



Original Research Article

Validation of Data on Disbursement of Incentive to ASHA for Motivating Mothers for Institutional Delivery in a District Hospital in Madhya Pradesh

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ABSTRACT

The study evaluated the implementation of one of components of *Janani SurkshaYojana* (JSY) namely payment of motivation money to Accredited Social Health Activists (ASHA) by validating a district hospital data on disbursement of motivator money for institutional delivery to health workers, to find out if the motivator money under JSY was being disbursed as per guidelines and to bring out problems in disbursement of motivator money for institutional delivery to health workers. As a pre-requisite, the study also examined the role of ASHA in motivating mothers for institutional delivery. The study was undertaken in a District hospital in one of districts of Madhya Pradesh (MP). A representative sample of 150 mothers who had delivered during a period of two months between April and May 2011 was interviewed to elicit information on health workers who had motivated them to register for ANC, avail institutional delivery and who had accompanied them an institution for delivery.

The validation exercise revealed that there were serious problems in disbursement of motivation money. It was found that only in 3% of mothers motivation money was received by the right person who accompanied the mother. On the whole 68% (102) of deliveries were disbursed with motivation money as against 39% (58) of mothers who were escorted by ASHA or *dai* for delivery. The study also revealed that the incentive structure distorted the way scheme got implemented with ASHAs volunteering only to accompany mothers for delivery but not showing comparable eagerness in promoting ANC registration.

Key words: Accredited Social Health Activist, Janani SurkshaYojana, National Rural Health Mission, Institutional delivery, Incentives

INTRODUCTION AND BACKGROUND

Government of India launched the National Rural Health Mission (NRHM) in 2005 recognising the need to initiate strong steps to improve the basic health services in order to provide effective, affordable and equitable health care services to rural

population. The Mission especially focuses on health needs of women and children in selected poorly performing states. One of the important components addressing these priorities is JSY which is a conditional cash transfer program to promote women to give birth in a health facility.

A study published in the Lancet however found that for the year 2007-08 implementation of JSY varied widely across states “from less than 5% to 44% of women giving birth receiving cash payments from JSY. The poorest and least educated women did not always have the highest odds of receiving JSY payments”. The study emphasized “the need for improved targeting of the poorest women ... Continued independent monitoring and evaluations are important to measure the effect of JSY as financial and political commitment to the programme intensifies”.^[1]

NRHM provided for an Accredited Social Health Activists (ASHA) for each village to act as a link between formal health system and the community. Among many other expectations ASHA is also envisaged to encourage women for early registration of pregnancies, supporting mothers to avail anti-natal care (ANC) and to accompany mothers for institutional delivery.^[2,3]

As per JSY guidelines ASHA is expected to “identify pregnant woman as beneficiary of the scheme ...report or facilitate registration for ANC ... provide and / or help the women in receiving at least three ANC check-ups including TT injection, IFA tablets. ... Counsel for institutional delivery, escort the beneficiary women to the pre-determined health centre and stay with her till the woman is discharged”.^[4]

JSY provides for reimbursement of transport expenses, “transactional cost ... to be paid to ASHA in lieu of her stay with the pregnant women in the health centre for delivery to meet her cost of boarding and lodging etc ... (and) cash incentive to ASHA ... in lieu of her work relating to facilitating institutional delivery”.^[4]

A concurrent evaluation of JSY done by State Institute of Health and Family Welfare, Jaipur in 2008 observed that

beneficiaries were mostly motivated for institutional delivery by anganwadi worker (AWW) and *Panchayati Raj* Institution (PRI) members.^[5] Another evaluation done in 2009, reported that 28.7% of ASHA were getting Rs.300 as motivation money and another 20.8% were altogether denied their dues; 49.5% of beneficiaries were accompanied by ASHA / Auxiliary Nurse Midwife (ANM) and another 17.2% by husband. Only 58% had the person who accompanied present throughout.^[6]

An evaluation done by United Nations Population Fund – India (UNFPA) in MP, Bihar, Orissa, Rajasthan and Uttar Pradesh had shown that the percentage of pregnancies in which ASHA had helped to register for ANC ranged from as low as 31.5 in MP to 86 in Orissa; the percentage of pregnancies in which ASHA accompanied for ANC ranged from 6.5 in Bihar to 21.4 in Orissa. This figure was 7.4 in the case of MP. The percentage of pregnancies in which ASHA accompanied for delivery ranged from 12 in Rajasthan to 52 in Orissa. This figure was 17.1 in MP. All the three sets of figures were among only those pregnant women who were aware of presence of ASHA.^[7] If the survey had included those who were not aware of presence of ASHA as well, then in all probability these figures would have dipped further low. In other words, while the government claims that the number of beneficiaries under JSY had risen to 73.3 lakh beneficiaries in 2007-08 with an investment of more than Rs.750 crores for that year, the role of ASHA, the mainstay of the program, has been very limited in the eight states grouped as Empowered Action Group (EAG) states.

In light of this scenario, the present study aimed to evaluate the implementation of one of components of JSY namely disbursement of motivation money to ASHAs. The study aimed to validate a district hospital data on disbursement of

motivator money for institutional delivery to health workers, to find out if the motivator money under JSY was being disbursed as per guidelines and to bring out problems in disbursement of motivator money for institutional delivery to health workers. As a pre-request to validate the disbursement, the role of ASHA vis-à-vis other health workers in motivating mothers for institutional deliveries was also studied. [8]

MATERIALS AND METHODS

The study was a cross sectional study based on interviews conducted with the mothers who delivered in a District hospital in one of districts of MP. A representative sample of 150 mothers who had delivered during a period of two months between April and May 2011 was interviewed to elicit information on health workers who had motivated them to register for ANC, avail institutional delivery and who had accompanied to health institution for delivery. These mothers were interviewed when they came to receive the cheque for benefits under the JSY scheme.

This information was used to validate the data obtained from the hospital records on payments made to health workers for motivation and accompanying for ANC and institutional delivery.

RESULT

As per JSY guidelines health workers were expected to motivate women

to register within the first trimester. The study however had shown that only 67% of mothers had had their ANC registration done before the end of first trimester; 32% had done in the second trimester and 1% in the third semester. Since all women had undergone hospital delivery ANC registration in the sample is 100%, which however, most likely did not reflect the complete picture inclusive of home deliveries.

On being asked who had motivated them to get registered for ANC, about 55% had said no one had motivated them; over 34% had said it was the AWW who had motivated them for registration. Only 7% had said they were motivated by ASHA and 4% were motivated by ANM, doctor or *dai* (traditional birth attendant) and another 4% by family members. In other words more than half of the mothers were reportedly not motivated at all and close to one third were motivated by AWW. AWW appears to be far more useful and effective in motivating women for availing ANC than ASHA or ANM.

Data on personnel who had accompanied pregnant mothers to health centres to avail ANC shows that in case of 66% of mothers no one had accompanied; one-fourth women (25%) were accompanied by AWW, 6% of mothers were accompanied by ASHA, and 3% by other personnel such as ANM, doctor or *dai*).

Table 1: Distribution of mothers by health personnel who motivated them to register for ANC and who accompanied them for availing ANC care

Personnel	Motivated for ANC		Accompanied for availing ANC	
	No of mothers	%	No of mothers	%
AWW	51	34	37	25
ASHA	10	7	9	6
Others (ANM, Doctor, <i>Dai</i>)	6	4	5	3
No one	83	55	99	66
Total	150	100	150	100

The following table (Table 2) gives distribution of mothers by personnel who enabled them to make decision on place of

delivery and people other than family members who accompanied women to hospital for delivery. It shows that it was the

mother of a girl who was the most important influence behind such decisions. In 42% of cases mothers had influenced a girl in making a decision towards institutional birth. This was followed by women who had reported that the decision was made by herself and no one influenced her (19%).

After mother and self it was mothers-in-law who had influenced in the case of 17% of women; eight % of mothers were influenced by ASHA. Role of other health personnel as well as husband and other family members was quite insignificant in this regard

Table 2: Distribution of mothers by person who enabled them to make decision on place of delivery and who accompanied them for hospital delivery

Personnel/member	Influenced in decision		Accompanied *	
	No of mothers	%	No of mothers	%
No one/ Self	29	19	85	57
ASHA	12	8	38	25
Dai	1	1	10	7
AWW	4	3	2	1
ANM	1	1	2	1
Doctor	1	1	0	0
Other community member	0	0	4	3
Mother	63	42	NA	NA
Mother in Law	25	17	NA	NA
Other family members	9	6	NA	NA
No response	5	3	9	6
Total	150	100	150	100

NA – Not applicable; * - Only unrelated persons are considered here

Data on distribution of mothers by the personnel who accompanied her to hospital for delivery had shown that in case of 57% women no one had accompanied them to a hospital for delivery. In only 25% of cases ASHA had accompanied women to hospitals for delivery followed by *dai* in 7% cases. The role of ANM and AWW was very insignificant in this regard.

Table 3 gives distribution of mothers plotted against status of disbursement of motivation money to health personnel. We find that only in 3% of mothers' motivation money was received by the right person who accompanied the mother. In another 21% women no one accompanied and rightly no motivation money was paid to anyone. In over 22% of cases though mothers were

accompanied by an ASHA or *dai* as per records someone else had received motivation money. Further worse was the fact the in the case over 41% of women no one had accompanied them but motivation money was received by someone. In over 11% cases ASHA or *dai* had accompanied but as per records no one was paid the motivation money. In 2% of mothers record shows names of ASHA or *dai* who had received motivation money but mothers could not recall who had accompanied them to hospital for delivery, hence could not be verified. On the whole 68% (102) of deliveries were disbursed with motivation money as against 39% (58) of mothers who were accompanied by ASHA or *dai* for delivery.

Table 3: Distribution of mothers by status on being accompanied and motivation money received by health worker

Status of being accompanied & motivation money received	No. of mothers	%
Accompanied & money received by right person	4	2.67
Unaccompanied & money not received	31	20.67
Accompanied & money received by someone else	34	22.67
Unaccompanied & but money received	61	40.67
Mother could not identify who accompanied & but money received	3	2.00
Accompanied & money not received	17	38.57
Total	150	100.00

DISCUSSION AND CONCLUSION

As the study is a hospital based one it is not able to make any comment on the proportion of the institutional delivery in the community – the key outcome of JSY program. However the study gives insights into two important components of the program that perhaps has a strong role in shaping this key outcome of the program. Firstly, the study highlights the poor role played by ASHA in motivating mothers for seeking ANC and subsequently encouraging and facilitating mothers to opt for an institution based delivery. Literature points to perceived importance of ASHA's supportive role in improving the program uptake.^[9,10] However, in practice, as found elsewhere in similar settings,^[11] the current study finds that role of ASHA in motivating mothers for ANC and institutional delivery is limited. ASHAs had motivated only 9% of mothers for ANC, accompanied 8% of mothers to avail ANC and accompanied close to 27% of mothers for delivery. Earlier studies have pointed to this inadequate role of ASHAs in influencing mothers to seek ANC and deciding for institution based delivery.^[11]

The second key finding of the study on discrepancies in disbursement of motivation money to ASHAs is more central and perhaps unique to this study; not so thoroughly studied in published literature. Only in 3% of mothers motivation money was received by the right person who accompanied the mother. In over 22% of cases though mothers were accompanied by an ASHA or *dai* someone else had received motivation money. Further, in case of over 41% of women no one had accompanied them but motivation money was received by someone. On the whole 68% (102) of deliveries were disbursed with motivation money as against 39% (58) of mothers who were accompanied by ASHA or *dai* for delivery.

While the intent of disbursing motivation money to ASHAs is to encourage them to provide support to mothers for early registration and promoting institutional delivery, in practice there is disconnect between the process of ASHAs motivating mothers for availing services and disbursement of corresponding motivation money. The poorly implemented motivation-money distribution system has possibly contributed towards the limited role of ASHAs in JSY program uptake. It points to need for future research in this direction to assess the impact of poorly implemented motivation-money disbursement system on levels of motivation of ASHAs in influencing mothers for better program uptake. It may also be worthwhile to study the ways in which introduction of incentive systems distorts the way a program gets implemented.

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