me.

I am grateful to my family and friends who have always been there to help me with everything.

I am grateful to all those mothers who've been so co-operative in responding the questionnaire and to ASHA and Anganwadi Workers who have helped me during my visit to the villages.

List of Tables

List of Charts

Abbreviations

ANM	Auxiliary Nurse Mid Wife
AEFI	Adverse Events Following Immunization
ASHA	Acrediteted Social Health Activist
AWW	Anganwadi Worker
ANC	Ante Natal Care
BCG	Bacillus Calmette- Guerin
DLHS	District Level Household Survey
FHS	Female Health Supervisor
FHW	Female Health Worker
JSY	Janani Suraksha Yojna
JSSK	Janani Shishu Suraksha Karyakram
KPSY	Kasturba Poshan Sahay Yojna
MO	Medical Officer
PNC	Post Natal Care
VCE	Village Computer Entrepreneur
VHSNC	Village Health Sanitation And Nutrition Day
SRS	Sample Registration Survey
TT	Tetanus Toxoid Injection

Dissertation report

BACKGROUND

The Dang District is located in southern part of Gujarat surrounded by the Maharashtra on the east southern and northern side, Tapi district is located on the north adjoining Maharashtra and Navsari district is located on the southern and south eastern side. Part of Maharashtra is also located in the southern part of The Dangs. Dangs has mountainous terrain, Sahyadri range of western ghats and four important rivers pass through the district (Ambika, Khapari, Gira, Purna). District comprises of three talukas, namely Waghai, Ahwa and Subir and has 311 villages.

Demographic profile of The Dangs

The Dangs has the population of 2,26,769.[i] With sex ratio of 1001, Male population is 1,12,976 and female population is 1,13,793. Ninety four (94%) percent of the population is tribal and seventy three (73.84%) percent of the total population falls in the below poverty line category. Literacy rate of The Dangs is approximately seventy seven percent(76.8%).

Migration pattern

Due to the combined factors of resources deficiency and no good employment opportunities in the district, large scale migration (30% of the total population) of residing population occurs to nearby districts Surat, Tapi and Navsari.

The migration period is generally for about 6 months and the migratory population returns to the district after the routine closure of Sugar factories. Due to this large scale migration of people almost all the health programmes running in the district gets affected as like Immunization, Family Planning, ANC Check-up and TT mother. The places in the district where maximum migration takes place are Subir PHC limits, Garkhadi PHC limits and Kalibel PHC limits.

INTRODUCTION

Since inception, National Health Mission has focused on improving maternal and child health and also achievement of millennium development goal (MDG) 4 and 5 by 2015. Gujarat has maternal mortality ratio of 122[ii] and infant mortality rate of 38[iii]. Both infant and maternal mortality are high in rural areas compared to urban. Various flagship programs are underway o improve the access and utilization of maternal and child health services in Gujarat. Some of the notable programs that focus on reducing the maternal mortality and neonatal mortality are Janani Shishu Surakha Karyakram, Janani SurakshaYojna, free referral transport, Kasturba Poshan Sahay Yojna, Cheeranjivi Yojna etc. All the programs focuses on reducing the maternal mortality and infant mortality by increasing the utilization of health services, improving the nutritional status of pregnant women services and health of infant. Some of the programs give conditional cash benefit to ante natal mothers for nutrition, which is also the cause of anemia and low birth weight baby being born in the state of Gujarat.

Health department infrastructure of The Dangs comprises of 1 District Hospital, 1 community Health centre, 9 Primary Health Centres and 47 Sub-centres. Five primary health centres, 1 CHC and 1 district hospital work on 24*7 basis to cater the population especially consider the maternal and child health services, focusing mainly on delivery cases.

According to DLHS-3, The Dangs had infant mortality of fifty nine (59). In the same study, institutional delivery was reported at 28.3%. During the year 2013-14, 10 maternal deaths were reported and 162 infant deaths were reported against 7141 live births. During the same year, home delivery was at 45.33%. Institutional delivery includes both private and public health institution and stands at 54.67%.

Health indicators for the year 2013-14 of The Dangs from MIS is as follows,

- ANC registration – 94.88%.
- Early ANC – 76.36%
- ANC-3 check up – 81.36% of the total ANC registration.
- Total delivery registration – 7322
- Institutional delivery – 54.67%

- Home delivery – 45.33%
- PNC-3 check up – 77.56% of the total delivery.
- Live birth – 7141
- BCG – 91.66%
- Pentavalent -3 – 89.79%
- Polio –3 89.79%
- Measles – 85.26%
- Sterilization – 72.65%
- JSY utilization – 75%
- KPSY utilization – 25%

REVIEW OF LITERATURE

"About half of the total maternal deaths occur because of hemorrhage and sepsis. A large number of deaths are preventable through safe deliveries and adequate maternal care."[iv]

"Call for Continued investment in female education, which are indispensable for achieving reduced infant and child mortality and morbidity and possible have an impact on factors that reduce maternal mortality"[v]

"Given the low institutional delivery and high maternal mortality in the regions, there is a need to target the groups who do not use health services for delivery and address the barriers that exist."[vi]

"Health interventions which target SC/ST may also have to address both perceived and actual stigma and discrimination, in addition to providing needed services. ."[vii]

"The presence of a sealed road in each village was recorded in NFHS-2 but was found to have little influence on uptake of services"[viii]

"Traditional practice was the main reason for conducting the deliveries at home, followed by unsatisfactory or unacceptable hospital services and lack of transport facilities. This emphasizes the need of health education as well as strengthening of health services to increase the rate of deliveries conducted at health center or at least by a trained person. Various socio-demographic factors such as education of mother and father and socioeconomic status of the family showed a significant association with the delivery practices. It again emphasizes the impact of education on awareness and utilization of health services by the community."[ix]

"Greater availability of obstetric services will not alone solve the problem of low institutional delivery rates. This is particularly true for the use of private-for-profit institutions, in which the distance to services does not have a significant adjusted effect. In the light of these findings a focus on increasing demand for existing services seems the most rational action. In particular, financial constraints need to be addressed, and results support current trials of demand side financing in India"[x]

RATIONALE OF THE STUDY

This study is conducted to find the coverage of maternal health services in the district.

Improving maternal health, reducing maternal mortality and increasing institutional delivery are top agendas of Government of India. Ante natal care service focus on immunization, education and counselling of pregnant women. Immunizing pregnant women with 2 doses of tetanus toxoid, educating about importance of institutional delivery, educating about programs that focus on improving the health of pregnant women and promote institutional delivery are part of the ante natal care session.

Data of institutional delivery of the dang district (from MIS data) of past five year shows that institutional delivery has risen from 34.2% in 2009-10 to 54.67% in 2013-14. Institutional delivery is rising but the growth is very slow. of the local population are some the reasons for low utilization of the health services.

RESEARCH QUESTION

What is the coverage status of maternal health services in The Dangs?

OBJECTIVES

1. To do the Coverage evaluation of Ante natal care services.
2. To find the awareness and utilization status of programs associated with ante natal and natal care viz Janani Suraksha Yojna, Kasturba Poshan Sahay Yojna, Janani Shishu Suraksha Karyakram and Free Referral Transport.
3. To find the status of utilization of health institutes for delivery services; Place of delivery; reasons for institutional and home delivery from the study population

METHODOLOGY

1. Study Design

This was a descriptive cross sectional study.

2. Study Area

Dang district of Gujarat.

3. Study population

The study population consisted of all the women who delivered in last one year in the Dang district in Gujarat.

4. Sampling method

30*7 cluster sampling technique would be used. Entire district would be divided into 30 clusters (see cluster map below). 7 women who delivered in last one year would be interviewed from each of the 30 villages.

5. Sample Size

210 women who delivered in last one year.

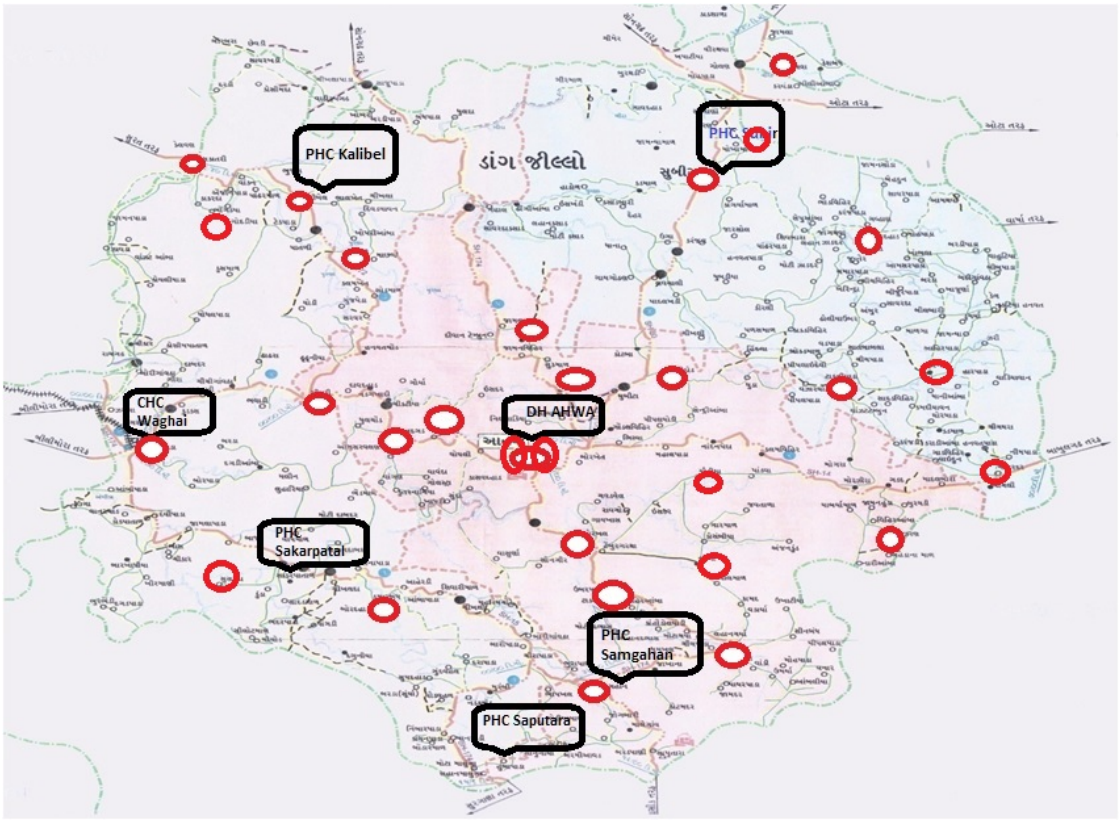
6. Study tool

Qualitative questionnaire was used to collect data from the PNC mothers. Questionnaire consists of closed-ended items.

7. Data collection

Interview of 210 women was taken and their responses were marked in the questionnaire Results was analyzed from the obtained answers.

Cluster map of Dang



Ethical consideration

- Informed consent was taken from the study population.
- Confidentiality of the subjects was maintained.

Results

1. Coverage evaluation of Ante natal care service

99% women of the study population availed ante natal care service (table1.1).). Migration for work was the reason given by the women who did not avail ante natal care.

Table 1.1: Utilization Ante natal care

	Frequency	Percent
Yes	208	99.0
No	2	1.0
Total	210	100.0

Education and counselling for institutional delivery, blood pressure monitoring, weight monitoring and urine examination is important part of Mamta session. They are important for the health of mother as well as baby. These services should be given to all mothers who register for ante natal care service. Blood pressure and Urine examination is essential to check the signs of pre eclampsia in pregnant women.

99% women availed at least one ante natal care check up at the sub centre and 74% women availed 3 ante natal care check. 11% availed 4 ante natal check up. 96.2% women received two doses of tetanus toxoid, 91% women received weight monitoring and 78.6% women received blood pressure examination. Urine examination was received by 13.8% women. (Table 1.2 and 1.3)

25% women dropped out between 1st and 3rd ante natal care service. Four ante natal check up has now been rendered essential by health and family welfare department, government of India. So by the data obtained from the coverage evaluation shows that the drop out between 3rd and 4th ANC is 63%.

Table 1.2: Utilization of Ante natal care services.

	1st ANC	2nd ANC	3rd ANC	4th ANC	TT-2/ BOOSTER
UTILIZATION OF SERVICES	99%	87%	74%	11.40%	96.20%

Table 1.3: Utilization of Ante natal care services.

UTILIZATION OF SERVICES	WEIGHT MONITORING	URINE EXAMINATION	BLOOD PRESSURE	OTHER ANC SERVICES
	91%	13.80%	78.60%	1%

2. Awareness and utilization status of associated programs

- 2.A. Janani Suraksha Yojna (JSY)

In Gujarat, under Janani Suraksha Yojna 700 rupees is given to pregnant women at the beginning of 7th month of pregnancy. This incentive includes 500 rupees for the nutrition of the pregnant women and 200 rupees for transport.

210 women were interviewed, during which it was found out that only 124 (59%) women were aware of JSY (table 2.A.1). 106 (50.47%) women utilized the facility of JSY. Unavailability of bank account was the major reason for non utilization. Data from financial regulations shows that 75% women have utilized the cash incentive of JSY.

table 2.A.1: Relationship between awareness and utilization of JSY facility

		if yes, did you avail JSY facility		
		YES	NO	Total
are you aware of JSY?	Yes	106	18	124
Total		106	18	124

- 2.B :Awareness and utilization status of Kasturba Poshan Sahay Yojna.

Kasturba Poshan Sahay Yojna is applicable to only those women who belong to below poverty line category. This incentive is for the nutrition of the mother. Under KPSY, rupees 2100 is paid to the women in three stages. Incentive of 1st stage i.e. rupees 700 is paid when the women gets herself registered before 12 weeks of pregnancy, 2nd stage of incentive is paid when women opts for institutional delivery and incentive of 3rd stage is paid after the full immunization of the infant before completion of one year.

124 women in the study population belonged to BPL category. 95 women (77%) from this category were not aware of KPSY. 22% women availed cash benefits under this program (table 2.B.1). Similar to JSY, unavailability of bank account was the reason for non utilization of the conditional cash benefit by the beneficiary who are aware of the this scheme.

Table 2.B.1: Relationship between awareness and utilization of KPSY facility

		did you avail kpsy facility		
		yes	No	Total
are you aware of KPSY?	YES	27	2	29
Total		27	2	29

- 2.C: Awareness and utilization status of Janani Shishu Suraksha Karyakram.

Janani Shishu Suraksha karyakram, is a flagship program of Government of India. Under the umbrella of JSSK all the essential services like free transport from home to institution and drop back service is provided. Free blood transfusion, free cesarean section, free pediatrician facility, free drugs, free diet, free stay for 48 hrs, free diagnostic services are provided without any user charges from the pregnant women. To reduce maternal mortality and infant, this services are provided upto completion of 6 weeks of post natal period. And for infants, these services are provided for the period of 1 year.

Only 27 (12.85%) out of 210 women were aware of JSSK. And because this facility is available only at public health institution only 6% women utilized this facility (table 2.C.1)

Table 2.C.1: Relationship between awareness and utilization of JSSK

		are you aware of JSSK?	
		YES	Total
DID YOU AVAIL JSSK?	YES	14	14
	NO	13	13
Total		27	27

- 2.D: Awareness and utilization status of Free Referral Transport.

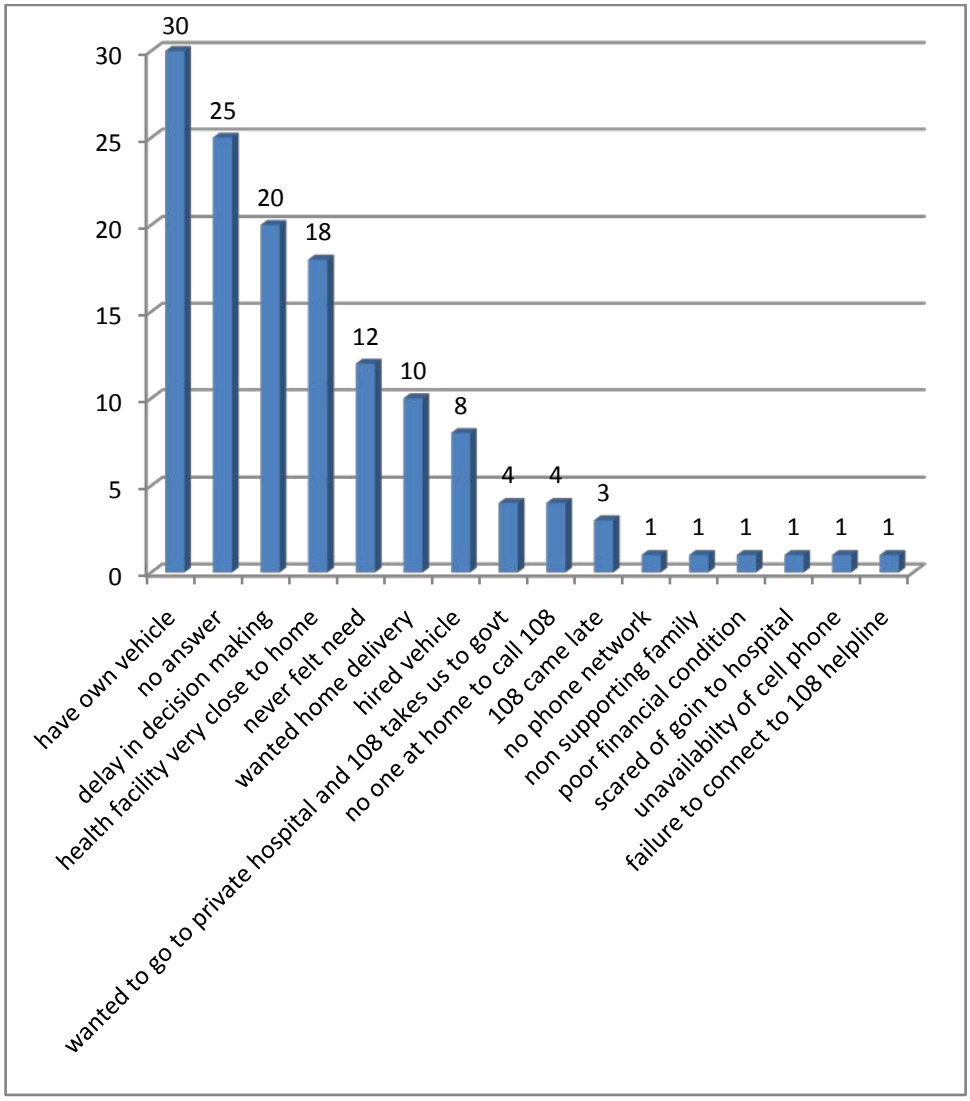
Free referral transport consists of 108 ambulances and ambulances of PHC, CHC and DH. 99.52% women were aware of free referral transport facility. Inspite of high awareness of free RT, 140 women did not utilize the service (table 2.D.1)

Reasons for the non utilization of free referral transport services are mentioned in chart 2.D.2

Table 2.D.1 Relationship between awareness and utilization of free RT service

		are you aware of free RT service	
		Yes	Total
if yes, did you avail the free RT servive?	YES	69	69
	NO	140	140
Total		209	209

Chart 2.1: reasons for non utilization of free referral transport.



3. Utilization of health institutes for delivery services; Place of delivery; reasons for institutional and home delivery from the study population.

124(59%) women from 210 delivered at health facility which includes both private and public health institution(chart 3.1). When we take a look at the distribution of delivery among private and public health institutes, we can see that 42.7% women delivered in private hospital and remaining at the government facility.(chart 3.2)

Among the hospitals which are located in the centre of the district, utilization of private hospital is higher than District Hospital. (chart3.2)

Chart 3.1: Place of delivery

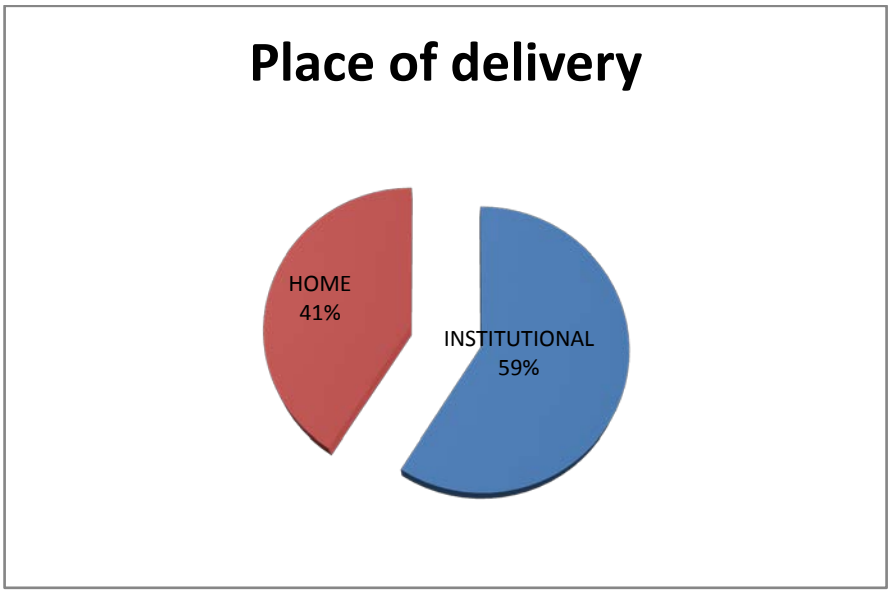


Chart 3.2 Health institutions providing delivery services and their prevalence of delivery.

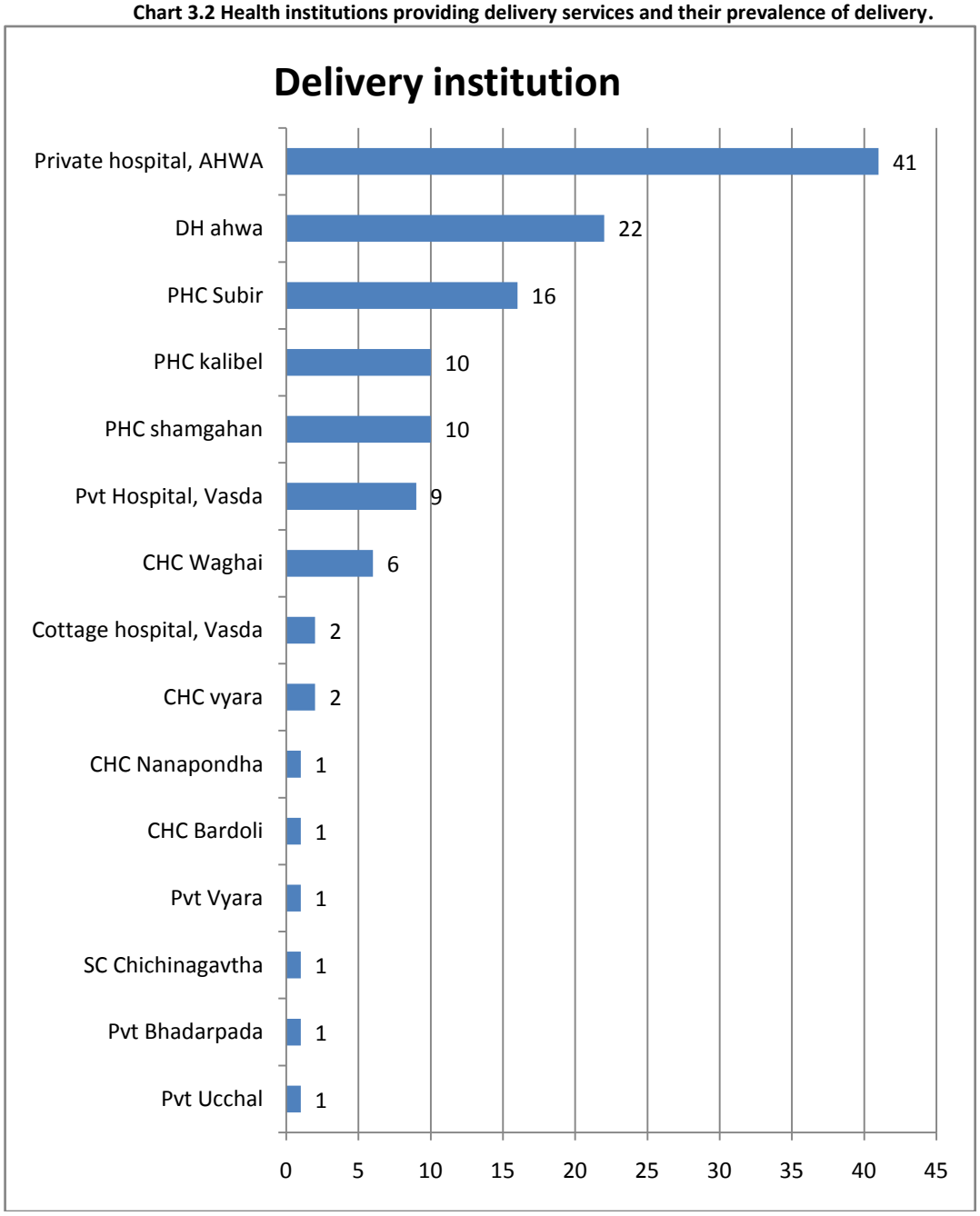


Chart 3.3 shows the reasons from respondents for utilization of health institution of for delivery. Questionnaire contained most of the common reasons that could have been obtained from the respondents. JSSK which is a flagship program of GOI to promote institutional delivery was just known to 12 respondents.

Chart 3.3 Reasons for opting Institutional Delivery

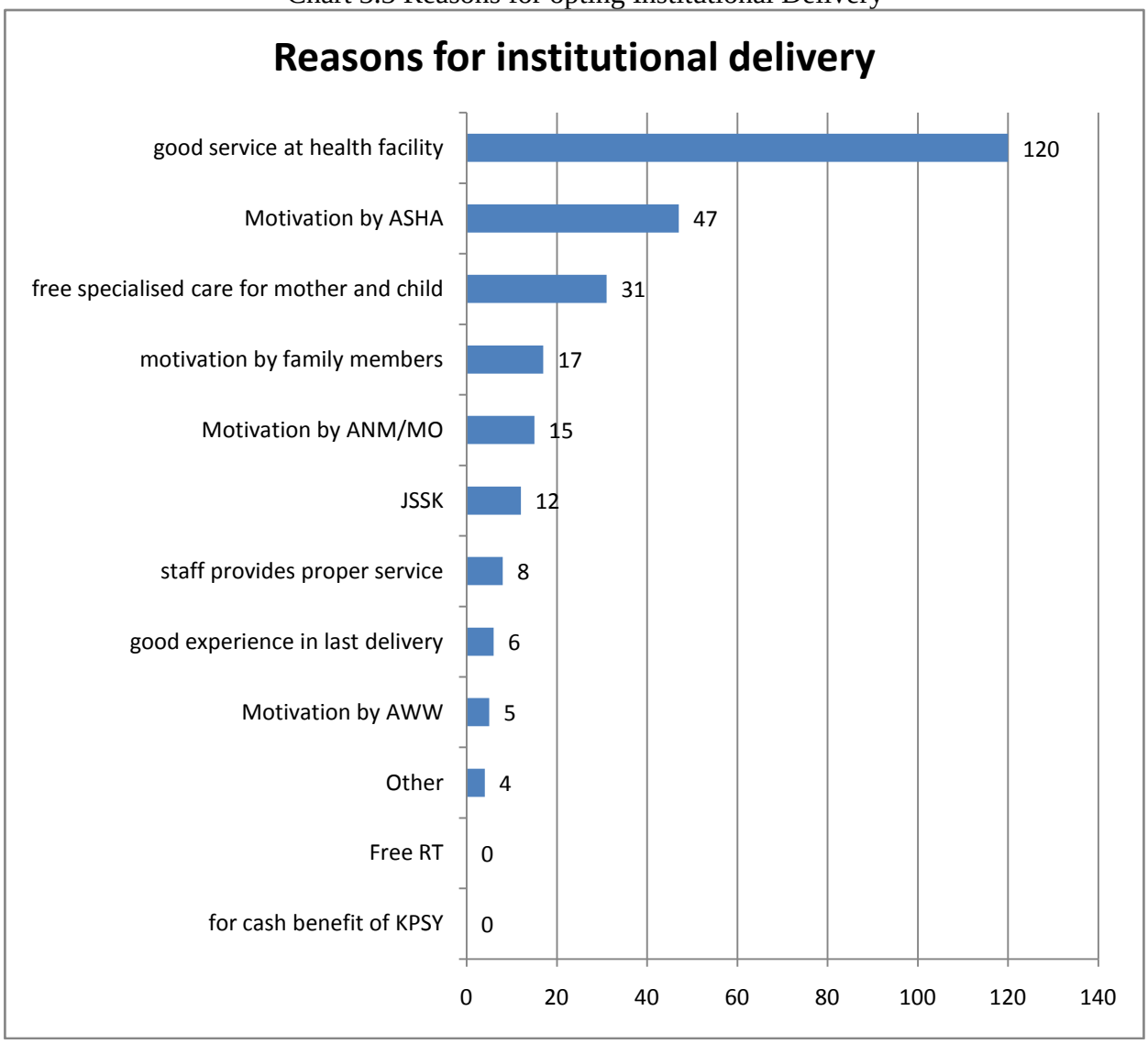
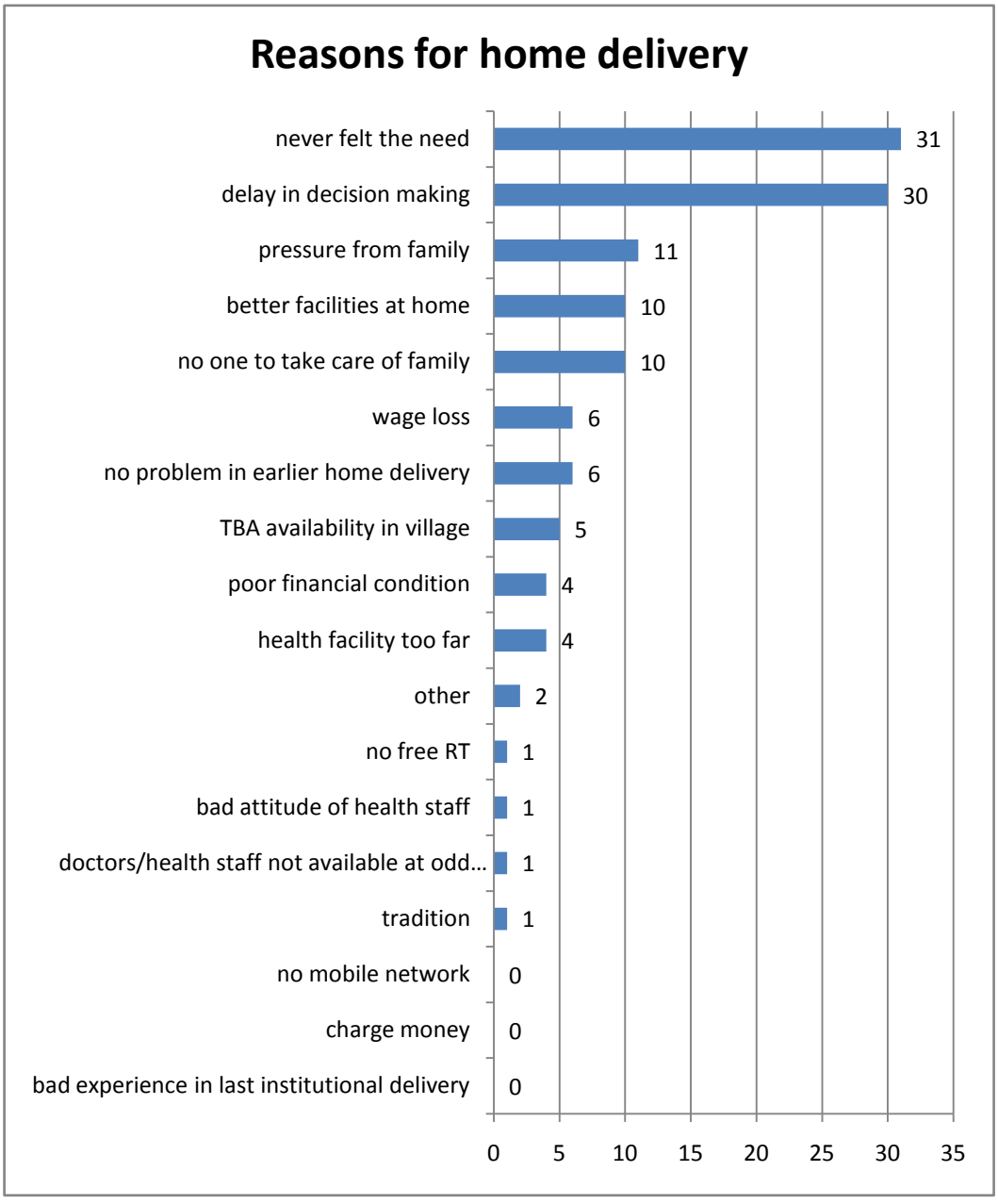


Chart 3.4 shows the responses for the preference of home delivery. From the chart it can be seen that never felt the need and delay in decision making are top responses, followed by pressure from family member.

Tradition and culture which was expected to play a major role in the preference for home delivery was responded by just women from the entire study population.

Chart 3.4: Reasons for opting home delivery



Conclusion and Recommendations

Table 4:Comparision of MIS and coverage evaluation

Indicators	MIS	CES
ANC - 3	81%	74%
TT-2/BOOSTER	86%	97%
Institutional delivery	54%	59%
JSY	75%	50%
KPSY	25%	22%

- Drop out between 1st and 3rd ANC is 25%. Efforts should be made by ANM and ASHA to gather the beneficiary during mamta session. Due list of the beneficiary should be provided to ASHA one day prior to the session. Also, work plan from MCTS portal should be generated so that no beneficiary is dropped from the service. 4 Ante Natal Care visits have been rendered essential for complete care of mother and baby by MOHFW, GOI.
- Awareness of JSSK is very low among pregnant women. JSSK provides continuum of care to the mother from the onset of labor till 42 days after delivery. It also covers health of child up to 1 year of life. Free entitlement under this scheme will help in generating demand among the beneficiaries.

  Awareness of KPSY is low among the BPL and only 22% have taken the benefit. Incentive of KSPY and JSY are given by account payee cheque. Interestingly, only one bank is available in the entire district and most of the women don't have bank account. In some cases, opportunity cost of opening a bank account is higher than the incentives they receive. It is recommended that VCE (village computer

entrepreneur) should be trained in banking to resolve the issue of non utilization of the conditional cash benefit. Or remove the account payee cheque system and give incentives to beneficiary either cash or by bearer cheque to the beneficiary.

ASHA and ANM should be given training in health programs that are promoting institutional delivery. Presently the quality of education and counseling is poor. Beneficiaries are just told about the incentive that they will receive but not educated about the scheme under which they will receive incentive and/or the benefits of the scheme.

Importance of institutional delivery should be focused during Mamta session. Also, causes of maternal and infant mortality should be discussed with the beneficiary.

Hoardings of JSSK and KPSY should be put at every major transit points in the district, also at the Gram Panchayats and Anganwadi centres of the village. 1 hoarding of each should be put at major junctions in the village

Posters of JSSK and KPSY can also be kept at religious places like temple or church where access is higher. Expenditure can be booked under the funds provided for IEC.

- 108 and free RT in some area takes more than half hour to reach the beneficiary. In areas where more than half an hour is taken to complete an emergency call, another 108 should be made available. This way, emergency call from the remote and hard to reach areas will be attended in less than 30 minutes.

  Awareness of 108 and free RT is very high among the study population. 108 is private public partnership model. EMRI has done excellent work in promoting 108 in every part of the district. Posters and banners of 108 are available in every village, not just in dang but also in other districts. Similar strategy should be adopted for JSSK and KPSY.

- At present only 5 out of 9 PHCs are functional delivery points. Sub centre should be made functional; presently none of the 47 sub centre in the district is giving delivery service.

  In Dangs, Utilization of delivery service in private health institution is higher that the district hospital. The facility of this private service provider should be utilized through public private partnership.

- Major reasons for home delivery in the Dangs are delay in decision making and never felt need. Delay in decision making factor can be reduced by operationalising Mamta Ghar in five 24*7 PHCs. Mamta ghar is the innovation where preganant women are kept in separate apartment in PHC for 7 days prior to their expected day of delivery. Also estimated date of delivery should be tracked by female health workers to reduce the delay. Behavior change communication of pregnant to generate more demand for institutional delivery who feel they don't need to go to health institution for delivery.
- Earlier DAIs was paid incentive for mobilization of patient to healthcare institution during delivery. This incentive has now been discontinued. Re introduction of this incentive would help in reducing 5.8% home deliveries that are conducted by DAI in the village. This has also been suggested in the district PIP for the year 2014-2015.

[i] Census of india 2011.

[ii] Special bulletin on maternal mortality in India, 2010-12.

[iii] SRS bulletin, September 2013

[iv] http://www.unicef.org/india/health.html, key issues of maternal health in india.

[v] P. Govindasamy and B. M. Ramesh, "Maternal education and the utilization of maternal and child health services in India," National Family Health Survey Subject Reports no. 5, International Institute for Population Sciences, Mumbai, India, 1997.

[vi] Nai-Peng Tey and Siow-li Lai; Correlates of and Barriers to the Utilization of Health Services for Delivery in South Asia and Sub-Saharan Africa**;** The Scientific World JournalVolume 2013 (2013), Article ID 423403

[vii] **Paul C Adamson**, **Karl Krupp**, **Bhavana Niranjankumar**, **Alexandra H Freeman**,**Mudassir Khan** and **Purnima Madhivanan;** Are marginalized women being left behind? A population-based study of institutional deliveries in Karnataka, India; *BMC Public Health* 2012.

[viii]

[ix] Sachin S Mumbare**,** Rekha Rege; Ante natal care services utilization, delivery practices and factors affecting them in tribal area of North Maharashtra; IJCM; 2011, 36/4.

[x] Amy J Kesterton[*]**,** John Cleland**,** Andy Sloggett and Carine Ronsmans; Institutional delivery in rural India: the relative importance of accessibility and economic status; *BMC Pregnancy and Childbirth* 2010.

Annexure

Demand side barriers for institutional delivery in The Dangs

(For Beneficiary)

Location of the interview_____

Informed consent: I/We would like to thank you for giving your valuable time for this survey. My name is Dr. Kunal Pawar. I/We would like to talk to you about the reasons for your selection of delivery point. The interview should take about 5 minutes. The responses will be kept strictly confidential. I will ensure that any information that I include in my report does not identify you as the respondent. Remember, you don't have to talk about anything that you don't want to and you can end the interview at any time.

Interviewee name:_____

Interviewee Signature: _____

Starting Time:

Date of Interview Closing Time:

	QUESTIONS AND FILTERS	CODING CATEGORIES	
1.	Age	15-20 years	1
		21-25 years	2
		26-30 years	3
		30-35 years	4
		35 years and above	5
2.	Caste	Hindu	1
		Muslim	2
		Sikh	3
		Christian	4
		Others, plz specify ……..	5
3.	Category	General	1
		SC	2
		ST	3
		OBC	4
		Others, plz specify……..	5
4.	APL/BPL? (if APL, plz skip question number 14)	APL	1
		BPL.	2
5.	Education (self)	Illiterate	1
		Literate, no formal education	2
		Until 5th std	3
		Until 8th std	4
		senior secondary	5
		higher secondary	6
		Graduate	7
		Post graduate	8
6.	Distance from nearest health institution which has delivery facility.	1-5 kms	1
		5-10 kms	2
		10-15 kms	3
		15-20 kms	4
		20+ kms	5
7.	Is there a tar motorable road from village to the health institution which has delivery facility	Yes	1
		No	2
8.	Is mobile network available in the area?	Yes	1
		No	2
9.	Date and place of last delivery?	___/___/____	
10.	Last delivery	Institutional	1
		Home	2
11	Did u avail Ante natal care services? (Skip Question	Yes.	1

.	number 12 if answer is no)	No . if no, plz specify the reason for not availing this service. _____ _____ _____ _____ _____ _____ _____	2
12.	What antenatal care services did u avail?	1st ANC	1
		2nd ANC	2
		3rd ANC	3
		4th ANC	4
		TT-1	5
		TT-2/ Booster	6
		Weight monitoring	7
		Blood Pressure	8
		Urine test	9
		Others, plz specify _____ _____ _____ _____ _____	10
13.	Are you aware of Janani suraksha yojana?	Yes	1
		No. if no skip to question number 14	2
13 a.	Who told you about JSY?	MO	1
		ANM	2
		ASHA	3
		AWW	4
		Others, plz specify	5
13 b.	If yes, did you avail the JSY facility?	Yes	1
		No. if no please specify the reason _____ _____ _____ _____	2
14.	Are you aware of kasturba poshan sahay yojna facility? (conditional cash benefit)	Yes	1
		No . (if no, skip to question number 15)	2
14	Who told you about KPSY?	MO	1

a		ANM	2
		ASHA	3
		AWW	4
		Others, plz specify	5
14 b	If yes,Did you avail Kasturba Pohan Sahay Yojna facility (conditional cash transfer)?	Yes	1
		No.if no, please specify the reason _____ _____ _____ _____ _____	2
15	Are you aware of the free referral transport service? (108/ PHC ambulance)	Yes	1
		No. if no, please skip to question number 16	2
15 a	Who told you about free referral transport service?	MO	1
		ANM	2
		ASHA	3
		AWW	4
		Others, plz specify	5
15 b	If yes, did you avail the free RT service?	Yes	1
		No. if no, please specify the reason _____ _____ _____ _____ _____	2
16 .	Are you aware of Janani Shishu Suraksha Karyakram (free diet, free medicines, free investigation, free CS, free pick up, free drop back, free referral to higher centre.) ?	Yes	1
		No. if no please skip tp question number 17	2
16 a.	Who told you about JSSK?	MO	1
		ANM	2
		ASHA	3
		AWW	4
		Others, plz specify	5
16 b	If yes, did you avail the services of JSSK?	Yes	1
		No., specify reason _____ _____ _____ _	2
17 .	If institutional delivery, give reason for opting for institutional delivery? Multiple responses expected. probing to be done	Motivation by family member	1
		Good service at health facility	2

		Staff is provide proper service	3
		Good experience in last delivery	4
		JSSK (free diet, free medicines, free investigation, free CS, free pick up, free drop back, free referral to higher centre.)	5
		Conditional cash benefit under Kasturba Poshan Sahay Yojna.	6
		Free specialized care for mother and child at health facilities.	7
		Motivation by ASHA.	8
		motivated by AWW	9
		Motivated by ANM/MO	10
		Free transport service	11
		If other, plz specify _____ _____ _____ _____ _____ _____ _____	12
18.	Why did you opt for home delivery? Multiple response , probing to be done	Delay in decision making.	1
		Never felt the need	2
		No problem at earlier home delivery	3
		No one to take care of family	4
		Wage lose	5
		Tradition	6
		Bad experience in last institution delivery	7
		Health facility to far.	8
		Charge money	9
		Better facilities at home.	10
		Pressure from family members.	11
		Doctors/ health staff are not available at the health facility at odd hours.	12
		Bad attitude of health staff.	13
		No mobile network availability.	14

		No free transport service availability.	15
		Poor financial condition.	16
		TBA (Dai) availability in the village.	17
		If other, plz specify _____ _____ _____ _____ _____ _____ _____	18