NATIONAL RURAL HEALTH MISSION

JANANI EXPRESS MANAGEMENT MODELS

TMST
CTRAN Consulting

Acknowledgement

We are highly indebted to all the respondents who spared their valuable time to provide necessary information. Without their support, the documentation would not have completed.

We sincerely thank NRHM, TMST, District Project Managers of Kalahandi, Ganjam and Gajapati, Block Programme Officers, Block Accountant and Data Assistant, Medical & Para-medical staffs, NGOs, SHGs, BMASS, DMASS and Rogi Kalyan Samiti of the sample districts / blocks for their valuable and in time support for successful completion of the documentation. We sincerely thank Ms. B.L. Sarangi of TMST and Mr. Sukant of NRHM for their contribution, constant support and guidance throughout the process.

Most of all, our sincere appreciation goes to every member of the documentation team, who bore a lot of pain to complete this work in a very short span of time. If this report turns out to be a useful one, the credit goes to the professionals and researchers, who toiled to collect reliable and adequate information. It was our pleasure to have worked with a skilled and dedicated team. We acknowledge the contribution of all the team members.

Documentation Team, CTRAN

Table of Contents

Acknowledgement 1
ABBREVIATION 7
REPORT PRESENTATION FRAME 8
Executive Summary: 11
SECTION ONE 13
METHODOLOGY AND PROCESS OF DOCUMENTATION 13
1.0 Rationale of Thematic Area Documentation 13
1.1 Objective of Documentation: 13
1.2 Approach, Process and Methodology 14
1.2.1 Finalisation of Blocks & Health Institutions: 14
1.2.2 Sample Frame: 15
1.2.3 Tools for Documentation: 15
1.2.4 Team Finalisation and Orientation: 16
1.2.5 Stakeholder Consultation 16
1.2.6 Information Compilation, Analysis and Reporting 16
SECTION TWO 17
JANANI EXPRESS, AN INNOVATIVE APPROACH 17
2.0 Introduction and Background: 17
2.1 Existing JE Operational System in Orissa: 18
SECTION THREE 22
ASSOCIATION OF SHG FEDERATION IN JE OPERATION 22
3.1 INDUCTION OF JE & OPERATIONAL ARRANGEMENT: 22
3.1.1 JE Operational Arrangement: 22
3.1.2 JE Outreach and Coverage: 23
3.2 JE OPERATION AND MANAGEMENT MODALITIES: 24
3.2.1 JE Awareness and Institutional Preference: 24
3.2.2 Pregnancy Registration and JE Accessibility 24
3.2.3 Facilities and Vehicle Condition: 25
3.2.4 Vehicle Regulation and Planning: 26
3.2.5 Adequacy of JE Operation: 26
3.2.6 Change in the Operational System: 26
3.3 MONITORING AND FOLLOW UP: 27
3.3.1 Acquiring Information on Pregnancy: 27
3.3.2 Review and Analysis: 27
3.4 ROLE AND RESPONSIBILITIES OF THE STAKEHOLDERS 27
3.4.1 Role of Federations: 27
3.4.2 Role of PHC / CHC in JE Management: 28
3.4.3 Role of RKS in JE Management: 28
3.5 QUALITY OF SERVICES: 29
3.5.1 Arrival of the vehicle in time: 29
3.5.2 Availability of Doctor for Delivery: 30

3.5.3 Accompanying and Behavioural Pattern: 30
3.6 FINANCIAL ASPECT OF JE OPERATION 30
3.6.1 Payment Structure and System: 30
3.7 ACHIEVEMENT AND IMPACT: 30
3.7.1 Improvement in service quality: 30
3.7.2 Case Attendance: 31
3.7.3 Indirect Benefit of JE 32
3.7.4 Improvement in JE Operation: 32
3.7.5 Increment in JE Demand: 33
3.8 PROBLEM AND SUGGESTIONS 33
3.9 CASES OF FEDERATIONS 35
SECTION FOUR 45
ASSOCIATION OF SHG IN JE OPERATION 45
4.1 INDUCTION OF JE & OPERATIONAL ARRANGEMENT: 45
4.1.1 JE Operational Arrangement: 45
4.1.2 JE Outreach and Coverage: 45
4.2 JE OPERATION AND MANAGEMENT MODALITIES: 45
4.2.1 JE Awareness Strategy: 46
4.2.2 Institutional Preference: 46
4.2.3 Pregnancy Registration and JE Accessibility 46
4.2.4 Facilities and Vehicle Condition: 47
4.2.5 Vehicle Regulation and Planning: 48
4.2.6 Means of Availing JE: 48
4.2.7 Adequacy of JE Operation: 48
4.2.8 Change in the Operational System: 48
4.3 MONITORING AND FOLLOW UP: 48
4.3.1 Acquiring Information on Pregnancy: 48
4.3.2 Review and Analysis: 49
4.4 ROLE AND RESPONSIBILITIES OF THE STAKEHOLDERS 49
4.4.1 Role of SHG: 49
4.4.2 Role of PHC / CHC in JE Management: 50
4.4.3 Role of RKS in JE Operation & Management: 51
4.5 QUALITY OF SERVICES: 51
4.5.1 Arrival of the vehicle in time: 51
4.5.2 Availability of Doctor for Delivery: 51
4.5.3 Accompanying and Behavioural Pattern: 52
4.6 FINANCIAL ASPECT OF JE OPERATION 52
4.6.1 Payment Structure and System: 52
4.7 ACHIEVEMENT AND IMPACT: 52
4.7.1 Improvement in service quality: 52
4.7.2 Case Attendance: 53
4.7.3 Indirect Benefit of JE 54
4.7.4 Improvement in JE Operation: 54
4.8 PROBLEM AND SUGGESTIONS 55
SECTION FIVE 67

ASSOCIATION OF NGO AND PRIVATE INDIVIDUALS IN JE OPERATION IN KALAHANDI 67
5.1 INDUCTION OF JE & OPERATIONAL ARRANGEMENT: 67
5.1.1 JE Operational Arrangement: 67
5.1.2 JE Outreach and Coverage: 68
5.2 JE OPERATION AND MANAGEMENT MODALITIES: 68
5.2.1 Awareness and Accessibility: 68
5.2.2 People's Institutional Preference: 69
5.2.3 Pregnancy Registration and JE Accessibility: 69
5.2.4 Facilities and Vehicle Condition: 70
5.2.5 Vehicle Regulation & Planning: 70
5.2.6 Adequacy of JE Operation: 71
5.2.7 Change in the Operational System: 72
5.3 MONITORING AND FOLLOW UP: 72
5.3.1 Acquiring Information on Pregnancy: 72
5.3.2 Review and Analysis: 72
5.4 ROLE AND RESPONSIBILITIES OF THE STAKEHOLDERS 72
5.4.1 Role of Private Agencies: 72
5.4.2 Role of PHC / CHC in JE: 73
5.4.3 Role of RKS in JE: 74
5.5 QUALITY OF SERVICES: 74
5.5.1 Arrival of the vehicle in time: 75
5.5.2 Availability of Doctor: 75
5.5.3 Accompanying & Behavioural pattern: 75
5.6 FINANCIAL ASPECT OF JE OPERATION 75
5.6.1 Payment Structure and System: 75
5.7 ACHIEVEMENT AND IMPACT: 76
5.7.1 Service Quality Improvement: 76
5.7.2 Case Attendance: 76
5.7.3 Increment in JE demand: 77
5.7.4 Indirect Benefit of JE 77
5.7.5 Improvement in JE Operation: 78
5.7.6. Expression of Satisfaction: 78
5.8 PROBLEM AND SUGGESTIONS 78
6.0 CONCLUSION: 80
ANNEXURE ONE 81
COMPARISON OF JE MANAGEMENT MODELS 81
ANNEXURE TWO 83
COMPARISON OF ACHIEVEMENT BY JE MANAGEMENT MODELS 83
ANNEXURE THREE 84
SIMILAR INITIATIVES AT THE NATIONAL LEVEL 84

Table of Tables

Table 1: Sample Health Institutions / Blocks in Sample Districts 15
Table 2: Sample Frame for Documentation 15
Table 3: Introduction of JE in the block and Year of Association of Federations [BMASS] 22
Table 4: JE Outreach and Coverage 23
Table 5: Achievements of DMASS as on March 2010 35
Table 6: Introduction of JE in the block, SHG association & Geographical Coverage 45
Table 7: Role of RKS in strengthening Rural Health 51
Table 8: Geographical Coverage of JE in sample health institutions 68

Table of Figures

Figure 1: Interview with JE beneficiary 13
Figure 2: JE Inauguration in Ganjam 17
Figure 3: JE with mother in Gajapati 18
Figure 4: Facilities in JE & sleeping sits 26
Figure 5: Transportation through JE 60
Figure 6: Logbook maintained by the Driver 62
Figure 7: Health Awareness 71

Table of Graphs

Graph 2: Reasons of Institutional Preference in Ganjam [% of beneficiaries] 24
Graph 1: JE Popularisation Strategies 24
Graph 3: Benefits of Pregnancy Registration [% of beneficiaries] 25
Graph 4: Facilities available in JE, Ganjam 25
Graph 5: Role of Health Institutions in Managing JE [in %] 28
Graph 6: Role of RKS in JE Management [in %] 29
Graph 7: RKS Strengthening Rural Health in Ganjam 29
Graph 8: Status of Institutional Delivery through JE [From inception of JE till April 2010] 31
Graph 9: Indirect benefit of JE [Responses of Health institutions in %] 32
Graph 10: Improvement made in JE operation [RKS Responses in %] 33
Graph 11: JE Awareness Strategy by Institutions in Gajapati 46
Graph 12: Reasons of People's Institutional Preference 46
Graph 13: Pregnancy Registration and JE Accessibility [in %] 47
Graph 14: Role performed by SHGs in JE Management in Gajapati [Response in %] 50
Graph 15: Roles performed by Health Institutions in JE Management in Gajapati [Response in %] .. 50
Graph 16: Indicators of Improved JE Demand in Gajapati 52
Graph 18: Case Attendance by Health Institutions in Different Months 53
Graph 17: Total Case and No. of Cases per Month 53
Graph 19: Indirect Benefit of JE in Gajapati; Perception of Health Institutions 54
Graph 20: Improvement in JE Operation in Gajapati; [RKS Opinion in %] 54
Graph 21: JE Popularisation Strategy; Kalahandi 68
Graph 22: Reasons of Institutional Preference of People 69
Graph 23: Pregnancy registration & JE accessibility 69
Graph 24: Facilities in JE, Kalahandi 70
Graph 25: Role of NGO & Private bodies in Managing JE: Kalahandi 72
Graph 26: Role of Health Institutions in Managing JE; Kalahandi 73
Graph 28: Role of RKS in Strengthening Rural health [in %] 74
Graph 27: Role of RKS in JE Operation and Management 74
Graph 29: Case Attendance by JE in Kalahandi 76
Graph 31: Indirect Benefits of JE in Kalahandi [responses in %] 77
Graph 30: Indicators of Improved JE Demand in Kalahandi; Perception Mapping 77
Graph 32: Improvement in JE operation; RKS view in % 78

ABBREVIATION

ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
AYUSH	Ayurvedic, Yoga, Unani, Siddha and Homeopathy system of health
BPL	Below the Poverty Line
BPO	Block Programme Officer
BMASS	Block Level SHG Federation
CBO	Community Based Organization
CDMO	Chief District Medical Officer
CHC	Community Health Centre
DHFW	Department of Health and Family Welfare
DLHS	District Level Household Survey
DPM	District Project Manager
DPMU	District Project Management Unit
EMRI	Emergency Management & Research Institute
GKS	Gaon Kalyan Samiti
GoI	Government of India
GP	Gram Panchayat
ICDS	Integrated Child Development Services
ID	Institutional Delivery
IEC	Information Education and Communication
IMR	Infant Mortality Rate
JE	Janani Express
JSY	Janani Surakshya Yojana
KBK	Kalahandi Bolangir and Koraput Region
MCH	Maternal and Child Health
NFHS	National Family Health Survey
MIS	Management Information System
MMR	Maternal Mortality Rate
MO I/C	Medical Officer In-Charge
NGO	Non Government Organization
NHP	National Health Policy
NPP	National Population Policy
NRHM	National Rural Health Mission
OBC	Other Backward Classes
PHC	Primary Health Centre
PPP	Public Private Partnership
PRI	Panchayat Raj Institution
RCH	Reproductive and Child Health
RKS	Rogi Kalyan Samiti
SC	Scheduled Caste
SHG	Self Help Group
SRS	Sample Registration System
ST	Scheduled Tribe
TMST	Technical and Management Support Team
WCD	Women and Child Development

REPORT PRESENTATION FRAME

Executive Summary

Section One:	Methodology and Process of Documentation
Section Two:	Janani Express; An Innovative Approach
Section Three:	Federation based JE Management Model of Ganjam
Section Four:	SHG based JE Management Model of Gajapati
Section Five:	NGO and Individual based JE Management Model of Kalahandi
Annexure One:	Comparison of JE Management Models
Annexure Two:	Comparison of Achievements by JE Management Models
Annexure Three:	Similar Initiatives at the national Level

Janani Express has been a strategic intervention of Government of Orissa and NRHM in order to facilitate free transportation of pregnant women to the health institutions for delivery. As the overall approach adopted for operating Janani Express is private partnership based i.e. in a PPP mode, different operational arrangements have been made in different districts with regard to partnership with private agencies / individuals. In districts like Ganjam and Gajapati where SHGs / Federations are involved in the JE management process, in some other cases, NGOs and individuals are managing JE. The objective of this document is to capture such operational arrangements and share with different stakeholders for replication of suitable models. Prior to this documentation, another study was conducted by NRHM-TMST titled "Rapid review of Janani Express in Orissa". Looking objectively, present documentation differs from the objective of rapid review as Rapid Review was to understand the financial viability of Janani Express and to review its performance. But, this is the documentation of models / practices adopted in three districts of the State where JE is operational.

To document the JE operational systems, different stakeholders associated in the process were consulted. Views of mothers, who have already accessed JEs, were captured along with interaction with Rogi Kalian Samiti [RKS], Gaon Kalyan Samiti [GKS], community level health service providers, health service providers at health institution level etc. As association of privates is a major component of JE management process, their views were also captured and analysed. A comparative analysis of JE operational arrangement is prepared encompassing that of federations, SHGs and other privates including their role, responsibility and functions. It is expected that, the documentation of management processes at these three different levels will help replication of these models in other districts based on its suitability.

EXECUTIVE SUMMARY:

The Government of Orissa introduced Janani Express [JE] with the objective of providing free transportation service to the pregnant women to reach to the health institution for delivery. The scheme has been supportive to Janani Surakshya Yojana [JSY] for bringing improvement in the institutional delivery status in the state. It was envisioned that the scheme would help to reduce maternal death rates. In Orissa, free referral transportation service is provided through two broad operational structures i.e. Janani Sewa approach, adopted only in Sundargarh district and Janani express approach in remaining districts of the state. While NRHM is having its own vehicles in Janani Sewa approach, in JE, the vehicles as "Janani Express" are placed by the private bodies in a PPP mode of operation.

Under PPP mode, women SHG federations have been associated in the JE management process in Ganjam whereas in Gajapati, individual women SHGs have placed their vehicles as JE. Association of individuals as JE operators is the arrangement made in Kalahandi. JE was introduced in all the three districts either during last part of 2009 or in the early quarter of 2010. While all the blocks of Ganjam and Gajapati are having JE facilities, in Kalahandi it is available in 10 blocks out of 13 blocks. As per the policy, all the JE vehicles are expected to cover all the villages of the block in order to provide free transportation service.

After the placement of the vehicles, health institutions in all the districts have taken initiatives to popularise JE and for that different strategies have been adopted such as using IEC materials, spreading message through community level health service providers like ASHA, ANM etc. Such propagation initiatives have helped people to understand the importance of JE and as a result, there has been an increment in JE accessibility if compared to the month of inception. People from different socio-economic segment have used the service [56.64% BPL accessed JE]. All the vehicles are equipped with some basic health equipments such as stretcher, cotton, drinking water, first aid kit etc. but availability of oxygen is not there in most of the vehicles. Replacement of the used articles is also not so regular in most cases.

The health institutions have been playing an important role in planning the JE movement for higher case attendance where role of the private bodies is almost negligible. The movement of the vehicle is determined based on the call received by the health institution, either directly or through the local ASHA. But in most cases, ASHA has been instrumental in facilitating the JE accessibility of the pregnant women in all the three districts. To attend calls, vehicles movement is also ensured during the night time in all the three districts. In all the three models, the vehicle provides both picking and dropping service to the pregnant women. There is no such involvement of the private agencies, either in call tracking or promoting JE usability at the community level.

Periodically, the RKS of the concerned health institution take stock of the JE movement and corresponding case attendance. Based on the findings, it suggests making the vehicle optimally used. In Ganjam, total institutional delivery [ID] through JE recorded to be 649 since the inception of JE in the district. Similarly, ID through JE in Kalahandi is 1405 and that in Gajapati is 1711. A total of 48 children were also supported by JE in Gajapati which is not a case in other districts. Average case per

sample institution calculated to be 124 in Ganjam, 201 in Gajapati and 99 in Kalahandi. Whereas, average case per month calculated to be 24 in Ganjam, 27 in Gajapati and 29 in Kalahandi since the inception of JE in those blocks. While average case per month through JE is highest in Kalahandi, average case per institution is highest in Gajapati.

For the vehicles, placed by SHGs, federations and individuals, RKS pay the monthly hiring cost of the vehicle to the respective vehicle providers which is Rs.16000/- in Gajapati and Rs.15000/- in other two districts. Apart from this, fuel expenses are also reimbursed to the private bodies at the rate one litre per 10 Km coverage. Payment of driver including operation and maintenance of the vehicle is made by the private bodies from this fund. Due to institutionalised structural, financial documentation and tracking is more systematic in federations in Ganjam followed by SHGs of Gajapati. In all the arrangement, it has been the responsibility of the private body to look after the maintenance of the vehicle and making alternative arrangement by which the vehicle would remain operational for 24 hours in a day.

It is evident from the comparison of three JE models i.e. federation, SHG and Individual/NGO that there is no such distinguishing difference in the role and function of the privates rather it is mostly the difference of arrangement of association of private bodies in the overall JE management process. All the private bodies in all the cases perform more or less similar role where the health institutions play a significant role apart from placing the vehicle.

SECTION ONE
METHODOLOGY AND PROCESS OF DOCUMENTATION

1.0 Rationale of Thematic Area Documentation

Janani Express has been implemented in the state successfully and its outreach is being extended to more than 200 blocks. The JEs are basically managed by private players like NGOs [Kalahandi], SHGs [Ganjam & Gajapati], Trusts running the PHC-N in a PPP mode [Ganjam] etc. on cost reimbursement basis. Apart from individual private bodies, some SHG federations are also engaged in managing the JE. Managing JE through women's federations is an initiative where community representatives manage the movement of JE and facilitate referral transport services. For SHG federations, it has been a social enterprising venture. On the other hand, NGOs are also engaged in managing the JE operation in many districts including Kalahandi. The operational & management practices evolved through different stakeholder association would be useful for learning and replication. So, this process documentation looks at documenting such management practices adopted by SHGs, SHG federations and NGOs for learning and replication.

Figure 1: Interview with JE beneficiary

Prior to this documentation of management processes, one study was conducted by NRHM-TMST titled "**Rapid review of Janani Express in Orissa**". The objective of the study was to understand the financial viability of Janani Express and to review its performance. The study also highlights the overall management practices of JE at PHC/CHC level, but the scope of the study was limited to assess the general management practices with no such specification by private players. As a result, NRHM and TMST are now interested in capturing the management practices in three sets of private association i.e. JE management by NGOs/other Privates, JE management by SHGs and JE management by Federations. It is expected that, the documentation of management processes at these three different levels will help in capturing the promising practices and management innovations that have evolved in the process, for replication in other places.

1.1 Objective of Documentation:

This assignment aims at documenting different models of Janani Express managed by SHG federations in Ganjam and Gajapati and by NGOs in Kalahandi. Specific objectives are;

1. Documentation of the management process adopted by NGOs in Kalahandi and Federations in Ganjam and Gajapati.

2. To document promising and innovative initiatives in the management of JE

1.2 Approach, Process and Methodology

In view of the objective of the project a comprehensive framework was designed to capture different facets of Janani Express in three different models. The areas identified for documentation were operational management aspects, financial management procedures, quality of services and management innovations, if any. It was also attempted to look into the scope of replication of management practices elsewhere in the state under three different models.

In the process of documentation, available secondary literature on Janani Express and similar other models of free transportation services were reviewed and analysed to understand the operational aspects. Apart from that, collected secondary information were also analysed to understand the impact of the present PPP arrangement to manage JE. In order to understand the present operational model and its effectiveness, relevant secondary information / data were gathered from various sources including district level heath institutions. Collection and analysis of secondary is focused on certain factors to enable effective documentation of management process followed in different districts by NGOs / SHG / federations. Secondary data includes [1] achievements due to the existing management practices [2] success cases because of such practices [3] situational change in terms of quality and [4] financial operational system. Before the inception of the field level documentation, the documentation team discussed in detail with NRHM and TMST on the samples to be collected and different operational dimensions to be captured in the documentation. Based on the inputs from NRHM and TMST, a detail sample frame was finalised for coverage to understand the impact of the JE management model in the selected three districts.

Districts, selected purposefully for JE management practices documentation were Ganjam, Gajapati and Kalahandi. In Ganjam where SHG federation is associated with JE management, in Gajapati, individual SHGs are associated. Kalahandi district has a unique feature i.e. in one of the PHCs [N]; NGO is managing JE while in rest of the blocks vehicles are hired from the private bodies / individuals on monthly rent basis. It was decided to take up these three sets of PPP based association models for better understanding.

1.2.1 Finalisation of Blocks & Health Institutions:

In relation to the performance of JE, secondary information was gathered from the district NRHM office. Collected information was used for selection of PHCs with higher and lower case load. The case load was analysed for the year 2009-10 i.e. from April 2009 to March 2010 as annual reporting is linked to the financial calendar. So, figures of four quarters were analysed and accordingly two health institutions having highest institutional delivery through JE and two institutions having lowest institutional delivery through JE [during the year 2009-10] were selected for documentation. Accordingly, samples were drawn from both the types of PHC/CHC. For example; in Ganjam two high performing PHC/CHC selected for documentation were Hinjilicut with 157 cases and Soroda with 79 cases. Similarly, two low performing blocks namely Chikiti [12 cases] and Dharakot / Belaguntha [19 cases each] were selected for documentation purpose. The number of institutional deliveries addressed only through JE after the association of private bodies was kept in mind during

the selection of the health centres. Details of the sample health centres selected for documentation are presented in the matrix below.

Table 1: Sample Health Institutions / Blocks in Sample Districts

SN	District	High ID through JE	Low ID through JE
1	Ganjam	Hinjili, and Soroda	Dharakote and Chikiti
2	Gajapati	Raigarh and Nuagada	Gurundi and Mohana
3	Kalahandi	Junagarh and Jayapatna	Kalampur and Dharmagada

1.2.2 Sample Frame:

After a thorough discussion with NRHM and TMST, it was planned to take up some samples from sample districts, on purposive basis to understand the impact of the adopted management practices based on people's perception. The samples were purposely taken to understand the processes adopted in the district for running the Janani Express in association with the private bodies. Apart from health institutions, ground level service providers and JE beneficiaries were also consulted to understand the operational differences in these three JE models.

Table 2: Sample Frame for Documentation

SN	Sample Categories	Sample Planned	Sample Covered
1	Dist. Headquarters Hospital	3	3
2	PHC / CHC	12	12
3	JE Beneficiary	60	114
4	ASHA	24	24
5	RKS	12	12
6	NGO	4	2*
7	Federation	4	5**
8	SHG	4	4
9	Driver	4	4

Note:
* In Kalahandi, only one NGO is managing the JE
** Along with 4 block level federations, 1 district federation also covered

1.2.3 Tools for Documentation:

To document the JE management practices and its impact, different tools were designed to capture responses of different stakeholders such as targeted beneficiary of JE, ASHA, Medical Officer, managing NGO / federation and RKS. The tools were basically to record the responses of different stakeholders involved in the process.

1. **Management Process Mapping Tool:** This tool captures the flow of management processes in three sets i.e. management process adopted by NGOs, SHGs and Federations. With the help of this tool, all the management functions / activities associated with JE were documented in a qualitative and quantitative form. The process mapping also includes service delivery mechanism, monitoring procedure and other management practices.

2. **Management Performance and Impact Mapping Tool:** The matrix is a ready to use checklist to capture and record qualitative dimensions & impact of management

performance and its effectiveness. This tool also details out the advantage of engagement of NGOs and federations in the JE management process.

3. **Case Study -** Personal experience and success stories were captured and documented in the form of case studies for better understanding of the importance of adopted management practices.

Before the full scale implementation of the tools, all the tools were piloted in the project district of Ganjam. The field findings suggested some modification in the predesigned tools in the area of management practices like call tracking / receiving, vehicle planning, association of SHG members in the process, role of private body etc. Based on the field findings, necessary changes were made in the tools for capturing relevant information.

1.2.4 Team Finalisation and Orientation:

A team of eight professionals / researchers were finalised for the documentation of JE management practices. All the members were oriented in a two day in-house orientation camp. Different facets of JE were discussed with the documenting team along with documentation objectives and methodology. Different tools were vividly discussed with the researchers. Apart from that, at the field level, one day orientation was organised where collected information were crosschecked and members were given further inputs on the use of tools.

1.2.5 Stakeholder Consultation

Different stakeholders involved in the management process who have contributed to the overall evolution of present management practices were consulted. The stakeholders consulted in the process were NGOs, SHGs, SHG federations, CDMO / DPM / MOIC, local RKS, ASHA, JE beneficiaries and vehicle drivers. Before the inception of field work, the documentation team discussed with CDMO and DPM of the concerned districts and briefed them about the objective of the documentation. After consultation with them and based on the collected secondary data, PHCs/CHCs were finalised for documentation. In each sample PHC/CHC, concerned MOIC were consulted regarding JE operation and management process. At the secondary level, perception of these health personnel about the effectiveness of JE was captured.

1.2.6 Information Compilation, Analysis and Reporting

All the collected primary and secondary information were computed and analysed by district and also in an aggregated manner. Both qualitative and quantitative information were compared, triangulated and placed in the report under different sections.

SECTION TWO
JANANI EXPRESS, AN INNOVATIVE APPROACH

2.0 Introduction and Background:

Figure 2: JE Inauguration in Ganjam

The performance statistics report of HMIS, August 2009 of Ministry of Health and Family Welfare highlights that there is a negative change of -24.0 in the institutional delivery [ID] status in the country with a rate of achievement of 39.4% of the assessed need. In the Orissa context, the change is -47.0 with the fulfilment of 41.5% of the assessed need. The decreasing trend of institutional delivery in the country and at the state level during the year 2008-09 in comparison to 2007-08 identified some critical gaps in health services. One of the critical gaps that have been identified is the non-availability of the referral free transportation services in the rural areas. So, it was thought of by the National Rural Health Mission to provide such services which will help to improve the institutional delivery status at the national level and in all the states irrespective of its categorisation as high focus and non-high focus state [Source: NRHM, Govt. of India Document].

Among the major attributes to pregnancy-related mortality, delay in reaching an appropriate health facility centre is considered to be one of the prime attributes. This normally happens either due to lack of readily available and affordable transport facility or inaccessibility / distance for which people fail to access institutional health services. Establishing linkages between the community and health institutions was identified as an important component for the promotion of institutional delivery. For this purpose, providing free of cost transportation was thought of which would help not only to minimise the financial burden on the family for coming to a health institution for delivery but also make it easily accessible through transportation provision. Different states have different models for providing effective transport for institutional delivery. But in most of the states, including Orissa, Janani Express is being implemented in a public private partnership [PPP] mode.

Salient Features of the Scheme

A. *A 24 hour free transport scheme for pregnant mothers & sick babies*

B. *Complementing Janani Surakshya Yojana [JSY]*

C. *Partnership with Private Sector*

D. *Easy Accessibility with Facilities:*

[Source: NRHM Documents, GOI]

The National Population Policy [NPP], 2000 and NRHM, have laid emphasis to reduce maternal mortality to less than 250 per 1, 00,000 live births in Orissa by the year 2010. In this connection, Janani Express is one of the programmes that addresses the issue of maternal mortality by facilitating free of cost transportation for pregnant women to the health institutions. In the pilot phase, JE was provided to those health institutions [at block level] where institutional delivery was on an average 50 per month. In the first phase, Janani Express was piloted in 63 blocks of 22 districts in a PPP mode. As per the norm, Janani Express is expected to cater to the needs of all pregnant women irrespective of caste, religion, age for to and fro travel for institutional deliveries. Secondly, it is mandated to provide emergency referral services for women before and after deliveries and free transportation service to sick neo-natal, infants and children below 1 year for emergency care.

Janani Express is one among all such initiatives taken by National Rural Health Mission [NRHM] in the State to create better transportation facility for institutional accessibility in a free of cost manner. Its 24 hours transportation availability on call helps pregnant women to reach health institutions for delivery. It complements the JSY scheme which provides cash incentives to women availing institutional delivery and also to ASHA who facilitate the process. It supports the pregnant women to cope with emergencies, which arise during pre as well as post-delivery periods and help pregnant women reach health centres for delivery.

Figure 3: JE with mother in Gajapati

Acknowledging the constraints of quality service delivery and infrastructural inadequacy, NRHM fostered partnership with private bodies to place and operate Janani Express in a public private partnership [PPP] mode under RCH-II of NRHM [Source: NRHM Documents on PPP]. As a result, many private bodies, including SHGs, SHG federations, NGOs and private individuals got involved in the JE operation and management system in most of the districts. Different districts adopted different partnership strategies based on their suitability. In Kalahandi, private individuals are associated in JE management whereas women SHG federations have been involved in the process in Ganjam and SHGs in Gajapati. With the provision of necessary facilities such as first aid, stretcher etc., Janani Express was attached to PHCs / CHCs for easy accessibility of the target mass.

2.1 Existing JE Operational System in Orissa:

Each JE, being attached to a particular block and a particular health institution, is having its geographical boundary and catchment for coverage. The vehicle is being operated with the support of NGO / private agencies based on the agreement signed between the concerned RKS of the health institution and the private body. Any non-government entity can act as a private body that is willing to place his/her vehicle with the health institution in a PPP mode. The concerned private agency ensures the availability of vehicle and driver/s for the said objective at the predetermined health institution level. Janani Express along with drivers is attached to the concerned health institutions under the overall supervision of medical officer [MO] in-charge [I/C] of the health institution. The vehicle is

expected to be used for rendering pregnancy related transportation services based on the received request calls. To keep the track of mobility, the driver maintains log book recording kilometre coverage, place of visit etc. The movement of the vehicle is checked and verified by the appropriate and competent authority and expenses are reimbursed accordingly by the concerned RKS.

Important features of Janani Express

1. *Transport / vehicle hired must possess all the pre-decided technical criteria such as, vehicles should not be of more than 24 months old, must have all the relevant papers including comprehensive insurance.*
2. *Preference given to vehicles like TATA Sumo, Mahendra Max, Maruti Van having long seats for transport of pregnant women and sick neonates.*
3. *Folding ladder for stepping inside the vehicle.*
4. *Water and light facilities in the vehicle.*
5. *One folding stretcher*
6. *Curtains in the windows of the vehicle.*
7. *Disposable TBA / Dai Kits in the vehicle for emergency deliveries [to be provided by concern RKS].*
8. *Cotton, Bandage, Antiseptic, Soap and First Aid Kit. [to be provided & replenished to concerned RKS]*
9. *Maintenance of contractual vehicle is to be done regularly and in case of any accident, the vehicle should be repaired within 48 hours*

In order to ensure successful operation of JE round the clock and making free transport facility available to pregnant mother for safe and timely institutional delivery, support is being rendered by medical officer and paramedical staffs, NGO/Private agencies as the service provider and the ASHA as the support staff. CDMO, being the final decision making authority, tries to ensure the availability of medical and paramedical personnel to attend to the cases at the institutional level once a pregnant woman reaches the centre. The beneficiary or ASHA contacts directly either the driver or the doctor or the service provider to send the vehicle as and when required. On receiving a request call from the beneficiary or ASHA, the driver moves from the attached health institution to pick up the beneficiary from the residential location to the institution. Similarly, after successful completion of delivery, it is provisioned that the beneficiary should be dropped at her residential location by the vehicle. As per the operational structure, establishing contact with the private agency and successful implementation of the programme is the sole responsibility of the concerned RKS. RKS has the right to cancel the contract of the operating agency if they are not satisfied with the quality of service.

The attached health institution provides required first aid items from time to time which are kept in the vehicle for emergency use. The maintenance of the vehicle, availability of different facilities with the JE, and the remuneration of the driver is the responsibility of the vehicle owner. In the event of breakdown of the vehicle or in the absence of the driver, the concerned agency [private/NGO/SHG etc.] is expected to make immediate alternative arrangements. Proper maintenance of the log book is the responsibility of the driver of the JE. To make people aware of JE and to disseminate information on JE, walls are imprinted with the benefits of Janani Express. Further, in order to bring in physical evidence of the services provided, the driver is supposed to wear a uniform supplied by the vehicle owner while running JE.

WOMEN SHG FEDERATION IN JE MANAGEMENT

SECTION THREE
ASSOCIATION OF SHG FEDERATION IN JE OPERATION

3.1 INDUCTION OF JE & OPERATIONAL ARRANGEMENT:

3.1.1 JE Operational Arrangement:

Ganjam has been one of the good performing districts in the state of Orissa in different development spheres. But, as far as induction of JE is concerned, it was only introduced during the last part of 2009 and early part of 2010. The month of introduction of JE to the local PHC / CHC varies from block to block. In Ganjam, the block level SHG federation, called BMASS is involved in the management of JE in collaboration with RKS and local PHC / CHC.

Table 3: Introduction of JE in the block and Year of Association of Federations [BMASS]

SN	Name of the Block	Name of the Institution	Date, Month & Year of Engagement of Federation
1	Hinjili	PHC- Bellagam	08.12.2009
2	Khallikote	CHC- Khallikote	1.01.2010
3	J.N.Prasad	CHC- J.N.Prasad	07.12.2009
4	Ganjam	PHC- Khandedauli	04.01.2010
5	Sanakhemundi	CHC- Adapada	01.01.2010
6	Chatrapur	CHC- MUNICIPENTHO	16.01.2010
7	POLOSARA	UGPHC-POLOSARA	11.01.2010
8	SORADA	UGPHC- BADAGADA	11.01.2010
9	DHARAKOTE	PHC- DHARAKOTE	23.02.2010
10	BELLAGUNTHA	CHC- BELLAGUNTHA	27.02.2010
11	BUGUDA	CHC- BUGUDA	03.03.2010
12	CHIKITI	CHC- CHIKITI	09.03.2010
13	Kukudakhandi	PHC - Kukudakhandi	MOU Signed
14	Sanakhemundi	CHC - Kodala	18.04.2010
15	ASKA	PHC - Balisira	05.04.2010
16	Purusottampur	CHC - Bhatakumarada	19.04.2010
17	Rangeilunda	PHC - Keluapalli	26.04.2010
18	Shearagada	CHC - Shearagada	05.04.2010
19	Digapahandi	PHC - Bomokei	13.04.2010
20	Patrapur	CHC - Patrapur	18.04.2010
21	K.S Nagar	CHC - Kabi Surya Nagar	Not engaged
22	Bhanjanagar	CHC- gallery	Not Engaged

***Source**: DPM Office, Ganjam*

In Ganjam, all the JE vehicles at the block level health institutions were allocated by the block level SHG federation. The district is having a unique initiative which is not observed in most of the districts of the state, that is, availability of institutional structure of SHGs at the block level called BMASS. BMASS is a federal structure of all the block level SHGs. Similarly, at the district level, there is DMASS which is a federation of all the block level SHG federations i.e. BMASS. While DMASS is mostly a negotiating and policy facilitating body, BMASS supports different economic and social

activities of the SHGs at the block level. BMASS acts as a financial intermediary agency to provide credit to its member SHGs. BMASS has the privilege to access credit from different financial institutions at the district level and support credit requirement of the associated SHGs with a fixed rate of service charge. BMASS has a corpus fund which is contributed by all member SHGs on monthly basis. Apart from that, the federations are also having their own fund generation mechanism which is mostly mobilised from interest against loan amount to SHGs, bank interest and grants received from Government under Mission SHAKTI.

As the block level federations are having their own funds, contributed by SHGs and generated through operations, BMASS utilises that fund for investing in JE in a PPP mode. It was a well thought of and conscious decision of the district administration to involve block-level SHG federations as private bodies in the overall JE management process. Examining from the context of federations, it is a part of their economic venture where along with addressing social issues, they can generate some amount of profit from this association.

Other Benefits of Association of Federation in JE Management Process

1. Association of federations in the community welfare process along with Economic Gain
2. Better accountability and ownership as SHGs of the Federations are directly from the community where JE is expected to serve
3. Infusion of existing capital base of the federations in to the health care system which is also economically profitable for the federations
4. Fostering PPP with the support of SHG federations contribute in strengthening the federations in terms of gaining diversified experience beyond the general women based economic activities.

In all the cases, the block level federations have invested fund from their own capital base for the purchase of the vehicle. As a part of the MOU, after the purchase of the vehicle, it was placed with the concerned health institution [PHC/CHC] to provide free transportation facility to pregnant women for institutional delivery.

3.1.2 JE Outreach and Coverage:

Like any other block in Ganjam, the JE is stipulated to cover entire population of the block coming under the service jurisdiction of the health institution. On an average, the health centres cover a minimum of 51 villages to a highest of 250 which also includes hamlets. The proposed JE jurisdiction has been ranging between 6 GPs to 25 GPs at its maximum. Geographical coverage area of the CHC at Soroda has been highest in terms of village, GP and population.

Table 4: JE Outreach and Coverage

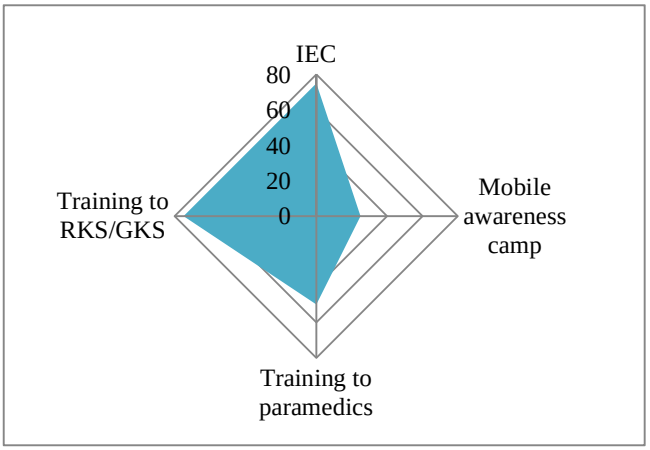
District	Block	Health Institutions	Village	GP	Population
Ganjam	Chikiti	CHC Chikiti	82	8	47844
Ganjam	Hinjilicut	PHC Belagaon	51	21	139304
Ganjam	Dharakote	CHC-II Dharakote	60	6	51901
Ganjam	Sorada	CHC II Badagada	250	25	154998

Source: *Sample PHC / CHC and BMASS*

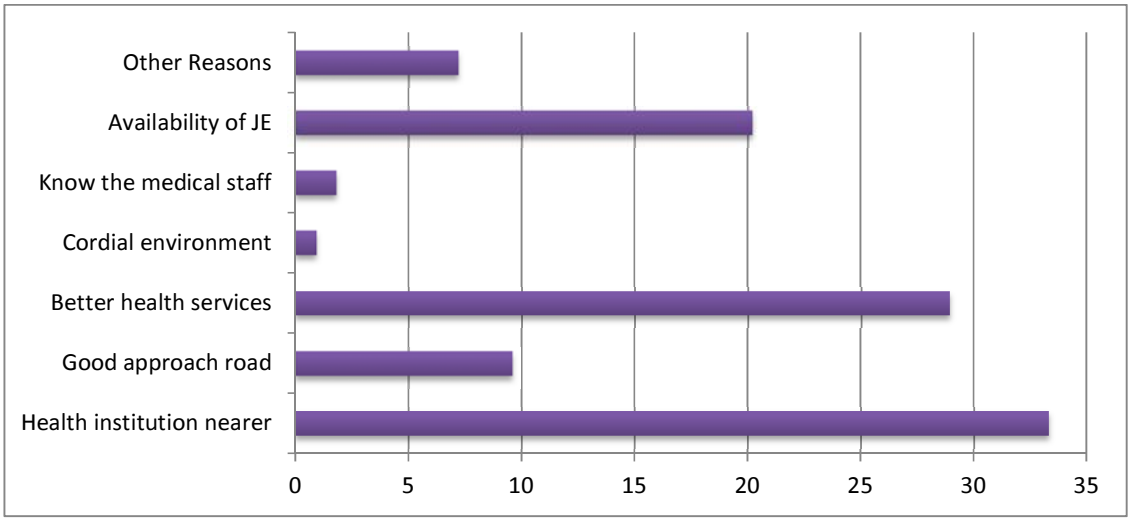
3.2 JE OPERATION AND MANAGEMENT MODALITIES:

3.2.1 JE Awareness and Institutional Preference:

After the introduction of JE, at the institutional level, different awareness strategies are being adopted for popularising JE. Different awareness strategies are being adopted in line with the objective of the scheme so that people can use the facility and get the benefit of transportation for institutional delivery. Different strategies being taken by the sample health institutions for popularising JE are reflected in the matrix. People's preference to come to a particular health institution for delivery is guided by a number of factors but influenced by the basic awareness they receive from the service providers at different levels. Preference of people to come to a particular institution are like availability of the institution in a nearby proximity, better road connectivity, quality health services, cordial environment etc. So, along with JE, it is basically the approachability and service quality that attracts people to a particular institution for availing health care.



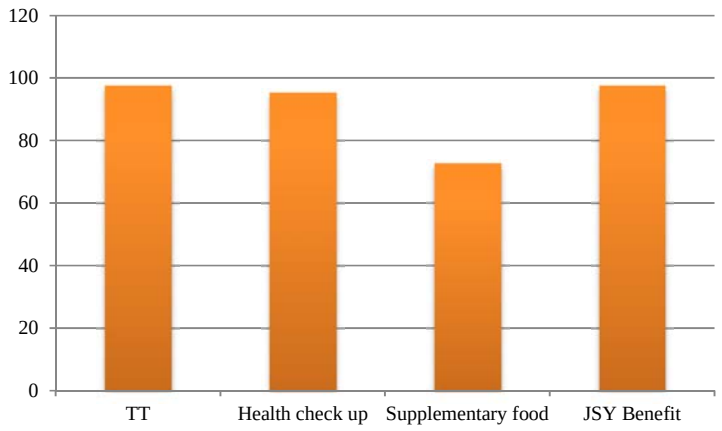
Graph 1: JE Popularisation Strategies



Graph 2: Reasons of Institutional Preference in Ganjam [% of beneficiaries]

3.2.2 Pregnancy Registration and JE Accessibility

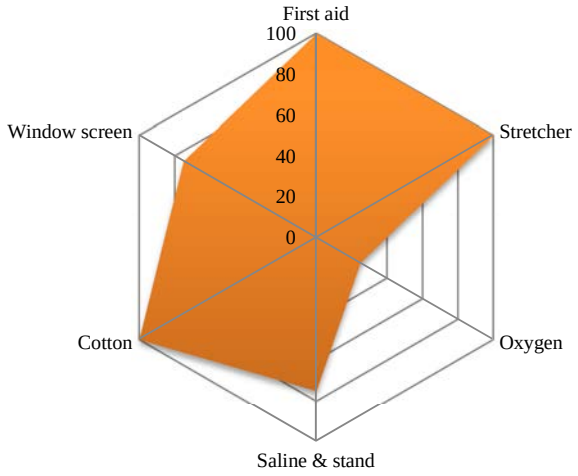
Barring a few, almost all the pregnant women accessing JE were registered with ASHA / AWC. Of the total 44 beneficiaries of JE, who have already availed the service, 95.5% members are of the opinion that they registered themselves before availing JE. Registration also helped them in availing a number of other health benefits. Because of the pregnancy registration with AWC / ASHA, the JE beneficiaries were able to access benefits such as supplementary food, antenatal check up and financial benefit under JSY etc. Coverage of JE beneficiaries in all these services are found quite high. More than 98% BPL families who have availed JE have gone through three antenatal checkups.



Graph 3: Benefits of Pregnancy Registration [% of beneficiaries]

3.2.3 Facilities and Vehicle Condition:

It may also happen that during transportation of pregnant women, there may be emergency requirement of some first aid. So, each vehicle, placed as JE is having common minimum first aid provisions such as bandage, drinking water, antiseptic etc. But availability of prescribed first aid and items like ladder, cotton etc. is not observed in all the JE vehicles placed by BMASS. Ladder as such is not available in any of the JE associated with health institutions. According to most of the beneficiaries [95.5%], the condition of the vehicle is good. As JE operation has started newly in the district, the vehicles are in a good condition. As per the provision, all the vehicles are covered under insurance. For the management of the vehicle and for its operation, each associated federation has recruited one driver for the rented out vehicle who looks after the vehicle maintenance and records the Km coverage and place of visit. It is mostly the driver who takes care of the vehicle under the supervision of the federation members and their officials. When the driver goes out on leave, normally



Graph 4: Facilities available in JE, Ganjam

a substitute driver is arranged by the federation to run the JE so that provision of free transportation can continue.

3.2.4 Vehicle Regulation and Planning:

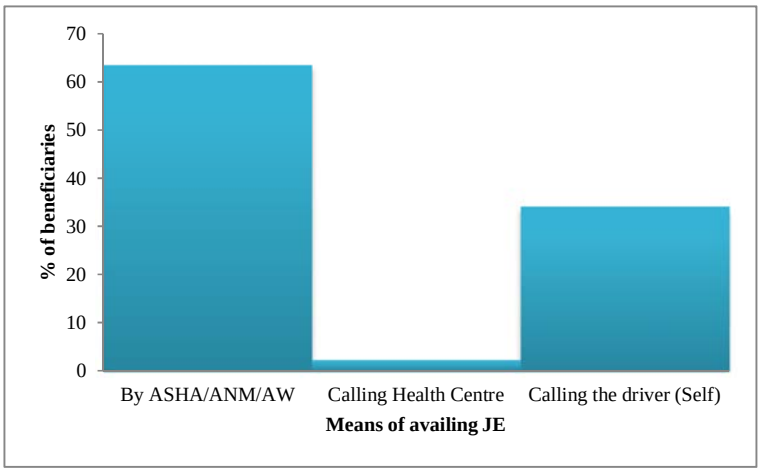


Figure 4: Means of approaching JE

The vehicle movement is mostly decided by the MO I/C of the health institutions in all the cases where role of federation is almost negligible. They also prepare the route plan for the vehicle movement based on the received call. All the JE vehicles attend night calls and for which the driver gets Rs.50/- per night. JE benefits are mostly availed by the pregnant women through the village level ASHA followed by calling the driver directly.

3.2.5 Adequacy of JE Operation:

In some of the health institutions, the PHC / CHC members feel that presently available vehicles at the health institution level for providing free transportation facility is not adequate. In Ganjam, 50% institutions are of the opinion that the present number of JE is adequate. Looking at the increasing demand of JE and expected geographical coverage, they feel that more number of JE can cater to the geographical demand for free transportation. Though, the JEs have been managed by the private bodies, associated in a PPP mode, still there is increased pressure on the MO I/C. In Ganjam, 75% sample institutions are of the opinion that present number of available staff at health institutions is inadequate to look after day to day functioning of the JE because of their primary engagement in other institutional activities.

Figure 5: Facilities in JE & sleeping sits

3.2.6 Change in the Operational System:

Since the introduction of JE in the block / district, there has been no change in the operational arrangement. In Ganjam, federations have been associated in the management process in a PPP mode since the inception of JE in the district and block. As operation is relatively new in the district,

requirement of any change is yet to be realised. Also, there is no such change in the financial management procedures and it is as per the prescribed operational norms of NRHM.

3.3 MONITORING AND FOLLOW UP:

3.3.1 Acquiring Information on Pregnancy:

Keeping the track on pregnancy registration has been one of the activities of the health institutions and such information is gathered by the local health institutions from different sources. In almost all the sample institutions, reports submitted by ANM and ASHA are the major sources of getting pregnancy related information. Some institutions are also of the opinion that the monthly / quarterly review meetings are also major sources of assessing and analysing the pregnancy related information. Frequency of getting such information is, in most of the cases, on monthly basis [75%] excluding few cases where weekly reporting system has been adopted.

3.3.2 Review and Analysis:

At the PHC / CHC level, review meetings are organised either on monthly basis [75%] or on quarterly basis. Different themes of importance are discussed in the review meetings like number of ID cases addressed through JE, problem in JE management, payment the vehicle owners [Federation / NGO] etc. The review meetings are mostly attended by the RKS members, MOI/C of the concerned health institution and the JE managing institutions / individual. The decisions taken in the review meetings are followed up in the subsequent meetings [75% institutions] or during visit of the PHC/CHC members to the field or information collected by the PHC / CHC from ASHA and ANM. At the time of requirement, MO I/C and RKS members also discuss with the JE operator and driver.

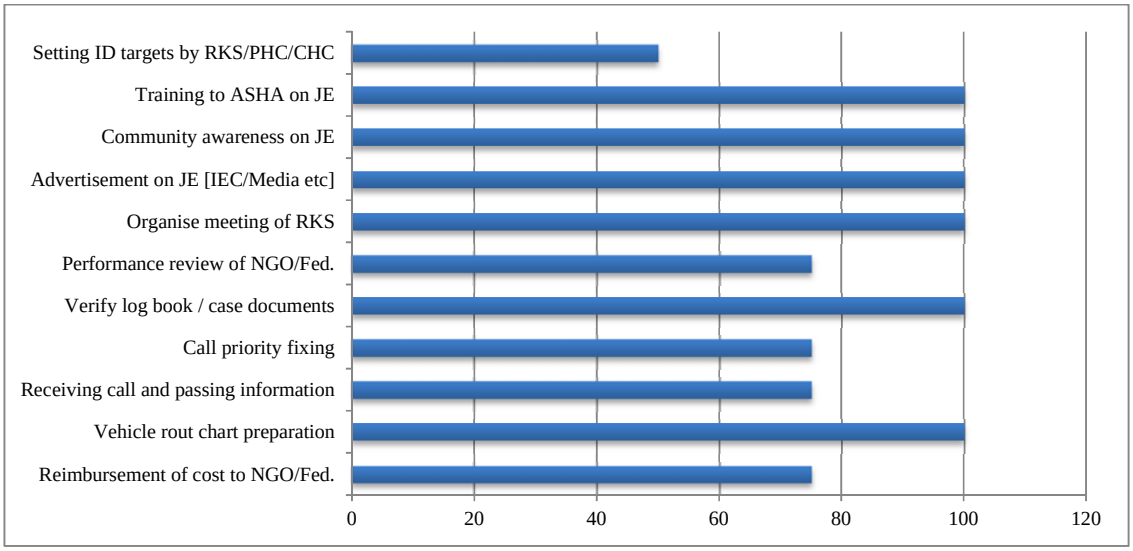
3.4 ROLE AND RESPONSIBILITIES OF THE STAKEHOLDERS

3.4.1 Role of Federations:

After purchasing and placing the vehicle with the health institution, the role of BMASS is mostly confined to the maintenance of the vehicles. The expenditure for operation and maintenance of the vehicle is also incurred by the concerned federation from the monthly rent they receive from the RKS. As most of the vehicles are purchased newly, usually, maintenance expense is very low. ***No federation is associated in vehicle movement planning or call recording and tracking***. ***Vehicle movement is mostly planned by the concerned MO I/C or PHC/CHC personnel where role of federation is almost negligible***. The driver of the vehicle maintains the log book based on coverage of distance on case to case basis. The log book is updated by the driver which is verified by the federation members from time to time. The federation members also check the condition of the vehicle and as required take necessary steps for the maintenance of the vehicle. According to the medical officer in-charge of the concerned PHC / CHC, SHGs perform a number of roles in JE management such as; maintenance of vehicle, payment to driver, arranging substitute vehicle during breakdown of JE, arranging alternative driver, maintaining vehicle log book with the support of driver etc.

3.4.2 Role of PHC / CHC in JE Management:

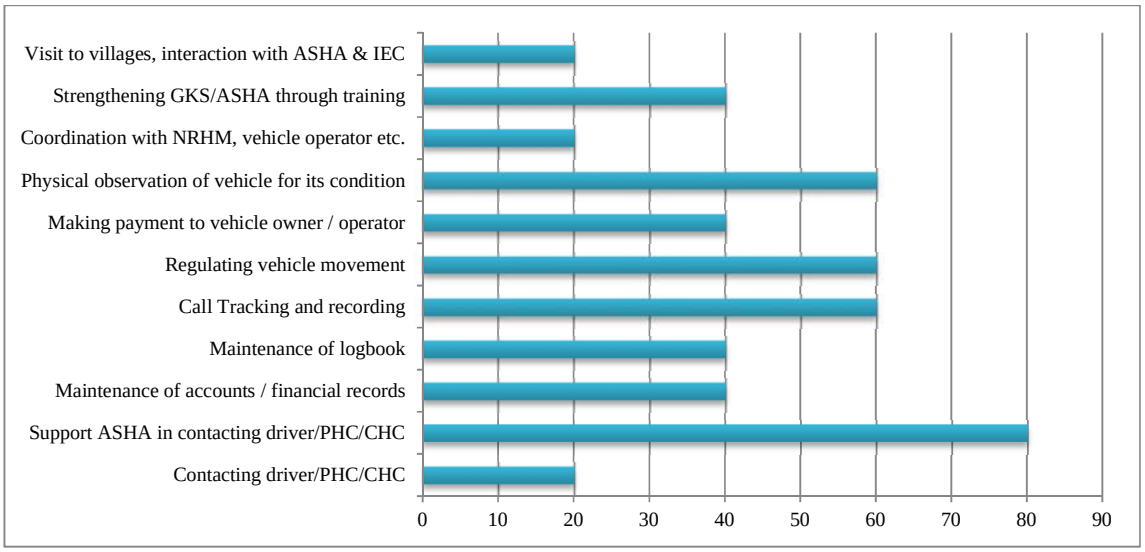
Different roles performed by the health institutions with regard to the management of JE are as follows. Discussion with different stakeholders, including the federations revealed that it is basically the heath institutions that looks after the movement aspect of the vehicle based on the calls. The role of planning the movement of the vehicle, verification of log books maintained by the driver, creating awareness on the important of JE, etc. has been the role of the health institutions. Apart from that, they are also engaged in training of community level service providers on JE so that they can educate the people at the village level. The federation, along with its member SHGs could have played a significant role in this direction, more specifically educating the rural mass on JE and its importance.



Graph 5: Role of Health Institutions in Managing JE [in %]

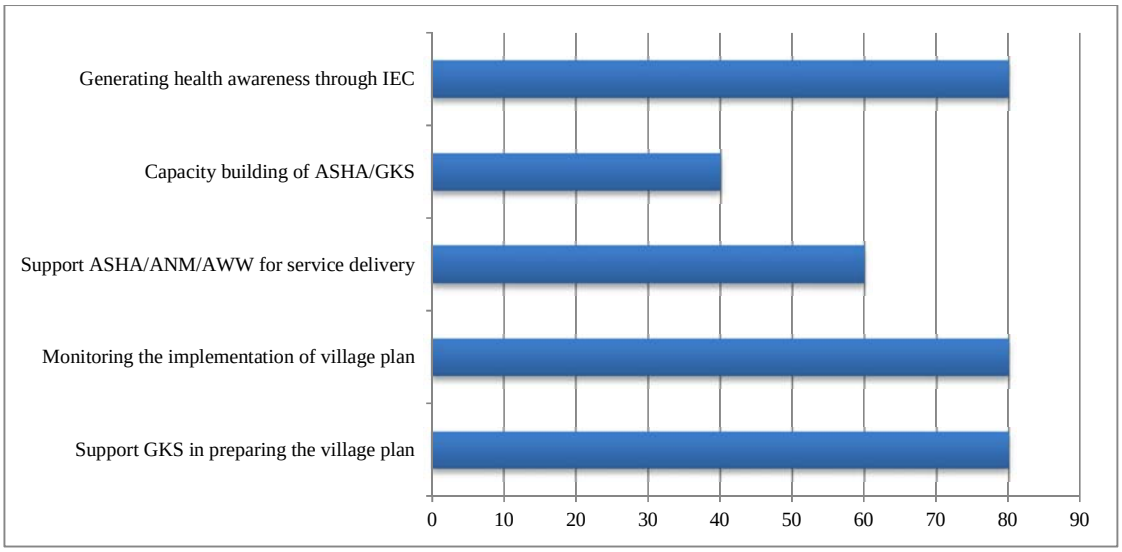
3.4.3 Role of RKS in JE Management:

RKS has a diversified role to play in JE operation and management. Apart from managing the financial aspect of JE, they have been facilitating different other activities which directly or indirectly contribute to JE functioning. Normally they supervise the vehicle condition from time to time and assess whether the vehicle is in operational condition. They are the points of coordination at the health institution level and act as a bridge between the federation and health institution.



Graph 6: Role of RKS in JE Management [in %]

The local RKS has been instrumental in promoting community health in various ways such as facilitating village health planning; monitoring the health activities, support JE etc. Some of the responses of the RKS are highlighted here which reflect their involvement in different health facilitation process.



Graph 7: RKS Strengthening Rural Health in Ganjam

3.5 QUALITY OF SERVICES:

3.5.1 Arrival of the vehicle in time:

The arrival of the vehicle is reported to be "in time" by most of the JE beneficiaries [97.7%] in Ganjam, who have availed JE service. As the road condition of the district is quite good, loss of time

in transit is quite less. Apart from that, quick response of the PHC / CHC is also another factor for making the vehicles reach in time at the callers end.

3.5.2 Availability of Doctor for Delivery:

According to the beneficiaries, in 75% cases doctor was available in sample health institutions in Ganjam. In most of the remaining cases, other paramedical personnel were there to take care of the pregnant women. Excluding some cases [6.8% cases of the remaining 25%], in all other cases doctor arrived in the health institution within 30 minutes of arrival of the pregnant women.

3.5.3 Accompanying and Behavioural Pattern:

In almost all the cases [95.5%], ASHA escorted the pregnant women to the PHC / CHC for delivery. According to the JE beneficiaries, behaviour of the ASHA was quite satisfactory during the journey [95.5%] as she took care of the pregnant women along with her family members. Behaviour of the driver during journey was also reported to be satisfactory by 88.6% beneficiaries who have already availed JE. Because of such cooperation from all quarters, 86.4% beneficiaries feel that travelling experience in JE is quite good while according to 11.5%, it is excellent.

3.6 FINANCIAL ASPECT OF JE OPERATION

3.6.1 Payment Structure and System:

The vehicle owners are paid the rent of the vehicle on monthly basis by the concerned RKS. Apart from rent, fuel expenses are also reimbursed by the RKS at the rate of one litre for 10 Km coverage which is paid from the provision of Rs.250/- per case. For the payment of fuel expenses, the log book of the vehicle is verified by the MO I/C / PHC –CHC personnel and based on the Km coverage, the expenditure is reimbursed. In Ganjam, the federations owning the vehicle are paid Rs.15000/- per month as the rent of the vehicle. Consultation with the vehicle owners [Federations] revealed that in most cases [80%], payment is made to the vehicle owners on regular basis but sometimes it gets delay due to procedural delay. The associated federations are of the opinion that payment is made to them as per the bills they submit to RKS for reimbursement. From the total monthly receipt, the federations pay the monthly salary of the driver amounting to Rs.3000/- which is normally paid from the monthly vehicle rent the federations receive from the RKS.

3.7 ACHIEVEMENT AND IMPACT:

3.7.1 Improvement in service quality:

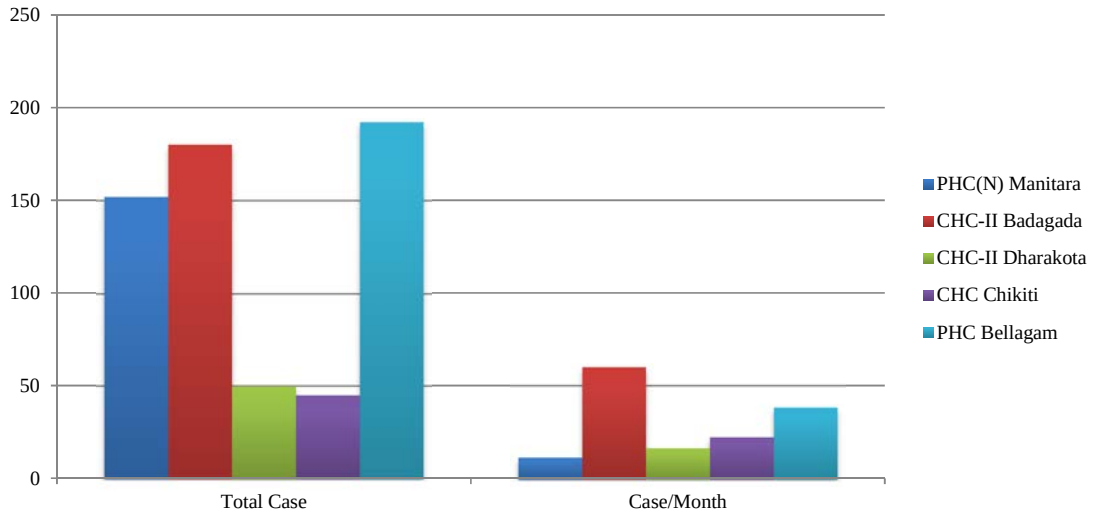
Based on the present performance, 50% health institutions in Ganjam feel that there is improvement is service quality of the JE. Though, the period of operation of JE in the district is quite less, still it has been instrumental in providing quality services to the people. Health institutions are of the opinion that because of JE, there is a reduction in home deliveries. The pregnant women are happy to approach the health institution for delivery using JE. Timely availability of JE for transportation of

pregnant women has helped the poor families. All most all the visited health institutions in the district [100%] have expressed their satisfaction in the present performance of the JE.

3.7.2 Case Attendance:

All the studied health institutions are of the unanimity that JE has increased institutional delivery in the locality / at health institution level. As transportation of pregnant women was a major problem, especially for the poor families, provision of JE has helped them substantially. Since the inception of JE, a total of 649 cases have been addressed covering 22 blocks of the district. In the sample blocks, number of cases addressed per day is estimated to be 1-3 in number. The reason of less case attendance per day is quite obvious because of good communication system even in the rural areas. At the time of requirement, people prefer to use the private vehicles that are easily available in the vicinity instead of waiting for the JE to arrive. This preference of people to avail the private vehicle reflects that in accessible areas where transportation facility is good, private vehicles can be used for transportation.

Of the total 44 interacted cases, 27.3% members have availed JE during the year 2009 and 72.7% during 2010. Though, operation of JE in the district and sample blocks / health institutions is relatively new, still looking at the trend, it is pertinent that accessibility of JE during 2010 is more in comparison to 2009. At the sample PHC/CHC, the case attendance trend is positive in the overall JE based ID.

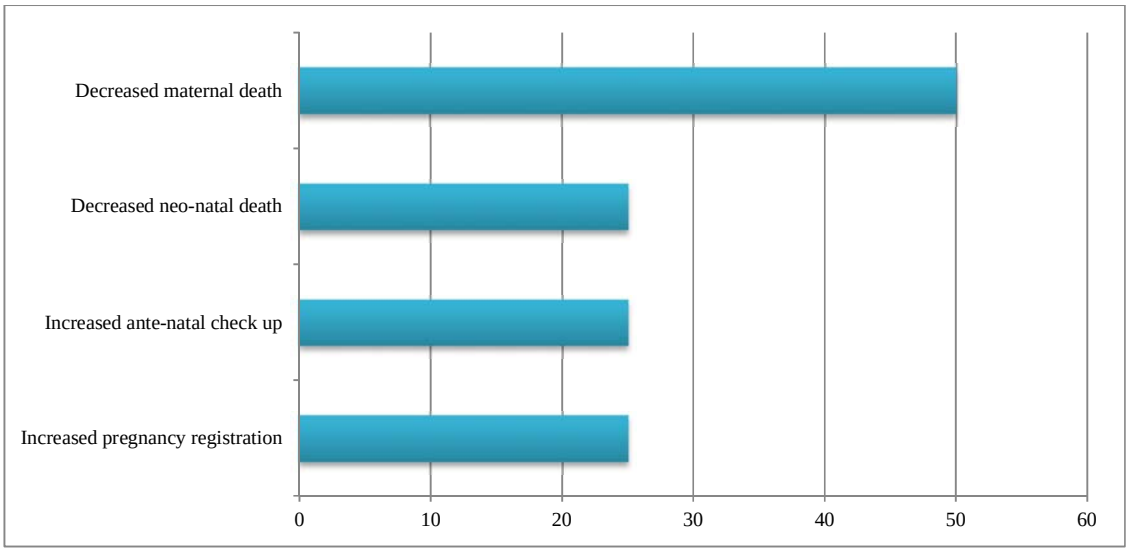


Graph 8: Status of Institutional Delivery through JE [From inception of JE till April 2010]

Those who availed JE services, majority of them belong to the early reproductive age. It can be inferred that the new generation women are more aware and sensitised on health issues and importance of institutional delivery for which accessibility to JE is comparatively high. As observed, number of BPL families accessing JE is at par with non-BPL families in the study district [50% BPL and 50% non-BPL] irrespective of their year of accessibility. So, it indicates that BPL families are also accessing JE for approaching health institution.

3.7.3 Indirect Benefit of JE

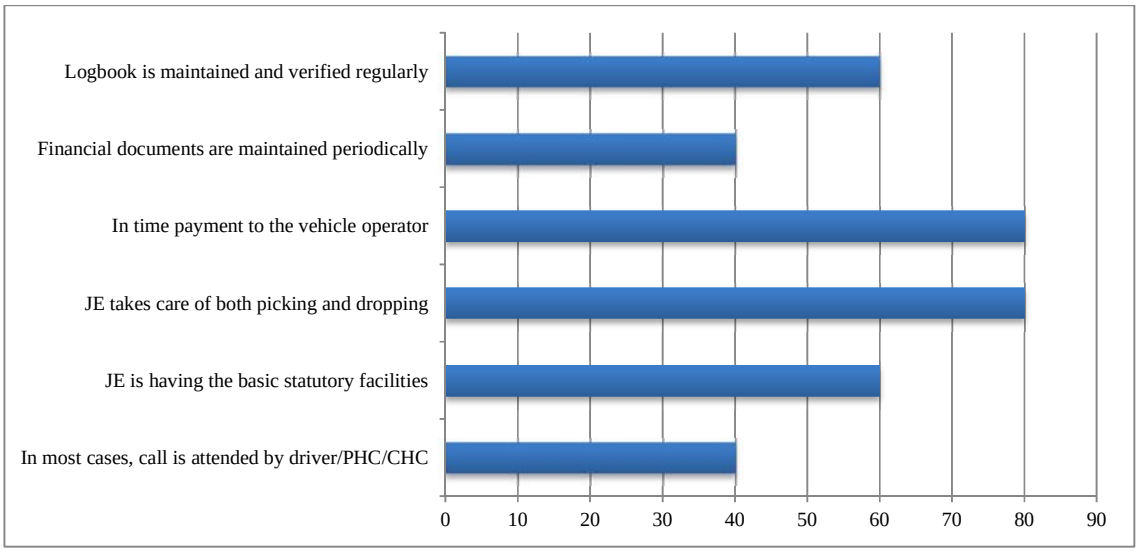
There are a number of indirect benefits of JE, which are more related to JSY. Of the total institutions consulted in the process, a few institutions are of the opinion that because of JE, there are some indirect benefits related to the health of the people. The benefit is mostly in relation to decreased maternal mortality and improved institutional delivery.



Graph 9: Indirect benefit of JE [Responses of Health institutions in %]

3.7.4 Improvement in JE Operation:

Though, the JE operation in the district is quite recent, still initiatives are being taken by the concern RKS to improve the JE operation and management. Now with the provision of mobile for the driver, he is receiving calls from the village level which has strengthened the communication. Now many JEs are having basic provisions as per the norms like stretcher, first aid etc. to provide emergency support during travel. Now, there is better coordination and regulation in providing both picking and dropping services to the beneficiaries. The documentation and reporting system related to JE has also improved in many JE attached institutions. Certain practices where improvement have been made and certain practices that are still continuing are presented in the matrix. Here, no change basically means that the practices adopted during the inception months, in accordance to the guideline, is still in practice and necessity of change is not realised till now.



Graph 10: Improvement made in JE operation [RKS Responses in %]

3.7.5 Increment in JE Demand:

All the health institutions are of the opinion that there is an increase in JE demand in the locality due to its better performance. The indicators of increment in JE demand are increment in case attendance, increment in call receipt and increment in Km coverage of the vehicle.

3.8 PROBLEM AND SUGGESTIONS

Physical presence of women members of the federations during repairing of the vehicle has been a problem. Also the federation members feel that the maintenance expenses should be borne by NRHM and it should not be tagged to the rent being paid to the federation. The studied health institutions have suggested few required improvement measures to make the JE operation further effective. The areas of improvement suggested are as follows; based on the experience, some have opined that due to less incentive to ASHA, some ASHA are not interested to use JE vehicle

Suggestion

1. Additional staff to look after JE management
2. Creation of a separate post for JE management
3. Minimising the geographical area for JE coverage
4. Proper documentation to maintain transparency
5. More incentive for ASHA
6. To provide second referral for ID

rather they prefer to hire private vehicles due to cost factor. The amount fixed for fuel expenses is found not sufficient by RKS to cover a longer distance at the time of need. So, it has been suggested to provide more funds per case to meet such expenses.

3.9 CASES OF FEDERATIONS

Federation: **DMASS**
Block: **Chatrapur**
District: **Ganjam**

DMASS is a confederation of all the block level federations i.e. BMASS at the district level. The DMASS comprises 22 block level SHG federations and one urban federation of SHGs. DMASS has been operational in the district since 3rd July 2000 under the guidance of district advisory committee. The governing body of the federation comprises seven members taking representatives from different block level federations. The members representing the Governing body are normally selected / elected by their concerned federations. As DMASS is a confederation of block level federations, all the SHG members of BMASS are indirectly the members of DMASS. So, in total, DMASS has over 234324 SHGs under its operational and governance fold.

Role & Responsibility:

There is well defined role of DMASS which mainly focuses on strengthening the block level federations and member SHGs. The prime role of DMASS are building the capacity of the SHG members, capacity building of federations, orienting the groups on book keeping, accounts keeping, group dynamics, repayment and vocational training for income generation activities.

Achievements of DMASS on date March 2010

Table 5: Achievements of DMASS as on March 2010

SN	Particulars	Specification
1	No of WSHGs	202954
2	No. of Revenue Villages	3126
3	Total saving	Rs 5427.26 lakh
4	SHGs linked with bank	16988
5	Loan provided	Rs 14,981.69 lakh
6	No of SHGs members	252176
7	Total Savings of SHGs	5427.26 lakh
8	No of SHGs enrolled with BMASS	234324
9	Loan Repayment Rate	78%
10	No of woman centres constructed by WSHGs	66
11	Financial assistance for skill development (per BMASS)	2 lakh
12	Support for infrastructure development of BMASS	Rs.55000 (Per BMASS)
13	Additional amount sanctioned for IGP of BMASS	Rs.1.5 lakh (Per BMASS)

Source: ***DMASS, Chhatrapur***

The activities of BMASS are reviewed by DMASS in the review meetings organised every month, where monthly achievements of each and every BMASS is discussed and financial and non-financial decisions are taken based on the monthly performance. Though DMASS is an association of block federations and SHGs, still DMASS is not associated directly in the JE management process and it is mostly by its block level federations.

CASE I
Federation: BMASS
Block: Sorada
District: Ganjam

BMASS is the block level federation of SHGs in the block promoted under Mission SHAKTI and other Government and non-Government Programmes. The federation comprises 1400 SHGs, scattered throughout the block. The federation was formed in September 1999 and later became a member of the district level federation [DMASS]. The federation is having a total of 1400 SHGs of which 17.86% are tribal dominated SHGs, 53.57% are Scheduled Caste dominated SHGs and remaining 28.57% groups comprise other castes including generals. BMASS has its own management system managed by an executive body & guided by an advisory committee consisting of Block Development Officer [BDO], CDPO & Bankers [from SBI & RGB], Sorada. The advisory committee basically guides the groups / federation in administration, finance and income generation activities.

Federation Functions:

The formation of BMASS took place in September 1999 with a base of 250 SHGs, which has increased up to 1400 by this time. The federation is having a Project Officer to oversee the activities of the federation. For smooth management, there is one accountant & one SHG promoter, appointed by the federation. The main source of fund to the federation comes from the monthly saving of Rs.100/- per group. As per the agreed norm, the deposits of the group is having a 5 years lock in period i.e. deposited funds can be refunded back to the groups after 5 years. Along with capital deposits, the federation is expected to pay dividend to each group against their deposit along with interest on the deposits. At the time of initiation of the federation, agencies like Care India, Forest Dept. & Soil conservation Dept. etc. supported the federation with seed money for meeting operational expenses and providing credit to the associated groups. At present, BMASS has a fund worth Rs 60 lakh with a revolving fund of Rs 90 lakh besides 2 Cr. outstanding with the group members. At the time of need, BMASS also takes credit from the formal financial institutions for onward lending to the groups.

Association of Federation in JE Management:

Based on the decision of the district administration to involve BMASS in the JE management process, at the federation level, decision was taken to procure and place JE for providing free transportation to the pregnant women in the block. Based on the conversation of BMASS with the local CDPO and according to her advice, it was decided to place JE in the local health institution. For this purpose, BMASS purchased a vehicle "Maruti Omni" spending Rs.2, 50,000 from its own fund and engaged it as Janani express. Before the engagement of the vehicle, BMASS signed an agreement with the Hospital Management Committee of the CHC-II, Badagarh for engaging the vehicle. Discussions reveal that call receipt and attendance is monitored by the MO I/C of the CHC-II. As per the agreement, it is mandated for the Janani express to cover 250 villages falling under 25 Gram Panchayats of the block catering to the need of 1, 54,998 population.

Financial management:

As per the agreement, RKS pays Rs.15, 000/- per month to the federation as rent of the vehicle. Of the total receipt, BMASS pays Rs.3, 000/- to the driver towards his monthly salary. The cost of the vehicle maintenance is borne by the federation while fuel expense is reimbursed to the federation by the RKS at the rate of one litre per 10 Km coverage. Fuel cost is reimbursed only after the verification of the logbook maintained by the concerned vehicle driver. The financial aspect related to JE is maintained by accountant of BMASS and the BPMU office. BMASS has been maintaining the financial transaction of JE with a separate head of account, separate receipt book, and debit vouchers, for the inflow & outflow of the transaction amount. The monthly payment is made to the federation in shape of cheques issued by the BPMU office. On receiving the cheque, BMASS issues a money receipt duly signed by the President of the federation. The BMASS expects to get a profit of Rs 1 lakh per annum from this venture. For call receiving and replying, the federation has given a mobile hand set to the driver whereas monthly voucher of Rs.250/- is paid to the driver by the concerned RKS.

CASE II
Federation: BMASS
Block: Dharakot
District: Ganjam

The block level federation of the SHGs was formed on 27th September 1999 taking 744 SHGs, representing different villages of the block. Of the total SHGs, 22.45% groups are having majority of scheduled tribe members, 13.04% groups have scheduled caste as the majority, 33.33% are having majority of other backward classes and remaining 31.18% groups are having other castes. In due course, after its formation, the federation got associated with district level federation. BMASS, being the apex institutional set up of the SHGs at the block level, it is having its own management system. The federation has an executive committee of 11 members supervised and guided by an advisory committee consisting of local BDO, CDPO & Bankers from SBI, Andhra Bank-Dharakot and Co-operative Bank-Mundamari. The advisory committee guides them in administration, finance and on different federation function aspects.

Federation Functions:

In the beginning, when the federation was formed on 27th September 1999, it had SHG base of 200 SHGs. But gradually with the support of Mission SHAKTI and other Government and non-Government initiatives, more number of SHGs were formed in the block and later ascribed to the federation increasing its SHG base to 744. Like other block level federations, this federation is also having a Project Officer, one accountant & one SHG promoter. The local ICDS supervisor Ms. Nalini Pradhan is performing the role of the Project Officer whereas another Supervisor Ms. Basanti Das is looking after the financial part as the Accountant. Though, the position of accountant is sanctioned, still the position is yet to be filled up. The federation is having its own source of funding which basically comes from the member SHGs. For administration and operation of the federation; each group provides their monthly contribution of Rs.40/-. As per the unanimous agreement and operational norm, the federation is expected to refund the deposits to the group after 5 years with the dividend of the profit earned and interest and other fees etc. The block federation has also been supported by many other agencies such as Care India, Department of Forest and Environment, Soil Conservation Department etc. At present the block federation is having a total fund of Rs.14, 92,400. Apart from that, the outstanding loan amount of the federation is Rs. 5, 27,900. According to the federation, by this time they have generated an amount of Rs. 6, 25,000/- as operating profit. For smooth functioning of the member groups, the federation has provided revolving capital fund support to 225 SHGs.

Association of Federation in JE Management:

As per the advice of the CDPO for purchasing and placing the vehicle as JE, the federation decided to go for this venture as they expected to get a financial return on the investment. Based on the decision of the management committee, the federation purchased a vehicle "Maruti OMNI" spending Rs.2, 50,000 from its own fund and engaged it as Janani express after a mutual agreement between RKS of CHC-II, Dharakot & BMASS. As per the mutually taken decision, the Janani express was expected to

cover 60 villages coming under 5 Gram Panchayats covering a population of 51,901. The vehicle movement is normally planned by the MO I/C with the support from BPMU officials of Dharakot. In case of breakdown of the vehicle or absence of the driver, BMASS takes necessary action and arranges the alternative. The cost of the voucher is paid by the concerned RKS to the driver on monthly basis. The vehicle is having some basic facilities like first aid kit, ladder, stretcher etc. For receiving and making call, BMASS has provided a mobile hand set to the driver.

Financial management:

As per the agreement, RKS of the CHC pay Rs.15, 000/- per month to the federation as rent of the vehicle. Of the total rent receipt, BMASS pays Rs.3, 000/- to the driver towards his monthly salary. The maintenance cost of the vehicle is borne by BMASS from the rent while RKS reimburses the fuel expenses incurred by the federation at the rate of one litre of fuel per 10 km coverage. Call is normally attended by the driver and also he is responsible for maintaining the log book. The log book is normally verified by the MO I/C before the financial settlement for reimbursement. At the BMASS level, the accountant of the federation maintains the accounts while from CHC side, BPMU is responsible for maintenance of accounts. BMASS has been maintaining the financial transaction of JE in a separate head of account with separate receipt book, debit voucher and cash inflow & outflow transaction register. The monthly payment is made to the federation in shape of cheques issued by the BPMU office. On receiving the cheque, BMASS issues a money receipt duly signed by the President of the federation. The BMASS is expected to earn a profit of Rs 1 lakh per annum out of this engagement.

CASE III
Federation: BMASS
Block: Hinjilicut
District: Ganjam

The Hinjilicut block federation is a confederation of 752 SHGs and a part of the district level federation. The federation was formed on 19th December 1999 with the facilitation of CDPO and block level administration. Of the total SHGs, 26.06% groups are having majority of Scheduled Caste members and in the remaining 73.94% SHGs, majority of the members are from general category.

BMASS, as an institutional structure has its own management system headed by the eleven members Executive Committee. The federation is also having an advisory committee comprising the BDO, CDPO & Banker from RGB, Hinjilicut who guides them in their functioning.

Federation Functions:

The formation of BMASS took place on 19th of December 1999 initially taking 25 SHGs. More numbers of SHGs were formed in due course under different programmes including Mission SHAKTI. With the increasing number of groups, membership also increased at the federation level and now it has reached 752. For smooth management, the federation is having a Project Officer, one accountant & one SHG promoter paid by the federation. Each member SHG of the federation deposits their monthly contribution of Rs.100/- to the federation which is utilised for administrative expenses and onward lending to the member groups. As per the norm, each member group can get back their monthly deposit with dividend only after lock in period of 5 years. At the time of need, the federation takes credit from the formal financial institutions for further on-lending to its member SHGs. The federation has also mobilised fund from different Government and non-Government agencies such as Care India, Soil conservation department etc. At present BMASS is having a liquid cash fund of Rs.28 lakh. Besides, the total loan outstanding of the federation is around 5.56 lakh which is advanced to the member groups.

Association of Federation in JE Management:

With the active support of the CDPO and advisory body of the federation, BMASS decided to procure and place the vehicle with the health institution on monthly rent basis. As per the decision of the executive body, BMASS purchased a vehicle "Maruti OMNI" for Rs 2, 50,000/-. The federation purchased the vehicle from its own capital and made an additional expense of Rs. 14,596/- for insurance & registration of the vehicle. The vehicle was placed with PHC Belagaon as per the agreement signed between the federation and the RKS of the PHC. The JE is having equipments like first aid kit, ladder, stretcher etc. for meeting emergency needs. Based on the agreement, the vehicle is supposed to cover 57 villages of 21 Gram Panchayats [GPs] of the block. The planning for the movement of the vehicle is normally done by the MO I/C with the support of BPMU officials at Hinjilicut CHC. In case of breakdown of the vehicle or absence of the driver, BMASS do the necessary alternative arrangement so that the function of JE does not get affected.

Financial Transaction:

As per the agreement, RKS of the PHC pays Rs.15, 000/- to BMASS, in shape of cheque as monthly vehicle rent. Of the total receipt, the federation pays Rs.3000/- to the driver as his monthly salary. BMASS also bears the cost of maintenance of the vehicle while fuel cost is paid by RKS at the rate of one litre per 10 Km. But before making payment for fuel, the log book maintained by the driver is verified and certified by the PHC [MO I/C]. At the BMASS level, the accountant maintains the financial records whereas BPMU office at the CHC level keeps the record. BMASS is maintaining the financial transaction of JE in a separate head of account with separate receipt book, debit vouchers and cash inflow & out flow register. The receipt of the rent is acknowledged by BMASS with the signature of the President of the federation. Looking at the present income and expenditure pattern, it is expected that the federation will make a profit of around Rs.60, 000/- by the end of the year from their JE association.

CASE IV
Federation: BMASS
Block: Chikiti
District: Ganjam

The BMASS of Chikiti is a confederation of 553 SHGs of the block promoted by different agencies under different projects / schemes. Of the total, 2.17% SHGs are having mostly the Scheduled Tribe members, 25.50% groups with dominated Scheduled Caste members and the remaining 72.33% groups comprise mostly members of general caste. The federation is already a member of the district level federation of SHGs.

The federation is having an executive body of eleven members guided by the advisory committee. The advisory body comprises of local Block Development Officer [BDO], CDPO & representative of Berhampur Central Cooperative Bank (BCC).

Federation Functions:

The federation was formed in September 1999 comprising 22 SHGs at the formation stage. But later on, with the promotion of more number of groups, the membership size of the federation also increased significantly and now BMASS comprises 553 SHGs under its operational fold. As, the support of CARE implemented CASHE project is not there, the federation is not having a Project Officer. But there is one Supervisor for providing monitoring support with the direct guidance of CDPO of ICDS. Like any other block level federations, here also the BMASS receives a monthly contribution of Rs.50/- from each group. Repayment modalities are more or less same i.e. after five years of lock in period; the group can get back their investment with dividend. The funds accumulated / generated at federation level is utilised for onward lending to the associated groups. At the time of need, the federation takes credit from the banks and uses it for onward lending to the groups. During assessment, the federation was having revolving fund of around 25 lakh besides 5 lakh of outstanding credit with the group members.

Association of Federation in JE Management:

As per the advice and support of the local CDPO, the executive committee of the federation decided to purchase and place the vehicle with CHC Chikiti. With the utilisation of own fund of Rs.2, 50,000/-, the federation purchased "Maruti OMNI" and placed in the CHC. But before that an agreement was signed between the CHC and the federation. Apart from the cost of the vehicle, the federation also spent Rs 21,000/- from its own fund towards insurance and registration of the vehicle. The vehicle is having some basic health support provisions like first aid kit, ladder, stretcher etc. for emergency needs of the pregnant women. The Janani express is expected to cover 72 villages of 8 Gram Panchayats catering to a population of 47,844. The vehicle movement is normally planned by the MO I/C with the support of BPMU officials of Chikiti. Apart from the placement; BMASS also looks after the maintenance of the vehicle. In case of breakdown or absence of the driver, BMASS makes necessary alternative arrangement.

Financial Transaction:

The RKS of the CHC is paying Rs.15, 000/- on monthly basis [in shape of cheque] to BMASS towards the rent of the vehicle. From the receipt, BMASS pays the monthly driver salary amounting to Rs.3, 000/-. The cost of maintenance of the vehicle is also borne by BMASS. But the fuel expense is reimbursed by the RKS at the rate one litre per 10 Km after the verification of the log book. The driver of the vehicle normally maintains the log book and beneficiaries make call to him for the vehicle apart from calling the health institutions. The MOI/C verifies and certifies the log book before the payment is made to BMASS. The financial part of Janani express is maintained by the ICDS Supervisor attached to the federation. The BPMU office also keeps record of payments on transaction basis. BMASS has created a separate head of accounts to record JE transactions. The federation is also having separate receipt book, debit vouchers and cash inflow & out flow record. Every month, after receiving cheque from BPMU, federation submits the money receipt duly signed by the President of the federation. Looking at the present cash inflow, BMASS is expecting to generate a profit of Rs.60, 000/- in a year.

SHG IN JE MANAGEMENT

SECTION FOUR
ASSOCIATION OF SHG IN JE OPERATION

4.1 INDUCTION OF JE & OPERATIONAL ARRANGEMENT:

4.1.1 JE Operational Arrangement:

In Gajapati, JE was introduced in all the blocks during the year 2009. Local SHGs, considered being effective by the local CDPO got associated in the JE management process in a PPP mode. As per the operational arrangement, SHGs are being involved in the placement of the vehicle with the assigned PHC / CHC. For the purpose, the SHGs have taken loan from the formal financial institutions under Swarna Jayanti Gram Swarojagar Yojana [SGSY]. Due to the pro-active initiatives of the district administration, in all the blocks, the selected SHGs got linked with financial institutions to avail credit. The credit fund was utilised to procure the vehicle and later it was placed as JE with the respective health institutions. So, it is mostly the credit fund which was utilised by the SHGs as the SHGs were not having required capital base. The schematic linkage of the SHGs helped in this direction to enter in to a PPP mode with the local health institution. All the vehicles are covered under insurance as per the norm.

Table 6: Introduction of JE in the block, SHG association & Geographical Coverage

District	Block	Name of the SHG/Federation	Month & Year of Induction of JE in the block	Year of association of SHG	Village	GP	Population
Gajapati	Rayagada	Maa Mangala SHG Group	Sep.'09	Sep. 2009	207	18	INA
Gajapati	Nuagada	Nityesahayini mahila sangha	Aug'09	Sep. 2009	170	14	56000
Gajapati	Mohana	Bhairavi SHG	Nov.'09	Nov. 2009	120	12	30949
Gajapati	Gosani	Kantamavana Shakti group	Sept.'09	Sept. 2009	70	9	26301

Institutions Covered: CHC II in Rayagada, UGPHC in Nuagada, Area Hospital in Mohana and PHC [N] in Gosani

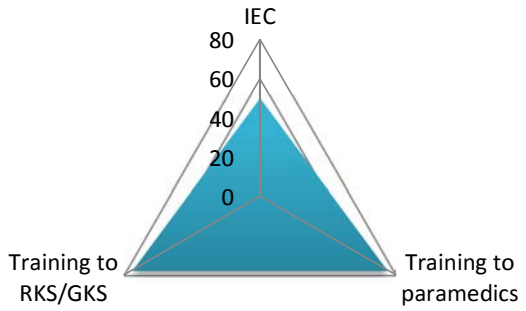
Source: *Visited sample PHC / CHC and Associated SHG; INA-Information not available*

4.1.2 JE Outreach and Coverage:

It is mandated for the JE to cover the total population of the block, but operational constraints are always there due to the terrine topography. In the studied institutions, the coverage of JE is mandated between 70 villages to 207 villages covering a number of GPs and population. In Gajapati, due to the scattered settlements, proposed area of coverage of JE is quite high. Looking at the prescribed catchment to cover, it has been a difficult task for the JE to cover widely scattered settlements for which demand for additional JE is increasing.

4.2 JE OPERATION AND MANAGEMENT MODALITIES:

4.2.1 JE Awareness Strategy:

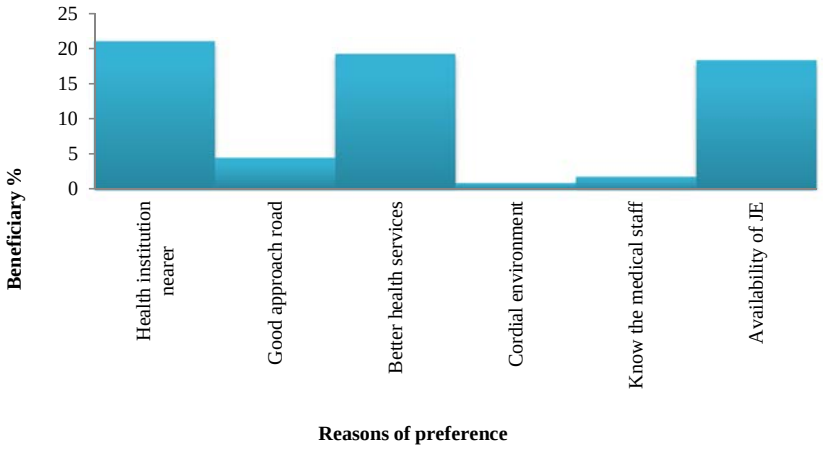


Graph 11: JE Awareness Strategy by Institutions in Gajapati

Only placing of JE would not have solved the problem of transportation unless people are aware of the facilities and use the available provision. For the purpose of making people aware of the benefit of JE, different awareness strategies are being adopted by the health institutions for popularising JE. The objective of such awareness is to educate people on the provision of JE and free transportation service that is available for the pregnant women for institutional delivery. Different strategies taken by the sample health institutions for popularising JE are like use of IEC materials, training etc. The trained service providers at the village level have been playing a major role is creating awareness among the people on JE.

4.2.2 Institutional Preference:

Apart from the availability of JE, a number of other factors are there which motivates or de-motivates people to go to a particular health institution. Though availability of JE with a health institution plays a significant role, still there are other factors that decide such approachability, such as, availability of the institution in a nearby proximity, better road connectivity, quality health services, cordial environment etc. As the carrying vehicle is attached to a particular health institution, it becomes almost mandatory for the pregnant women to approach that institution, though it may be in a distant place.

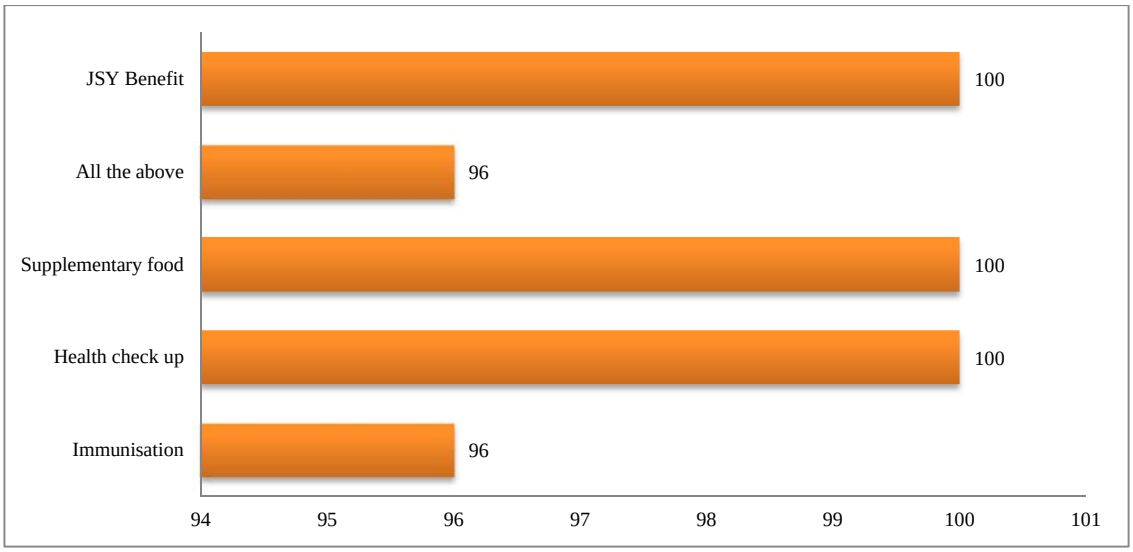


Graph 12: Reasons of People's Institutional Preference

4.2.3 Pregnancy Registration and JE Accessibility

As per the discussion with JE beneficiaries and different other stakeholders, 96% beneficiaries who accessed JE are found registered with the concerned ASHA / AWC. Because of their registration with

AWC / ASHA, the JE beneficiaries could able to access a number of benefits such as supplementary food, antenatal check up and financial benefit under JSY. Coverage of JE beneficiaries in all these services are found quite high in comparison to non-accessibility to those services.



Graph 13: Pregnancy Registration and JE Accessibility [in %]

Of the total 25 families that availed services of JE for reaching the health institutions, 12% have availed JE service during the year 2009 and remaining 88% during the year 2010. It is indicative of increased accessibility of the pregnant women to the JE service with days of implementation of the scheme. Looking at the age group of the JE beneficiaries, it can be said that the new generation women are more aware and sensitised on health issues and importance of institutional delivery for which accessibility to JE is comparatively high in the age group of 20-27. As observed, difference in number of BPL and non-BPL families [as per the Government enumeration of 1997] accessing JE is not widely separated i.e. 52% JE beneficiaries were found to be from BPL families and remaining were from non-BPL category. Secondly, coupled with this, almost all the BPL families who have availed JE have gone through three antenatal checkups.

4.2.4 Facilities and Vehicle Condition:

The vehicles engaged by the SHGs as JE have a number of facilities and such provisions are made based on the guidelines issued by NRHM. In order to address emergency during transportation of pregnant mother, most of the JE vehicles in Gajapati are having antiseptic, bandage, ladder, stretcher and drinking water. As the vehicles are purchased and placed newly, all these basic facilities are available. But after its use, during transportation or during other times, replacements of these items are relatively poor. Secondly, all the prescribed first aid and supportive instruments are not available in all the JE vehicles. According to most of the beneficiaries [100%], the condition of the vehicle is good and according to most of them, the vehicle is comfortable enough.

Each SHG has recruited one driver for the rented out vehicle who looks after the vehicle maintenance and records the Km coverage and places of visit. It is mostly the driver who takes care of the vehicle

under the supervision of the SHG members. When the driver goes out on leave, normally a substitute driver is arranged by the SHG to run the JE. The hired driver is paid by the concerned managing SHG from the monthly rent they receive from the RKS. Payment of driver is made by the SHGs that have engaged the vehicle in the health institution.

4.2.5 Vehicle Regulation and Planning:

The vehicle movement is mostly decided by the MO I/C of the health institutions in the district where role of SHG is almost negligible. They also prepare the route plan for the vehicle movement based on the received call. However, all the JE vehicles attend night calls for which the driver gets Rs.50/- per night.

4.2.6 Means of Availing JE:

JE is mostly availed by the pregnant women through the village level ASHA [64%] followed by calling the driver directly [36%]. As ASHA is placed at the village level, it becomes easier for the desiring families to contact her and request her to call the JE. In 36% cases, as telephone number of the driver or the local health institution is available at the village level, they call directly to avail the JE.

4.2.7 Adequacy of JE Operation:

In some of the health institutions, the PHC / CHC members feel that presently available vehicles at the health institution level for providing free transportation facility are not adequate. In Gajapati, 75% institutions are of the opinion that the JE is not adequate to meet the present need. This perception is basically because of allocated geographical area for coverage [whole block] and for minimising the transit time. Looking at the increasing demand of JE and expected geographical coverage, they feel that more number of JE can cater to the geographical demand for free transportation. Though, the JEs have been managed by the private bodies, associated in a PPP mode, still there is increased pressure on the MO I/C. In Gajapati, 50% sample institutions are of the opinion that present number of staff is inadequate to look after day to day functioning of the JE. Existing medical staff takes up additional responsibility of managing the JE by allocating extra time for the purpose.

4.2.8 Change in the Operational System:

Since the introduction of JE in the block / district, there is no change in the operational arrangement. SHGs have been associated in the JE management process since the inception of JE in the blocks. As in the district, implementation of JE is relatively new, requirement of any change is yet to be realised. Also, there is no such change in the financial management procedures and it is as per the prescribed operational norms of NRHM.

4.3 MONITORING AND FOLLOW UP:

4.3.1 Acquiring Information on Pregnancy:

Pregnancy related information is gathered by the serving health institutions from different sources. In almost all the studied institutions, reports submitted by ANM and ASHA are the major sources of getting pregnancy related information. Some institutions are also of the opinion that the monthly / quarterly review meetings are also major sources of assessing and analysing the pregnancy related information. Frequency of getting such information is in most of the cases is on monthly basis excluding few cases where they have adopted weekly reporting system.

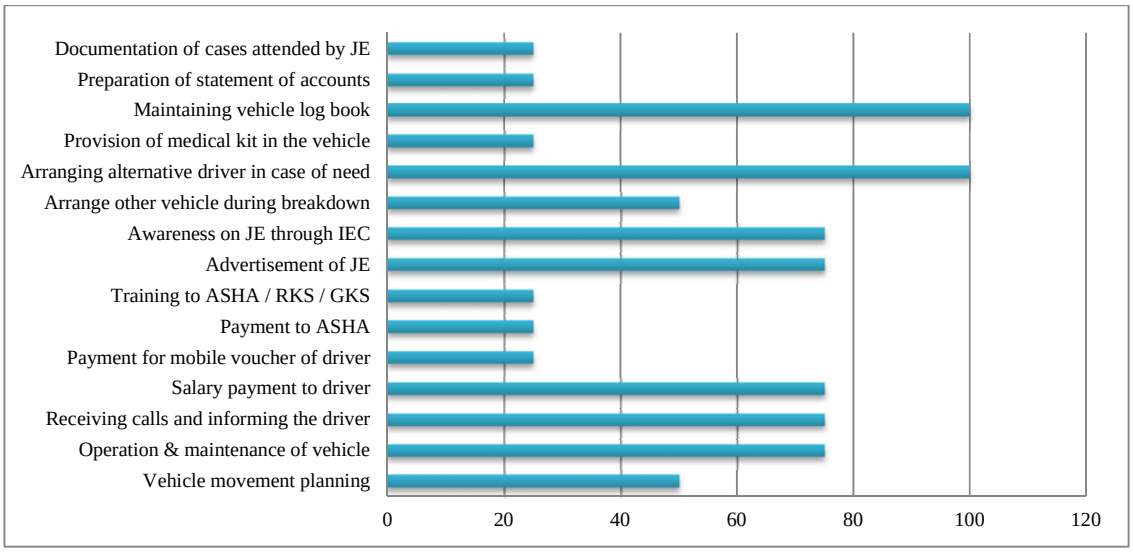
4.3.2 Review and Analysis:

At the health institution level, there is review and analysis mechanism to take stock of the health situation and implementation of different programmes / schemes. In some institutions, review meeting is organised on monthly basis [25% cases] whereas in some other institutions, it is organised on quarterly basis [75% cases]. With regard to JE, discussions are mostly on achievement and issues such as number of ID cases addressed through JE, problem in JE management, payment to the vehicle owners [here SHG] etc. The review meetings are mostly attended by the RKS members, MOI/C of the health institution and the JE managing institutions / individual. Normally, attendance of SHG is not mandatory but after the decisions taken at the meeting, relevant information is communicated to the concerned JE operator for remedial measures. The decisions taken in the review meetings are followed up in the subsequent meetings [75% cases] or during visit of the PHC/CHC members to the field or information collected by the PHC / CHC from ASHA and ANM.

4.4 ROLE AND RESPONSIBILITIES OF THE STAKEHOLDERS

4.4.1 Role of SHG:

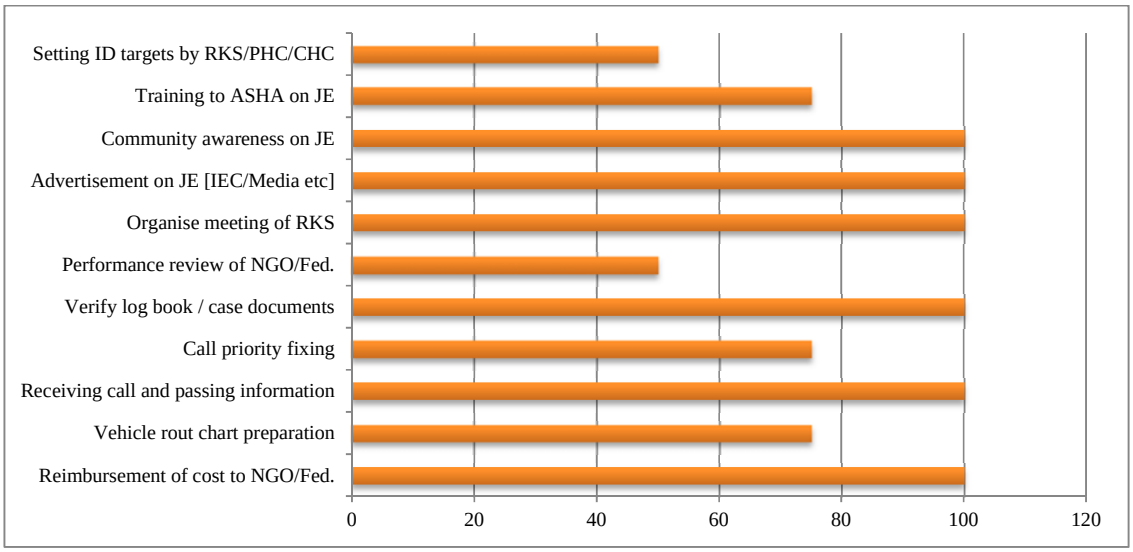
The role of SHG is mostly confined to the management of the vehicles placed with the health institutions as JE for free transportation of pregnant women. The driver of the vehicle maintains the log book based on coverage of distance on case to case basis. The log book is updated on daily basis by the concerned vehicle driver and verified by the SHG president / secretary. The expenditure for operation and maintenance of the vehicle is also incurred by the concerned SHG from the monthly rent they receive from the RKS. As most of the vehicles are brand new vehicles, usually, maintenance expense is very low. The fuel expenses are reimbursed by the RKS at Rs.250/- per case. No SHG is observed associated in vehicle movement planning or call recording and informing to the driver or concerned PHC / CHC for the movement of the vehicle except a few cases. As SHG is more localised and members are from the village level, in certain cases, it was observed that in case of information for JE, they pass the information to the driver / MO I/C for JE support but such cases are not so frequent or not in a planned manner. According to the medical officer in-charge of the consulted PHC / CHC, SHGs perform a number of roles in JE management such as maintenance of the vehicle, arranging alternative driver etc. Details of their perception on present role of SHGs in management of JE are highlighted in the matrix.



Graph 14: Role performed by SHGs in JE Management in Gajapati [Response in %]

4.4.2 Role of PHC / CHC in JE Management:

Apart from SHGs, the concerned health institutions also perform different roles with regard to the management of JE such as reimbursement of cost to SHGs, planning vehicle movement etc. Details of their role are presented in the matrix.



Graph 15: Roles performed by Health Institutions in JE Management in Gajapati [Response in %]

4.4.3 Role of RKS in JE Operation & Management:

At the health institution level, RKS has been instrumental in playing a diversified role in JE operation and management. Apart from managing the financial aspect of JE, they have been facilitating different other activities which directly or indirectly contribute to JE functioning. Consultation with different RKSs reveals that RKS is not involved in contacting driver or the PHC/CHC staff for JE rather they encourage ASHA to contact to the driver or to the health institution at the time of need [33.3%]. RKS, as a managing body, is also not involved in call tracking or maintenance of financial records related to JE and also in regulating the vehicle movements. Their role has been mostly to perform the coordination function with the JE operator and health institution [66.7%]. Even their visit to villages and guiding village level medical service providers like ANM and ASHA is not there. So, it can be said that RKS, as a management body is more into review and coordination rather than guiding and facilitating the JE operation and management process.

The Hospital Management Committee [HMC] or Rogi Kalyan Samiti [RKS] has been formed in all the health institutions to facilitate the functioning of the health institution in a participatory manner. It was expected during the formation of RKS that it will improve the health service delivery by supporting and guiding the management of the health institutions. As observed, the local RKS has been instrumental in promoting rural health in various ways such as facilitating village health planning [33.3%], monitoring the health activities [33.3%], supporting ground level service providers [33.3%] etc. Some of the responses of the RKS are highlighted here which reflect their involvement in different health facilitation process.

Table 7: Role of RKS in strengthening Rural Health
Support GKS in preparing the village plan
Monitoring the implementation of village plan
Support ASHA/ANM/AWW for service delivery
Generating health awareness through IEC
Source: *RKS in sample institutions*

4.5 QUALITY OF SERVICES:

4.5.1 Arrival of the vehicle in time:

The arrival of the vehicle is reported to be "in time" by 96% beneficiaries. Because of the poor road network and bad quality road, the expected reaching time of the vehicle at the village end gets delayed.

4.5.2 Availability of Doctor for Delivery:

Availability of doctor in the health institution for delivery, especially when the pregnant woman reaches, makes a big difference. According to the JE beneficiaries, barring a few cases, in most of the cases, doctor was there in the institution for delivery and if at all she/he was not there, still the doctor arrived in the centre within 30 minutes of arrival of the pregnant women. This mode of service delivery practice of the medical personnel has been of tremendous help to the pregnant women. According to the beneficiaries, in 96% cases doctor was available in the institution. In most of the remaining cases, other paramedical were there to take care of the pregnant women. Along with the

provision of JE in the institution, presence of doctor at the time of need makes a difference in the status of the institution and identifies it as a good service providing institution.

4.5.3 Accompanying and Behavioural Pattern:

In almost all the cases, excluding 12% cases in Gajapati, ASHA escorted the pregnant women to the PHC / CHC for delivery. It is basically the ASHA who facilitates the overall process starting from contacting the JE to accompany and making the institutional delivery a success. Behaviour of the accompanying person [here ASHA] was found to be satisfactory as it is reported by 100% JE beneficiaries interviewed in the district. Behaviour of the driver is observed to be cooperative for most of the beneficiaries [96%]. At the time of need, he was paying attention to the pregnant women.

4.6 FINANCIAL ASPECT OF JE OPERATION

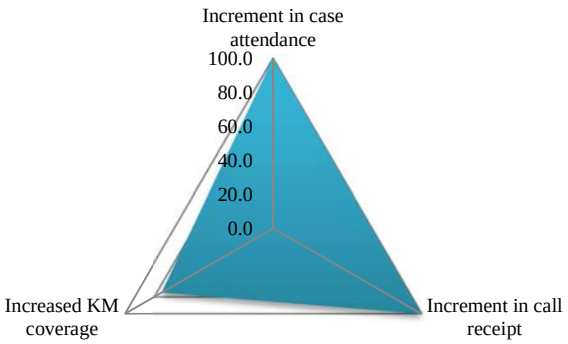
4.6.1 Payment Structure and System:

The payment procedure is as per the common financial guidelines of NRHM. The RKS of the health institution pay the rent of the vehicle on monthly basis to the SHGs. Apart from the monthly vehicle rent, RKS also reimburse the fuel expenses at the rate of one litre per 10 Km coverage which is paid from the provision of Rs.250/- per case. For the payment of fuel expenses, the log book of the vehicle is verified by the MOIC / PHC –CHC personnel and based on the Km coverage, the expenditure is reimbursed. The SHGs owning the vehicle is paid Rs.16000/- per month as the rent of the vehicle. Consultation with the vehicle owners [here SHG] revealed that in most cases [75%], payment is made to them on regular basis excluding some deviation due to procedural delay. The SHGs normally receive payment as per the submitted bill.

4.7 ACHIEVEMENT AND IMPACT:

4.7.1 Improvement in service quality:

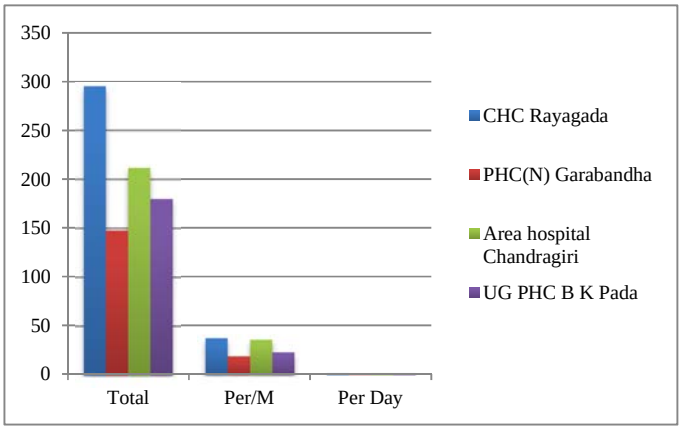
Though, the period of operation of JE in the district is quite recent, still it has been instrumental in providing quality services to the people those who need such services. Based on the present performance, 75% PHCs feel that there is improvement in service quality of the JE in comparison to when the JE operation was started in the district. The PHC / CHC members feel that there is increasing awareness among the people on the importance of institutional delivery and people have become aware of the role of the JE in providing free



Graph 16: Indicators of Improved JE Demand in Gajapati

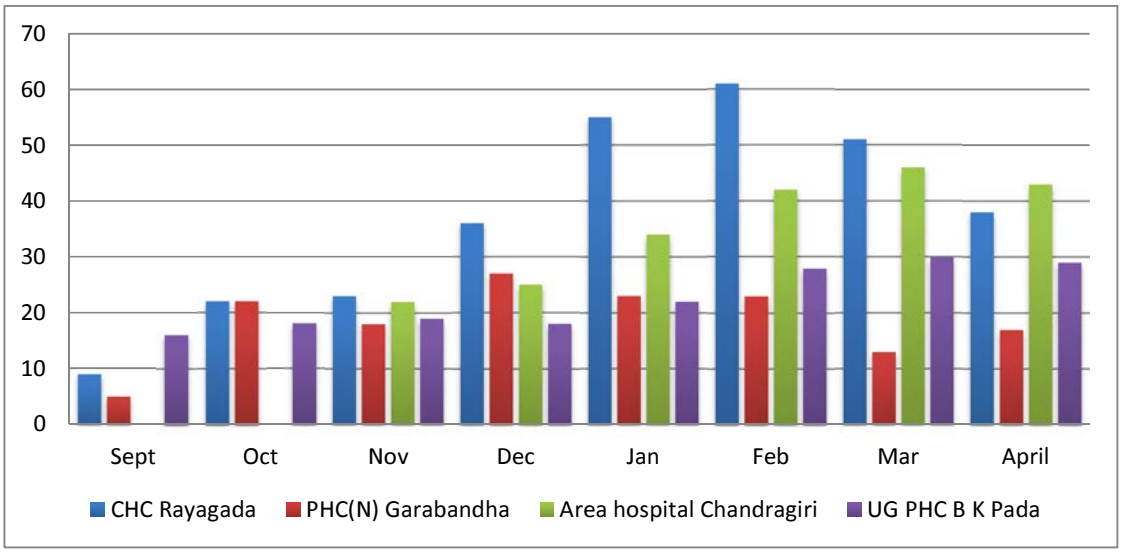
transportation facility. Because of the availability of JE, now the ID situation of the district and health institution has improved and pregnant women have been getting timely transportation facility. All the studied health institutions are of the opinion that JE has increased institutional delivery. As, transportation of pregnant women was a major problem, especially for the poor families, provision of JE has helped them substantially. Almost all the visited health institutions have expressed their satisfaction in the present performance of the JE. The indicators of JE demand can be assessed from the increment in case attendance, increment in call receipt and increment in Km coverage of the vehicle.

4.7.2 Case Attendance:



Graph 17: Total Case and No. of Cases per Month

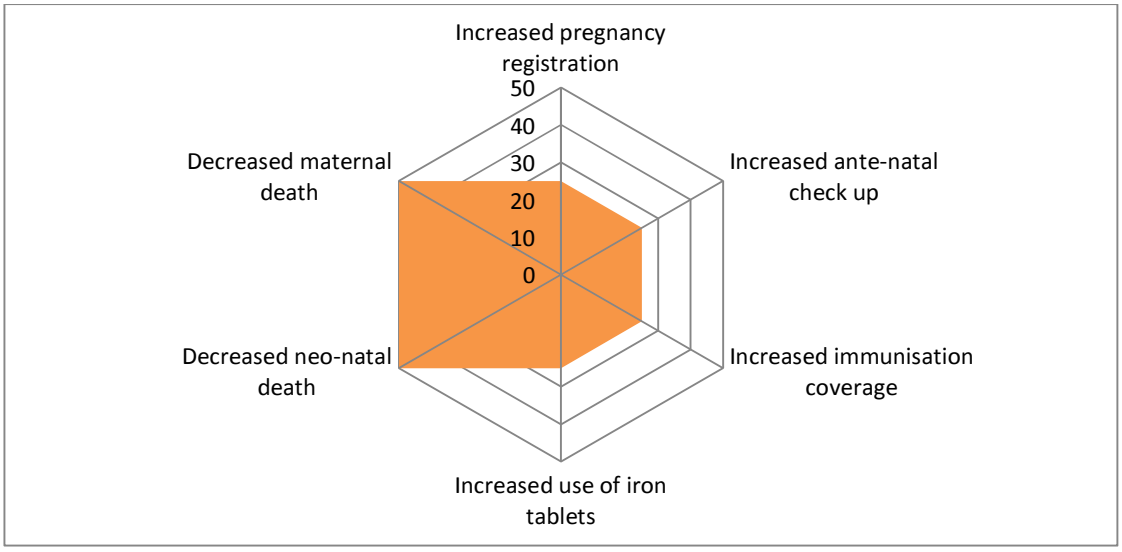
The average per day case addressed by the JE in sample PHC / CHC in Gajapati is estimated to be within 1-2 while per month case attendance differs at institution level. In the district as a whole, total cases addressed through JE are estimated to be 1711 in seven blocks through eight JEs. Month wise cases addressed by different sample institutions are presented in the graph which shows that there is difference in case attendance which may be because of availability of cases and information to the health institution for supporting the JE for free transportation. Average number of cases per month is highest at 37 in CHC Rayagada while lowest is in PHC [N] Garabandh.



Graph 18: Case Attendance by Health Institutions in Different Months

4.7.3 Indirect Benefit of JE

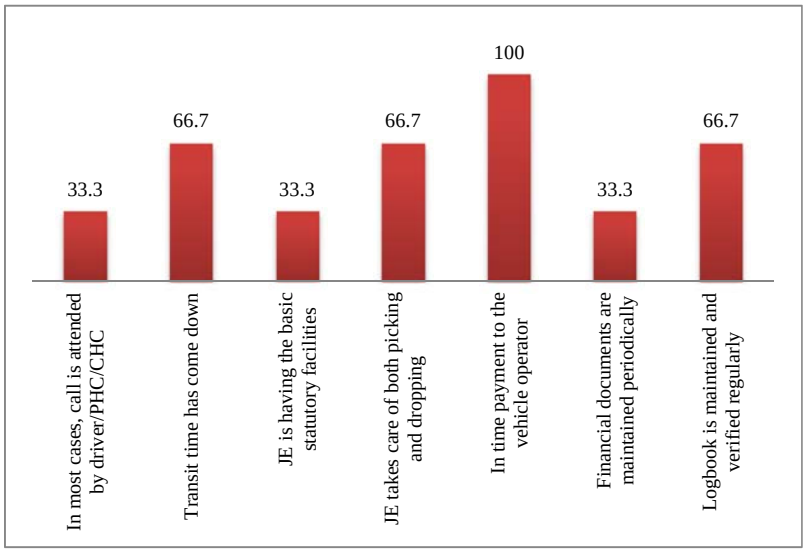
Of the total sample institutions, 50% institutions are of the opinion that JE has some indirect benefits related to the health of the people. The benefit details are as follows. But the overall improvement in maternal health status is more because of the JSY than only JE.



Graph 19: Indirect Benefit of JE in Gajapati; Perception of Health Institutions

4.7.4 Improvement in JE Operation:

Though, implementation of JE in the district is not very old, still RKS of different health institutions [PHC / CHC] have attempted to improve the performance of JE. Certain practices, initiated during the inception of JE are still continuing and there is no change in the practice as such. It may be due to two reasons i.e. required of any change is not necessary as it has been doing well or required changes are yet to be conceived and prioritised. The matrix highlights such changes in different expected areas of change based on the opinion of RKS.



Graph 20: Improvement in JE Operation in Gajapati; [RKS Opinion in %]

4.8 PROBLEM AND SUGGESTIONS

The vehicle repair and maintenance has been a problem in the district. Repairing of the vehicle in the presence of the owner is a common practice which facilitates the owner to take appropriate decisions on the spot. But, as the JEs are placed by the women SHG members in the district, during the vehicle repair, it becomes a problem for them to stay in the repairing workshop for hours together to watch the repairing of the vehicle. With the increasing operation and maintenance expenses, it is gradually becoming difficult for the SHGs to bear the cost from the present payment. As all the SHGs are having bank loan, they hardly get a marginal profit from the payment they receive from RKS after loan repayment and maintenance of the vehicle.

In the opinion of RKS, the amount allotted for RKS is not sufficient for smooth functioning and supporting the effective implementation of JE. So, additional fund provision should be made to RKS [33.3%]. In view of the problem the pregnant women face during journey, RKS suggests to place a trained person with the JE so that she can provide necessary health care support to the pregnant women during transportation, if at all it is required [33.3%].

Different improvement measures can be taken to improve the functioning of JE further and making it more users friendly. The areas of improvement suggested by the health institutions are proper documentation of the JE performance in order to support transparency. Apart from that the health institutions feel that there is a need for an accountant who can help in keeping the financial record of the JE and supporting the management of the health centre.

CASES OF SHG MODEL:

SHG: **Bhairabi SHG**
Village: **Chandragiri**
Block: **Mohana**
District: **Gajapati**

The Bhairabi Self Help Group [SHG] was formed on 25th March 2008 consisting of 10 women members. The group is headed by the President Kuntala and the Secretary Kuni. Of the total members in the group; three members belong to Schedule Tribe [ST] community and remaining others are from Other Backward Classes [OBC]. Every month each member saves Rs. 100 at the group level & the available fund is rotated among the members through internal lending process. The group charges 2% service charge on monthly basis [annual 24%] to its members on the credit amount. Presently the total fund available [current fund balance] with the group is Rs 5000/- out of their total savings as reflected in their financial document. The group is having its saving account in Canara Bank, Chandragiri where collected savings and service charges are deposited on monthly basis. Because of the financial and non-financial performance of Bhairabi women SHG, like regularity in meeting, frequency of internal rotation of funds, proper documentation of financial transactions and meetings, in-time repayment of bank loan etc.; the group was rated "A" at the block level by the Mission SHAKTI i.e. one of the best performing SHGs at the block level.

When the decision was taken at the district level to involve SHGs in the allocation and management of JE, it was obvious for the CDPO and block Coordinator of Mission SHAKTI to select this SHG based on its track record of performance. On the suggestion & guidance of the CDPO to the SHG members, the group applied for a loan to the account holding bank under SGSY. As the group performance was quite satisfactory, at the bank part there was no hesitation in paying the credit to the group under SGSY. The group purchased one vehicle "Mahindra Bolero" spending Rs.4, 75,000 [Rupees Four lakh and Seventy Five Thousand Only]. The cost of the vehicle was completely financed by Canara Bank, Chandragiri Branch, under SGSY scheme. On the credit fund, the bank charged 10.25% interest on annual basis. As per the schematic provision, the group availed a subsidy of Rs70, 000/- out of the total sanctioned and disbursed credit amount. Though, the group were able to purchase the vehicle from bank finance, still there were allied expenses to be incurred to run the vehicle on the road. So, the group withdrew Rs. 50,000 from its own savings and spent it on insurance & vehicle license. As they were having substantial savings amount with them, they were able to utilise that fund in a productive manner.

After license and registration, the women group signed an agreement with the concerned RKS of the area hospital for placing the vehicle as JE with the hospital. Initially, as per the agreement, the vehicle movement was confined within the block boundary [Mohana block] with distance coverage of 25 km. But, when people from other villages i.e. beyond 25 Km started demanding for JE, the regulated distance coverage was deregulated and now the vehicle is catering to the need of all the villages irrespective of its distance from the area hospital. As it was not discussed and decided earlier i.e. at the time of agreement, it seems that group members are not so satisfied with this decision of RKS. According to the group members, it has increased the maintenance and operational cost and has

reduced their profit margin. Because of this, there is a growing demand by the SHGs to allocate separate fund for vehicle maintenance.

The group members conduct group meeting once in a month where they discuss on savings and credit status and also on JE. The platform is also utilised to collect principal amount, interest & fines from the members. The matters pertaining to the vehicle [JE] are also discussed like financial reimbursement receipt, profit/benefit, payment of salary to driver, maintenance expenses etc. The members also discuss on different social issues like children education, village sanitation, mother and child immunization etc. The local CDPO of ICDS provides guidance to the group from time to time.

Vehicle Operation and Management:

Usually the vehicle [JE] operation is managed by the Area Hospital staff under the supervision of the MO/IC; Chandragiri. The JE vehicle movement plan is prepared by the MO/IC. Every day, the driver of the vehicle maintains a log book based on distance coverage. The log book is scrutinized/verified/certified either by the MO/IC or by the Pharmacist. The log book is maintained as and when it is used while providing services to pregnant women / referral service etc. There is no special case attendance and tracking system except the log book. However, number of cases attended and coverage of Km is informed to the concerned RKS during the review meeting. According to the vehicle movement register [log book] the vehicle provides 24 hour service where attendance of night call is also provisioned. Involvement of SHG in receiving calls and informing the vehicle driver or MO/IC / hospital is not there as the members of the SHG are staying in the village and the JE vehicle is placed in the medical campus as per the government norm. In case of breakdown, the SHG bears all the cost including monthly maintenance and servicing of the vehicle. During the breakdown period, the available ambulance at the hospital performs the role of JE. As all the vehicles are new, there is less breakdown and also the monthly maintenance expenses of the vehicle are less.

Financial Management:

The finance aspect of the JE is managed by the SHG with the help of medical staff and the driver. The SHG is getting Rs.16, 000/- per month in the shape of cheque from the RKS of the area hospital. According to the SHG members, the driver is paid Rs.2000/- per month towards his salary and an amount of Rs. 10, 000/- is paid towards repayment of the loan. In member's opinion, clearance of cheque takes a longer time as they have their account in Canara bank but they receive cheque of State Bank of India. By this time, the SHG has received four cheques for four months and each cheque is of Rs. 16, 000. But due to bank problem they have not yet deposited the cheque in the bank.

Apart from the above monthly fixed payment, the JE also gets reimbursement for the expenses incurred by them towards fuel. The SHG gets 1 litre of diesel for every 10 kilometres travelled. The JE driver also gets Rs.250/- per month towards the mobile voucher to receive call and making call to the health institution. Though, the literacy level of the women SHG members is low, still they are encouraged to participate in this PPP arrangement as it has been a profit making venture for them.

Quality of services:

The JE is equipped with some basic facilities such as drinking water, stretcher and first aid. According to the SHG members and concerned driver; all the cases attended till date is in time. As the case load is not so heavy at present; the JE could able to attend all the cases in time. There is no adverse remark on any negative behavioural expression observed or received from any stakeholder till date.

SHG: **Katamarama**
Village: **Gharabandha**
Block: **Gosani**
District: **Gajapati**

The Katamarama Shakti Group was formed during September 2006. The group comprises a total of 10 members. All members of this group belong to Schedule Tribe community. The group is headed by K. Appili, the President of the group and supported by Krishnavema who is the Secretary of the group. The group holds a savings account in the Indian Bank [IB] branch of Gharabandha [A/c no. 7282/24]. As per the group norm; decided by all the group members; each member saves Rs. 50/- per month and is also liable to receive credit from the group when they require. The group fund is used for internal lending among the members. For internal members, the group charges 2% as the service charge per month. As per the financial record of the group, the amount of funds available with the group is Rs. 16, 324/-. The group members are conducting their meeting twice a month to take stock of their financial and non-financial situation. During the meeting, they discuss on individual savings, collect principal, interest & fines from the members, give credit to the members based on member's request, members discuss on group management & social issues like children education, sanitation and mother child health care etc. The group is also a part of the block level SHG federation, which is formed under Mission SHAKTI with the guidance of the block CDPO of ICDS. The overall performance of the group has been very good as they organise their meetings regularly, pay their dues to the bank in time and also have a good coordination with CDPO and the block level federation. Because of their good performance, the group is rated "A" i.e. one of the best performing SHGs in the block. The rating certifies that group is eligible to avail different schematic benefits of the Government and other agencies for different economic and non-economic activities.

Because of the good performance of the SHG, the local CDPO of the block suggested the SHG to get involved in the procurement of vehicle and placing it as JE. Based on the suggestion of the CDPO; the group has purchased a vehicle "Mahindra Bolero" with a spending of Rs. 4, 75,000. As the group did not have enough capital to invest for procuring the vehicle, they approached the account holding Indian Bank branch for loan under SGSY scheme. As the financial performance and discipline of the group was satisfactory, the bank agreed to finance for the vehicle. Total finance for the vehicle was supported by the bank under Government sponsored SGSY scheme. The group also put in an additional capital of Rs.45, 000 from its own fund towards vehicle insurance & license.

After the procurement of the vehicle, it was put in the health institution based on the agreement signed between the Katamarama Shakti Group & RKS of Gharabandha PHC [N]. Initially, as per the agreement, the vehicle was expected to provide service within and around 25 km of Gosani block from the health institution. But, looking at the increasing demand, it was decided at RKS level to expand the operational jurisdiction of the vehicle catering to the need of all the villages of the block. The group feel that this decision is not conducive for them as their profitability has gone down because of such decision.

Vehicle Operation and Management:

Figure 6: Transportation through JE

The total JE operation is regulated and guided by the PHC (N) staff under the supervision of the MO/IC of Gharabandha PHC (N). The vehicle provides its services not only to the Gharabandha PHC [N] but also to the Gurundi PHC which is around 5-7 Kms away from the PHC [N]. So, it can be said that there is a provision of one JE for two nearby health institutions. Based on the call receipt, decisions are taken on the movement of the vehicle. According to the movement of the vehicle and Kms covered, the driver maintains the log book on daily basis. Necessary payments are made by the RKS of the institution after the verification of the log book and certified by the MO/IC or the Pharmacist. There is no exclusive case attendance and tracking system but this can be tracked from the log book. The maintenance cost of the vehicle is borne by the SHG including cost for repairing of the vehicle during breakdown. In case when the vehicle remains out of order, they take the help of the ambulance service of nearby PHC for taking the pregnant women to the institution free of cost. As calls come directly to the PHC [N] or to the nearby PHC at Gurundi, there is no significant involvement of SHG in call recording and tracking. Secondly, as the group members are staying in the village and the vehicle is in the medical campus, there is less involvement of SHG members in such activities.

Financial Management:

Against the vehicle, the SHG receives Rs.16, 000/- as monthly rent from the RKS in the shape of cheque. Normally the payment is made by the PHC Gurundi as BPMU office operates from the Gurundi PHC. Secondly, as the PHC [N] is managed by the doctor from the Gurundi PHC, so overall operational and financial management in relation to JE is regulated by the Gurundi PHC. Of the total monthly receipt of Rs.16,000/-, the SHG pays Rs.10, 500/- per month to the bank towards repayment of loan, Rs.3400/- to the driver towards his monthly salary and the group deposits the balance fund of Rs.2,100/- in their bank account as an income of this economic venture.

Quality of services:

According to the SHG members, the JE has been successful in attending cases in time because of less per day case load. The vehicle decked with some basic facilities as per the norm such as drinking water, stretcher and first aid. Consultation with SHGs revealed that they have not across any kind of complaints against the driver from the JE beneficiaries or from their family members.

SHG: **Maa Mangala SHG**
Village: **Laxmipur**
Block: **Rayagada**
District: **Gajapati**

The village Laxmipur has another two SHGs apart from Maa Mangala SHG i.e. Maa Mangala SHG – A and Maa Mangala SHG – B. The Maa Mangala SHG was formed during 2006. The group consists of 13 members and all the members belong to Scheduled Tribe community. As per the group norm, monthly they are saving Rs 40/- per member. The group also has an internal lending system where group fund is used for providing credit to the members based on their need. For the internally rotated fund, the group charges 2% as the service charge [24% annually] per month. The total available fund with the group, by the documentation time was Rs 32,362/-. The SHG is a part of the block level federation which is managed and guided by the CDPO of ICDS. On the suggestion & guidance of the CDPO to the SHG group, the SHG group approached Syndicate Bank of Rayagada for credit under SGSY scheme. Because the group performance was quite impressive at the block level, the bank expressed its willingness to provide credit for the purchase of the vehicle. After thorough verification of documents of the SHG, the bank financed the group under SGSY scheme. The total cost of the "Max ambulance" vehicle i.e. Rs 4, 75, 000 was fully financed by the bank. Because the group is of ST members, as per the scheme norm, the group availed a loan subsidy of Rs 1, 00,000. The group utilised Rs. 21,000/- from its own fund for vehicle insurance and registration. The group signed an agreement with the BPMU of the CHC-II Rayagada and according to the contract the vehicle was engaged in the health institution as JE. Like other SHG groups, the vehicle movement was finalised to be within 25 km of Rayagada block which was later revised and was made block specific. As a result of extension of the operational jurisdiction of the vehicle, the SHG members are not happy as it has increased the maintenance cost reducing the profit margin.

Vehicle Operation and Management:

The operation of JE started in the block from 5th September 2009. The Maa Mangala SHG group, being the partner, handed over the vehicle to the CHC Rayagada after the signing of the contract. As per the norm, the vehicle [Janani express] is expected to cover 18 Panchayats covering 207 villages of Rayagada block. By the documentation period, the vehicle had covered 20181 km i.e. on an average 2523 Km per month. The vehicle is providing both pick up & drop services to the pregnant women. The management of the vehicle is handled by the CHC-II of Rayagada which is headed by the medical officer & the financial part is looked after by the BPMU of the CHC,

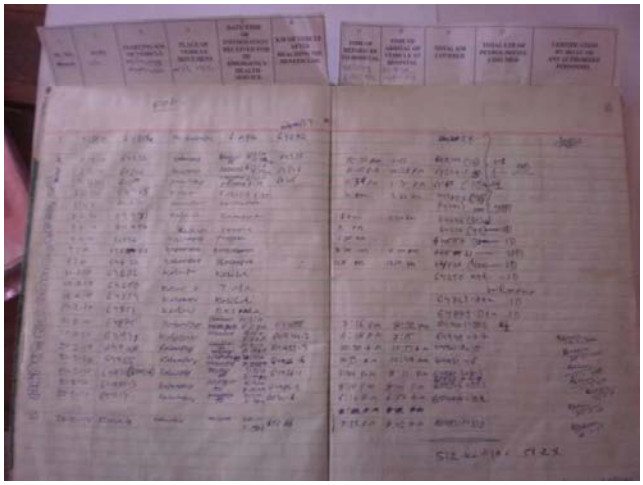


Figure 7: Logbook maintained by the Driver

Rayagada. Attending calls & maintenance of log book is the responsibility of the driver while other records are maintained by the CHC staff. Along with the coverage of Km, driver registers the name of the beneficiary and her address in the log book for reference and verification. The SHG only supervises the vehicle, verifies the vehicle meter for assessing Km coverage, verifies the log book and works on the maintenance of the vehicle. SHG group has an agreement paper & instalment payment receipts. Attendance of case per month varies based on case availability.

Financial management:

The financial aspect of JE operation is managed by the BPMU office where the SHG only keeps the instalment & maintenance receipts of the vehicle. The SHG receives a monthly rent of Rs.16, 000/- per month in shape of cheque. Apart from that the fuel cost is also reimbursed at 1 litre of diesel for 10km coverage. The BPMU has informed the SHG to deduct Rs.350/- henceforth towards Government tax. Of the total monthly rent receipt, the group pays Rs.10, 000/- to the bank towards repayment of loan and Rs.3, 000/- to the driver for his monthly salary. Every month the group is spending around Rs.400/- for maintenance of the vehicle. Of the total association, SHG makes a profit of Rs 2250/- per month excluding personnel cost. In order to popularise JE and its services, mobile numbers of the driver & the CHC doctor are flashed on the outer side of the vehicle. Sometimes, the SHG members also receive calls from the pregnant mothers / their families requesting for JE. For attending night calls, the driver gets Rs 50/- for each night which starts from 10 pm to morning 6 am. If the JE is engaged in attending to one case and there is a request by another pregnant woman for JE, in such cases ambulance is used as JE for taking the pregnant women to the health institution.

Quality of services:

The geographical conditions of the area are not so good and basically it's a hill top area. Attending to case takes more time than in other areas. On behaviour aspect, the driver is well behaved & cooperative with ASHA during pick up & drop time.

SHG: **Nityasahi Maa Mahila Sangha**
Village: **B. K. Pada**
Block: **Nuagada**
District: **Gajapati**

The group called "Nityasahi Maa Mahila Sangha" was formed on 25th January 2002 taking 10 women members [Out of ten members from the group one member has left the group]. For smooth functioning of the group, the members selected Nirajani as their President and Sujata as their Secretary. All members of the group are Christian believers and in that sense, the group can be termed a homogenous group. The group has its own rules and regulations to regulate and govern the group functioning. Each member of the group deposits Rs.40/-, per month as the group savings. The fund so collected is utilised by the group for internal lending and meeting its administrative expenses. The group charges 2% [24% per annum] to its members as service charge against the credit. By the time of documentation, the group had funds of Rs 45,212/-. The group is a member of the block level SHG federation, promoted under Mission SHAKTI and guided by the CDPO of ICDS. Every month, the members of the group meet and do their regular business discussions which include collection of deposits, collection of principal and interest amount from the members. As the group has placed JE, members devote substantial time in discussing about the JE activities including the receipt and payment.

As the performance of the group is quite good in terms of regularity in meeting, documentation and financial discipline, the group was selected by the CDPO for engagement in the JE management process. The CDPO discussed with the group on the decision of the district administration to involve SHG in managing JE and suggested the SHG to procure a vehicle and engage it in the heath institution as JE. Based on her suggestion & guidance, the group thought of getting involved in the process. As the group did not have required amount of capital to purchase the vehicle, they approached State Bank of India [SBI] branch of B.K. Pada for credit under SGSY scheme. Because of the financial discipline and good track record of the group with the bank and with due facilitation of CDPO, the bank agreed to provide capital to the group to purchase a vehicle. With full finance from SBI, the group purchased a vehicle "Bolero" which cost Rs.4, 75,000/-. Towards insurance, license and allied formalities, the group incurred an additional expenditure of Rs. 45,000/- from their own funds. After purchasing the vehicle, the group signed an agreement with the RKS of the health institution for the deployment of the vehicle. The agreement was made between Nityasahi Maa Mahila Sangha & BPMU of B K Pada. Like other blocks of the district, initially, it was finalised in the agreement that the vehicle will move within 25km of Nuagada block, but in the later stage it was modified and made it mandatory to cover the entire geographical area of the block. Though, the group members are not so happy with this decision, still the vehicle is being deputed to the health institution as JE.

Vehicle Operation and Management:

The Janani Express scheme was introduced in the block on 15th August 2009 and the Nityasahi Maa Mahila Sangha has been associated since then with the JE management process. The vehicle is mandated to cater to the need of 14 Panchayats covering 165 villages of Nuagada block. The vehicle

provides both pick up & drop services to the pregnant women. The operational aspect of JE is being handled by the UGPHC of B K Pada headed by the medical officer whereas the financial part is looked after by the BPMU of Rayagada. The driver of the vehicle attends / receives the calls along with medical staff & records the vehicle travel details in the log book. The SHG members verify / supervise the condition of the vehicle and evaluate the distance coverage from time to time. The vehicle movement is planned based on the call and as per the direction of the medical officer in charge of UGPHC. The SHG group is keeping a copy of the agreement paper & instalment payment receipts. Attendance of case per month varies based on case availability. Apart from managing JE, the SHG members are also involved in mobilizing the community for institutional delivery.

Financial Management:

The financial part of JE operation is managed by the BPMU office whereas the SHG is keeping the instalment & maintenance receipts of the vehicle. As per the payment structure, the group receives monthly rent of the vehicle amounting to Rs.16, 000/- per month. Payment is made to the SHG in shape of cheque. Apart from rent of the vehicle, the fuel expense is also reimbursed to the SHG at one litre of diesel per 10 km covered. Very recently, the BPMU has shared with the group about deducting Rs.350/- from the monthly rent of the vehicle towards Government Tax. Out of the total rent receipt, the group repays Rs.10, 000/- to bank against the loan & Rs.3, 000/- is paid to the driver as his monthly salary. As per the group, every month they spend around Rs.400/- towards vehicle maintenance. Overall, the group is making a profit of around Rs.2250/- per month. Of the total monthly profit, the group uses Rs.2, 000/- for internal credit purpose & remaining is deposited in the group saving account. The group keep record of receipt and payment with regard to JE and the documents are updated once in a month.

Quality of services:

The geographical condition of the area is not so good and basically it's a hill top area. Attending to case takes more time than in other areas. On behaviour aspect, the driver is well behaved & cooperative with ASHA during pick up & drop time.

NGO AND INDIVIDUAL IN JE MANAGEMENT

SECTION FIVE
ASSOCIATION OF NGO AND PRIVATE INDIVIDUALS IN JE OPERATION IN KALAHANDI

5.1 INDUCTION OF JE & OPERATIONAL ARRANGEMENT:

5.1.1 JE Operational Arrangement:

In Kalahandi, introduction of JE in the block level health institutions like PHC / CHC is very recent. The district took initiatives in this regard only during first part of the year 2010. As per the provision, different health institutions were provided with JE in a PPP mode. But, use of ambulance as JE for providing free transportation service to pregnant women was already established by a local organisation called SEWA who has been managing the Nakurundi PHC [N] in a PPP mode in one of the most inaccessible blocks of the district i.e. Th. Rampur. As a part of its regular health service provisions, the NGO has been instrumental in facilitating institutional delivery by providing free transportation facility to pregnant women of its operational catchment and outside villages. But, after the introduction of JE in most of the blocks [by the reporting time, 10 blocks out of 13 blocks were already covered under JE operation], the same provision was also made in the Nakurundi PHC for the benefit of the people. As SEWA was already associated in the PPP mode, management of the JE by SEWA was preferred for operational convenience. As a result of the association of the NGO, all JE related functions were performed by the NGO staff associated in the PHC management process.

But excluding this block, in the rest nine blocks of the district where JE was introduced, a different approach was adopted for placing JE. At the district level, a separate bidding process was conducted where private individuals and their agencies were invited to submit their quotation for placing the vehicle on monthly rent basis. Based on the bid, a number of vehicle owners applied for engaging their vehicle as JE in different blocks. Afterwards, the selection committee finalised the bidders and they were invited to deploy their vehicle with the allocated health institution. So, two different approaches were adopted in the district for the placement of JE and making it operational. It was obvious that the vehicle owner was expected to look after the vehicle maintenance and related payments while responsibility of vehicle movement and case attendance was structurally laid with the concerned health institution. There was no such scope for the private persons / their agencies to get involved in day to day operation of JE with regard to call receipt, call attendance, call tracking and over and above in the operational aspects. Secondly, these individuals were also not associated with any of the promotional activities like sensitising community for JE use, advertisement of JE, mobilisation of community for institutional delivery etc. As a result mere placing of vehicle and collecting a monthly rent became the sole objective of the private agencies / individuals. For them, it is more of an income generation venture rather than a social development commitment.

5.1.2 JE Outreach and Coverage:

At the block level, as one JE is placed, it is expected that the JE should cover the whole block and provide transportation facility to all the pregnant women in that catchment. But functionally, it seems more difficult to cover the entire block because of the distance, problem of communication and easy convenience to cover approachable and nearby villages. On an average, the JE in studied health institutions cover a population of 97218 with an average coverage of 14 GPs and 113 villages. But due to geographical condition, which is undulating, terrine, and poor communication, operational coverage of JE is very much restricted to some villages where accessibility is there.

Table 8: Geographical Coverage of JE in sample health institutions

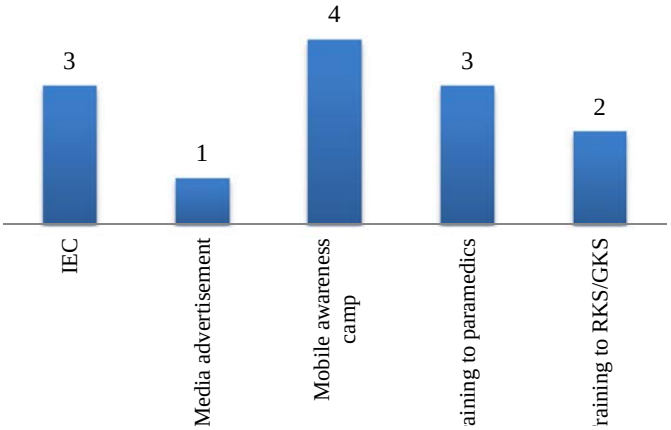
District	Block	Institution	Village	GP	Population
Kalahandi	Kalampur	PHC Kalampur	54	9	61000
Kalahandi	Junagarh	CHC Junagarh	162	32	172151
Kalahandi	Jaipatna	UGPHC Jaipatna	90	18	133000
Kalahandi	Dharmagarh	CHC, Dharmagarh		7	
Kalahandi	Th. Rampur	PHC [N]	145	5	22722

Source: *Information from sample health institutions*

5.2 JE OPERATION AND MANAGEMENT MODALITIES:

5.2.1 Awareness and Accessibility:

Different awareness strategies are being adopted by the health institutions for popularising JE and its benefitting dimensions. The objective of awareness building is basically to educate people on the provision of JE and free transportation service that is available for the pregnant women for institutional delivery. Different strategies have been taken by the sample health institutions for popularising JE but most important of them which are commonly followed are use of IEC materials, training of paramedics for further information cascading and training of RKS and GKS. JE benefits are mostly availed by the pregnant women through the village level ASHA followed by calling the driver directly.



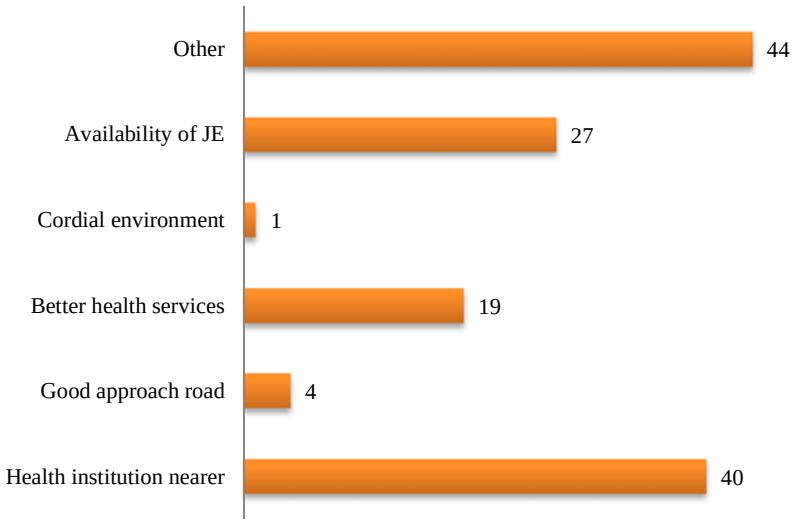
Graph 21: JE Popularisation Strategy; Kalahandi

As per the primary information gathered from JE beneficiaries, of the total 45 samples, 4.4% families have availed JE benefit during the year 2009, which is mostly in Th. Rampur block because of the use of Ambulance service as JE. While in the remaining 93.3% cases, beneficiaries have availed the services of JE during 2010. Though in the PHC [N], the JE service through ambulance was available, still most of the blocks were devoid of such services till the end of 2009.

Those who availed JE services, majority of them belong to the early reproductive age. It can be inferred that the new generation women are more aware and sensitised on health and importance of institutional delivery for which accessibility to JE is comparatively high. As observed, number of BPL families accessing JE is comparatively high in the district irrespective of their year of accessibility. In the district, of the total JE beneficiaries, 65.91% are from BPL families.

5.2.2 People's Institutional Preference:

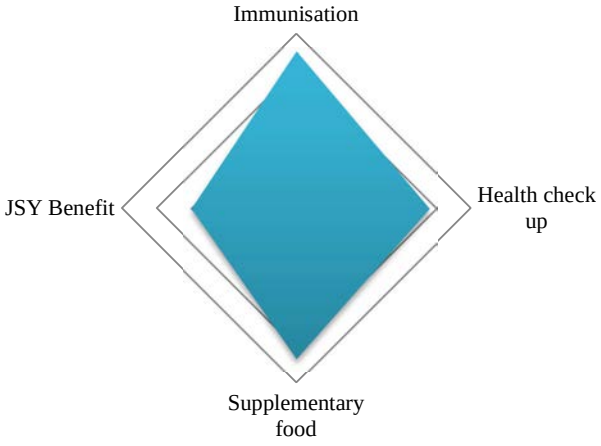
People's preference to come to a particular health institution for delivery is guided by a number of factors such as availability of the institution in a nearby proximity, better road connectivity, quality health services, cordial environment etc. Primary information revels some of these factors that determines people's accessibility.



Graph 22: Reasons of Institutional Preference of People

5.2.3 Pregnancy Registration and JE Accessibility:

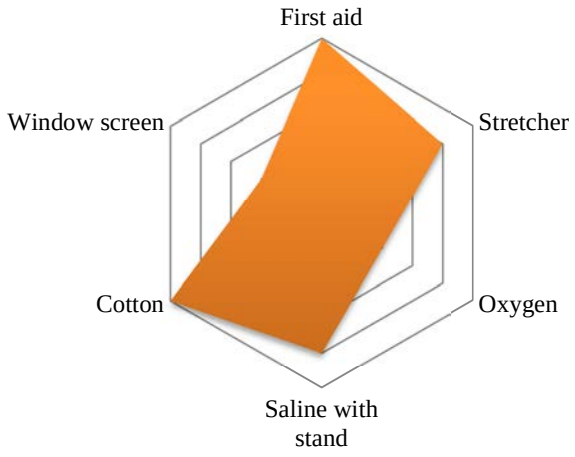
Barring a few, all most all the pregnant women accessed JE were registered with ASHA / AWC. Of the total JE beneficiaries interacted in the process of documentation, 88.9% beneficiaries have confirmed that they were registered with the local AWC / ASHA. Only in 11.1% cases, JE beneficiaries are either not registered or failed to recall. As per the available information, almost all the BPL families who have availed JE have gone through three antenatal checkups barring a few pregnant women. Because of registration with AWC / ASHA, the JE beneficiaries



Graph 23: Pregnancy registration & JE accessibility

could able to access a number of benefits such as supplementary food, antenatal check up and financial benefit under JSY etc. Coverage of JE beneficiaries in all these services are found quite high in comparison to non-accessibility to those services.

5.2.4 Facilities and Vehicle Condition:



Graph 24: Facilities in JE, Kalahandi

Before engaging the vehicles, it was ensured that all the vehicles supposed to run as JE are covered under insurance. Accordingly, all the JE vehicles were insured so that if any damage is caused it can be recovered. As per the guideline, the JE should have certain common minimum facilities like Stretcher, Ladder, Oxygen cylinder, emergency delivery kit, first aid kits etc. It is basically the responsibility of the managing agency and concerned RKS to make sure the availability of such items in the vehicle. Though, it is provisioned, many vehicles are yet to be equipped fully with these requirements. This may be because the JE operation in the district is quite recent. Information of visited health institutions reveals that all the 5 institutions that have been visited have a first aid kit along with other facilities in their JE vehicles. The vehicle managed by SEWA is having first aid provision like availability of bandage, cotton and drinking water in the vehicle for emergency treatment of the pregnant women. The organisation is in the process of having other prescribed items like stretcher and ladder in the vehicle. According to most of the beneficiaries [97.8%], the condition of the vehicle is good. As JE operation has started newly in the district and vehicles have been purchased and allocated recently, the condition of most of the vehicles is comparatively good.

5.2.5 Vehicle Regulation & Planning:

The movement of the vehicle is decided based on the call received from the ASHA or from the family members of the pregnant woman for JE based transportation. When the vehicle is available in the institution and there is a call for JE support, the vehicle moves from the stations i.e. the attached health institution for picking up the pregnant woman. The call is received either directly by the driver of the vehicle or it comes to the concerned health institution. When the driver receives the call, he intimates it to the MO I/C of the health institution about the call mentioning the place where he has to go to bring the pregnant lady to the health institution. Or else, if it comes to the health institution, the concerned MO I/C takes the necessary decision. So, it is basically the "calls" received at either end that determines the vehicle movement, but whether the vehicle will go to one place or the other is basically determined by the MO I/C of the concerned health institution. There is no role of private

individuals or agencies in determining the movement of the vehicle. In case of NGO managing JE, the procedure is almost same but as the medical staffs are paid by the NGO, as per the PPP guidelines, it can be assumed that the NGO is managing the JE and deciding its movement. Normally "on route picking when the vehicle is on move" is not a common and regular practice rather dropping facility after delivery is observed if it comes in a single route or in a nearby place. All the JE vehicles attend night calls and for which the driver is paid for his night service at the rate of Rs.50/- per night i.e. from 10.00 a.m. to 06.00 p.m.

Figure 8: Health Awareness

When the driver goes out on leave, normally a substitute driver is arranged by the NGO / Individuals to keep the JE vehicle running. The hired driver is paid by the concerned managing body from the monthly rent they receive from the RKS. A separate vehicle is also arranged by the private agency in case the present JE vehicle goes out of order. So, whether it is NGO or other private agencies, they have been arranging alternative provisions at the time of need.

5.2.6 Adequacy of JE Operation:

In some of the health institutions, the PHC / CHC members feel that presently available vehicles at the health institution level are not enough for providing free transportation facility due to various reasons. One of the reasons is, when there is multi-request for the vehicle; one vehicle cannot cater to the need of the both in the same time. Secondly, from mobility point of view, more than one vehicle can cover a larger distance to provide free transportation which is not possible in case of one vehicle. Apart from that, it is realised by the health institutions that with increasing sensitisation at the people's end, demand for JE has increased with time because of which requirement requests have also started increasing. So, sometimes, it becomes difficult to manage the situation with one JE. In the district, 40% of the institutions covered during the process of documentation, feel that the present vehicle provision is not sufficient to meet the demand and for which sometimes they fail to meet up people's expectations. But where catchment area is defined, in such case, JE seems to be adequate in catering to the demand but in cases where the whole block is a catchment for a single JE, it becomes difficult for the institution to fulfil all the requests. So, looking at the increasing demand for JE and expected geographical are to be covered, the service providers and other facilitating bodies feel that provision of more number of JEs can be beneficial for increased case coverage.

Though, the JEs have been managed by the private bodies, associated in a PPP mode, still there is increased pressure on the MO I/C. In 40% sample institutions in Kalahandi, MO I/C feels that JE has increased their workload though it is a PPP mode of operation. But one of the promising things is that the staff of the PHC spends additional time for this [60% confirms this] and tries to manage the JE effectively.

5.2.7 Change in the Operational System:

Since the introduction of JE in the block / district, there is no change in the operational arrangement. As JE operation in the district is relatively new, requirement of any change is yet to be realised. The medical personnel are also of the opinion that after the inception of JE in the district and block, there is no change [80% of the sample] in the overall JE management strategy in the district except the association of NGO in JE management. Also, there is no such change in the financial management procedures and it has been as per the prescribed operational norms of NRHM.

5.3 MONITORING AND FOLLOW UP:

5.3.1 Acquiring Information on Pregnancy:

Pregnancy related information is gathered by the health institutions from different sources. In almost all the studied institutions, reports submitted by ANM and ASHA are the major source of getting pregnancy related information. Some institutions are also of the opinion that the monthly / quarterly review meetings are also major sources of assessing and analysing the pregnancy related information. Frequency of getting such information is in most of the institutions [60% visited institutions] is monthly basis excluding some cases [40% institutions] where they adopted weekly reporting system. However, further use of pregnancy related information for planning the JE movement by identifying pregnancy concentrated pockets is yet to be established fully in a systematic manner.

5.3.2 Review and Analysis:

At the PHC / CHC level, review meetings are organised either on monthly [60% sample institutions] or on quarterly [40% sample institutions] basis. In some institutions, it is organised on monthly basis whereas in some other institutions, it is organised on quarterly basis. Different themes of importance are discussed in the review meetings like number of ID cases addressed through JE, problems in JE management, payment to the vehicle owners [SHG / Federation / NGO / Private] etc. The review meetings are mostly attended by the RKS members, MOI/C of the concerned health institution and the JE managing institutions / individual.

The decisions taken in the review meetings are followed up in the subsequent meetings [80% sample institutions] or during visit of the PHC/CHC members to the field or information collected by the PHC / CHC from ASHA and ANM. At the time of requirement, MO I/C and RKS members also discuss with the JE operator and driver.

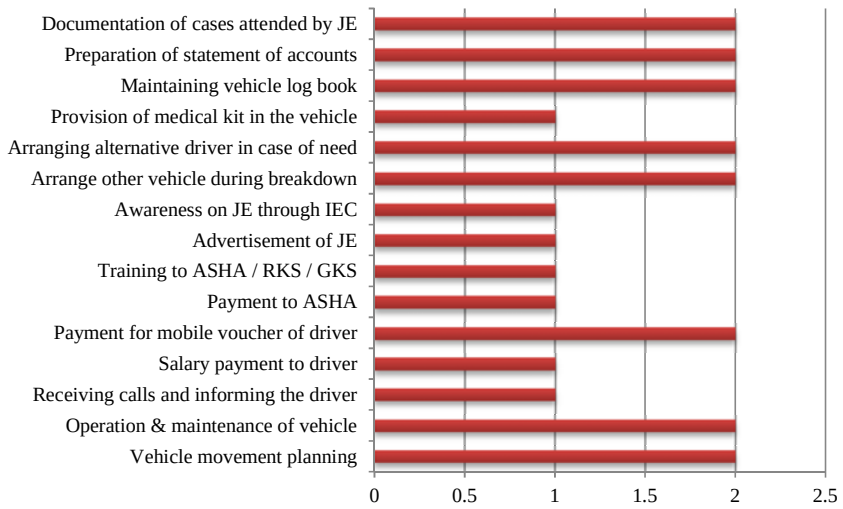
5.4 ROLE AND RESPONSIBILITIES OF THE STAKEHOLDERS

5.4.1 Role of Private Agencies:

Role of private agencies differ significantly in two operational models i.e. where the NGO is managing JE and where private individuals have engaged their vehicles as JE. In the second condition [private persons], it is mostly the concerned MO I/C who plans and regulates the vehicle movement as per the need. Private agency has limited or no role in that. They mostly look after the vehicle

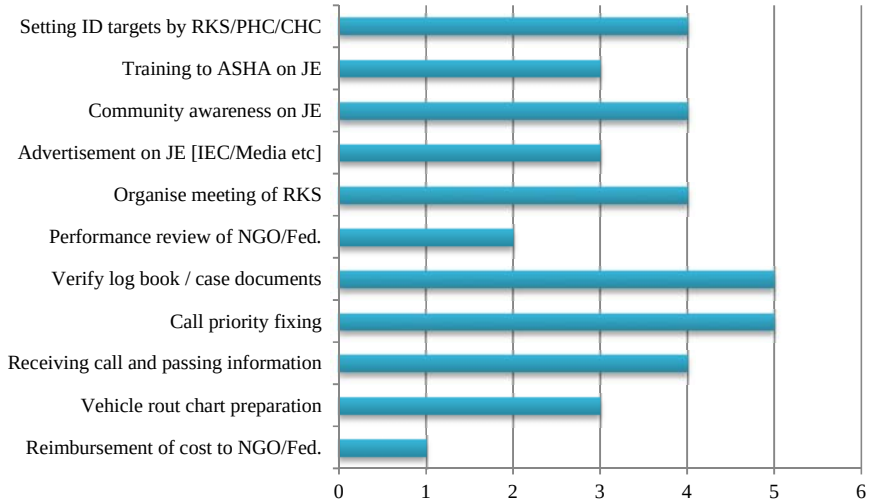
Graph 25: Role of NGO & Private bodies in Managing JE: Kalahandi

maintenance and provisioning of additional driver in case the driver is on leave or supply other vehicles when the original vehicle faces a breakdown. But in case of NGO managed JE, it is mostly the NGO personnel who manages the vehicle including the vehicle movement planning, repair and maintenance of the vehicle etc. The Medical Officer-in-Charge, who is NGO personnel, acts as the in-charge of JE operation and management. Mostly the arrangement in different models is same but as the MO I/C is considered as an NGO professional, it can be said that the NGO looks after the overall JE management and performs the role of both the private agency and Government MO I/C.



5.4.2 Role of PHC / CHC in JE:

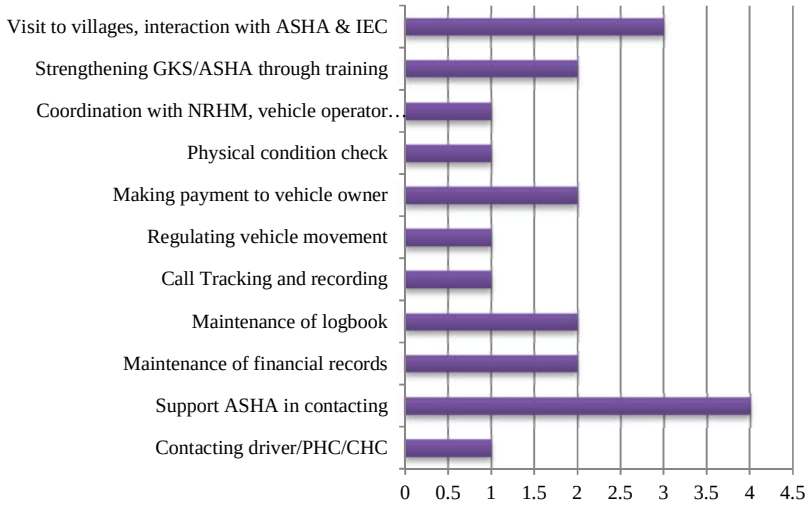
The PHC / CHC, where JE is attached perform a number of roles rather it can be said that their role is prime in the overall JE management process. Along with financial role, they have been instrumental in reviewing the institutional delivery status, document verification, organising and conducting review meetings to assess the performance of JE and other activities of health institution, educating the community level service providers on the importance of JE etc.



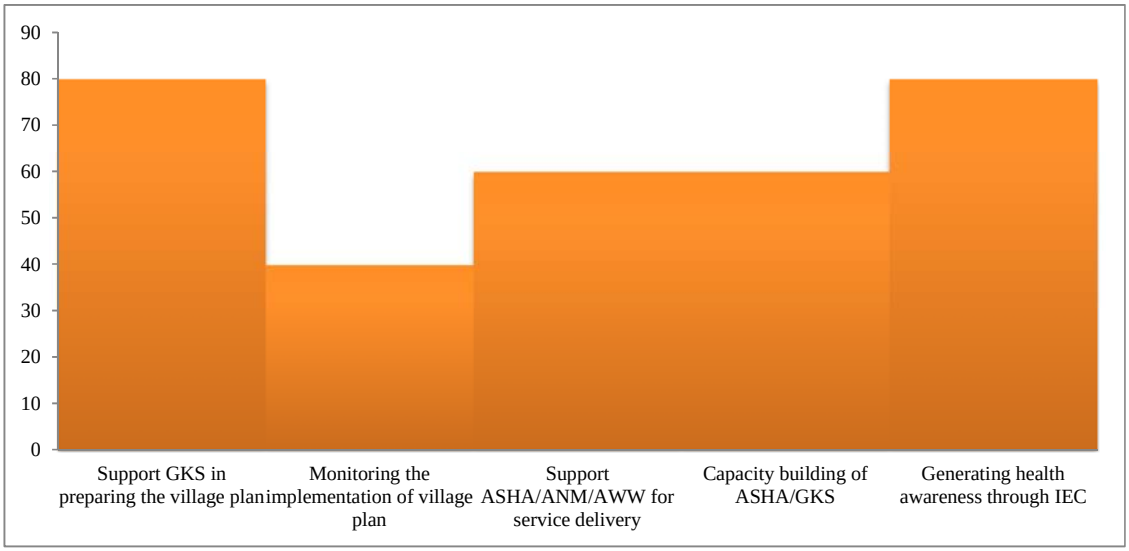
Graph 26: Role of Health Institutions in Managing JE; Kalahandi

5.4.3 Role of RKS in JE:

RKS has a diversified role to play in JE operation and management. Apart from managing the financial aspect of JE, they have been facilitating different other activities which directly or indirectly contribute to JE functioning. The local RKS has been instrumental in promoting rural health in various ways such as facilitating village health planning, monitoring the health activities, supporting JE etc. Some of the responses of the RKS are highlighted here which reflect their involvement in different health facilitation process.



Graph 27: Role of RKS in JE Operation and Management



Graph 28: Role of RKS in Strengthening Rural health [in %]

5.5 QUALITY OF SERVICES:

5.5.1 Arrival of the vehicle in time:

The arrival of the vehicle is reported to be "in time" by majority of the JE beneficiaries [82.2%]. In comparison to Ganjam, Gajapati and Kalahandi are having high terrine areas where normally the expected time of reaching exceeds.

5.5.2 Availability of Doctor:

According to the beneficiaries, in 86.7% cases, either the doctor is available in the health institution when the pregnant woman reaches or the doctor reaches the institution after the pregnant woman is brought to the health institution. Except in a few cases, doctor arrived in the centre within 30 minutes of arrival of pregnant women. It indicates that in all these cases, doctor was available for providing support for delivery. In most of the remaining cases, other paramedical staffs were there to take care of the pregnant women.

5.5.3 Accompanying & Behavioural pattern:

In almost all the cases, excluding 8.9% in Kalahandi, ASHA escorted the pregnant women to the PHC / CHC for delivery. Behaviour of the ASHA was found to be satisfactory for 93.3% beneficiaries in the district across sample health institutions. Behaviour of the driver was observed to be cooperative for 82.2% of the sample beneficiaries.

5.6 FINANCIAL ASPECT OF JE OPERATION

5.6.1 Payment Structure and System:

Financial rules and regulations are not health institution specific rather it is regulated by the overall norm of the NRHM and based on the decisions of CDMO and district unit. So, there is no such deviation in the financial management aspects at health institution level as far as the system and procedures are concerned. On the basis of the agreement, the vehicle owners are paid the rent [Rs.15000/- per month] of the vehicle on monthly basis by the concerned RKS / BPMU. Apart from the monthly rent, fuel expenses are also reimbursed by RKS / BPMU at the rate of one litre per 10 Km coverage which is paid from the provision of Rs.250/- per case. For the payment of fuel expenses, the log book of the vehicle is verified by the MO I/C / of the concerned health institution and based on the Km coverage, the expenditure is reimbursed.

Consultation with the vehicle owners [Private / NGO] revealed that in most cases, payment is made to the vehicle owners on regular basis [100% vehicle owners]. This reflects the system efficiency and financial management procedures at the health institution level. In the opinion of the private bodies i.e. the owner of the vehicle, as the rent per month is fixed, there is no deviation in the payment structure. But payment to the owner is not based on the number of cases they attend rather it is a pre-fixed consolidated amount.

As the district is having different JE operation and management models, in NGO managed JE the driver salary is paid by the NGO amounting to Rs.2000/- per month. In other cases, where private

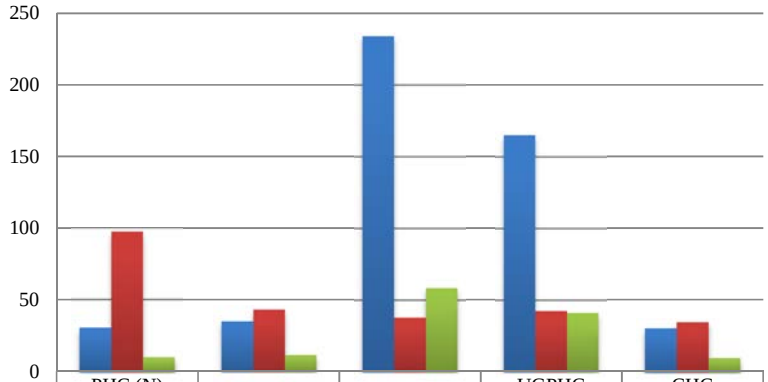
individuals / agencies have engaged the vehicle on rent basis, they pay Rs.3000/- to the driver from the rent they receive from the concerned RKS.

5.7 ACHIEVEMENT AND IMPACT:

5.7.1 Service Quality Improvement:

Based on the present performance, all sample institutions feel that there is improvement is service quality of the JE. Though, the period of operation of JE in the district is quite less, still it has been instrumental in providing quality services to the people, those who need such services. Health institutions are of the opinion that institutional delivery cases have increased because of the JE and it has helped to minimise IMR and MMR to some extent. Apart from that, the vehicles are now having first aid provisions to meet the emergency needs during transportation.

5.7.2 Case Attendance:



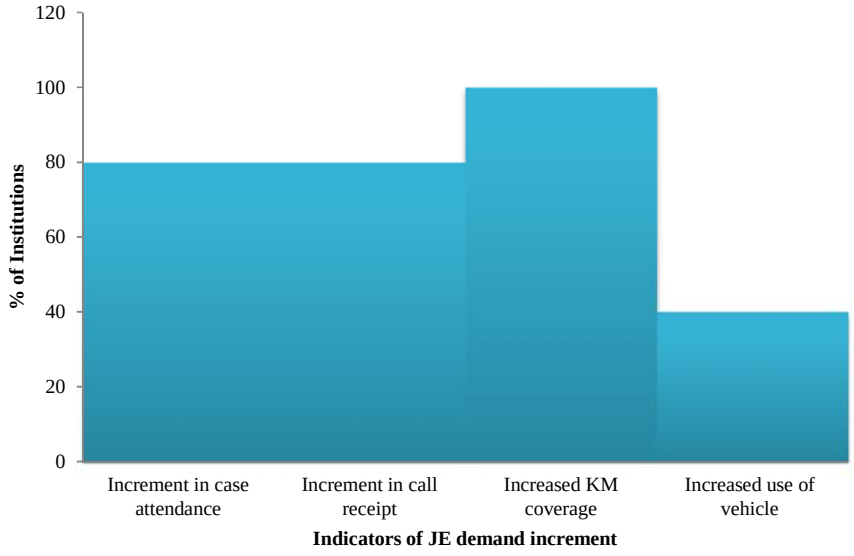
	PHC (N) Nakurundi	PHC Kalampur	CHC Junagarh	UGPHC Jaipatana	CHC Dharmagarh
Tot Case	31	35	234	165	30
KM/Case	97	43	38	42	34
Case/Month	10	12	59	41	10

Graph 29: Case Attendance by JE in Kalahandi

Performance of the district in JE, after its inception is quite significant i.e. in ten JE blocks, total cases attended by JE is recorded to be 1405 with an average of 468 cases per month. In the sample study blocks, average case addressed by JE per day is around one. In the NGO managed PHC [N], ambulance is also used for transportation of pregnant women for institutional delivery.

Of the total 45 JE beneficiary samples, only 4.4% families have availed JE benefit during the year 2009 while remaining 93.3% availed the services of JE during 2010. Though in the PHC [N], the JE service through ambulance was available, still most of the blocks were devoid of such services till the end of 2009. All the interacted health institutions are of the unanimity that JE has increased institutional delivery in the locality / at health institution level. As taking the pregnant women to the health centre was a major problem, especially for the poor families, provision of JE has helped them substantially.

5.7.3 Increment in JE demand:

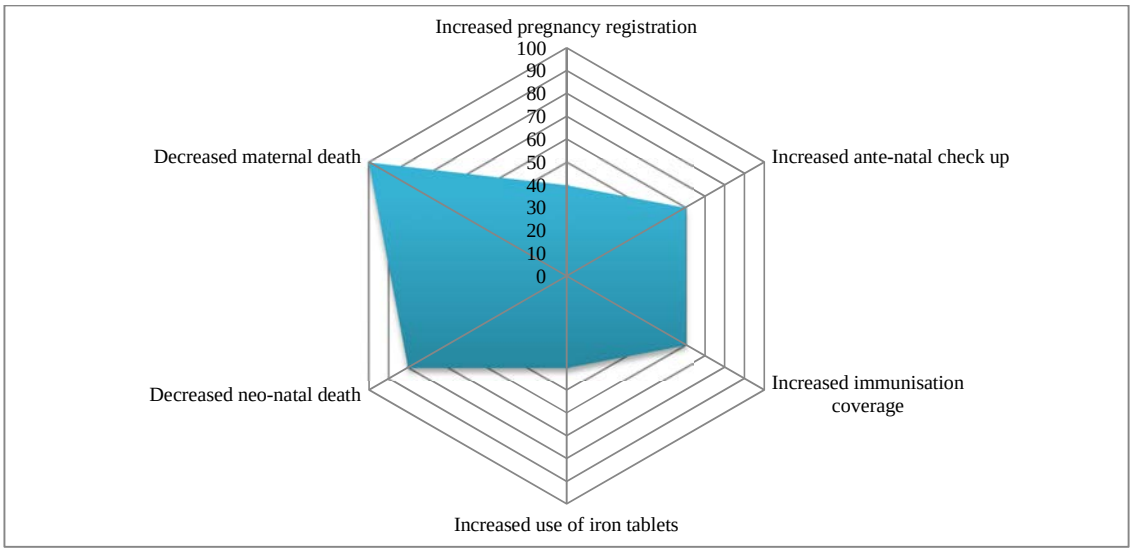


Graph 30: Indicators of Improved JE Demand in Kalahandi; Perception Mapping

All the health institutions are of the opinion that there is an increase in JE demand in the locality. The indicators of increment in JE demand are increment in case attendance, increment in call receipt and increment in Km coverage of the vehicle.

5.7.4 Indirect Benefit of JE

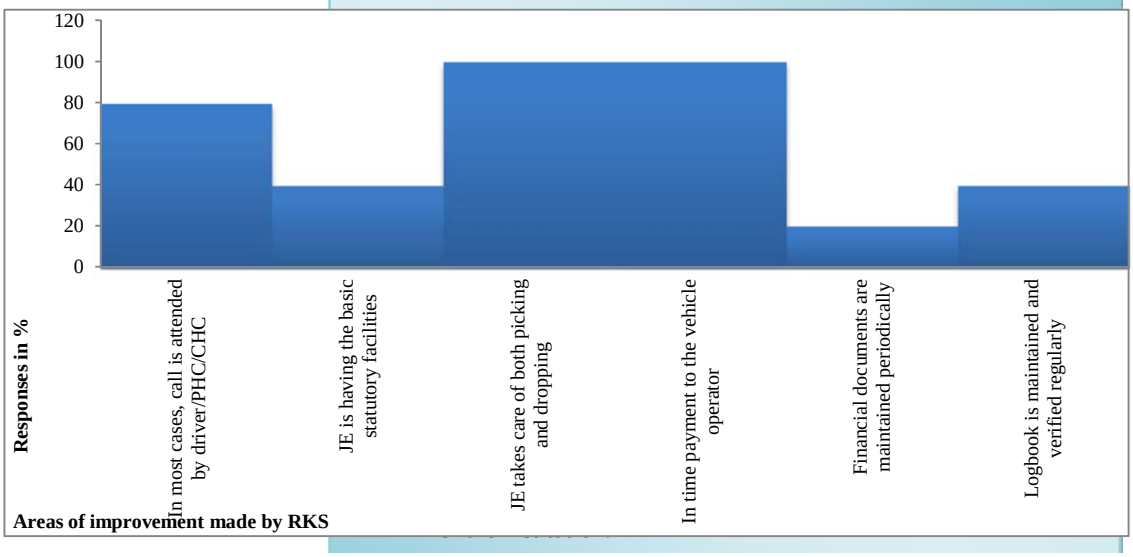
Of the total visited institutions, 80% institutions are of the opinion that because of JE, there are some indirect benefits related to the health of the people. Though, the benefit details cannot be attributed exclusively to JE still, the overall awareness process on JSY has contributed significantly in achieving this.



Graph 31: Indirect Benefits of JE in Kalahandi [responses in %]

5.7.5 *Improvement in JE Operation:*

As per RKS, certain improvements have been made in JE operation and management from the earlier practices. Whereas, certain practices are still continuing and there is no change in the practice. Those practices where improvements have been made and the practices that are still continuing are presented in the matrix.



Graph 32: Improvement in JE operation; RKS view in %

5.7.6. *Expression of Satisfaction:*

Almost all the visited health institutions have expressed their satisfaction in the present performance of the JE excluding the NGO managed institution. Because of the communication and operational problem, the performance of JE is not up to the mark in the PHC [N] of Th. Rampur as perceived by the NGO and medical personnel. Problem of telecommunication has been a major hindrance for efficient use of JE in the block. At the time of need, people fail to contact the driver or the health institution for JE.

5.8 PROBLEM AND SUGGESTIONS

In Kalahandi, problem arises in arranging for a driver to run the vehicle in remote areas of Th. Rampur and also bearing the cost of the driver. Sometimes it happens that it becomes difficult to get extra driver at the time of need to run the vehicle. Secondly, looking at the emerging needs of the area, it is suggested that as per the provision, NRHM should provide essential facilities in the vehicle

like oxygen cylinder and ladder which would help to meet emergency requirements at the time of need. Improvement measures suggested by the health institutions in Kalahandi are presented in the box.

6.0 CONCLUSION:

After examining different models of JE management in different districts, it can be said that selection of agencies for PPP in JE management is mostly based on the preference of the district for a particular approach within the overall framework of PPP and interest of the private bodies for association. Accordingly districts have involved different private agencies / associations in the process. Each model is having its own merits but important aspect is that overall operational principles in all the models are more or less same. In Ganjam and Gajapati, special care has been taken to address two different purposes, simultaneously by involving women SHG federations and women SHGs respectively in the JE management process. Association of women groups has helped not only mobilise external funds for health care through JE but also the groups could able to generate some amount of revenue out of their association. While in Gajapati, the SHGs were facilitated to get SGSY credit for procuring vehicle, in Ganjam, the federations have invested their own fund for the procurement of the vehicle. But in Kalahandi, private owns have placed the vehicles, selected in a bidding process.

In all the PPP models, placement of vehicle is the responsibility of the private body while its overall operational arrangement is the look out of the RKS and concerned health institution. In all the JE operational models, the vehicle movement planning is done at the institutional level based on the calls. Movement of the vehicle is recorded in the log book for case tracking and reimbursement of fuel expenses. Every month, RKS pay the rent of the vehicle as per the agreement signed with the private agency and also reimburse the fuel expenses. The private agency looks after the vehicle repair and maintenance as when required and no additional fund is allocated by the RKS for this purpose. For vehicle movement, the operational jurisdiction of the health institution is considered as the catchment and it is expected that the vehicle should cater to the need of the people in that catchment. Because of the institutionalised system and procedures, the financial record keeping is more particular and systematic in case of SHG federations as they keep track of the cash inflow and outflow on regular basis.

But in all the models, placing of the vehicle, its maintenance and expenditure reimbursement has been the prime activities of the privates. It is basically the health institutions who plan and manage the JE operation system on day to day basis to facilitate transportation of pregnant women. It is realised in the process of interaction with different stakeholders that the private partners can play a greater role in strengthening the community health system, besides only placing the vehicle such as mobilising community, creating awareness, tracking calls and placing vehicles in demand areas, organising health camps etc. if the present policy is made supportive.

ANNEXURE ONE
COMPARISON OF JE MANAGEMENT MODELS

Components	Ganjam [Federation]	Gajapati [SHG]	Kalahandi [NGO/INDV.]
		OPERATIONAL DETAILS	
Start of JE operation	Mostly towards the end of 2009-10 in most of the blocks	During 2009	Mostly towards the end of 2009-10 in most of the blocks
Institutional Arrangement	The BMASS, a block level federation of SHGs is managing the vehicle.	Individual SHGs are managing JE in different health institutions	In one block [Th. Rampur] SEWA, a local NGO is managing JE while in rest 9 blocks; vehicles are placed by private individuals.
Vehicle Type	Maruti Omni	Mahindra Bolero	Different vehicles
Cost of Purchase	Rs. 2, 50, 000/- per Omni	Rs. 4, 75, 000/- per Bolero	Not specific
Source of Fund	Own sources by BMASS	Bank loan under SGSY	Not specific
Credit Subsidy	No credit so no subsidy	ST/BPL groups availed subsidy	No subsidy
Geographical Coverage	Earlier the rout planning was for specific areas, but for public demand, it extends to entire block.	Earlier the rout planning was restricted within 25km, but on public demand it has been extended to the entire block	Geographically, the vehicle is expected to cover the entire block.
Driver Recruitment	Driver recruited by the BMASS	Driver recruited by the SHG	Driver recruited by the private owners/individuals
Vehicle Movement Planning	The MOI/C of concern PHC/CHC plans the vehicle movement	The MOI/C of concern PHC/CHC plans the vehicle movement	The MOI/C of concern PHC/CHC plans the vehicle movement
Regulation of vehicle movements	The vehicle movements are regulating by MOI/C of concern PHC/CHC	The vehicle movements are regulating by MOI/C of concern PHC/CHC	The vehicle movements are regulating by MOI/C of concern PHC/CHC.
Call Receiving System	Call received by the Driver as well as by the medical / paramedical staff of the PHC/CHC	Call received by the Driver as well as by the medical / paramedical staff of the PHC/CHC	Call received by the Driver as well as by the medical / paramedical staff of the PHC/CHC
Calls made by	Mostly by ASHA and also directly by beneficiaries	Mostly by ASHA and also directly by beneficiaries. Some cases, SHGs also make call on receipt of call from beneficiary end.	Mostly by ASHA and also directly by beneficiaries
Vehicle Services	Both picking and dropping	Both picking and dropping	Both picking and dropping
Facilities in the vehicle	As per the norm, first aid and other items are there for emergency support	As per the norm, first aid and other items are there for emergency support	As per the norm, first aid and other items are there for emergency support
Breakdown management	In case of breakdown of the vehicle or absence of the driver, BMASS take necessary step for arranging other driver.	In case of breakdown of the vehicle or absence of the driver, SHGs take necessary step to arrange another driver.	In case of breakdown of the vehicle or absence of the driver, private individuals hire other driver.
Night service through JE	The JE provides night service for which the driver gets Rs.50/- for night duty.	The JE provides night service for which the driver gets Rs.50/- for night duty.	The JE provides night service for which the driver gets Rs.50/- for night duty.
Vehicle Log Book	Maintained by the driver	Maintained by the driver	Maintained by the driver
Log Book	By MO I/C	By MO I/C	By MO I/C

Verification & Certification			
	FINANCIAL DETAILS		
Payment period	Monthly	Monthly	Monthly
Vehicle Rent per month	Rs. 15000/-	Rs. 16000/-	Rs. 15000/-
Fuel Charge	Rs.250/- at its maximum per case @ Rs.1 Lt. Per 10 KM	Rs.250/- at its maximum per case @ Rs.1 Lt. Per 10 KM	Rs.250/- at its maximum per case @ Rs.1 Lt. Per 10 KM
Fuel charges paid to	BMASS	SHG	Private vehicle owners
Payment mode	By Cheque	By Cheque	By Cheque
Tax deduction	No deduction of tax	Rs. 350/- per month	No deduction of tax
Receipt of Payment	Payment is received by BMASS	Payment is received by SHG	Payment is received by the vehicle owner
Acknowledgement of receipt	Yes	Yes	Yes
Salary payment to the driver	Paid by BMASS	Paid by SHG	Paid by vehicle owner
Monthly salary of the driver	Rs. 3000/-	Rs. 3000/-	Rs. 3000/- [which also vary in some cases]
Vehicle maintenance expenses	Rs.300/- to Rs.400/- per month	Rs.300/- to Rs.400/- per month	Not specific
Financial documentation	BMASS maintains the financial transaction in a separate head of account, separate receipt book, and debit vouchers, for the inflow & out flow of finances. Money receipt is submitted by BMASS with duly signed by the President.	SHG keeps the instalment & maintenance receipts of the vehicle.	The private agency keeps the instalment & maintenance receipts of the vehicle.
Financial Audit	Financial documents audited annually	No such system is in place	No such system is in place
Periodicity of financial documentation	On monthly basis	On monthly basis	On monthly basis

ANNEXURE TWO
COMPARISON OF ACHIEVEMENT BY JE MANAGEMENT MODELS

Months		Ganjam					Gajapati				Kalahandi				
		PHC (N) Manitara	CHC-II Badagada	CHC-II Dharakota	CHC Chikiti	Bellagun PHC	CHC Rayagada	PHC (N) Garabandha	Area hospital Chandragiri	UG PHC B K Pada	PHC (N) Nakurundi	PHC Kalampur	CHC Junagarh	UGPHC Jaipatana	CHC Dharmagarh
Apr' 09	C	11													
	K	-													
May '09	C	14													
	K	-													
June '09	C	15													
	K	-													
July '09	C	13													
	K	-													
Aug '09	C	9													
	K	-													
Sept '09	C	8					9	5		16					
	K	-					288	150		424					
Oct. '09	C	5					22	22		18					
	K	-					1014	549		488					
Nov '09	C	9					23	18	22	19					
	K	-					1062	679	577	502					
Dec' 09	C	15				35	36	27	25	18					
	K	-				942	2691	789	982	462					
Jan' 10	C	16				59	55	23	34	22			6	4	
	K	-				1817	3383	400	1186	518			94.2	422	
Feb. '10	C	12	12	7		29	61	23	42	28	8	9	52	50	1
	K	-	522	102		928	4275	762	1608	692	830	390	1728	1601	52
Mar '10	C	12	80	16	12	32	51	13	46	30	12	13	87	59	18
	K	-	3212	175	136	1036	4837	412	2212	1008	1243	550	3436	2506	607
Apr' 10	C	13	88	27	33	37	38	17	43	29	11	13	89	52	11
	K	-	3439	479	407	1067	2961	677	2975	998	945	570	3594	2466	369
Total Case		152	180	50	45	192	295	148	212	180	31	35	234	165	30
Av. Case Per month		12	60	17	23	38	37	19	35	23	10	12	59	41	10
Total KM Covered		**0**	**7173**	**756**	**543**	**5790**	**20511**	**4418**	**9540**	**5092**	**3018**	**1510**	**8852.2**	**6995**	**1028**
KM covered per month		-	2391	252	272	1158	2564	552	1590	637	1006	503	2213	1749	343
KM / Case		-	39.85	15.12	12.07	30.16	69.53	29.85	45.00	28.29	97.35	43.14	37.83	42.39	34.27

Source**: Sample PHC / CHC;** Note**: C for Cases and K for Km. coverage; It is calculated from the month of inception of JE in the block and from April 2009 to April 2010.**

ANNEXURE THREE
SIMILAR INITIATIVES AT THE NATIONAL LEVEL

In view of the need of free transportation, different states adopted different approaches and models where the basic objective of the model remained intact i.e. free transportation to pregnant women to reach the health institution for delivery. In some states, free transportation approach is quite old while in some other states, it has been a recent initiative.

While many models originally envisaged as a readily available transport scheme for women with obstetric emergencies, EMRI model has been different by contributing ambulance services catering to all kinds of health emergencies. The Emergency Management and Referral Institute [EMRI] model has shown good results in Andhra Pradesh and is now being adopted by some other states like Goa. As a part of the service model, many states are using central help lines/call centres for managing the referral transportation [JSY help lines in Chhattisgarh, Jharkhand and Manipur, Madhya Pradesh & Rajasthan] services.

Janani Surakshya Vahini in Karnataka: Introduced in the year 2007-2008 in the state, Janani Surakshya Vahini was made a part of JSY under which ambulances were allocated in 176 taluka hospitals for transportation of emergency cases. The scheme supported both pregnant women and children of within one years of age at the need of health care.

Aarogya Kavacha Scheme in Karnakata: This scheme was introduced by the state Government of Karnataka during the year 2008-2009 which is more or less same to that of EMRI model of Andhra Pradesh. Under the scheme, free transportation services are provided to the pregnant women along with health counselling round the clock.

Free Bus Pass in Andhra Pradesh: During 2005-2007, free bus pass system was introduced in Andhra Pradesh where free bus passes were provided to the pregnant women belonging to SC/ST and BPL families in rural areas to enable them to get at least one ANC check-up by a qualified medical doctor. In the process, eight lakh free bus passes were issued to such families.

Janani Express Yojana in Madhya Pradesh: The scheme was introduced in the state during 2006-07 under which ambulance service was provided to pregnant women of BPL families, to overcome the problems faced due to lack of accessibility to suitable transport, through district-level partnerships with private transportation service providers. Along with this, the state introduced Call Centre concept with Network of Ambulances for Ob/Gyn/Newborn care during the same year. Round the clock emergency transport and call centre was introduced to enable women and sick children to reach health institution through round-the-clock emergency transport. People can access the transportation facility through a call centre set up in the district hospital with a toll-free number.

Ambulance Scheme in West Bengal: The scheme was introduced during 2006-07 as a round-the-clock emergency transport facility for obstetric and other medical emergencies, through a fleet of

ambulances outsourced to NGOs with a communication network through fixed as well as mobile phones.

Rural Emergency Transportation in Andhra Pradesh: The scheme was introduced in the state during 2006-07. As per the scheme frame, ambulance service was provided for communication, in emergency cases of pregnant women and children to the nearest health centre. The scheme was having the provision for a District Maternal and Child Health emergency control room in every district headquarter, with a toll-free telephone available for 24 hours.

Obstetric Helpline in Rajasthan: This scheme was introduced during the year 2006-2007 with the objective of mapping transport facilities. Under the scheme, a toll-free number was instituted, involving an NGO, to engage local taxis, to escort women to the health facility [apparently the CHC] as well as to negotiate the services and ensure timely payments of financial entitlements to the pregnant women.

Voucher Scheme for Referral Transport in Uttar Pradesh: In the year 2008-2009, voucher scheme for referral transport was introduced in the state for providing transport to the BPL patients. The District Society/ Rogi Kalyan Samiti [RKS] at the block level identified and accredited transport providers to facilitate transportation to BPL families. The BPL families were provided with vouchers, which were distributed through local ASHA. On reaching a health institution through an accredited private transporter, the driver/owner will be paid Rs.250/- at the health intuition by the designated officer from the transport component of the JSY funds.

Emergency Medical Services in Bihar: During the year 2006-07 this scheme was introduced where ambulance service and medical help/tele-line support was provided. A Control room remained operational for 24 hours in the divisional headquarters of the State

JSY Helpline in Mizoram: In 2006-2007, with the implementation of JSY scheme, a JSY helpline was instituted in the state with the support of NGOs for information.

Rural Ambulance to Transport Women with Obstetric Emergencies and Sick Newborns in Tripura: This scheme provides ambulances for emergency referral transport of pregnant women and high-risk babies from sub-district hospitals to district hospitals. The scheme was launched in 2006-07.

Doli Initiative in Tripura: Referral transport in the form of a doli or palanquin, for ensuring accessibility to services by the people in the remote areas of the State, was piloted in one district. The doli was used by the villagers/porters for taking sick mothers and children from the villages to the nearby health institutions. The scheme was started during the year 2008-09 focusing mostly on interior and inaccessible pockets of the state.

Ambulance Services and Helpline for Transport of Obstetric Emergencies in Goa: An EMRI with an emergency transport facility was provided in all talukas round the clock for transportation of cases of obstetric emergencies. The EMRI has three teams: Information team, Response team and Care team. This model is more or less similar to that of Assam EMRI model.

Emergency Management and Referral Institute in Assam: During the year 2008-2009 an EMRI with a toll-free number was set up in the state headquarters i.e. Guwahati and emergency ambulance services were included in partnership with a non-profit organisation. The ambulances were placed strategically in the districts and remained operational round the clock to cater to any kind of emergency with three teams: Information team [call taking, call processing and call dispatch], Response team [ambulance] and Care team [pre-hospital medical care]. A state wide toll-free emergency number was placed to connect informants to the Emergency Response Centre in Guwahati.

JSY Helpline in Chhattisgarh: Tele helpline was established in the state in the year 2008-09 to promote institutional deliveries. The helpline was managed by a JSY cell within the health directorate. The service was contracted out to a private organisation for management. The organisation reimbursed its cost on call basis at the rate of Rs.5/- per call. The programme was monitored by the JSY cell.

JSY Helpline in Jharkhand: A helpline was established in the district headquarters which remained functional round the clock. The helpline was connected to all CHCs and PHCs to provide immediate medical care to mothers in case of emergencies, through provision of ambulances for referral transport. A data bank was also developed for providing information on the status of ambulances for easy accessibility. The scheme was introduced during the year 2008-09 in the state.

District Maternal and Child Health Control Room in Andhra Pradesh: In the year 2006-2007, District Maternal and Child Health Control Room was established by the state Government with the objective of informing people about health facilities and responding to their quarries on maternal and child health. Under this scheme, people were encouraged to call a toll free number in case of any maternal, infant/child emergency. On receipt of the information, the NGOs responsible for the ambulance will transfer the patient to the nearest hospital. This scheme provided both free transportation facility and tele-counselling.

C-TRAN
Complete Transformation

CTRAN Consulting

A1-A2, 3rd Floor
Lewis Plaza, Lewis Road
BJB Nagar, Bhubaneswar-14
Orissa.