RAPID ASSESSMENT ON QUALITATIVE & QUANTITATIVE LEARNINGS OF HAUSALA SAJHEEDARI

(FY 2017-18)

STUDY REPORT

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SIFPSA
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Executive Summary

The demographic structure in the state of Uttar Pradesh consistently had an overarching impact on the development indicators in the state. Coexistent with the population pressures are the supply-side issues leading to ineffective population control measures. The state has a high unmet need for family planning and the decade long improvement between NFHS-3 and NFHS-4 was not very impressive. The proportion that uses any method of FP was 43.6% in NFHS-3 (2005-06) which was 45.5% in NFHS-4 (2015-16). The total unmet need in the state was 23.1% and 18.1% during this period. Further, NFHS-4 also shows that among non-users, only 12.8% were ever counseled/talked to by the health workers about FP. Among users, about 47.5% were ever told about the side effects of the currently used method. Thus, there exists the dual problem of unmet need and the quality of service delivery both of which are a supply-side concern.

The National Health Mission Advocates Public-Private Partnerships (PPP) for improving quality service delivery and reaching out to the masses thus, meeting the supply-side issues in service delivery. The guidelines for hiring of services from the private sector were also laid out. A state initiative in this regard was the *Hausala Sajheedari* (HS) scheme which was initiated by GoUP as a PPP for the provision of family planning services in the state and thus meet the unmet need for FP in the state. This was an innovative initiative by the state where the whole of the process of accreditation, submission of claims and reimbursements were carried out online through a web portal.

The present study is a rapid assessment of the scheme to assess the quality of the inputs, processes, and impacts of the services provided by the private providers under the scheme. The study also intended to assess the cooperation and facilitation of the scheme by the system functionaries and the development and professional partners. Mixed methods, employing both quantitative and qualitative methods, were used for assessing the inputs, processes and outcomes of the scheme across 18 divisional districts of Uttar Pradesh. A total of 90 nursing homes, 832 clients, 90 doctors, 18 CMOs, 18 DPMs were interviewed in the study and discussions were held with various officers of the *HS* scheme to have an in-depth understanding and assessment of the provisions under the scheme.

Findings

The study was focused on two aspects: (1) the quality of services in terms of inputs, processes and impacts and; (2) the coordination and facilitation among the various system functionaries and development and implementation partners.

(1) Inputs, Processes and Outcomes:

The major inputs under the program are the accredited private nursing homes and the empaneled private service providers who follow the processes under the scheme and offer their services to the clients through the program which leads to improvements in the State indicators which is the ultimate outcome of the scheme. The awareness levels and challenges faced at different levels by these stakeholders – nursing homes, doctors and clients are as below

Nursing Homes:

- All 90 Nursing Homes have good infrastructure and facilities to provide FP services. 81% have more than 10 beds
- The partner agencies were the main source of information to them about the program. However, one in four of the nursing homes felt that the registration process was stringent.

- Almost all the surveyed facilities had consent form and medical record check list form for the clients which were filled respectively by the clients and nursing homes. Uniformity in the record keeping is required for efficient management
- 50 nursing homes were aware of the existence of the PSP cell, this may be reason that the PSP cell is known by the HS scheme to these nursing homes.
- 47 nursing homes in the study were aware about the provision for revolving fund, but only 8 of them had utilized the revolving amount advance.
- The average number of days taken for reimbursement after the submission of claims was 47 days. However, in Meerut, due to technical reasons the reimbursement was delayed.
- 68% nursing homes stated in the study that the programme led to improved family planning services and an increase in FP cases.
- About 66% nursing homes were very positive (Good & Excellent) about the program. There were 24 facilities rating the program as 'Average' indicating a positive response with highlighting a scope for improving through appropriate measures for streamlining the processes and strengthening coordination.
- About 76% of the facilities stated the web portal to be helpful
- Client motivated by ASHA, ranged from a zero in Moradabad to 2173 in Varanasi district. The project might think of involving ASHA's in the program.

Doctors:

- 100% doctors were trained for providing FP services, which determines the quality of services rendered in the project. All the doctors provided family planning counselling to the clients, more than half of them have not received any formal training to conduct it.
- Among clinical outreach teams there was consensus that there was cooperation from government hospitals. As per norms equipment /instruments for surgery have to be carried by the COT team. Few hospitals faced challenges of OT preparedness.
- Not all the registered doctors were contacted by PSI and HLFPPT. One in four of them felt that the norms were moderate or stringent. The doctors suggested for making the registration process more flexible and easier, need for a dedicated person for legal matters, need for proper functioning of the web portal and more information about the scheme during registration.
- 83% doctors felt that the program led to increase in the number of FP clients. In their opinion, the free of cost facilities provided in private hospitals which have better facilities was the main reason for increase in the number of services. Also, they observed an increase in the awareness levels among clients which has been mainly due to the awareness generation by PSI and HLFPPT counselling.

Clients:

- The respondents were exposed to the basket of family planning methods as at least a few have heard of almost all the methods available. Schemes like Chaya and Antara, which are new Government schemes, were less known among the respondents.
- The respondents were aware of the HS scheme. However, the awareness level varied between the study districts with more than 90% respondents in Aligarh and Agra districts and more than 50% in Lucknow and Bareilly districts being aware of the scheme. ASHA/ANMs were their main source of information followed by the Medical Doctors and friends/relatives.

- 60.6% respondents were contacted before providing FP services. More than 65% of them were provided information about the FP services and were given counselling.
- Counselling was provided before registration and during registration to clients. However, there were clients who were counselled just before sterilization as well. Separate counselling was given to the family members only in one-third of the cases.
- Counselling led to making informed choices of the family planning method. The choice of the nursing homes was mainly good service and reputation of the nursing home and reference from known doctors/friends.
- 93.4% respondents who have availed the FP services filled a consent form. This proportion seemed still lower in the districts of Moradabad, Saharanpur, Ayodhya, Azamgarh and Gonda districts. Respondents gave their bank account details while submitting the consent form which was essential for transferring the direct benefit transfer (incentive) to the client.
- Most of the clients were asked to come back within 3 days (7%), within a week (63.6%) and after two weeks (20.4%). Whereas, about 9% of clients were not asked to come back that indicated of not followed up. A 12% of the clients overall faced problems or difficulties after the procedure.
- Close to half of the respondents stated the scheme was useful to them and slightly over 62% were satisfied with the services. Creating awareness about the scheme among the community is essential.
- Suggestions for improvement about the scheme given by clients were advertising and creating awareness about the scheme; proper structured monitoring of the accredited hospitals by the Government to ensure service quality were the aspects suggested by clients for improvement.

System Coordination:

The interviews and discussions with the CMOs, DPMs, SIFPSA officials and the NGO partners threw light on the issues and challenges in the working of the system for the HS scheme. There were several concerns raised by the functionaries and the implementation partners in conducting the scheme.

- Divisional level workshops in all districts were conducted on the Hausala Sajheedari scheme, in the chairmanship of AD Medical Health &Family Welfare Department which were of immense help in promoting the programme.
- A uniform system for record maintenance needs to be followed at district level.
- The programme may be developed such that the verification and inspection system is further simplified at the CMO level and dedicated teams specifically for the program are formed, to ensure timely inspection.

  The mobile numbers provided by client do not work at times and alternate contact numbers were not available. All these led to payment delays. For simplifying and speeding up the reimbursement processes, there is need for a dedicated staff/team/agency for conducting the verification process.

Recommendations & Suggestions

For reaping optimum benefits from the program following recommendations are suggested at different levels – administrative, programmatic and community.

Administration Level

- Re-implement the process of community mobilization either through partner agencies or through ASHA/ANMs.
- Private sector data of number of sterilizations should be captured and data should be reflected in HMIS portal as well. Linkages may be established with HMIS portal to capture the data directly from Hausala Sajheedari Portal.
- Uninterrupted periodical interface meetings between government and private sector needs to be focused.
- Registration and accreditation process of private facilities can be further strengthened.
- To motivate private providers to apply for accreditation, more demand generation activities can be planned in support of government stakeholders.
- Number of qualified and trained doctors for NSV and Minilap services can be further increased to ensure the easy accessibility of services. There is a need to train and certify upcoming surgeons in the programme.
- An operational gap analysis on a yearly basis is recommended to identify the gaps and rectify them dynamically.

Programmatic Level

- Systems on adequate briefing and mandatory capacity building of the nursing homes and doctors on HS scheme and its provisions like the role of PSP Cell, accessing the revolving fund and other processes.
- Printed consent forms could be supplied from CMO office of the respective district to ensure that the forms are available across all private facilities.
- A third-party verification could bring down the verification delays on behalf of CMO. Contract agencies for the verification processes during registration and reimbursement in order to speedup up the processes.
- To avoid payment delays, the utilization of the revolving amount advance can be increased through creating awareness especially among the actively performing nursing homes and doctors. The CMO/DPM/ Div. PM/PSP Cell may work to motivate the nursing homes to access the revolving funds by creating awareness on government norms and provisions.
- The limit of the revolving amount could also be enhanced for the good performers.
- Systematically prescribe and practice time-bound settlement of payments. A fixed day/date of the month can be prescribed for clearance of payments and the status of the payments, either approval/partial approval/reject/on hold should be conveyed to the respective nursing homes.
- Incentives to clients availing services in accredited private hospitals should be made equal to those availing FP services from government hospitals.
- The nursing homes/hospitals should be motivated to develop and adopt marketing strategies at their level efforts with rewards and recognitions, should be complemented.
- Accredited hospitals can be promoted to hold family planning camps on monthly basis and the department can support to hold such camps.

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Community Level

- Mass advertising of the Hausala Sajheedari Scheme
- Creating awareness among community through IEC about family planning and building their confidence for accessing services from government accredited private providers.
- Mobilizing the clients through partner agency field teams or through ASHAs/ANM

CHAPTER-I

Introduction

The demographic structure in the state of Uttar Pradesh makes it the most populous state in the country. Through history this aspect had a free hand on keeping all the development indicators poor in the State in spite of the consistent focus and efforts of varied agencies - the Central government, state government, non-governmental organizations, and development partners in the improvement of the State's development indicators. The population pressure and its associated burdens still continue to rake the state.

1.1 Population Pressure in the State

The total population in Uttar Pradesh was 199,812,341 as per 2011 Census which was 166,197,921 in 2001. This population forms about 16.5% of India's population in 2011 which was 16.16% in 2001. The population grew at a compound annual growth rate (CAGR) of 1.5% during 1951-61, at 1.8% in the 1961-71 decade and constantly grew at 2.3% during 1971-2001 period. During 2001-11 the population in the State grew at 1.9%. Given these facts, undoubtedly the State has the highest Total Fertility Rates (TFR) in the country which stands at 2.7 (NFHS-4, 2015-16).

1.2 Status of Family Planning in the State

A coexistence with the high TFR in the state is the high unmet need for family planning measures which is a supply-side issue. Going by NFHS indicators on family planning (FP) in the state, the need for FP was barely met. The decade long improvement between NFHS-3 and NFHS-4 were not very impressive. There was low current utilization of FP measures by currently married women aged 15-49 years. The proportion that uses any method of FP was 43.6% in NFHS-3 (2005-06) which was 45.5% in NFHS-4 (2015-16). In this the proportion that uses any modern method was only 31.7% which was 29.3% according to NFHS-3.

Among the methods used, female sterilization was the commonly used modern method which was accessed by 17.3% of the women in reproductive age group and remained static during the NFHS-3 and 4. The utilization of IUD and PPIUD was just 1.2% in 2015-16 which has declined from 1.4% in 2005-06. The condom utilization was also quite low in the state with only 10.8% of users in 2015-16. This was 8.6% in 2005-06. The total unmet need in the state was 18.1% in 2015-16 which was 23.1% in 2005-06. Unmet need for spacing was 6.8% which was 9% a decade ago.

Further, as regards to the quality of family planning services, among non-users, only 12.8% were ever counseled/talked to by the health workers about FP. Among users, about 47.5% were ever told about the side effects of the currently used method. Thus, there exists the dual problem of unmet need and the quality of service delivery both of which are a supply-side concern. It is crucial for the state to design a robust population policy with innovative ideas for reaching out to the masses especially in the rural peripheral areas.

National Health Mission advocated Public-Private Partnerships (PPP) for improving quality service delivery and for reaching out to the masses. The Government of India has sketched out guidelines for hiring of services from the private sector. The guidelines set the eligibility criteria

for private organizations in terms of their infrastructure and facilities owned and their competence in the particular fields. A state initiative in this regard was the *Hausala Sajheedari* scheme which was initiated by GoUP as a PPP for the provision of family planning services in the state and thus meets the unmet need for FP in the state. This was an innovative initiative by the state where the whole of the process of accreditation, submission of claims and reimbursements were carried out online through a web portal.

1.3 The *Hausala Sajheedari* (*HS*) Scheme

The GoUP announced the ambitious plan named "Hausala Sajheedari" which fundamentally changed the rules of engagement with comprehensive revision of policy through appropriate government orders and guidelines, simplifying processes and bringing greater transparency and accountability. Hausala Sajheedari is an initiative to engage private sector health care providers in family planning service provision under government schemes wherein private hospitals/ nursing homes/ institutions/individuals can get accredited/ empanelled with the government and provide Family Planning services under standard reimbursement package from the government. Thus, private health facilities and family planning surgeons in the state were invited to join hands with the government and contribute to the state's commitment for FP2020, thereby achieving the larger vision of stabilizing the population growth.

Under the scheme, the whole process of accreditation and reimbursement of private sector health facilities has been simplified through a dedicated online web portal called "*Hausala Sajheedari*" which provides end-to-end solution designed and launched under the overall leadership and supervision of a state level apex body called State Task Force (STF) under the patronage of Principal Secretary - Health and Family Welfare, GoUP. The STF is led by the Executive Director SIFPSA and has representation from Directorate of family welfare, SIFPSA, Technical Support Unit of BMGF, other development partners, representative of private sector viz FOGSI and IMA and representative of CMOs from the field. A four-member secretariat called the Private Sector Partnership Cell (PSP cell) has been established at SIFPSA to support STF in its day-to-day functioning and maintenance, oversight and problem solving of "Hausala Sajheedari" web portal at the state level.

The private providers can just log in and follow the portal instructions. The Government of India norms for getting accredited are inbuilt in the portal and private providers can evaluate themselves on the available checklist. If they meet the eligibility criteria, a letter of interest will get generated automatically by the portal. The respective chief medical officers will get an alert simultaneously to initiate physical verification process. Provider can check application status online. System generated messages will give the approved or rejected status with reason. If provider gets approval, he will be called up to sign MOU with the CMO to provide services as per the norms. Surgeons who qualify eligibility criteria of providing surgical family planning services can apply online to get empanelled at CMO office. Accredited providers will be enabled to upload details of services and beneficiaries to get reimbursement. Reimbursement will be done only after due verification of services as per the norms set in the GO. Any grievance can be sent directly to the STF through web portal.

Any private health care facility qualifying government eligibility criteria of physical infrastructure, quality assurance measures and qualified staff may present a letter of interest for being accredited to provide FP services under government schemes. Private organizations having good experience in providing family planning services may get accredited as Clinical Outreach Teams (COT) and can provide FP services at selected government facilities as per their MOU with the state and get reimbursed against services. An empanelled surgeon can perform surgery at his/her own facility, if it is accredited, can be member of COT team and can also provide

service at government health facility after consent of the CMO on rates fixed by the government for the purpose. Surgeon empanelled in one district can perform surgery anywhere in India.

Features of the *HS* Web Portal:

Some of the key features of the *Hausala Sajheedari* web portal are:

- → Web portal provides one-stop solutions for private health care facilities and private sector surgeons in the state for online accreditation, empanelment, progress reporting, submission of claims and online reimbursement through bank transfers.
- → Issuances of online empanelment certificate for accredited private health care facilities
- → Once the verification and approval process is completed, the portal generates a Tripartite MoU which is signed between DHS, SIFPSA and private health care facility.
- → State task force, with support from the PSP cell, oversees the process, reviews progress and provides overall leadership to the program
- → Once accredited, the accreditation of private health care facilities is valid for 5 years, which is first time anywhere in India.
- → SMS and E-mail based alerts sent to all concerned officials and stakeholders on "action required".

Achievements under the Scheme:

The web portal has accelerated private service providers' interest to get accredited and empanelled. This is a first such instance where private facilities are getting accredited for five years and providers are also getting empanelled and receiving an empanelment certificate from an appropriate government authority. The web portal has enhanced the government to create a base of providers/facilities other than public sector to cater to FP services across the state. The potential for the program could be well assessed by the fact that in last three years (June 2015-Mar, 2019) nearly 1000 private hospitals, including clinical outreach teams (COTs), have been empanelled. Similarly, over 800 private sector surgeons have been empanelled with the state so far to provide sterilization services (various techniques line Mini Lap, Laparoscopic sterilization and Non-Scalpel Vasectomy etc). During this period, 1,58,996 female sterilizations, 4,740 NSV, and 1,34,452 IUCDs were conducted and about INR 52.56 crore claims were submitted by the private hospitals. The overwhelming response from the private sector has encouraged the GoUP to have a vision to accredit at least 1500 private hospitals and an equal number of surgeons for surgical family planning services in the private sector.

The *Hausala Sajheedari* program is one of the commendable initiatives in the country. The scheme is still in the process of reaping its optimum benefits. With better planning and coordination, it can go a long way in meeting the FP needs in the state. With this in view, SIFPSA commissioned a rapid assessment of the scheme.

CHAPTER- II

Objectives and Study Methodology

2.1 Objectives of the Study

The rapid assessment study of the HS scheme was undertaken by SIFPSA with an intention to assess the quality of the inputs, processes, and impacts of the services provided by the private providers under the HS scheme. The study also intends to assess the cooperation and facilitation by the system functionaries and the development and professional partners.

The specific objectives of the study included examining

- **Provider Perspective on Accreditation of Private Facilities/Nursing Homes.**
- **Qualitative Information on client awareness - a client perspective**
- **Leadership at Different Levels - A System functionary experience/perspective**
- **Role of Development and Professional Partners - HLFPPT & PSI**

2.2 Study Approach and Methodology

The rapid assessment study of the *Hausala Sajheedari* scheme adopted a mixed methods approach and assessed the inputs, processes and outcomes under the Scheme across 18 divisional districts of Uttar Pradesh by employing both quantitative and qualitative methods. The study involved assessing the scheme from the perspectives of the different stakeholders of the programme – the implementer, the development and professional partners, the system functionaries including the Chief Medical Officers (CMO) and the Divisional Program Manager at the district and divisional levels, the private service providers and the clients.

Study Design

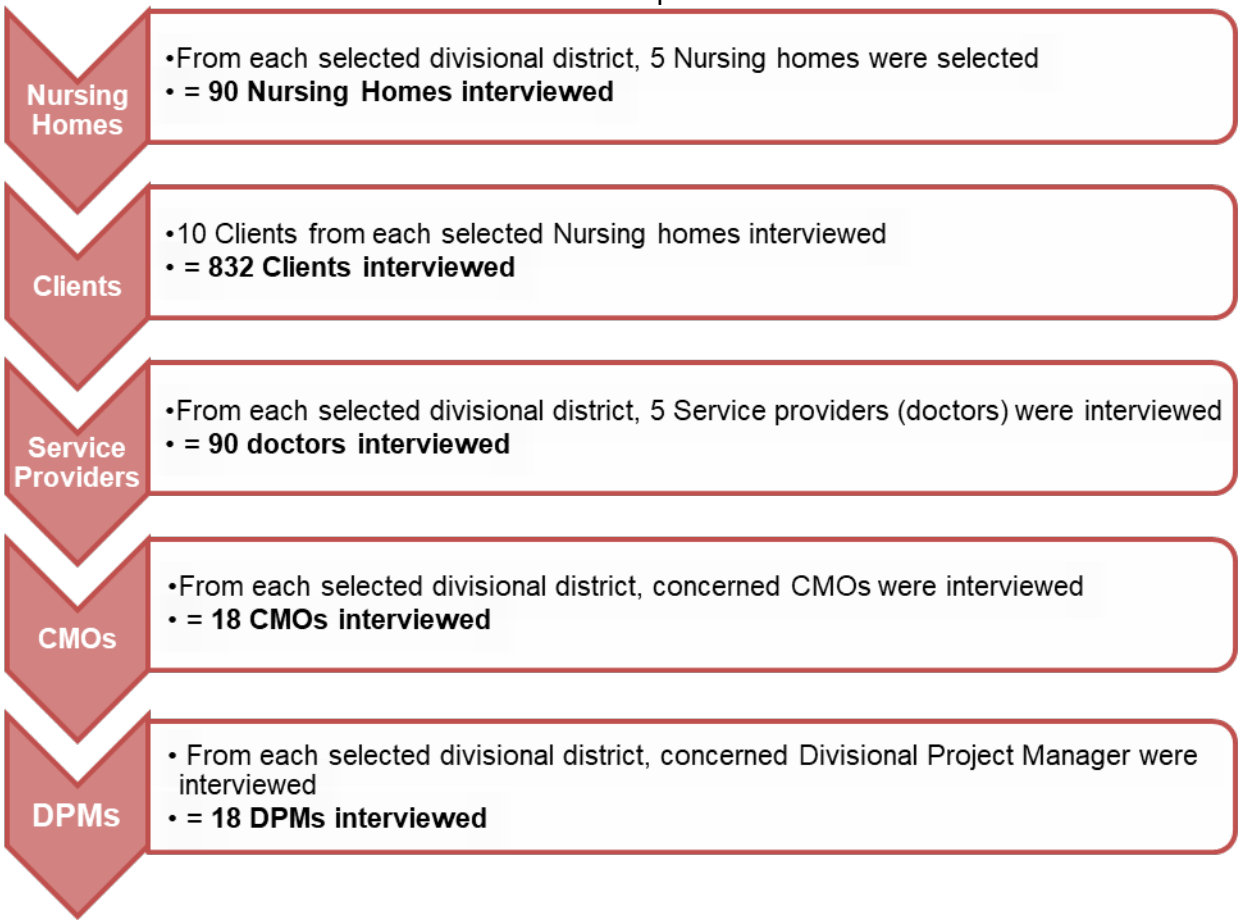
The sample for the assessment study covered all the 18 divisional districts. The target respondents for the assessment survey involved selected Nursing homes, clients of selected nursing home, service providers (doctors), concerned CMOs and Divisional Project Manager of divisional districts and concerned officers related to *Hausala Sajheedari* (SIFPSA).

In order to achieve the specified objectives of the study, the whole work was divided into two parts, namely General Survey and Functionary Survey.

- **General Survey:** The general survey included the interview of the clients who have accessed the family planning services under the HS scheme. The clients were asked about their awareness of the HS scheme, their access to services and the quality of the services provided to them. Quantitative information was gathered in the survey using structured questionnaires.
- **Functionary Survey:** The functionary survey included conducting interviews of Nursing homes, service providers (doctors), concerned CMOs & Div. Project Manager of divisional districts and concerned officers related to *Hausala Sajheedari*. These were mainly interviews using structured questionnaires for the nursing homes and service providers and semi-structured questionnaires for the CMOs, DPMs and officers related to *Hausala Sajheedari*. Few interviews of state officials were also audio taped.

Sampling Method:

The sample for the study included the various stakeholders in the implementation of the HS scheme. The total stakeholders interviewed are depicted below.



Data Collection

The data for the study was collected for the study through interviews of selected respondents using the structured and semi-structured questionnaires developed for the purpose through a paper and pencil/pen interviewing (PAPI) method. The tools used were finalized in consultation with SIFPSA for the study. The approved tool was used in training as well as in the field for data collection.

The general survey was conducted by teams consisting of one supervisor (male) and four field investigators (male). For the functionary survey, teams of four researchers each conducted the interviews of Nursing homes, service providers (doctors), concerned CMOs & Div. Project Manager of divisional districts and concerned officers related to *Hausala Sajheedari*.

Data Processing and Analysis

The data entry was done on CSPro 5.0 immediately after the completion of field work and the data has been validated by the Data Analyst. The data was analyzed using SPSS software and frequency tables for specific indicators were generated from the validated datasets. The analytical tables and the gaps identified are presented in section 3 of the report.

CHAPTER- III

Analysis and Study Findings

The study assessed the usefulness in terms of quality of service provided by the accredited Private facilities/Nursing Homes under the *Hausala Sajheedari* scheme and also examined the cooperation and facilitation extended by the development and professional partners to the scheme. These aspects were assessed from the perspectives of different stakeholders, mainly (1) the Providers, (2) the Clients, (3) the system functionaries/Implementers and (4) the Development and professional partners. The quality of services offered from perspectives of providers and clients was assessed through interviewing the nursing homes, the doctors and the clients. Interviews with the CMOs, Divisional Project Managers and the officers of the Cell concerning the *Hausala Sajheedari* project provided insights for assessing the cooperation and facilitation provided by the professional partners, HLFPPT and PSI, to the scheme.

3.1 Inputs, Processes and Impacts of the HS Scheme

Ensuring quality of the services provided in terms of technical inputs, processes, interpersonal communications and limited choice is crucial for the acceptance of any service and poor quality of service results in underutilization of services. GoI brought out a comprehensive 'Standards and Quality Assurance in Sterilization Services' manual which provides the norms for key aspects for ensuring sterilization service quality both in fixed day setting as well as camp setting in public health and accredited private/NGO facilities. Criteria has been prescribed for eligibility, the physical requirements, counseling, informed consent, pre and post-operative care, follow-up protocols and procedures for management of complications. The manual defined quality of care as 'attributes of a service program that reflects adherence to professional standards, a congenial service environment and satisfaction on part of the user' and gave the norms with regard to inputs, processes and outcomes for ensuring quality of care.

Inputs: The GoI manual describes inputs as the program efforts that facilitate the readiness of the facilities to provide services as per the service delivery guidelines and protocols in place. This includes qualified providers, physical infrastructure, supplies, equipment etc.

In addition to the accrediting the private clinics/hospitals/nursing homes for provision of the services, GoI also advices States to maintain a district-wise list of doctors empanelled for performing sterilization. Only those doctors whose names appear in the panel would be entitled to carry out sterilization operations and the panel was to be updated every three months. Doctors empanelled with one state or districts are eligible to perform sterilization operation anywhere in the country. The doctors already performing sterilization operation in public facilities for past 3 years could also be empanelled by the State.

The GoI manual also specified the eligibility/case selection criteria for performing sterilizations. As per the guidelines, the clients should be ever married and be above the age of 22 years and below 49 years for females and above 22 years and below 60 years for males. Clients should be in a sound state of mind and having at least one child above one year old and their spouses/partners not undergone sterilization in the past.

Processes: The processes include technical and interpersonal dimensions and encompass a range of elements including mainly aspects like client counseling and their informed choice and informed consent. Counseling facilitates the clients to make well-informed, well-considered, and voluntary decisions about fertility and a contraceptive method. It also enables the service

provider to understand the client's perceptions, attitudes, values, beliefs, family planning needs and accordingly guide them towards decision-making. It is essential that the provider should be non-judgmental and should maintain privacy and confidentiality during process of counseling. Counseling, thus includes:

- *General Counseling* which is done with all the clients seeking family planning services enabling them to make informed choice of the contraceptive method to be used.

- *Method-specific counseling* which involves detailing of the contraceptive method chosen by them and make them understand what may happen before, during and after the surgery, its side effects and its potential complications including chance of failure and non-guarantee of the reversal of the procedure.

- *Follow-up Counseling* involves attending to the queries and problems the client may have after undergoing the procedure which may help the client cope with common problems or side effects. For female sterilization the client is advised to return to the facility is there is a missed period/no period within two weeks to rule out pregnancy. In case of male sterilization, the client is asked to return to the facility after three months for semen examination to ensure success of the procedure.

Informed choice, that is, ensuring that all clients choose the best option for their healthcare needs with full information about all the available options and informed consent to receive the care after understanding the surgical procedure are crucial processes as prescribed by the manual. It is mandatory to document the informed consent, the instances of denial of sterilization for medical or non-medical reasons and also all the cases of failures and complications including deaths arising out of surgery or post-surgery. Major complications that require hospitalization, deaths, and all cases of failures should be reported to the District Quality Assurance Committee which is responsible for processing the claims.

Outcomes: The outcomes of quality services as per the guidelines and standards will result mainly in satisfied clients. It aids in achieving the end program goals of meeting the unmet needs for limiting methods, reducing failures, minimizing complications and preventing mortality.

The prime players are hence the providers who provide the service and the clients who receive the services. Therefore, the study had assessed the Hausala scheme from the perspectives of both the provider and client separately in terms of service delivery and client satisfaction and presented in the sub-sections below.

3.1.1 The Provider Perspective

The service provider is the main player in the HS scheme. They are empanelled under the scheme to provide FP services based on certain eligibility criteria as mentioned above which includes general qualification requirements; standards of physical infrastructure for services; qualified and trained service personnel including doctors, nurses and counselors; availability of supplies and equipment and neat and effective coordination with the professional/implementation partners.

This rapid assessment study conducted interviews of the sampled nursing homes and a doctor in each of the nursing homes in the selected districts. Thus, about 90 nursing homes and 90 doctors were interviewed in the study to examine their adherence to the eligibility conditions and their experiences of being in the HS scheme. The analysis of the aspects of nursing homes and the doctors are presented in separate sub-sections below.

(A) Nursing Homes

The main areas of specialization of the nursing homes include delivery services, family planning services and emergency services. Among the 90 nursing homes studied, 83 of them provided normal delivery services and 80 provided Caesarean services and therefore, not all of them provided both the services. On a similar note, bout 97.8% of the nursing homes provided IUCD services whereas about 97.8% of them provided female sterilization services and a 33.3% of them male sterilization services. Also, 72.2% of the nursing homes provided abortion services and about 88.9% of them provided emergency services.

Fig 3. 1: Service Availability in the Nursing Homes

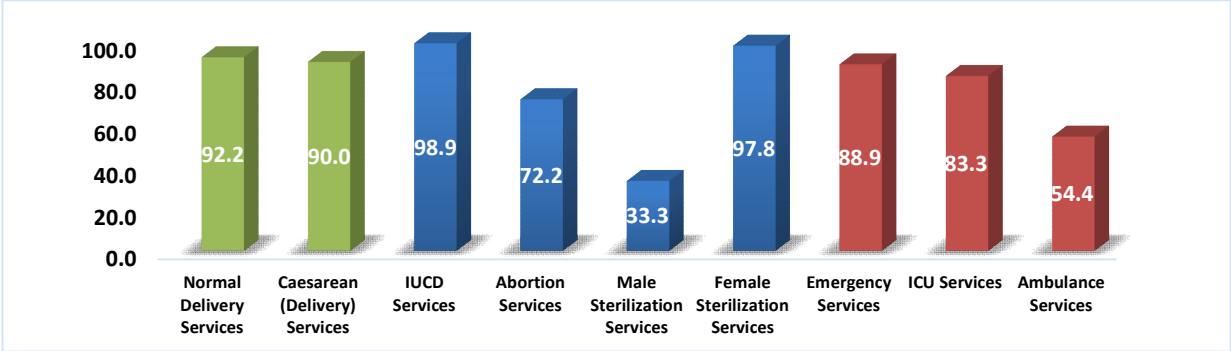
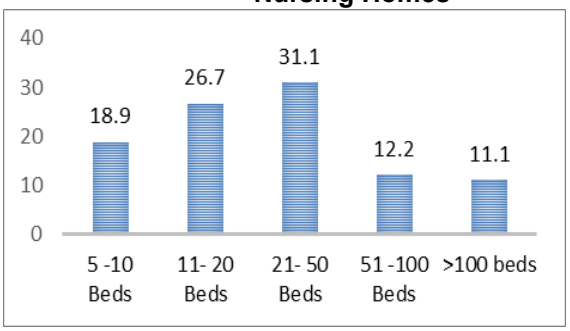


Table 3. 1: Basic Service Availability in the Sampled Nursing Homes

Particulars		%	Number	Total Number of Nr. Homes
Services Provided	Normal Delivery Services	92.2	83	90
	Caesarean (Delivery) Services	88.9	80	
	IUCD Services	97.8	88	
	Abortion Services	71.1	64	
	Male Sterilization Services	33.3	30	
	Female Sterilization Services	96.7	87	
	Emergency Services	88.9	80	
	Others	7.8	7	
ICU/CCU services	Availability of ICU/CCU services or linkages with other referral hospital for emergency	83.3	75	90
Ambulance facility	Availability of Ambulance Services	54.4	49	90

Fig 3. 2: In-patient Care Bed Strength of Nursing Homes



The availability of beds in the nursing homes for in-patient care showed that of the 90 nursing homes studied, a 19 of them had 5-10 beds, 27 of them had 11-20 beds, 38 of them had 21-50 beds, 12 had 51-100 beds, and 10 of them had more than 100 beds. A look at the availability of beds for different services in the nursing homes showed that there was an average of 3 beds available per facility in clinical examination room, an average of

2 beds per facility in the operation theatre and an average of 4 beds per facility in the recovery rooms/wards.

Table 3.2: In-patient Bed Availability in the Sampled Nursing Homes

Bed Availability		%	Number	Total Number of Nr. Homes
Availability of In-patient care bed	5 to 10 Beds	18.9	17	90
	11 to 20 Beds	26.7	24	
	21 to 50 Beds	31.1	28	
	51 to 100 Beds	12.2	11	
	More than 100 beds	11.1	10	
Availability of Beds for Different Services	(a) Clinical Examination Room			90
	Mean	3		
	Median	2		
	(b) Operation Theatre			
	Mean	2		
	Median	2		
	(c) Recovery Room/Wards			
	Mean	4		
	Median	2		

For accreditation and empanelment of private health facilities to provide public health services, the government has fixed minimum criteria for the health facility to qualify for the accreditation. This includes certain space and infrastructure requirements in the health facility.

It was found that most of the nursing homes surveyed had space for a clinical examination room for initial assessment and follow up; pre-operative preparation room; sterilization room near the OT, for autoclaving, washing and cleaning equipment and preparation of sterile packs; operation theatre; recovery room /wards; restrooms; and hand washing area near the OT for scrubbing. However, few of the nursing homes were found not having space for reception, counseling room, and laboratory facilities for blood & urine examination.

As regards the infrastructure facilities, all the nursing homes surveyed were well-ventilated, had floor made of concrete/tiles which can be cleaned thoroughly, had electricity supply with a standby generator and other light source and had fire extinguisher. While, 2 of the nursing homes did not have running water supply through tap or bucket with tap and 6 of them did not have emergency exits.

Table 3.3: Space and Infrastructure Availability in the Sampled Nursing Homes

Space & Infrastructure		%	Number	Total Number of Nr. Homes
Space availability	Reception	94.4	85	90
	Counseling room	93.3	84	
	Laboratory with facilities for blood & urine examination	78.9	71	
	Clinical examination room for initial assessment and follow up	96.7	87	
	Pre-operative preparation room	97.8	88	
	Sterilization room, near the OT, for autoclaving, washing and cleaning equipment, preparation of sterile packs	97.8	88	
	Operation theatre	98.9	89	
	Recovery room /wards	100.0	90	
	Restrooms	98.9	89	
	Hand washing area near the OT for scrubbing	96.7	87	
Infrastructure Availability	Facility well ventilated	100.0	90	90
	Floor made of concrete/tiled, which can be cleaned thoroughly	100.0	90	
	Running water supply through tap or bucket with tap	97.8	88	
	Electricity supply with a standby generator and other light source	100.0	90	
	Have emergency exits	93.3	84	
	Have fire extinguisher	100.0	90	

Analyzing the case load during 2017-18 of the nursing homes studied it was found that their main clients were delivery cases with a total number of 21,905 clients which was followed by the female sterilization cases (12516), abortion cases (8059), and IUCD cases (7100). However, when the average numbers of cases were calculated, it revealed that the case loads were low especially in the nursing homes in few districts. The overall average delivery cases was 243, female sterilization cases was 139, abortion cases was 90, IUCD cases 79, PPST cases was 31 and male sterilization cases was 3. It could be observed from table 3.4 that the districts of Bareilly, Mirzapur, Moradabad, Saharanpur, Ayodhya, Basti, Meerut, Banda, Gorakhpur and Gonda had very low average number of female sterilization cases.

Table 3.4: Case Load in the year 2017-18 in Sampled Nursing Homes

Divisional Districts	PPST cases		IUCD cases		Abortion cases		Delivery cases		Female Sterilization cases		Male Sterilization cases		No. of Nursing Home
	Avg	Total	Avg	Total	Avg	Total	Avg	Total	Avg	Total	Avg	Total	
Bareilly	35	176	26	130	62	309	144	721	29	146	0	0	5
Mirzapur	20	102	46	231	43	217	241	1205	42	210	0	0	5
Moradabad	44	219	14	68	4	20	979	4893	6	30	0	0	5
Saharanpur	28	140	0	0	63	316	315	1573	0	0	0	0	5
Ayodhya	14	86	15	91	75	450	155	930	37	223	1	1	6
Azamgarh	6	29	2	9	1	5	89	445	554	2770	1	1	5
Prayagraj	32	160	246	1228	136	682	217	1084	183	917	6	28	5
Jhansi	0	0	43	216	364	1822	348	1742	88	440	0	0	5
Agra	66	396	352	2111	199	1196	423	2538	264	1586	1	3	6
Aligarh	5	29	197	1180	45	271	27	160	112	674	1	5	6
Basti	41	203	2	8	0	0	87	433	70	350	0	0	5
Meerut	16	81	16	80	10	49	119	594	21	103	0	0	5
Banda	0	0	3	6	71	141	415	830	13	26	0	0	2
Gorakhpur	22	112	17	86	2	12	253	1263	33	166	3	15	5
Varanasi	96	481	47	236	144	722	248	1240	351	1754	1	3	5
Lucknow	25	125	242	1209	181	905	128	642	394	1969	12	60	5
Kanpur	7	35	34	171	178	892	113	563	151	754	25	123	5
Gonda	21	104	8	40	10	50	212	1061	80	398	0	0	5
Total	**28**	**2478**	**79**	**7100**	**90**	**8059**	**244**	**21917**	**139**	**12516**	**3**	**239**	**90**

On the availability of staff, there were a total of 144 empanelled doctors in these nursing homes for sterilization which was turned out to be 2 doctors per nursing home on an average. The sampled nursing homes in Ayodhya, Agra, Lucknow and Kanpur had more numbers of them as compared to those in other districts.

Among the 90 nursing homes, the staff in 79 of them had doctors and staff nurses trained in infection prevention. This was poor in the nursing homes in Ayodhya, Jhansi, Banda and Kanpur districts. While this being a concern, only in 63 out of 90 homes, the staff were oriented about the HS program. The orientation of staff about the scheme was poor mainly in districts of Gonda, Kanpur, Basti, Azamgarh, Moradabad and Mirzapur.

Table 3.5: Staff Availability & their Training Status in the Sampled Nursing Homes

Districts	Number of empanelled doctors for sterilization		Staff (doctors &staff nurses) trained in infection prevention		Staff oriented on Hausala Sajheedhari Programme		No.of nursing homes
	Average	Total	Yes	No	Yes	No	
Bareilly	2	9	5	0	5	0	5
Mirzapur	1	5	4	1	3	2	5
Moradabad	1	5	5	0	1	4	5
Saharanpur	1	5	5	0	5	0	5
Ayodhya	2	11	4	2	6	0	6
Azamgarh	1	5	5	0	2	3	5
Prayagraj	2	9	5	0	4	1	5
Jhansi	1	6	1	0	3	3	5
Agra	2	12	6	0	5	1	6
Aligarh	1	8	6	4	4	2	6
Basti	2	8	5	0	3	2	5
Meerut	1	6	5	0	4	1	5
Banda	1	2	1	0	1	1	2
Gorakhpur	1	6	5	0	3	2	5
Varanasi	1	7	5	0	4	1	5
Lucknow	3	14	5	0	4	1	5
Kanpur	2	10	3	2	3	2	5
Gonda	2	8	4	1	3	2	5
Total	2	136	79	11	63	27	90
Percent			87.80%		70%		

The medical record keeping processes in the sampled nursing homes were well-disciplined with an 88 of the 90 having consent form and medical record check list form for the clients. In about 87 of the facilities the clients are asked to fill the consent form themselves and the medical record checklist is filled by the nursing homes. In these facilities the record of each client is maintained separately. Registration ID or a serial number was assigned to each of the client in about 84 of the surveyed 90 nursing homes.

Table 3.6: Record Keeping Process in the Sampled Nursing Homes

Districts	Have consent form for FP clients	Clients are asked to fill them	Medical record check list form available for the clients	Nursing home fills them	Record of each client kept separately	Registration ID or serial number assigned to each client	No. of Nursing Home
Bareilly	5	5	5	5	5	5	5
Mirzapur	5	4	5	5	5	5	5
Moradabad	4	4	5	5	5	4	5
Saharanpur	5	5	5	4	5	5	5
Ayodhya	6	6	6	6	6	6	6
Azamgarh	4	4	3	3	4	4	5
Prayagraj	5	5	5	5	5	5	5
Jhansi	5	5	5	5	5	5	5
Agra	6	6	6	6	6	6	6
Aligarh	6	6	6	6	6	6	6
Basti	5	5	5	5	4	4	5
Meerut	5	5	5	5	5	5	5
Banda	2	2	2	2	2	2	2
Gorakhpur	5	5	5	5	6	5	5
Varanasi	5	5	5	5	5	5	5
Lucknow	5	5	5	5	5	5	5
Kanpur	5	5	5	5	4	4	5
Gonda	5	5	5	5	5	3	5
Total	**88**	**87**	**88**	**87**	**87**	**84**	**90**

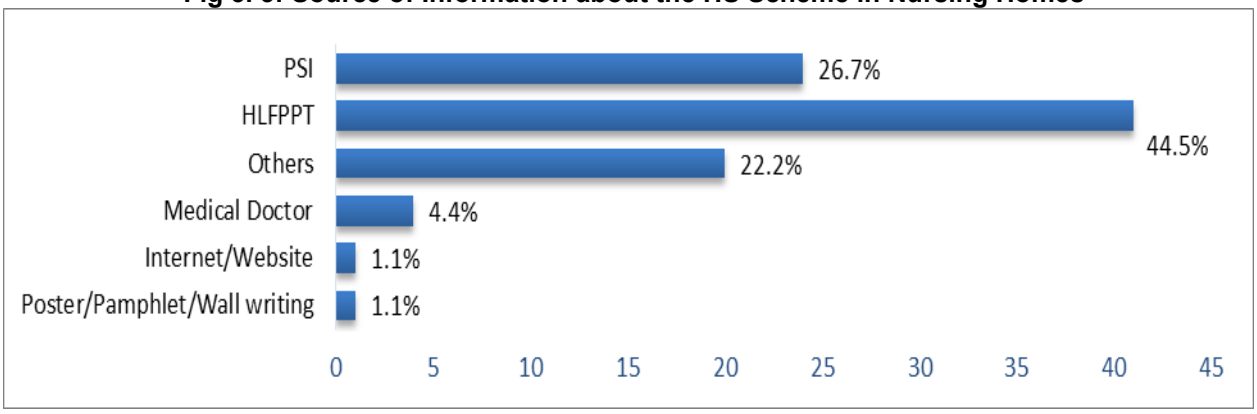
The maintaining of general record of information on the client's was slightly poor in the nursing homes. This was because the data revealed that only 68 of the 90 surveyed nursing homes kept the ID proofs of the client and only 60 of them had the address of the client. The contact details of the client were not maintained by about 42 of the nursing homes. Though medical records were taken from the client many of them answered they do not maintain the medical records of clients.

It was observed from the data that 80 of the surveyed nursing homes submitted the list of clients to the CMO office on a monthly basis. A 4 of them submitted the list fortnightly. However, 6 of the sampled nursing homes stated that they do not send the list to the CMO office which belonged to the districts of Gonda, Gorakhpur, Basti and Azamgarh.

Table 3.7: Type of Client's Records Maintained and the Frequency of Sending List of Clients to CMO Office by the Sampled Nursing Homes

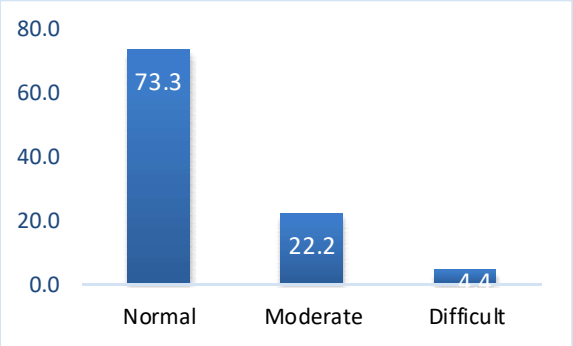
Districts	Client's Record Maintained					Frequency of sending list of clients to CMO Office					No. of Nursing Home
	ID Proof	Address	Contact Details	Medical Record	Others	Weekly	Fortnightly	Monthly	Don't Send	Others	
Bareilly	5	5	5	5	5	0	0	5	0	0	5
Mirzapur	1	1	1	1	4	0	0	5	0	0	5
Moradabad	5	5	5	0	0	0	0	5	0	0	5
Saharanpur	5	5	4	0	1	0	0	5	0	0	5
Ayodhya	5	3	3	1	3	0	0	6	0	0	6
Azamgarh	4	2	3	1	2	0	0	3	2	0	5
Prayagraj	4	2	1	0	4	0	0	5	0	0	5
Jhansi	2	4	0	0	4	0	0	5	0	0	5
Agra	6	4	5	0	4	0	1	5	0	0	6
Aligarh	6	5	6	1	3	0	0	6	0	0	6
Basti	5	4	4	2	4	0	0	3	2	0	5
Meerut	4	5	4	1	2	0	0	5	0	0	5
Banda	0	1	0	0	1	0	0	2	0	0	2
Gorakhpur	5	4	3	3	4	0	0	4	1	0	5
Varanasi	2	1	1	0	4	0	2	3	0	0	5
Lucknow	5	4	3	0	5	0	0	5	0	0	5
Kanpur	1	5	0	0	2	0	0	5	0	0	5
Gonda	3	0	0	0	2	0	1	3	1	0	5
Total	**68**	**60**	**48**	**15**	**54**	**0**	**4**	**80**	**6**	**0**	**90**

Fig 3. 3: Source of Information about the HS Scheme in Nursing Homes



The 90 nursing homes were asked about their registration process under the *HS* scheme including the source of information on the scheme, the briefing done to them on the scheme before registration and their opinion on the registration process. As regards the information of the scheme, most of the nursing homes were provided with by the implementing partners – HLFPPT (40) and PSI (24). Few of them (4) came to know about the scheme form the medical doctor, 1 from poster/pamphlet/wall writings and a 20 of them from other sources. About 22% got to know about the scheme from others including CMO officials, SIFPSA officials and Marrigold health network.

Fig 3. 4: Opinion of Nursing Homes on Registration Norms Under the Scheme



About 87 of the 90 empanelled nursing homes surveyed said that they were contacted by anyone for the registration process and an 83 of them stated that anyone had briefed regarding the scheme and the registration process. On the stringency of the registration norms of the scheme, only 4 of them felt that it was stringent. To 20 of the nursing homes the norms stringency was moderate, to 40 of them it was average and to 26 of the nursing homes the process was lenient.

Table 3.8: Registration Process of the Nursing Homes under the *HS* Scheme

Source of Information/Briefing/Opinion on registration process		Number (Percent)	Total Number of Nr. Homes
Source of Information about scheme	Poster/ Pamphlet/Wall Writing	1 (1.1 %)	90
	Medical Doctor	4 (4.4%)	
	Internet/website	1 (1.1%)	
	HLFPPT	40 (44.4%)	
	PSI	24 (26.7%)	
	Others	20 (22.2%)	
Briefing about the Scheme	Anyone contacted for registration	87 (96.7%)	90
	Anyone briefed regarding Scheme & registration process	83 (92.2%)	
Opinion on registration norms of the Scheme	Lenient	26 (28.9%)	90
	Average	40 (44.4%)	
	Moderate	20 (22.2%)	
	Stringent	4 (4.4%)	

Once registration is complete the CMO office initiates the appropriate physical verification process. It was observed from the study that only 83 of the 90 facilities were visited by the officers of the CMO office for verification regarding registration. The 7 facilities that did have visits from the CMO office were in the districts of Moradabad, Ayodhya, Agra, Lucknow and Kanpur. It was also seen that some of the facilities were visited by the CMO officials more than once before registration with the average number of visits per facility to be 2.

Of the facilities surveyed, all of them have got MoU/certificate from the CMO office which is to be valid for a period of 5 years. Two of the nursing homes in total stated that their nursing home's verification has failed previously which were in the districts of Gorakhpur and Lucknow. These two facilities quoted improper documentation related to address change as the reason for the failure of passing through the verification process previously.

Table 3.9: Verification Process for Registration under *HS* scheme

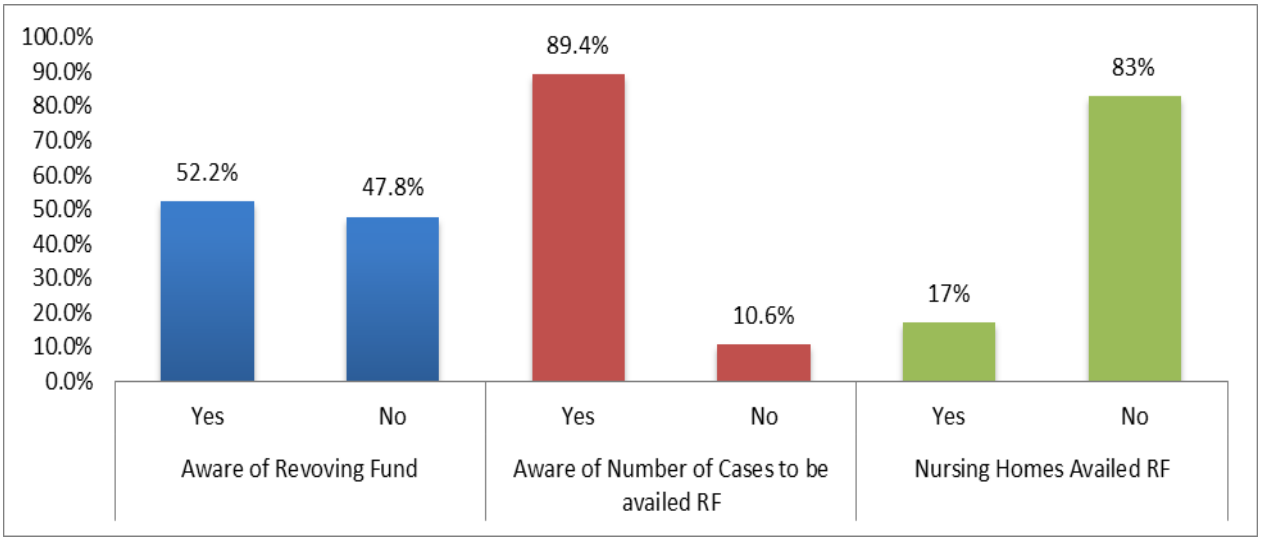
Districts	Officer from CMO office visited Nursing Home for verification regarding registration	Number of times officials visited before registration		Nursing home got MoU/ certificate from CMO office	Nursing home's verification ever failed	No. of Nursing Home
		Average number of time	Total			
Bareilly	5	2	12	5	0	5
Mirzapur	5	2	12	5	0	5
Moradabad	3	1	3	5	0	5
Saharanpur	5	1	5	5	0	5
Ayodhya	5	5	26	6	0	6
Azamgarh	5	1	6	5	0	5
Prayagraj	5	1	6	5	0	5
Jhansi	5	1	6	5	0	4
Agra	5	3	17	6	0	6
Aligarh	6	2	14	6	0	6
Basti	5	2	12	5	0	5
Meerut	5	5	27	5	0	5
Banda	2	1	2	2	0	2
Gorakhpur	5	3	13	5	1	6
Varanasi	5	3	15	5	0	5
Lucknow	3	1	4	5	1	5
Kanpur	4	2	6	5	0	5
Gonda	5	2	12	5	0	5
Total	**83**	**2**	**198**	**90**	**2**	**90**

The existence of the Private Service Provider Cell and its role in facilitating the processes under the HS scheme was less known to the nursing homes studied as only 50 of the 90 surveyed were aware of the existence of the Cell. Of these 50, only 41 of them knew about the roles of the Cell. As stated by them on the roles of the PSP Cell, a 28 of them said that they are to support the day-to-day program, 13 of them stated that they solve day-to-day problems. There is a certainty that PSP cell is known as Hausala Sajheedari programme to them.

Table 3.10: Awareness of Nursing Homes about the Private Service Provider (PSP) Cell and their Roles

Districts	Aware about PSP Cell	Aware about the role of PSP cell	Aware of Type of Role of PSP		No. of Nursing Home
			Support day to day program	Solve day to day problems	
Bareilly	3	3	3	0	5
Mirzapur	4	1	2	0	5
Moradabad	3	1	2	1	5
Saharanpur	2	1	2	0	5
Ayodhya	4	4	3	1	6
Azamgarh	2	2	0	1	5
Prayagraj	1	1	1	0	5
Jhansi	1	1	0	0	5
Agra	3	3	3	0	6
Aligarh	6	6	6	0	6
Basti	2	2	2	0	5
Meerut	1	1	0	1	5
Banda	2	1	0	1	2
Gorakhpur	4	4	2	2	5
Varanasi	2	1	0	0	5
Lucknow	4	4	0	3	5
Kanpur	2	1	0	2	5
Gonda	4	4	2	1	5
Total	**50**	**41**	**28**	**13**	**90**

Fig 3. 5: Nursing Homes' Awareness and Utilization of Revolving Funds under the HS Scheme



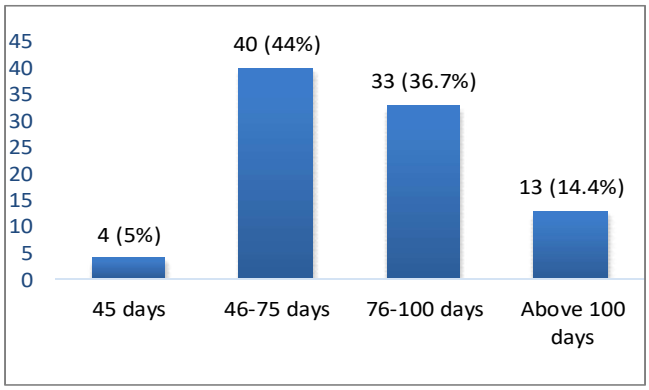
The nursing homes empanelled under the HS scheme have a provision for availing an advance revolving amount for upto 25 cases that are registered with them for FP services. Only half of the nursing homes surveyed (47) were aware of this provision and among them only 42 of them were aware for how many sterilization cases they can ask for advance money. However, it was observed that those nursing homes that were aware of this provision have also not availed it as only 8 of the 47 who were aware availed the revolving fund advance. The private providers must be guided by CMO/DPM/Div PM to have a thorough reading of MOU for better understanding on availing revolving fund.

Table 3.11: Awareness of the Provisions of Revolving Amount Advance and Availing of the Provisions by Nursing Homes

Districts	Aware of the provisions of revolving amount as an advance after registration	If yes, then aware for how many sterilization cases they can ask for money as an advance	Did Nursing Homes aware take Revolving Advance	No. of Nursing Home
Bareilly	4	4	1	5
Mirzapur	3	3	0	5
Moradabad	5	5	1	5
Saharanpur	5	5	3	5
Ayodhya	1	0	0	6
Azamgarh	1	1	1	5
Prayagraj	3	3	1	5
Jhansi	3	2	0	5
Agra	3	3	0	6
Aligarh	3	3	0	6
Basti	2	2	1	5
Meerut	3	3	0	5
Banda	1	0	0	2
Gorakhpur	1	1	0	5
Varanasi	4	4	0	5
Lucknow	2	1	0	5
Kanpur	1	0	0	5
Gonda	2	2	0	5
Total	**47**	**42**	**8**	**90**

The accredited providers could upload details of the services and the beneficiaries through the web portal and claim reimbursement. The reimbursements are processed only after due verification of the services offered and its adherence to the GO norms.

Fig 3.6: Reimbursement Time Delays under HS Scheme

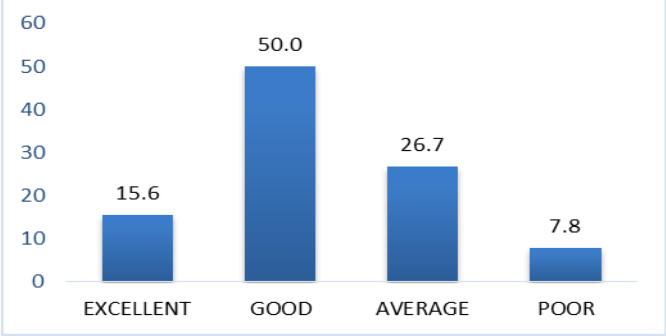


In the present study, the number of days taken for reimbursement after the submission of claims in most of the nursing homes was in the range of 46-75 days. There were quite a few of the nursing homes stating that the reimbursement took about a range of 76-100 days and above 100 days in few cases. The reimbursement within 45 days was stated by very few nursing homes which were found in the districts of Moradabad, Azamgarh, Agra and Lucknow. The main reason of these delays was verification pending from CMO level.

Table 3.12: Reimbursement Time Delays under *HS* Scheme during 2017-18

Districts	Reimbursement Time				No. of Nursing Home
	45 days	46-75 days	76-100 days	Above 100 days	
Bareilly	0	4	1	0	5
Mirzapur	0	1	2	2	5
Moradabad	1	3	1	0	5
Saharanpur	0	3	2	0	5
Ayodhya	0	2	4	0	6
Azamgarh	1	1	2	1	5
Prayagraj	0	2	2	1	5
Jhansi	0	3	2	0	4
Agra	1	2	2	1	6
Aligarh	0	5	0	1	6
Basti	0	2	2	1	5
Meerut	0	0	5	0	5
Banda	0	1	0	1	2
Gorakhpur	0	1	3	1	6
Varanasi	0	0	2	3	5
Lucknow	1	1	2	1	5
Kanpur	0	4	1	0	5
Gonda	0	5	0	0	5
Total	4	40	33	13	**90**

Fig 3. 7: Nursing Homes' Rating of the HS Scheme



The nursing homes under the scheme were quite assertive of the program having improved the family planning services in the State as about 81 of the 90 nursing homes surveyed has acknowledged this fact. Among the 90 of them, 61 of them felt that the impacts were seen with the increase in FP cases and 28 of them felt that the awareness levels increased.

The nursing homes overall rating of the HS program was taken in the study. It was found that 14 of the nursing homes rated the program to be 'Excellent' and 45 of them rated it as 'Good'. Thus, about 59 of the 90 facilities were very positive about the program. There were 24 facilities rating the program as 'Average' indicating a positive response with highlighting a scope for improving through appropriate measures for streamlining the processes and strengthening coordination. There were 7 facilities that rated the scheme 'Poor' which were mainly in districts of Moradabad, Azamgarh, Banda, Kanpur and Gonda.

Reasons for Average & Poor Rating of the HS Scheme

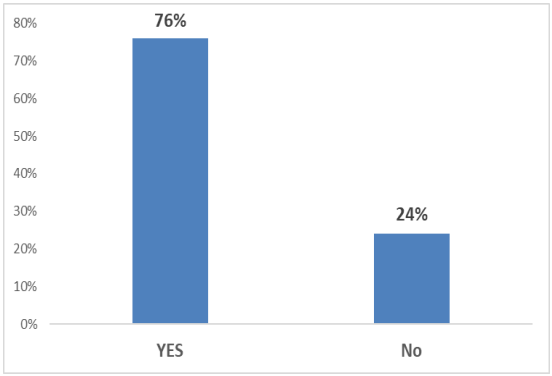
- Low awareness about scheme
- Payment delays
- Incentive benefits should be on par with public hospitals
- Lack of necessary support/call centre
- Lack of IEC and huge efforts required for creating awareness among community

Table 3.13: Service Provider Perspective of the Impacts and the Rating of the HS Scheme

Districts	Program has improved FP services in State	Impacts			Rating of *HS* Program				No. of Nursing Home
		Increase in cases	Increase in awareness	Others	Poor	Average	Good	Excellent	
Bareilly	5	4	1	0	0	2	2	1	5
Mirzapur	4	4	1	0	0	2	2	1	5
Moradabad	4	3	2	0	1	0	4	0	5
Saharanpur	5	4	1	0	0	1	3	1	5
Ayodhya	5	2	4	0	0	4	2	0	6
Azamgarh	3	1	4	0	2	1	0	2	5
Prayagraj	5	4	1	0	0	1	1	3	5
Jhansi	5	5	0	0	0	0	4	1	4
Agra	6	6	0	0	0	2	4	0	6
Aligarh	6	5	0	1	0	0	4	2	6
Basti	3	1	4	0	0	4	1	0	5
Meerut	5	4	1	0	0	1	3	1	5
Banda	2	2	0	0	1	0	1	0	2
Gorakhpur	5	4	1	0	0	2	2	1	6
Varanasi	5	4	1	0	0	1	4	0	5
Lucknow	4	3	2	0	0	1	4	0	5
Kanpur	4	2	3	0	1	1	2	1	5
Gonda	5	3	2	0	2	1	2	0	5
Total	**81**	**61**	**28**	**1**	**7**	**24**	**45**	**14**	**90**

Fig 3. 8: Nursing Homes' Opinion on Usefulness of the Web Portal

The HS scheme is more reliant in the *HS* web portal right from the registration to status update to issuance of MoU to the submission of claims and the reimbursements. However, on the usefulness of the HS web portal, 69 out of the 90 facilities which is about 76% of the facilities stated the web portal to be helpful. The remaining 21 of them were not so satisfied with the web portal services and these were mostly located in the districts of Bareilly, Moradabad, Azamgarh, Prayagraj, Basti, Lucknow and Gonda.



Reasons for Not Preferring the HS portal

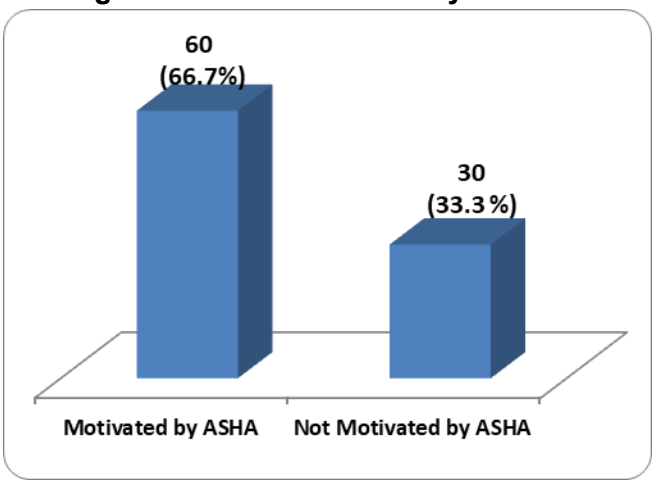
- Less awareness on web portal usage & lack of service/call centre for information or help
- Huge traffic while loading forms & long-time taken in buffering
- Too much time spent on checking the records

Table 3.14:Nursing Home's Opinion on the Usefulness of the *HS* Web Portal

Districts	*HS* web portal helpful		No. of Nursing Home
	Yes	No	
Bareilly	3	2	5
Mirzapur	4	1	5
Moradabad	3	2	5
Saharanpur	5	0	5
Ayodhya	5	1	6
Azamgarh	2	3	5
Prayagraj	2	3	5
Jhansi	5	0	5
Agra	6	0	6
Aligarh	6	0	6
Basti	3	2	5
Meerut	5	0	5
Banda	2	0	2
Gorakhpur	4	1	5
Varanasi	4	1	5
Lucknow	3	2	5
Kanpur	4	1	5
Gonda	3	2	5
Total	**69 (76.7%)**	**21 (23.3%)**	**90**

The Accredited Social Health Activists (ASHAs) under the Health Department whose task is to work at the household level for mobilization of the target population for availing various RCH services are entrusted to motivate the clients for undertaking family planning. The cases they mobilize are directed to the private nursing homes under the *HS* scheme.

Fig 3.9: Clients Motivated by ASHAs



Among the 90 nursing homes, in 60 of them ASHAs were involved in the motivation of the clients to access the services at the respective nursing homes under the HS scheme. The role of ASHAs were limited in the remaining nursing home areas. *Of total 18174 sterilization cases, 23%(4200) cases were motivated by ASHA In 60 nursing homes(out of 90 nursing homes) in the study.*

On further enquiry, it was observed that a fair number of sterilization cases were motivated by ASHAs to the nursing homes during the year 2017-18 and were provided services at the sampled 90 nursing homes. The ASHA mobilized cases were low in the Moradabad, Basti, and Gorakhpur districts.

Table 3.15: Role of ASHAs in Mobilizing Clients

Districts	Motivation by ASHA to bring Clients to Nursing Home		No. of Nursing Home
	Yes	No	
Bareilly	5	0	5
Mirzapur	4	1	5
Moradabad	0	5	5
Saharanpur	3	2	5
Ayodhya	3	3	6
Azamgarh	2	3	5
Prayagraj	5	0	5
Jhansi	4	1	5
Agra	4	2	6
Aligarh	6	0	6
Basti	1	4	5
Meerut	4	1	5
Banda	1	1	2
Gorakhpur	1	4	5
Varanasi	5	0	5
Lucknow	4	1	5
Kanpur	3	2	5
Gonda	5	0	5
Total	60	30	**90**

(A) Empaneled Doctors

As a measure of meeting the lack of availability of trained service providers at the peripheral health facilities, GoI has made it mandatory for the States to maintain a district-wise list of doctors empanelled for performing sterilization operations in public and accredited private facilities. The doctors who appear in the list is entitled to carry out sterilizations inter or intra-State across the country. The doctors who are already performing sterilization operations in public facilities for the past 3 years are eligible for the empanelment as well.

In line with this, the State has made provisions under the HS scheme for accrediting of private organizations having experience in FP services as Clinical Outreach Teams (COT) which provide services at select government facilities as per their MoU and get reimbursed against services. These empanelled surgeons can perform sterilization services either at own facility if it is accredited or can be a member of COT and provide service at government health facility with consent of the CMO on rates fixed by the government for the purpose. The surgeons empanelled in one district can perform surgery anywhere in the country.

The present study had interviewed a sample of 90 such doctors who were empanelled under the HS scheme and were providing services as part of Outreach teams or at own facilities. Analysis of the opinion of these doctors on the registration processes under the HS scheme, the quality of services offered and the impacts it has created are presented in this sub-section.

Table 3.16: Profile of Empanelled Doctors Interviewed

District	Age group				Sex		Registered with MCI	Registered with UP state Medical Facility	Doctor has Own Nursing Home (N)	No. of Doctors
	30-40 years	41-50 years	51-60 years	61 years and above	Male	Female				
Bareilly	16.7	33.3	0.0	50.0	16.7	83.3	100.0	100.0	16.7	6
Mirzapur	20.0	40.0	0.0	40.0	20.0	80.0	100.0	100.0	80.0	5
Moradabad	0.0	80.0	20.0	0.0	0.0	100.0	100.0	100.0	100.0	5
Saharanpur	60.0	40.0	0.0	0.0	0.0	100.0	40.0	80.0	80.0	5
Ayodhya	60.0	40.0	0.0	0.0	40.0	60.0	100.0	100.0	80.0	5
Azamgarh	60.0	0.0	20.0	20.0	20.0	80.0	100.0	100.0	100.0	5
Prayagraj	0.0	57.1	42.9	0.0	14.3	85.7	100.0	100.0	100.0	7
Jhansi	60.0	40.0	0.0	0.0	0.0	100.0	100.0	100.0	100.0	5
Agra	40.0	40.0	0.0	20.0	0.0	100.0	100.0	100.0	60.0	5
Aligarh	80.0	0.0	0.0	20.0	0.0	100.0	100.0	100.0	40.0	5
Basti	40.0	60.0	0.0	0.0	0.0	100.0	80.0	100.0	80.0	5
Meerut	20.0	60.0	0.0	20.0	0.0	100.0	100.0	100.0	80.0	5
Banda	100.0	0.0	0.0	0.0	0.0	100.0	100.0	100.0	0.0	1
Gorakhpur	33.3	66.7	0.0	0.0	0.0	100.0	100.0	100.0	66.7	6
Varanasi	60.0	0.0	20.0	20.0	20.0	80.0	100.0	80.0	60.0	5
Lucknow	20.0	40.0	20.0	20.0	20.0	80.0	100.0	100.0	40.0	5
Kanpur	0.0	0.0	60.0	40.0	20.0	80.0	100.0	100.0	40.0	5
Gonda	60.0	0.0	20.0	20.0	20.0	80.0	100.0	100.0	80.0	5
Total	**36.7**	**35.6**	**12.2**	**15.6**	**11.1**	**88.9**	**95.6**	**97.8**	**70.0**	**90**

Most of the empanelled doctors were females with 88.9% of them and the remaining 11.1% being male doctors who were from 9 districts including Ayodhya, Azamgarh, Mirzapur, Varanasi, Lucknow, Kanpur, Gonda, Bareilly and Prayagraj. About 72% of these doctors were in age groups less than 50 years, a 12.2% in 51-60 years group and 15.6% in 61 and above age group. The doctors interviewed were mostly registered with the Medical Council of India (MCI) (95.6%) or UP State Medical Facility (97.8%) or either of these. Out of the 90 doctors, 63 of them had their own nursing homes.

On enquiring the doctors training in FP services, it was found that all the doctors interviewed in most of the districts were trained in the provision of FP services. Of the doctors who were trained, about 82.2% had trainings in IUCD services, 74.4% in Minilap, 53.3% in Lap, 31.1% in NSV and 53.3% in Laparoscopy services (Table 3.17).

Table 3.17: Training Status of the Sampled Doctors on FP Services

District	Received any training related to FP	Training Name					No. of Doctors
		IUCD	Minilap	Lap	NSV	Laparoscopy	
Bareilly	100.0	83.3	83.3	83.3	100.0	100.0	6
Mirzapur	100.0	100.0	60.0	60.0	40.0	100.0	5
Moradabad	100.0	100.0	80.0	60.0	0.0	60.0	5
Saharanpur	100.0	100.0	100.0	20.0	0.0	40.0	5
Ayodhya	100.0	60.0	80.0	60.0	0.0	60.0	5

District	Received any training related to FP	Training Name					No. of Doctors
		IUCD	Minilap	Lap	NSV	Laparoscopy	
Azamgarh	100.0	60.0	20.0	80.0	0.0	60.0	5
Prayagraj	100.0	85.7	71.4	71.4	42.9	28.6	7
Jhansi	100.0	80.0	80.0	40.0	20.0	60.0	5
Agra	100.0	100.0	80.0	60.0	40.0	40.0	5
Aligarh	100.0	100.0	100.0	100.0	100.0	60.0	5
Basti	100.0	100.0	60.0	20.0	0.0	40.0	5
Meerut	100.0	80.0	80.0	40.0	0.0	100.0	5
Banda	100.0	100.0	100.0	100.0	0.0	100.0	1
Gorakhpur	100.0	50.0	66.7	16.7	33.3	0.0	6
Varanasi	100.0	80.0	60.0	40.0	20.0	20.0	5
Lucknow	100.0	100.0	80.0	60.0	40.0	40.0	5
Kanpur	100.0	60.0	60.0	40.0	60.0	60.0	5
Gonda	100.0	60.0	100.0	40.0	20.0	40.0	5
Total	**100.0**	**82.2**	**74.4**	**53.3**	**31.1**	**53.3**	**90**

The average years of experience of the doctors were 15 years. More experienced doctors were in the districts Kanpur, Bareilly, Agra, Moradabad, Lucknow and Meerut. About 99% of these doctors provided counseling to clients. However, it was found that only 42.2% of them had formal training for providing FP counseling services. The doctor trainings on counseling services was worse in Saharanpur, Faizabd and Azamgarh districts followed by Moradabad, Basti, Meerut, and Jhansi districts.

Table 3.18: Doctors' Years of Experience and their Training Status for Provision of Counselling Services to FP Clients

District	Year of experience				Average year of experience	Doctors provide counseling to Clients	Doctors have Training to give Counseling	No. of Doctors
	0 to 5 Years	6 to 15 Years	16 to 25 Years	25 Years and above				
Bareilly	0.0	50.0	0.0	50.0	27	100.0	83.3	6
Mirzapur	20.0	20.0	40.0	20.0	18	100.0	40.0	5
Moradabad	0.0	20.0	60.0	20.0	21	100.0	20.0	5
Saharanpur	0.0	80.0	20.0	0.0	12	100.0	0.0	5
Ayodhya	80.0	20.0	0.0	0.0	4	80.0	0.0	5
Azamgarh	60.0	0.0	0.0	40.0	5	100.0	0.0	5
Prayagraj	0.0	71.4	14.3	14.3	15	100.0	28.6	7
Jhansi	20.0	40.0	40.0	0.0	10	100.0	20.0	5
Agra	20.0	20.0	40.0	20.0	22	100.0	100.0	5
Aligarh	0.0	80.0	0.0	20.0	14	100.0	100.0	5
Basti	0.0	80.0	20.0	0.0	15	100.0	20.0	5
Meerut	20.0	0.0	60.0	20.0	18	100.0	20.0	5
Banda	0.0	100.0	0.0	0.0	6	100.0	100.0	1
Gorakhpur	16.7	50.0	33.3	0.0	11	100.0	50.0	6
Varanasi	20.0	40.0	0.0	40.0	11	100.0	80.0	5
Lucknow	20.0	20.0	20.0	40.0	20	100.0	40.0	5
Kanpur	20.0	0.0	20.0	60.0	30	100.0	40.0	5
Gonda	60.0	0.0	20.0	20.0	2	100.0	60.0	5
Total	**20.0**	**36.7**	**22.2**	**21.1**	**15**	**98.9**	**42.2**	**90**

Among the doctors interviewed there were only few who were empaneled as doctor's of Clinical Outreach Team (COT). Accordingly, 13 out of 90 doctors were doctors of COT. These doctors stated the COT to have a doctor and nurse each and 2 support staff on an average. Of the 13 doctors, 10 of them stated that there was required cooperation from hospitals, 8 of them carried their own equipment for the surgery, and 1 of them faced challenges always in working at government hospitals.

Challenges Faced by COT doctors in few districts

- Electricity issues in CHC Mankapur in Gonda
- Sanitation issues in CHC Chandaoli in Varanasi
- Untrained staff in CHC Bahrauli in Mirzapur

Table 3.19: Doctor of Clinical Outreach Team (COT), their Cooperation with the Government Hospitals and the Challenges Faced

District	Doctor of COT	Average number of Doctors	Average number of Nurses	Average number of Support Staff	Doctors got required cooperation from hospitals			Doctors carried necessary equipment for the surgery			Doctor faced challenges in performing sterilization in govt hospitals					No. of Doctors
					Yes	No	Sometimes	Yes	No	Sometimes	Always	Rarely	Sometimes	Often	Never	
Bareilly	1	1	2	2	1	0	0	1	0	0	0	0	0	0	1	6
Mirzapur	1	2	2	4	1	0	0	1	0	0	0	0	1	0	0	5
Prayagraj	1	1	2	5	1	0	0	1	0	0	0	0	0	0	1	7
Varanasi	3	2	2	1	2	1	0	1	2	0	1	0	1	0	1	5
Lucknow	3	1	1	2	2	0	1	2	0	1	0	1	0	0	2	5
Kanpur	2	2	2	3	1	1	0	0	2	0	0	0	1	0	1	5
Gonda	2	1	1	1	2	0	0	2	0	0	0	0	0	1	1	5
Total	**13**	**1**	**1**	**2**	**10**	**2**	**1**	**8**	**4**	**1**	**1**	**1**	**3**	**1**	**7**	**90**

On submitting the letter of interest for getting empanelled under the HS scheme, the doctors are to be contacted and briefed by the HS scheme. On enquiring if anyone had contacted the doctors for registration under the HS scheme, about 81 doctors out of 90 said that they were contacted mainly by the PSI and HLFPPT who are the implementation and development partners for the scheme. While about 69 of the doctors acknowledged that these organizations have contacted them for the registration process, about 13 of them did not remember as to who had contacted them.

Of the 81 who stated of being contacted once registration process began also stated that they were briefed about the program. Mostly the briefing was done by PSI and HLFPPT while SIFPSA was also observed to been engaged in the processes.

Table 3.20: Registration Process of Doctors under HS Scheme

District	Anyone contacted doctor for registration under HS scheme			Who contacted					Anyone briefed them regarding HS program and registration process			Who provided this information					No. of Doctors
	Yes	No	Don't Remember	PSI	HLFPPT	SIFPSA	Don't Remember	Others	Yes	No	Don't Remember	PSI	HLFPPT	SIFPSA	Don't Remember	Others	
Bareilly	6	0	0	6	0	0	0	0	5	0	1	5	0	0	0	1	6
Mirzapur	5	0	0	0	4	0	0	1	5	0	0	1	3	0	0	1	5
Moradabad	5	0	0	0	4	0	1	0	5	0	0	0	4	0	1	0	5
Saharanpur	5	0	0	1	4	0	0	0	5	0	0	1	4	0	0	0	5
Ayodhya	5	0	0	0	5	0	0	0	5	0	0	0	5	0	0	0	5
Azamgarh	3	1	1	2	1	0	1	1	4	0	1	1	1	1	1	1	5
Prayagraj	6	1	0	5	2	0	0	0	5	2	0	4	2	0	1	0	7
Jhansi	5	0	0	0	2	0	1	2	4	1	0	0	1	0	2	2	5
Agra	5	0	0	4	0	0	0	1	5	0	0	4	0	0	0	1	5
Aligarh	5	0	0	5	0	0	0	0	5	0	0	5	0	0	0	0	5
Basti	5	0	0	1	1	1	2	0	5	0	0	0	2	1	1	1	5
Meerut	5	0	0	1	4	0	0	0	5	0	0	0	5	0	0	0	5
Banda	0	1	0	0	1	0	0	0	0	1	0	0	1	0	0	0	1
Gorakhpur	6	0	0	6	0	0	0	0	6	0	0	6	0	0	0	0	6
Varanasi	4	1	0	1	2	0	1	1	4	1	0	1	2	0	1	1	5
Lucknow	3	0	2	3	0	0	2	0	4	0	1	4	0	0	1	0	5
Kanpur	5	0	0	3	0	1	1	0	5	0	0	3	0	2	0	0	5
Gonda	3	0	2	0	1	0	4	0	3	1	1	0	1	0	3	1	5
Total	**81**	**4**	**5**	**38**	**31**	**2**	**13**	**6**	**80**	**6**	**4**	**35**	**31**	**4**	**11**	**9**	**90**

Most of the doctors were of the opinion that the registration norms were less stringent. About 49 of the doctors stated that the registration norms were average and 27 of them felt that the norms were lenient. However, to 13 of the doctors the norms were moderate and according to 1 of them it was stringent.

The doctors gave their suggestion for improvement of the registration norms under the HS program. As can be seen from table 3.22, the doctors had suggested for making the registration process more flexible and easier, need for one dedicated person for legal matters, need for proper functioning of the web portal and more information about the scheme during registration. Some of them requested for a timely payment system and for increase of the amount per beneficiary

Table 3.21: Doctors' Opinion on the Registration Norms of the HS Scheme

District	Opinion on Registration Norms of HS program				No. of Doctors
	Lenient	Average	Moderate	Stringent	
Bareilly	4	1	1	0	6
Mirzapur	0	5	0	0	5
Moradabad	3	1	1	0	5
Saharanpur	2	1	1	1	5
Ayodhya	0	5	0	0	5
Azamgarh	0	2	3	0	5
Prayagraj	1	5	1	0	7
Jhansi	0	4	1	0	5
Agra	0	3	2	0	5
Aligarh	3	2	0	0	5
Basti	2	3	0	0	5
Meerut	5	0	0	0	5
Banda	0	1	0	0	1
Gorakhpur	4	1	1	0	6
Varanasi	1	3	1	0	5
Lucknow	1	4	0	0	5
Kanpur	1	4	0	0	5
Gonda	0	4	1	0	5
Total	**27**	**49**	**13**	**1**	**90**

Table 3.22: Suggestion to Improve the Registration Norms of HS Program

Suggestions	Number
Timely payment system	7
Web Portal should function properly	1
More information about scheme	1
Amount should increase for beneficiaries	6
One person should work legally	1
Registration process should be more flexible and easier	5

The doctors responded positive when enquired about the role of the program in improving the FP services in the state. Out of a total of 90, 70 doctors acknowledged that the program had full or moderate contribution to improving FP services. A 16 of them said that there was only partial contribution whereas, 4 of them were not aware of any contribution that the program made to the improvements in the state.

In terms of impacts, 75 out of 90 doctors stated that the program led to increase in the number of FP clients in the state. In their opinion, the free of cost facilities provided in private hospitals which have better facilities was the main reason for increase in the number of services. Also, 62 of them stated of an increase in the awareness levels among clients which has been mainly due to the awareness generation by PSI and HLFPPT counseling.

On rating of the HS scheme, most of the doctors, that is, 76 out of 90 doctors rated the program to be 'Good' or 'Average'. A 9 of the doctors rated the program to be 'Excellent'. However, 5 of them sated the program to be 'Poor'.

Table 3.23: Doctors' Opinion on the Impacts and their Rating of the HS Scheme

District	Contribution of HS Scheme in Improving FP Services					Impacts			Rating of HS Scheme by doctors				No. of Doctors
	Full Contribution	Moderate Contribution	Partial Contribution	No Contribution	Negative impact	Increase in cases	Increase in awareness	Other	Poor	Average	Good	Excellent	
Bareilly	4	1	1	0	0	6	6	0	0	2	3	1	6
Mirzapur	2	2	1	0	0	5	4	0	0	3	2	0	5
Moradabad	0	2	2	1	0	4	1	0	2	2	1	0	5
Saharanpur	4	0	0	1	0	4	4	0	1	2	1	1	5
Ayodhya	0	1	4	0	0	2	4	0	0	3	2	0	5
Azamgarh	3	1	1	0	0	5	0	1	0	4	0	1	5
Prayagraj	2	4	1	0	0	6	4	0	0	3	3	1	7
Jhansi	3	1	0	1	0	4	3	0	1	0	3	1	5
Agra	3	2	0	0	0	5	5	0	0	1	4	0	5
Aligarh	3	2	0	0	0	5	5	0	0	2	3	0	5
Basti	2	0	3	0	0	3	2	1	0	4	1	0	5
Meerut	2	3	0	0	0	5	4	0	0	2	2	1	5
Banda	0	1	0	0	0	1	0	0	0	0	1	0	1
Gorakhpur	3	3	0	0	0	6	4	0	0	2	4	0	6
Varanasi	2	2	1	0	0	4	4	0	0	2	2	1	5
Lucknow	1	3	1	0	0	4	4	1	0	2	2	1	5
Kanpur	1	2	1	1	0	5	3	0	1	1	2	1	5
Gonda	1	4	0	0	0	1	5	0	0	4	1	0	5
Total	**36**	**34**	**16**	**4**	**0**	**75**	**62**	**3**	**5**	**39**	**37**	**9**	**90**

Challenges Faced by Doctors

- Need for increasing the compensation
- Late payment.
- High workload.
- Too much time spent on counselling to motivate clients for availing FP services
- Continuing issues of lack of awareness about the scheme among clients
- Processes tedious under the scheme as the whole process involves sending the letter of interest, registration process, reimbursement process and approvals through the web portal.

3.1.2 The Client Perspective

The study conducted 832 client interviews in total, with those who have accessed the family planning services in 90 empanelled nursing homes spread across the sampled 18 division level districts in the study. The analysis of the client perspective of the services offered through the *HS* scheme is presented in this sub-section.

Among the 832 clients interviewed, about 817 were females who have either undertaken services of spacing or limiting methods from the nursing homes and there were about 15 males who have availed the sterilization services. The initial tables present the background characteristics of the respondents and their pattern of use of family planning methods. Later a district-wise analysis of their awareness of the *Hausala Sajheedhari* scheme, availing of the services in private facilities/nursing homes and their perspective of the quality of services availed was done and is presented in the report.

Table 3.24: Background Characteristics of Respondents

Background Characteristics		Male	Female	Total
Age group	20-24	0.0	5.4	5.3
	25-29	0.0	32.8	32.2
	30-34	26.6	36.0	35.8
	35-39	26.7	19.7	19.8
	40-44	6.7	4.8	4.8
	45 and more	40.0	1.3	2.1
Religion	Hindu	93.3	84.3	84.5
	Muslim	6.7	15.1	14.9
	Others	0.0	0.6	0.6
Education	Illiterate	46.7	33.8	34.0
	Can Read and write	0.0	3.1	3.0
	Up to primary (5thPass)	26.7	15.5	15.7
	Middle (8th Pass)	6.7	17.1	16.9
	10-12th Pass	13.3	17.9	17.8
	Graduation and Above	6.6	12.6	12.6
Occupation	Housewife	0.0	90.8	89.2
	Business (Agriculture+ Business+Self-employed)	13.3	2.3	2.4
	Labour/ Agri Labour	66.7	3.4	4.6
	Salaried (Govt.+Pvt. job)	20.0	2.9	3.2
	Not working /Others	0.0	0.6	0.6
No. of respondents		**15**	**817**	**832**

Of the total respondents interviewed, majority were in the 25-34 years age group with 68% of them in this group. About 19.8% were in 35-39 years group, 5.3% in 20-24 years group, 4.8% in 40-44 years group and 2% in 5 and above years group. Most respondents were Hindus with 84.5% and about 15% of them Muslims.

There were considerable numbers of illiterates who formed 34% of the sample. There were about 17.8% who have completed secondary education and a 12.5% who have completed graduation and above. As regards the occupation, about 90% of them were housewives with a 10% mostly engaged as agricultural labourers or other labourers and in salaried jobs.

Table 3.25: Background Characteristics of Spouse of Respondents

Spouse Background Characteristics		Male	Female	Total
Education	Illiterate	86.7	13.2	14.5
	Can Read and write	0.0	2.9	2.8
	Up to primary (5thPass)	6.6	13.8	13.7
	Middle (8th Pass)	0.0	24.1	23.7
	10-12th Pass	6.7	30.0	29.6
	Graduation and Above	0.0	16.0	15.7
Occupation	Housewife	86.6	0.0	2.0
	Business (Agriculture+Business+Self-employed)	0.0	29.9	29.4
	Labour/ Agri Labour	6.7	39.1	37.6
	Salaried (Govt.+Pvt. job)	6.7	30.0	29.6
	Not working /Others	0.0	1.0	1.4
No. of respondents		**15**	**817**	**832**

As regards the decisions and awareness on family planning, the education and occupation of spouses is also important. With the number of females being more in the sample, it could be observed from above table that there were low proportions of about 13.2% whose spouses were illiterate/ uneducated and a 2.8% whose spouses were illiterate but can read and write. Remaining 84% of their spouses were educated with a 16% having graduation and above and a 30% having secondary education. The respondents mostly belonged to households of labourers/agricultural labourers (37.6%) followed by the salaried class (29.6%) and own agriculture, business or self-employed (29.3%).

Table 3.26: Household Characteristics of Respondents

Household Characteristics		Male	Female	Total
Annual household income	up to 25000	0.0	4.7	4.6
	25000 to 50000	6.7	14.1	13.9
	50000 to 1 Lakh	73.3	52.3	52.6
	1 Lakh to 1.5 Lakhs	20.0	15.4	15.5
	1.5 Lakhs to 2 Lakhs	0.0	5.4	5.3
	More than 2 Lakhs	0.0	8.2	8.1
Annual average income of household (Median)		75000	80000	80000
Type of Family	Nuclear	93.3	62.2	62.7
	Joint	6.7	37.8	37.3
No. of respondents		**15**	**817**	**832**

Analyzing the economic category of the respondent household showed above 52.6% of them to be from households with an annual income in range INR 50,000 to INR 1 Lakh. Close to 15.5% of them had average annual household incomes in the range of INR 1 Lakh-1.5 Lakh and a 13.9% were in the income bracket of just INR25000-50000. There were also 4.6% respondents from very poor background with income in range upto INR 25000. Overall, about 62.7% of the respondent families were nuclear families.

Table 3.27: Age at Marriage of Respondents by Education and Economic Status

Background Characteristics		Age at Marriage					No. of respondents
		10 to 14 years	15 to 17 years	18 years	19 to 21 years	22 years and above	
Respondent Education	Illiterate	3.9	34.3	31.4	24.4	6.0	283
	Can Read and write	0.0	36.0	36.0	24.0	4.0	25
	Up to primary (5thPass)	5.3	30.5	34.4	26.0	3.8	131
	Middle (8th Pass)	2.8	23.4	27.0	33.3	13.5	141
	10-12th Pass	2.0	16.2	22.3	41.2	18.2	148
	Graduation and Above	0.0	4.8	9.6	48.1	37.5	104
Spouse Education	Illiterate	8.3	31.4	26.4	28.1	5.8	121
	Can Read and write	0.0	21.7	39.1	26.1	13.0	23
	Up to primary (5thPass)	4.4	28.1	32.5	28.9	6.1	114
	Middle (8th Pass)	3.6	28.9	29.9	27.9	9.6	197
	10-12th Pass	.8	24.0	26.8	33.7	14.6	246
	Graduation and Above	.8	13.0	16.0	42.7	27.5	131
Annual household income	up to 25000	7.9	28.9	26.3	26.3	10.5	38
	25000 to 50000	2.6	29.3	32.8	27.6	7.8	116
	50000 to 1 Lakh	3.4	27.4	28.8	29.7	10.7	438
	1 Lakh to 1.5 Lakhs	3.1	20.2	20.2	42.6	14.0	129
	1.5 Lakhs to 2 Lakhs	0.0	20.5	18.2	43.2	18.2	44
	More than 2 Lakhs	0.0	11.9	23.9	31.3	32.8	67
Total		**3.0**	**25.0**	**26.9**	**32.1**	**13.0**	**832**

The issue of early marriage was prevalent among the community served by the nursing homes. There was close to 55% of the respondents who were married before 18 years of age with 25% of them being married between 15-17 years age and 27% married between 17-18 years of age and 3% married between 10-14 years of age. Early marriages were seemed to be lower with higher education levels of both client and their spouses and also among wealthier classes.

Table 3.28: Average Number of Births – Live and Surviving Live, of Respondents

Background Characteristics		Live Birth			Surviving Live Birth			No. of respondents
		Average number of males	Average number of females	Total Average number	Average number of males	Average number of females	Total Average number	
Age group	20-24	1.4	1.0	2.4	1.4	1.0	2.4	44
	25-29	1.7	1.3	3.0	1.6	1.3	2.8	268
	30-34	1.7	1.6	3.3	1.6	1.5	3.1	298
	35-39	1.9	1.7	3.6	1.7	1.6	3.2	165
	40-44	2.2	2.1	4.3	2.1	2.0	4.1	40
	45 and more	2.4	2.6	4.9	2.2	2.1	4.3	17
Education	Illiterate	2.0	1.8	3.8	1.9	1.7	3.5	283
	Can Read and write	1.6	2.1	3.6	1.4	1.9	3.4	25
	Up to primary (5thPass)	1.8	1.6	3.4	1.7	1.5	3.1	131
	Middle (8th Pass)	1.8	1.5	3.2	1.6	1.4	3.0	141
	10-12th Pass	1.5	1.3	2.9	1.4	1.2	2.7	148
	Graduation and Above	1.3	1.1	2.5	1.3	1.1	2.4	104
Occupation	Housewife	1.8	1.5	3.3	1.7	1.4	3.1	742
	Business (Agriculture+Business+ Selfemployed)	1.5	1.6	3.1	1.5	1.4	2.9	20
	Labour/ AgriLabour Labour	1.9	2.3	4.3	1.7	1.9	3.6	38
	Salaried(Govt.+Pvt. job)	1.3	1.7	3.0	1.1	1.5	2.7	27
	Not working /Others	2.2	1.0	3.2	1.8	.8	2.6	5
Spouse Education	Illiterate	2.0	2.0	3.9	1.8	1.7	3.6	121
	Can Read and write	2.0	1.6	3.6	2.0	1.4	3.3	23
	Up to primary (5thPass)	1.8	1.5	3.4	1.7	1.4	3.1	114
	Middle (8th Pass)	1.9	1.5	3.5	1.8	1.4	3.2	197
	10-12th Pass	1.6	1.5	3.2	1.5	1.4	3.0	246
	Graduation and Above	1.5	1.2	2.7	1.4	1.1	2.5	131
Spouse Occupation	Housewife	1.9	1.9	3.9	1.6	1.4	3.1	17
	Business (Agriculture+Business+Self)	1.8	1.5	3.4	1.6	1.5	3.1	244
	Labour/ AgriLabour Labour	1.9	1.6	3.5	1.8	1.5	3.3	313
	Salaried (Govt.+Pvt. job)	1.6	1.4	3.0	1.4	1.3	2.7	246
	Not working /Others	1.4	2.2	3.6	1.4	1.8	3.2	12
	Total	**1.8**	**1.5**	**3.3**	**1.6**	**1.4**	**3.1**	**832**

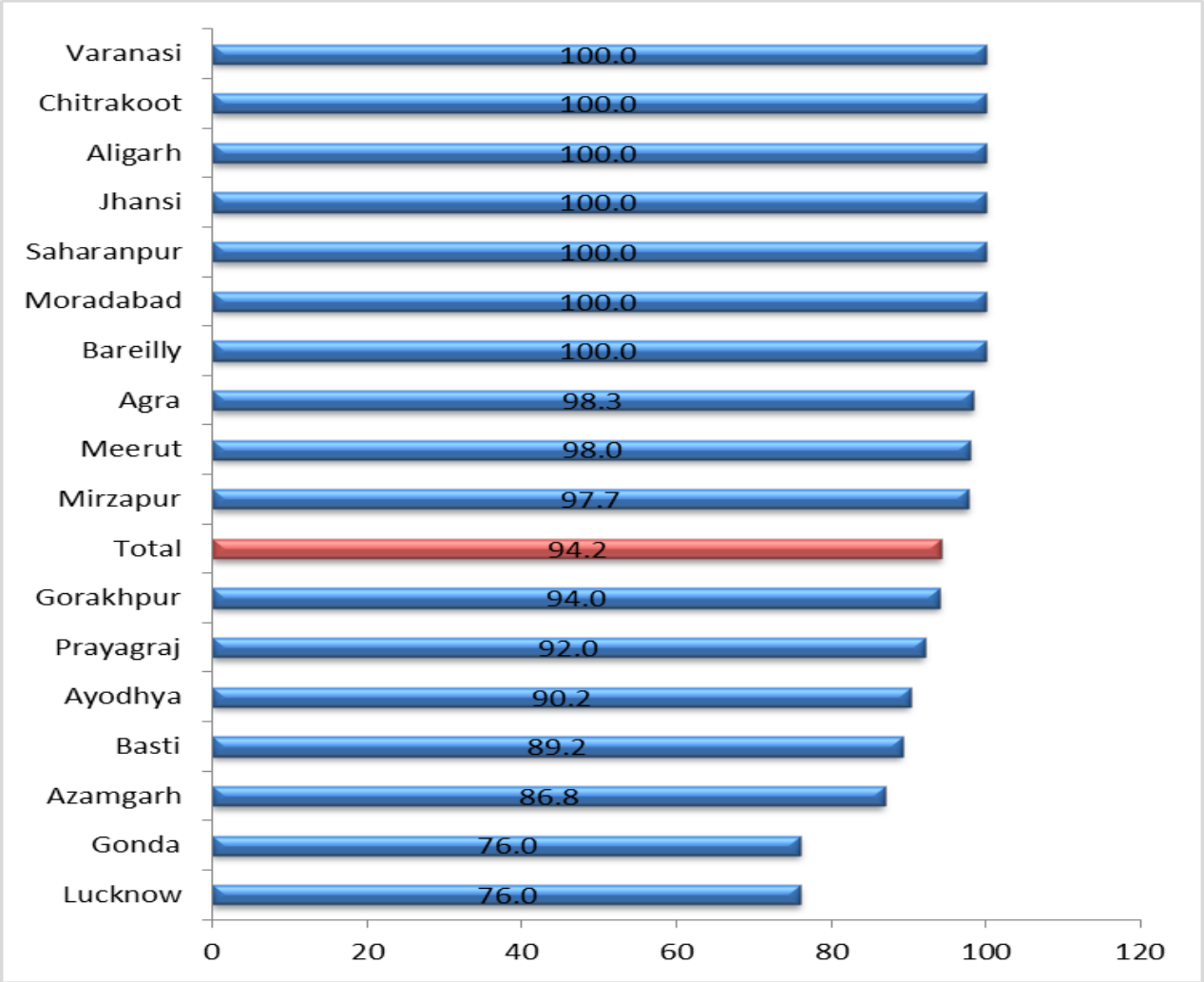
The average number of live births in the overall sample respondents was 3.3 and the average number of surviving live births was 3.1. The average number of live births was higher at 4 and above among the age groups above 40 years. Among the illiterates also the average live births were higher at 3.8 and this declined with higher levels of education to 2.5 among those graduated and above levels of education. Similar trend was seen in the survival rate of the live births.

The average number of live births was higher at 4.3 among the labourers/agricultural labourers while the average surviving live births was lower at 3.6. Even among those not working the surviving live births was lower. The educational level of the spouses also had a bearing on the

number of live births and their survival as the average number of live births declined with the higher educational levels of the spouses.

Among the respondents, 94.2% of them were aware of the importance of spacing on the health of mother and child. The district wise comparison indicated that out of 18 divisional districts, 100% respondents of 7 districts were aware about the importance of spacing for mothers & child. The awareness level among Gonda, Lucknow was least (76 %).

Fig 3.10: Distribution of respondent according to awareness of Importance of Spacing for Mother & Child (Yes-%)



The awareness on importance of spacing for mother & child was also analyzed by background characteristics of the respondents. The advantages of spacing for mother and children was also analyzed. This awareness was slightly lower among the higher age groups and became better with the educational levels of both the respondents and their spouse.

Table 3.29: Respondents' Awareness of Importance and Advantages of Spacing for Mother and Children

Background Characteristics		Aware of Importance of Spacing for Mother & Child	Advantages of spacing for mother					Advantages of spacing for children						No. of respondents
			Better nutritional status	Lower incidence of anemia	Less pregnancy complications	Better mental health	Others	Better growth	Better nutritional status	Low incidence of disease	Better survival chance	Better attention by mother	Others	
Age group	20-24	95.5	84.1	52.3	18.2	31.8	4.5	72.7	68.2	29.5	18.2	40.9	2.3	44
	25-29	93.7	81.0	52.6	26.5	33.2	2.6	67.5	72.8	24.3	9.0	54.9	0.7	268
	30-34	93.6	82.6	49.7	24.8	34.9	1.3	69.5	67.8	25.8	10.4	53.7	0.0	298
	35-39	98.2	83.0	59.4	31.5	38.2	2.4	69.1	81.2	30.3	16.4	55.2	2.4	165
	40-44	87.5	75.0	50.0	25.0	40.0	0.0	65.0	67.5	30.0	12.5	52.5	0.0	40
	45 and more	88.2	82.4	52.9	17.6	52.9	0.0	82.4	70.6	5.9	23.5	58.8	0.0	17
Education	Illiterate	90.1	83.0	44.2	20.8	30.7	3.5	65.0	69.3	19.8	10.2	47.0	1.1	283
	Can Read and write	96.0	80.0	48.0	28.0	24.0	0.0	68.0	64.0	24.0	4.0	52.0	0.0	25
	Up to primary (5thPass)	91.6	75.6	58.0	29.8	29.0	0.8	68.7	65.6	30.5	9.9	45.8	0.0	131
	Middle (8th Pass)	98.6	82.3	48.2	22.7	34.8	1.4	71.6	75.2	20.6	6.4	56.0	1.4	141
	10-12th Pass	96.6	82.4	60.8	31.8	39.2	2.7	68.2	77.7	26.4	15.5	57.4	1.4	148
	Graduation and Above	99.0	85.6	65.4	32.7	54.8	0.0	77.9	77.9	46.2	23.1	74.0	0.0	104
Spouse Education	Illiterate	92.6	84.3	43.8	19.8	38.8	3.3	69.4	71.1	17.4	10.7	46.3	0.0	121
	Can Read and write	91.3	73.9	30.4	26.1	39.1	0.0	73.9	65.2	21.7	4.3	30.4	0.0	23
	Up to primary (5thPass)	86.8	73.7	48.2	15.8	26.3	3.5	57.0	67.5	24.6	8.8	50.9	1.8	114
	Middle (8th Pass)	95.9	83.8	54.3	27.4	31.0	2.0	74.1	72.1	28.9	7.1	49.2	1.5	197
	10-12th Pass	95.1	82.1	53.7	28.5	33.3	1.2	66.7	73.2	26.4	13.4	55.7	0.8	246
	Graduation and Above	98.5	84.7	64.9	35.1	50.4	1.5	74.8	76.3	32.1	21.4	70.2	0.0	131
	Total	94.2	81.9	52.8	26.2	35.5	2.0	69.0	72.1	26.2	11.9	53.7	0.8	832

The respondents were aware of multiple advantages from spacing between children for the mother and child. Examining their knowledge of the advantages of spacing on maternal health, it was found that many (about 82%) were aware of the better nutritional status resulting from spacing which was followed by the awareness of lower incidence of anemia (52%). However, only 26.2% and 35.5% respectively were aware of the less pregnancy complications and better mental health that spacing brings.

Even on the advantages of the spacing for child health, about 72% and 69% respectively were aware that spacing leads to better nutritional status and better growth. About 53.7% also believed

that spacing between children allowed better attention by the mother to the child. But, the awareness on the impacts of low incidence of disease and better chance of survival was less known to the respondents.

Higher levels of education of both respondents and their spouses facilitated better awareness levels of all of these facts. Nevertheless, relatively lower proportions in the older age groups had less knowledge of the advantages of the spacing between children.

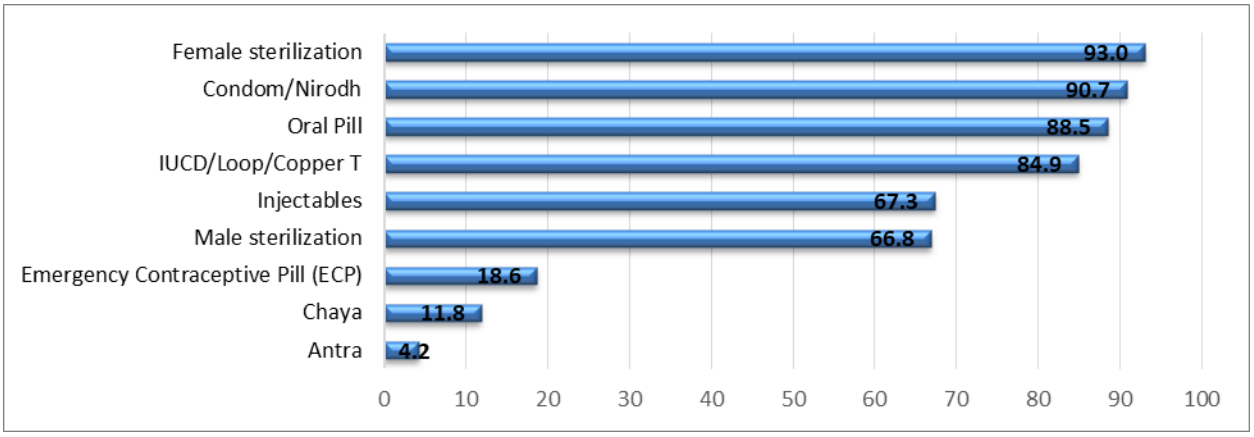
Table 3.30: Respondents' Awareness of Modern Family Planning Methods

Background Characteristics		Modern method of Family Planning									No. of respondents
		Oral Pill	Condom/ Nirodh	IUCD/Loop/ Copper T	Chaya	Antra	Injectable	Female sterilization	Male sterilization	Emergency Contraceptive Pill (ECP)	
Age group	20-24	86.4	93.2	81.8	11.4	4.5	68.2	95.5	54.5	11.4	44
	25-29	89.9	92.5	84.3	14.9	2.6	65.3	95.5	69.4	19.8	268
	30-34	88.6	90.9	85.6	9.7	6.0	67.8	91.3	66.8	18.8	298
	35-39	89.7	92.1	89.1	12.7	4.8	72.7	92.7	70.3	20.0	165
	40-44	80.0	77.5	82.5	5.0	0.0	60.0	95.0	50.0	12.5	40
	45 and more	76.5	70.6	52.9	5.9	0.0	52.9	76.5	64.7	17.6	17
Education	Illiterate	83.0	84.8	76.3	7.4	1.8	58.7	92.2	56.5	8.1	283
	Can Read and write	92.0	96.0	96.0	16.0	4.0	72.0	100.0	64.0	24.0	25
	Up to primary (5thPass)	87.0	93.1	86.3	6.9	2.3	64.1	96.2	78.6	17.6	131
	Middle (8th Pass)	90.1	89.4	90.8	7.1	2.8	68.8	93.6	63.1	14.2	141
	10-12th Pass	91.9	95.3	90.5	19.6	9.5	77.0	90.5	71.6	27.0	148
	Graduation and Above	97.1	98.1	87.5	24.0	7.7	77.9	92.3	78.8	41.3	104
Occupation	Housewife	88.7	90.4	85.6	11.5	3.8	67.4	94.1	66.4	18.2	742
	Business (Agriculture Business+ Self-employed)	95.0	90.0	90.0	15.0	5.0	70.0	80.0	50.0	15.0	20
	Labour/ AgriLabour Labour	76.3	92.1	63.2	2.6	2.6	57.9	78.9	73.7	7.9	38
	Salaried(Govt.+Pvt. job)	96.3	96.3	92.6	29.6	14.8	74.1	92.6	81.5	44.4	27
	Not working /Others	80.0	100.0	80.0	20.0	20.0	80.0	100.0	60.0	40.0	5
Type of Family	Nuclear	87.2	90.4	82.2	11.5	4.2	63.2	90.8	62.3	16.1	522
	Joint	90.6	91.3	89.4	12.3	4.2	74.2	96.8	74.5	22.9	310
Spouse Education	Illiterate	82.6	86.8	70.2	11.6	0.0	59.5	88.4	56.2	10.7	121
	Can Read and write	78.3	100.0	91.3	13.0	8.7	65.2	95.7	56.5	13.0	23

Background Characteristics		Modern method of Family Planning									No. of respondents
		Oral Pill	Condom/ Nirodh	IUCD/Loop/ Copper T	Chaya	Antra	Injectable	Female sterilization	Male sterilization	Emergency Contraceptive Pill (ECP)	
	Up to primary (5thPass)	87.7	86.8	80.7	4.4	2.6	64.0	89.5	64.0	10.5	114
	Middle (8th Pass)	91.4	91.4	85.8	8.6	3.6	65.5	97.5	70.1	16.2	197
	10-12th Pass	86.2	91.1	90.2	13.8	5.3	72.4	92.3	67.9	22.4	246
	Graduation and Above	96.2	94.7	89.3	19.1	7.6	71.0	94.7	74.0	30.5	131
Spouse Occupation	Housewife	76.5	82.4	41.2	0.0	0.0	35.3	58.8	82.4	11.8	17
	Business (Agriculture+ Business+ Self employed)	87.3	90.6	86.5	12.3	4.5	70.5	94.7	65.2	16.8	244
	Labour/ AgriLabour Labour	85.0	86.3	80.8	8.6	3.2	63.3	93.3	66.1	19.2	313
	Salaried (Govt.+Pvt. job)	96.3	97.2	91.1	16.3	5.7	70.3	93.1	67.9	21.1	246
	Not working /Others	58.3	91.7	91.7	8.3	0.0	91.7	100.0	75.0	0.0	12
Total		88.5	90.7	84.9	11.8	4.2	67.3	93.0	66.8	18.6	832

It was evident in the study that the respondents were exposed to the basket of family planning methods as they have heard of almost all the methods available. The most popular among them were the methods of female sterilization (93%), condoms/Nirodh (90.7%), oral pill (88.5%), IUCD/Loop/Copper-T (84.9%), Injectable (67.3%) and male sterilization (66.8%). It also emerged that the schemes like *Chhaya* and *Antara* which are new schemes promoted by the Government were less known among the respondents.

Fig 3. 11: Respondents' Knowledge of Modern Method of Family Planning



It was seen that the older groups above 40 years of age have less heard of the variety of modern methods of family planning that are promoted except for the female sterilization method. In contrast, more literate have more heard of each of these methods. Also, higher proportions of

those living in joint families have heard of the modern methods of family planning. The picture district-wise could be observed from Table 3.31 below.

Table 3.31: District-wise Awareness of the Modern Family Planning Methods (%)

Districts	Modern method of Family Planning									No. of respondents
	Oral Pill	Condom/ Nirodh	IUCD/Loop/ Copper T	Chaya	Antra	Injectable	Female sterilization	Male sterilization	Emergency Contraceptive Pill (ECP)	
Bareilly	98.0	100.0	96.0	16.0	4.0	82.0	100.0	84.0	28.0	50
Mirzapur	75.0	93.2	90.9	2.3	0.0	84.1	100.0	79.5	15.9	44
Moradabad	97.7	95.5	63.6	11.4	2.3	52.3	72.7	54.5	11.4	44
Saharanpur	92.5	92.5	85.0	10.0	0.0	45.0	85.0	75.0	10.0	40
Ayodhya	92.0	90.0	86.0	22.0	8.0	66.0	94.0	68.0	12.0	50
Azamgarh	92.3	97.4	89.7	28.2	5.1	74.4	97.4	82.1	20.5	39
Prayagraj	76.0	90.0	90.0	10.0	4.0	80.0	92.0	70.0	18.0	50
Jhansi	92.0	98.0	96.0	6.0	4.0	74.0	100.0	76.0	28.0	50
Agra	98.3	86.7	91.7	10.0	3.3	78.3	98.3	45.0	15.0	60
Aligarh	88.3	91.7	96.7	21.7	5.0	76.7	95.0	58.3	21.7	60
Basti	78.4	81.1	78.4	10.8	8.1	45.9	97.3	56.8	18.9	37
Meerut	85.7	91.8	75.5	4.1	6.1	51.0	61.2	38.8	14.3	49
Banda	100.0	100.0	90.0	0.0	0.0	90.0	100.0	100.0	50.0	10
Gorakhpur	88.0	82.0	66.0	8.0	4.0	48.0	86.0	70.0	28.0	50
Varanasi	86.0	98.0	96.0	8.0	2.0	78.0	100.0	74.0	30.0	50
Lucknow	74.0	70.0	48.0	4.0	0.0	48.0	100.0	42.0	8.0	50
Kanpur	98.0	100.0	100.0	14.3	4.1	75.5	100.0	89.8	20.4	49
Gonda	86.0	84.0	86.0	16.0	12.0	68.0	98.0	74.0	8.0	50
Total	**88.5**	**90.7**	**84.9**	**11.8**	**4.2**	**67.3**	**93.0**	**66.8**	**18.6**	**832**

Table 3.32: Respondent's Initiation of any Method of Contraception by Education Level

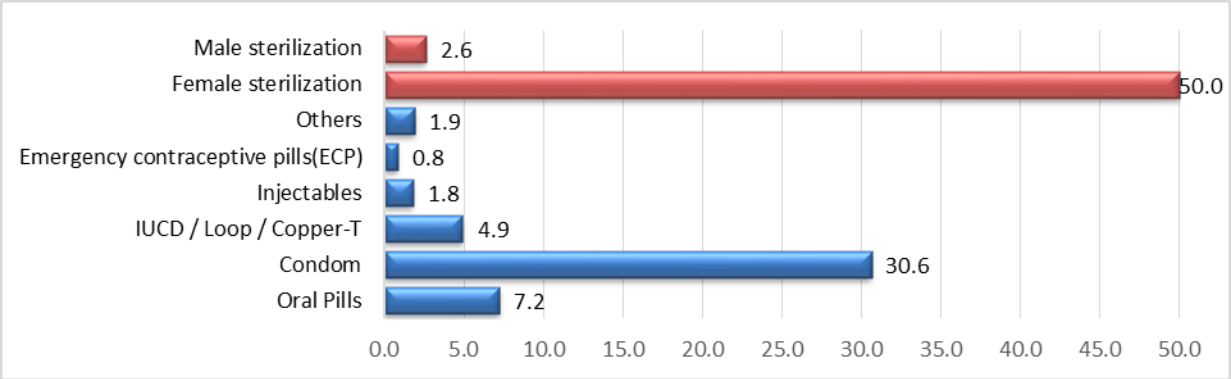
Background Characteristics		Started using contraceptive method						No. of respondent
		Immediately after marriage	After first childbirth	After second childbirth	After third childbirth	After four or more births	Others	
Education	Illiterate	2.1	20.1	19.1	25.4	33.3	0.0	283
	Can Read and write	8.0	24.0	16.0	24.0	28.0	0.0	25
	Up to primary (5thPass)	3.1	26.7	27.5	19.1	23.6	0.0	131
	Middle (8th Pass)	7.1	27.0	23.4	31.2	10.6	0.7	141
	10-12th Pass	8.1	31.1	25.0	23.0	12.1	0.7	148
	Graduation and Above	9.6	35.6	33.7	16.3	4.8	0.0	104
Spouse Education	Illiterate	0.0	20.7	21.5	22.3	35.5	0.0	121
	Can Read and write	17.4	13.0	13.0	26.1	30.5	0.0	23
	Up to primary (5thPass)	2.6	28.1	22.8	21.1	25.4	0.0	114
	Middle (8th Pass)	4.6	22.8	23.9	27.4	21.3	0.0	197
	10-12th Pass	6.9	29.7	21.5	25.2	16.3	0.4	246
	Graduation and Above	8.4	31.3	33.6	19.1	6.9	0.8	131
Total		**5.3**	**26.3**	**23.9**	**23.8**	**20.4**	**0.2**	**832**

Among the respondents, almost equal proportions of them in ranges 20.4% to 26.3% have started using FP methods after first, second, third and fourth child. Yet, it could be noted that higher proportions of those with higher education, initiated contraception immediate after marriage and after the first and second child. The education levels of spouses also led to initiation of contraception early whereas the more of the uneducated started contraception after third and fourth child. A look at the data district-wise shows that in the districts of Basti and Banda were at risk as larger proportions of them in these districts, initiated FP after four or more births and in districts Saharanpur, Ayodhya and Gorakhpur districts more proportions initiated after three or more births.

Table 3.33: Respondent's Initiation of any Method of Contraception by Districts

Districts	Started using contraceptive method						No. of respondents
	Immediately after marriage	After first child birth	After second child birth	After third child birth	After four or more births	Others	
Bareilly	16.0	16.0	22.0	36.0	10.0	0.0	50
Mirzapur	2.3	45.5	18.2	15.9	18.1	0.0	44
Moradabad	4.5	50.0	11.4	11.4	22.7	0.0	44
Saharanpur	5.0	35.0	12.5	42.5	2.5	2.5	40
Ayodhya	0.0	16.0	24.0	38.0	22.0	0.0	50
Azamgarh	2.6	23.1	28.2	33.3	12.8	0.0	39
Prayagraj	12.0	46.0	14.0	14.0	14.0	0.0	50
Jhansi	4.0	42.0	44.0	8.0	2.0	0.0	50
Agra	10.0	13.3	30.0	20.0	26.7	0.0	60
Aligarh	10.0	16.7	18.3	25.0	30.0	0.0	60
Basti	8.1	8.1	13.5	24.4	45.9	0.0	37
Meerut	2.0	59.2	22.4	4.2	12.2	0.0	49
Banda	0.0	0.0	40.0	20.0	40.0	0.0	10
Gorakhpur	0.0	12.0	26.0	38.0	24.0	0.0	50
Varanasi	6.0	14.0	28.0	32.0	20.0	0.0	50
Lucknow	4.0	18.0	14.0	28.0	36.0	0.0	50
Kanpur	0.0	30.6	40.8	14.4	12.2	2.0	49
Gonda	2.0	14.0	30.0	24.0	30.0	0.0	50
Total	5.3	26.4	23.9	23.8	20.4	0.2	832

Fig 3.12: Type of Family Planning Method Used by Respondents First time



As was expected, the most commonly used types of conception methods among the respondents were the female sterilization (50%) and Condoms (39.6%). It was also observed that more in the educated group used condoms than sterilizations. This may be because more among the educated use contraception immediate after marriage and after first child and therefore prefer spacing methods more than limiting though sterilization. A district-wise analysis of the type used by respondents first time is presented in Table 3.35

Table 3.34: Type of Family Planning Method Used by Respondents First time by Age and Education Level

Background Characteristics		Type of FP method used first time								No. of respondents
		Oral Pills	Condom	IUCD / Loop / Copper-T	Injectable	Female sterilization	Male sterilization	Emergency contraceptive pills(ECP)	Others	
Sex	Male	0.0	6.7	0.0	0.0	13.3	80.0	0.0	0.0	15
	Female	7.3	31.1	5.0	1.8	50.7	1.2	.9	2.0	817
Age group	20-24	6.8	29.5	11.4	0.0	52.3	0.0	0.0	0.0	44
	25-29	8.6	31.7	2.6	1.5	52.3	1.5	0.7	1.1	268
	30-34	7.0	31.9	4.7	3.0	48.7	1.7	0.3	2.7	298
	35-39	5.5	29.1	7.9	1.2	50.3	3.0	1.2	1.8	165
	40-44	7.5	32.5	5.0	0.0	40.0	7.5	5.0	2.5	40
	45 and more	5.9	5.9	0.0	0.0	52.9	29.4	0.0	5.9	17
Education	Illiterate	4.6	23.7	6.0	0.7	57.2	3.9	0.4	3.5	283
	Can Read and write	8.0	24.0	12.0	4.0	48.0	0.0	4.0	0.0	25
	Up to primary (5thPass)	8.4	35.8	3.1	2.3	44.3	4.5	0.8	0.8	131
	Middle (8th Pass)	8.5	30.5	2.8	0.7	51.2	2.1	1.4	2.8	141
	10-12th Pass	10.1	32.4	6.1	2.0	46.6	1.4	1.4	0.0	148
	Graduation and Above	6.7	42.4	3.8	4.8	41.3	0.0	0.0	1.0	104
Spouse Education	Illiterate	8.3	20.6	9.1	0.8	52.9	8.3	0.0	0.0	121
	Can Read and write	4.3	34.8	4.3	4.4	52.2	0.0	0.0	0.0	23
	Up to primary	9.6	26.3	3.5	3.5	46.5	3.5	1.8	5.3	114

Background Characteristics		Type of FP method used first time								No. of respondents
		Oral Pills	Condom	IUCD / Loop / Copper-T	Injectable	Female sterilization	Male sterilization	cy contraceptive pills(ECP	Others	
	(5thPass)									
	Middle (8th Pass)	4.1	32.0	5.1	1.0	53.3	3.0	0.0	1.5	197
	10-12th Pass	6.5	35.1	2.8	1.6	48.8	0.8	2.0	2.4	246
	Graduation and Above	10.7	32.8	6.1	2.3	47.3	0.0	0.0	0.8	131
Total		7.3	30.6	4.9	1.8	50.0	2.7	0.8	1.9	832

Table 3.35: District-wise Type of Family Planning Method Used by Respondents First time

Districts	Type of FP method used first time								No. of respondents
	Oral Pills	Condom	IUCD / Loop / Copper-T	Injectable	Female sterilization	Male sterilization	Emergency contraceptive pills (ECP)	Others	
Bareilly	10.0	26.0	0.0	6.0	56.0	0.0	2.0	0.0	50
Mirzapur	6.8	47.7	2.4	0.0	38.6	0.0	0.0	4.5	44
Moradabad	15.9	50.0	0.0	2.3	31.8	0.0	0.0	0.0	44
Saharanpur	10.0	45.0	0.0	2.5	42.5	0.0	0.0	0.0	40
Ayodhya	4.0	18.0	4.0	0.0	70.0	4.0	0.0	0.0	50
Azamgarh	12.8	15.4	0.0	0.0	66.7	0.0	0.0	5.1	39
Prayagraj	2.0	52.0	10.0	4.0	28.0	0.0	0.0	4.0	50
Jhansi	6.0	52.0	0.0	0.0	36.0	4.0	0.0	2.0	50
Agra	11.7	23.3	10.0	3.3	46.7	1.7	3.3	0.0	60
Aligarh	5.0	26.7	21.7	0.0	40.0	3.3	3.3	0.0	60
Basti	0.0	10.8	2.7	0.0	86.5	0.0	0.0	0.0	37
Meerut	8.2	55.1	4.1	4.1	10.1	0.0	4.1	14.3	49
Banda	0.0	10.0	10.0	0.0	80.0	0.0	0.0	0.0	10
Gorakhpur	4.0	8.0	0.0	0.0	74.0	14.0	0.0	0.0	50
Varanasi	4.0	22.0	6.0	0.0	66.0	2.0	0.0	0.0	50
Lucknow	10.0	20.0	0.0	2.0	58.0	10.0	0.0	0.0	50
Kanpur	4.1	34.6	8.2	0.0	53.1	0.0	0.0	0.0	49
Gonda	10.0	20.0	6.0	6.0	50.0	4.0	0.0	4.0	50
Total	7.3	30.6	4.9	1.8	50.1	2.6	0.8	1.9	832

Table 3. 36: Age Group and Parity-wise Analysis of the Use of Family Planning Methods

Background Characteristics		Type of Family Planning Method adopted				Type of FP Method used first time								When did you/your husband use the contraceptives for the first time					No. of respondents
		Copper-T	Female Sterilization	Male Sterilization	Nothing	Oral Pills	Condom	IUCD /Loop/Copper-T	Injectables	Female sterilization	Male sterilization	Emergency contraceptive pills	Others	Immediately after marriage	After first child birth	After second child birth	After third child birth	After four or more births	
Age group	20-24	16.3	4.8	0.0	0.0	4.6	5.0	12.2	0.0	5.5	0.0	0.0	0.0	2.3	6.8	7.0	6.1	1.2	44
	25-29	30.2	32.9	0.0	0.0	39.4	33.2	17.1	26.7	33.7	0.0	28.6	18.8	43.2	34.2	32.5	35.4	22.8	268
	30-34	30.2	36.3	26.7	0.0	33.3	37.5	34.1	60.0	34.9	16.7	14.3	50.0	31.8	35.6	36.0	33.8	39.2	298
	35-39	18.6	19.8	26.7	0.0	13.6	18.9	31.7	13.3	20.0	33.3	28.6	18.8	20.5	17.8	19.0	20.7	22.2	165
	40-44	4.7	4.8	6.7	0.0	7.6	5.0	4.9	0.0	3.8	8.3	28.6	6.3	2.3	4.6	4.5	3.0	8.2	40
	45 and more	0.0	1.4	40.0	0.0	1.5	0.4	0.0	0.0	2.2	41.7	0.0	6.3	0.0	0.9	1.0	1.0	6.4	17
Number of live births	None	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
	One	4.7	2.2	0.0	0.0	4.5	1.2	2.4	6.7	2.4	0.0	0.0	6.3	4.5	4.6	1.0	1.5	1.2	19
	Two	39.5	29.0	18.7	0.0	33.3	34.7	26.8	6.7	26.9	25.0	14.3	25.0	38.6	37.4	60.0	9.6	3.5	244
	Three and more	55.8	68.8	81.3	0.0	62.1	64.1	70.7	86.7	70.7	75.0	85.7	68.8	56.8	58.0	39.0	88.9	95.3	569
Total (%)		**5.2**	**92.9**	**1.9**	**0.0**	**7.9**	**31.1**	**4.9**	**1.8**	**50.0**	**1.4**	**0.8**	**1.9**	**5.3**	**26.3**	**24.0**	**23.8**	**20.6**	
Total Respondent		**43**	**773**	**16**	**0**	**66**	**259**	**41**	**15**	**416**	**12**	**7**	**16**	**44**	**219**	**200**	**198**	**171**	**832**

The age and parity wise analysis is given above in Table 3.36.It shows that about 36.3% of users are in the age group 30-34 and adopted female sterilization , while in the same age group 39.2% of users have adopted family planning method after four months or more births. About 81% of users have adopted male sterilization after 3 births after 3 or more births of which 75% have used it during first time.

Clients were asked about their awareness about any government run family planning scheme. The results are given in below Table 3.37. It was observed in the study that very few of the respondents were aware of the government-run family planning schemes as only 17.2% of them knew about such schemes. This awareness was still very sparse among the males. Education increased the knowledge of these schemes and the respondents with spouses in salaried jobs were also more aware of such schemes.

Table 3.37: Respondent Awareness of Government-run Family Planning Schemes

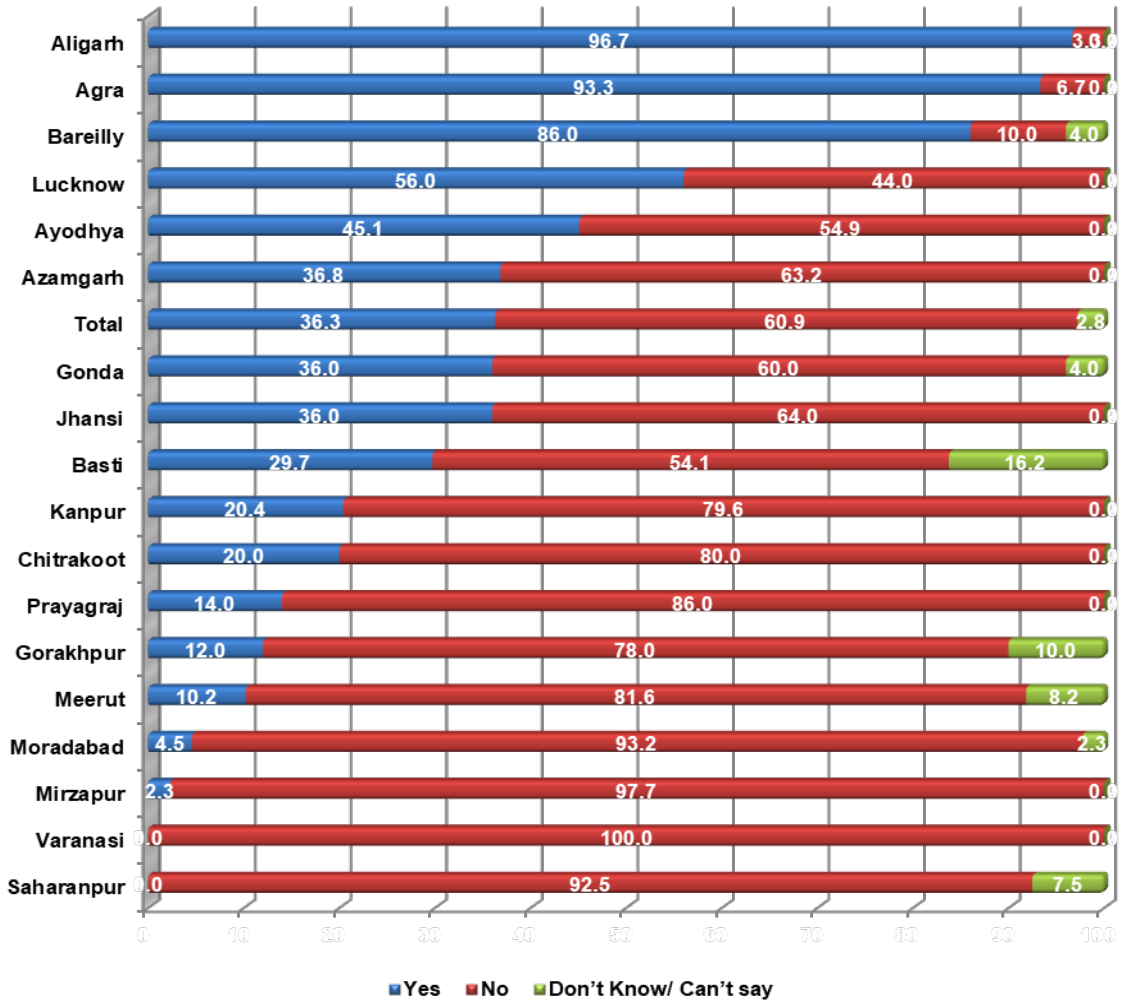
Background Characteristics		Aware about different scheme run by Government for FP			No. of respondents
		Yes	No	Don't Know/ Can't say	
Sex	Male	6.7	80.0	13.3	15
	Female	17.4	78.8	3.8	817
Education	Illiterate	15.2	80.6	4.2	283
	Can Read and write	16.0	84.0	0.0	25
	Up to primary (5thPass)	16.8	79.4	3.8	131
	Middle (8th Pass)	18.4	77.3	4.3	141
	10-12th Pass	18.2	75.7	6.1	148
	Graduation and Above	20.2	78.8	1.0	104
Spouse Education	Illiterate	10.7	83.5	5.8	121
	Can Read and write	4.3	95.7	0.0	23
	Up to primary (5thPass)	14.9	82.5	2.6	114
	Middle (8th Pass)	16.8	79.1	4.1	197
	10-12th Pass	19.9	75.6	4.5	246
	Graduation and Above	22.9	74.0	3.1	131
Spouse Occupation	Housewife	17.6	70.6	11.8	17
	Business (Agriculture+Business+ Selfemployed)	16.8	79.9	3.3	244
	Labour/ AgriLabour Labour	11.8	84.4	3.8	313
	Salaried (Govt.+Pvt. job)	24.8	70.7	4.5	246
	Not working /Others	8.3	91.7	0.0	12
Total		**17.2**	**78.8**	**4.0**	**832**

The district-wise analysis of the awareness, utilization and the quality of the services availed from the private nursing homes under the *Hausala Sajheedari* scheme was assessed among respondents and presented below.

a) Awareness of HS Scheme and Source of Information

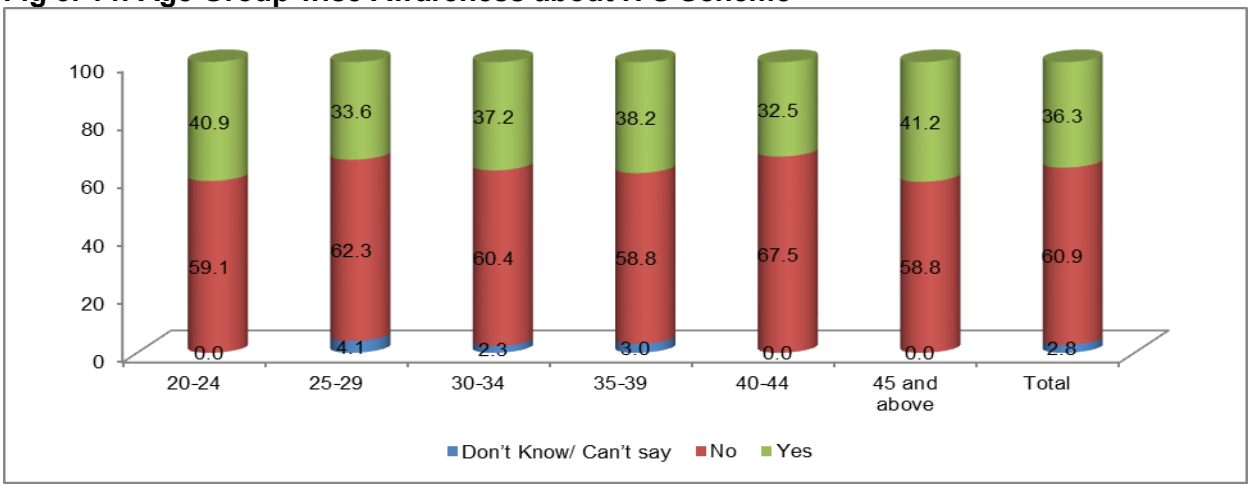
The clients who have availed the services at the private nursing homes were not much aware of the *HS* scheme. It was observed that overall only 36.3% of the respondents have heard of the scheme. However, more than 90% respondents in Aligarh and Agra districts and more than 50% in Lucknow and Bareilly districts were aware of the scheme. The least aware were the respondents in Varanasi, Saharanpur, Mirzapur, Moradabad, Meerut, Gorakhpur and Prayagraj districts.

Fig 3. 13: Respondents Aware about the *Hausla Shajheedari* Scheme



The awareness about HS scheme was also analysed by respondents' age group and presented in below graph. It was observed that age group of respondents did not have any significant role in the awareness about HS scheme.

Fig 3. 14: Age Group-wise Awareness about H S Scheme



The study also enquired the source of information on the scheme among respondents who knew of the scheme. Most of those aware of the scheme received information from the ASHA/ANMs (60%) followed by the Medical Doctors (29.5%) and friends/relatives (14.6%). In district wise comparison, it was observed that percentage of ASHA/ANM as a source of information is high in Prayagraj (85.7%), Jhansi (83.3 %), Kanpur (80%), Agra (78.6%).

Table 3.38: Awareness of *HS* Scheme and the Source of Information among Respondents

Districts	Source of Information												
	Poster/ Pamphlet/ Wall Writing	Newspaper	Television /Radio/FM	Health Magazine	Medical Doctor	ASHA/ANM	Anganwadi Worker	Friends/Relatives	Internet/website	HLFPPT	PSI	Others	Number of respondents aware about HS Scheme
Bareilly	0	7	0	4.7	58.1	34.9	0	4.7	0	0	7	2.3	43
Mirzapur	0	0	0	0	100	0	0	0	0	0	0	0	1
Moradabad	0	0	0	0	50	0	0	0	0	0	0	50	2
Saharanpur	0	0	0	0	0	0	0	0	0	0	0	0	0
Ayodhya	13	0	0	0	17.4	52.2	0	21.7	0	4.3	0	0	23
Azamgarh	14.3	7.1	7.1	0	7.1	50	0	28.6	0	0	0	7.1	14
Prayagraj	28.6	0	0	0	0	85.7	14.3	14.3	0	0	0	0	7
Jhansi	5.6	5.6	0	11.1	50	83.3	0	22.2	0	0	0	0	18
Agra	5.4	7.1	1.8	1.8	25	78.6	3.6	16.1	1.8	0	0	1.8	56
Aligarh	5.2	3.4	3.4	0	29.3	65.5	0	8.6	0	0	0	5.2	58
Basti	0	0	0	0	27.3	72.7	0	9.1	0	0	0	9.1	11
Meerut	0	0	0	0	40	0	0	40	0	0	0	20	5
Chitrakoot	0	0	50	0	50	50	0	0	0	0	0	0	2
Gorakhpur	0	0	0	0	33.3	50	0	16.7	0	0	16.7	0	6
Varanasi	0	0	0	0	0	0	0	0	0	0	0	0	0
Lucknow	3.6	3.6	3.6	3.6	14.3	60.7	7.1	32.1	0	0	0	21.4	28
Kanpur	20	10	20	10	40	80	10	0	0	0	0	0	10
Gonda	5.6	0	0	0	5.6	55.6	5.6	5.6	0	0	0	44.4	18
Total	6	4.3	2.6	2.3	29.5	60.9	2.3	14.6	0.3	0.3	1.3	7.6	302

b) Processes Followed by Nursing Homes

The respondents were enquired about the service approach followed by the nursing homes from where they accessed the services to have an overall view of the adherence to the guidelines by the nursing homes in provision of family planning services. Among the total of 832 clients interviewed, only about 60.6% of them stated that they were contacted before providing FP services. About 67.3% reported that they were provided information about the FP services and a 72.5% of them stated of counseling given to them from the nursing home. All these indicate that there were gaps in the services provided and these varied widely across districts. The districts of Lucknow, Kanpur, Meerut, Prayagraj, Mirzapur and to an extent Agra, Aligarh and Varanasi

districts provided better services to the clients while the services in Moradabad and Saharanpur were pathetic. About 8.5% respondents also reported of money being demanded in lieu of the FP services provided which was quite high in the districts of Saharanpur, Jhansi and Lucknow.

Table 3.39: Processes Followed by Nursing Homes under the *HS* scheme

Districts	Contacted before providing FP services	Information Provided about FP services	Counseling given from Nursing Home	Money demanded in lieu of FP services	Number of Respondents
Bareilly	40.0	68.0	86.0	0.0	50
Mirzapur	84.1	84.1	68.2	2.3	44
Moradabad	18.2	43.2	65.9	15.9	44
Saharanpur	20.0	25.0	27.5	27.5	40
Ayodhya	43.1	60.8	64.7	3.9	51
Azamgarh	26.3	57.9	65.8	5.3	38
Prayagraj	88.0	94.0	78.0	12.0	50
Jhansi	62.0	34.0	64.0	22.0	50
Agra	53.3	70.0	78.3	1.7	60
Aligarh	61.7	81.7	85.0	3.3	60
Basti	59.5	67.6	86.5	13.5	37
Meerut	77.6	83.7	83.7	6.1	49
Chitrakoot	80.0	30.0	100.0	10.0	10
Gorakhpur	54.0	56.0	90.0	4.0	50
Varanasi	98.0	86.0	44.0	2.0	50
Lucknow	86.0	84.0	94.0	18.0	50
Kanpur	73.5	63.3	77.6	6.1	49
Gonda	64.0	78.0	56.0	8.0	50
Total	**60.6**	**67.3**	**72.5**	**8.5**	**832**

c) General Counseling

The respondents who received the counseling services at the nursing homes stated of being counseled by multiple service personnel. Doctors and nurses were the main personnel who provided counseling services to the client. At times, the counselor has provided the counseling services.

It was also observed from the study that 44.3% of the respondents were counseled before registering for the service and another 27.9% were counseled during registration. However, 26.7% of the clients were counseled only before sterilization and about 1.2% stated of being counseled after the sterilization. The counseling services though given it could be observed that the procedures and guidelines were not followed by the nursing homes.

Separate counseling to the family members was also part of the process that is to be followed by the nursing homes. However, only 35.8% of the respondents said that separate counseling was given to the family members. This was above 50% in Bareilly, Moradabad, Meerut and Chitrakoot districts.

Table 3.40: District-wise Quality of the Counselling Services Provided by the Private Nursing Homes under the *HS* Scheme

Districts	Time of Counseling Service given				Counseling given by					Separate Counseling to Family members	Number of respondents received counseling in Nursing Home
	Before Registration	During Registration	Before sterilization	After Sterilization	Doctor	Nurse	Counselor	Don't remember	Other		
Bareilly	51.2	30.2	18.6	0.0	74.4	27.9	2.3	0.0	0.0	54.0	43
Mirzapur	10.0	16.7	63.3	10.0	10.0	83.3	6.7	0.0	0.0	25.0	30
Moradabad	44.8	48.3	6.9	0.0	58.6	41.4	0.0	0.0	0.0	50.0	29
Saharanpur	63.6	9.1	27.3	0.0	81.8	18.2	0.0	0.0	0.0	35.0	11
Ayodhya	39.4	33.3	27.3	0.0	42.4	60.6	6.1	3.0	0.0	43.1	33
Azamgarh	52.0	20.0	28.0	0.0	60.0	60.0	12.0	4.0	0.0	39.5	25
Prayagraj	30.8	30.8	35.9	2.6	12.8	87.2	0.0	0.0	2.6	16.0	39
Jhansi	37.5	40.6	18.8	3.1	43.8	84.4	21.9	0.0	3.1	30.0	32
Agra	44.7	31.9	19.1	4.3	23.4	68.1	10.6	2.1	0.0	36.7	47
Aligarh	51.0	31.4	17.6	0.0	39.2	52.9	13.7	2.0	2.0	40.0	51
Basti	40.6	9.4	50.0	0.0	100.0	21.9	0.0	0.0	0.0	18.9	32
Meerut	78.0	19.5	2.4	0.0	65.9	36.6	0.0	0.0	2.4	63.3	41
Chitrakoot	10.0	90.0	0.0	0.0	60.0	80.0	40.0	0.0	0.0	90.0	10
Gorakhpur	35.6	28.9	35.6	0.0	53.3	35.6	24.4	0.0	0.0	36.0	45
Varanasi	0.0	18.2	81.8	0.0	0.0	95.5	4.5	0.0	0.0	8.0	22
Lucknow	46.8	10.6	42.6	0.0	51.1	51.1	12.8	2.1	2.1	26.0	47
Kanpur	52.6	47.4	0.0	0.0	47.4	100.0	5.3	0.0	2.6	38.8	38
Gonda	75.0	10.7	14.3	0.0	53.6	42.9	7.1	14.3	10.7	34.0	28
Total	**44.3**	**27.9**	**26.7**	**1.2**	**47.4**	**57.5**	**8.8**	**1.5**	**1.5**	**35.8**	**603**

d) Informed Choice

During counseling the clients were provided information on different methods of family planning for limiting and spacing. The options that were provided during counseling included injectable, copper-T and the male and female sterilizations. About 95% of the clients stated of having given the option of female sterilization during counseling and 16.6% of them were given the option of male sterilization. On the options for spacing, about 24.2% were provided the option of injectable whereas about 44.9% were provided option of copper-T during counseling. Thus, the nursing homes restricted their services to specific spacing methods of injectable a copper-T.

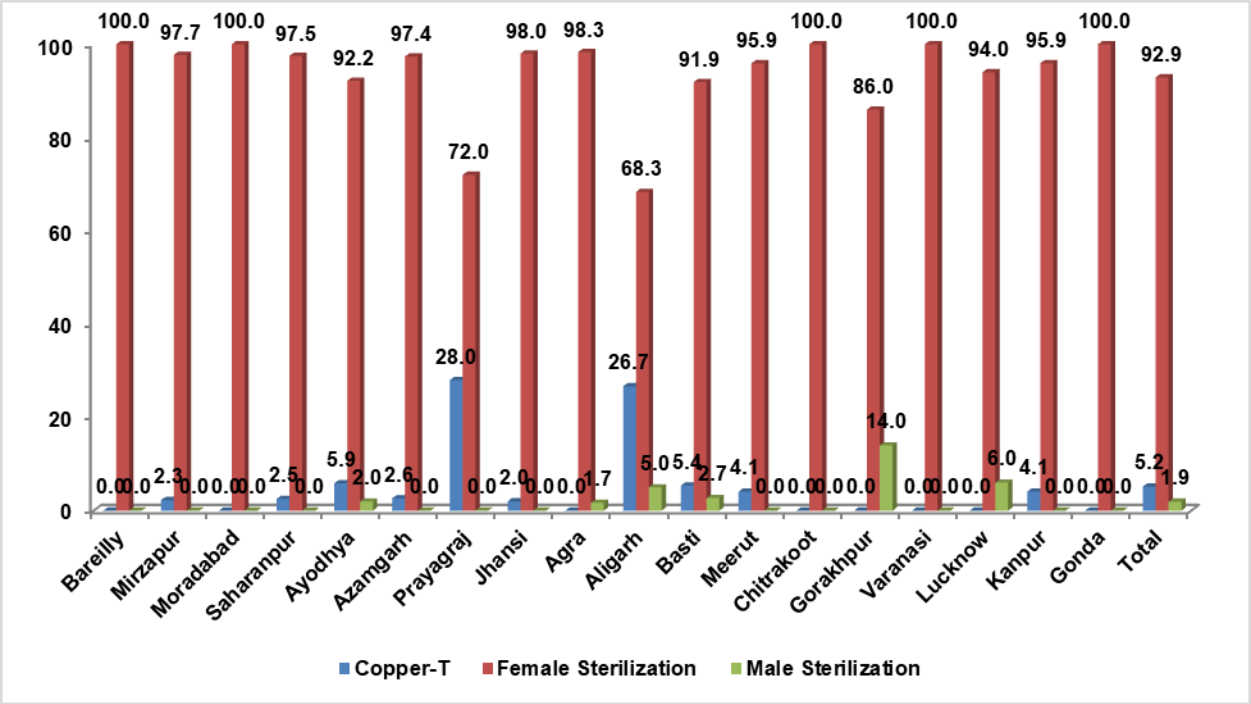
The clients also acknowledged of the information on advantages of family planning provided during counseling. About 79% of the clients who received counseling were informed of the good quality of life from having a small family, about 50% were informed of efficient utilization of resources in a small family and 44.7% of them were informed that by doing so children could be raised in good manner.

Table 3.41: District-wise Informed Choices Provided by the Private Nursing Homes under the *HS* Scheme

Districts	Options that were provided					Advantages of FP informed during the counseling				Number of respondents received counseling in Nursing Home
	Injectable	Copper-T	Female Sterilization	Male Sterilization	Nothing	Small family-good quality of life	Use available resources efficiently	Children raised in good manner	Other	
Bareilly	27.9	37.2	100.0	23.3	0.0	79.1	41.9	53.5	0.0	43
Mirzapur	43.3	66.7	100.0	10.0	0.0	73.3	30.0	30.0	0.0	30
Moradabad	0.0	6.9	100.0	0.0	0.0	34.5	34.5	69.0	3.4	29
Saharanpur	0.0	9.1	90.9	0.0	9.1	27.3	45.5	72.7	18.2	11
Ayodhya	21.2	57.6	93.9	9.1	0.0	97.0	51.5	51.5	6.1	33
Azamgarh	20.0	32.0	100.0	16.0	0.0	88.0	48.0	56.0	4.0	25
Prayagraj	51.3	79.5	89.7	17.9	0.0	76.9	46.2	46.2	5.1	39
Jhansi	28.1	50.0	100.0	43.8	0.0	84.4	53.1	50.0	15.6	32
Agra	27.7	46.8	93.6	8.5	2.1	83.0	17.0	42.6	2.1	47
Aligarh	25.5	62.7	84.3	15.7	0.0	78.4	29.4	58.8	0.0	51
Basti	34.4	37.5	100.0	25.0	0.0	87.5	90.6	78.1	6.3	32
Meerut	4.9	22.0	95.1	0.0	2.4	58.5	43.9	78.0	7.3	41
Chitrakoot	0.0	80.0	100.0	50.0	0.0	100.0	100.0	20.0	0.0	10
Gorakhpur	24.4	33.3	80.0	26.7	0.0	97.8	86.7	80.0	4.4	45
Varanasi	54.5	72.7	100.0	0.0	0.0	68.2	36.4	22.7	0.0	22
Lucknow	14.9	27.7	97.9	12.8	0.0	68.1	48.9	66.0	12.8	47
Kanpur	23.7	44.7	100.0	23.7	0.0	97.4	68.4	44.7	0.0	38
Gonda	7.1	50.0	100.0	25.0	0.0	100.0	67.9	57.1	7.1	28
Total	**24.2**	**44.9**	**95.0**	**16.6**	**0.5**	**79.1**	**49.9**	**56.2**	**4.8**	**603**

The counseling services led to making informed choices of the family planning method. Among the clients, almost 92.9% of them have availed the female sterilization services from these private nursing homes. Male sterilization was availed by only 1.9% of the respondents who were from the districts of Gorakhpur, Lucknow, Aligarh, Basti and Ayodhya. Those adopting spacing method (Copper-T) was only 5.2% and were mainly from Prayagraj and Aligarh districts.

Fig 3. 15: Type of Family Planning Services availed under HS scheme (%)



The family planning services availed by respondents were also observed by their background characteristics. The temporary method Copper-T was high in younger age-group and the percentage of permanent method was increasing with age-group. Among the Muslim respondents, the percentage of female sterilization was high compared to the Hindu. Respondents with the joint family adopted the female sterilization service compared to the nuclear family. This might be because of the discussion with other family members counseling for sterilization. Among the housewife respondents, the female sterilization was quite high compared to other occupation group of respondents.

Table 3.42: Type of Family Planning service availed under HS scheme by Respondents background characteristics

Particulars		Type of Family Planning Method adopted			No. of respondents
		Copper-T	Female Sterilization	Male Sterilization	
Age group	20-24	15.9	84.1	0.0	44
	25-29	4.9	95.1	0.0	268
	30-34	4.4	94.6	1.0	298
	35-39	4.8	91.6	3.6	165
	40-44	5.0	92.5	2.5	40
	45 and more	0.0	64.7	35.3	17
Religion	Hindu	5.4	92.6	2.0	703
	Muslim	4.0	94.4	1.6	124
	Others	0.0	100.0	0.0	5
Education	Illiterate	4.3	92.9	2.8	283

Particulars		Type of Family Planning Method adopted			No. of respondents
		Copper-T	Female Sterilization	Male Sterilization	
	Can Read and write	12.0	88.0	0.0	25
	Up to primary (5thPass)	6.1	90.8	3.1	131
	Middle (8th Pass)	2.8	96.5	.7	141
	10-12th Pass	8.8	89.2	2.0	148
	Graduation and Above	2.9	97.1	0.0	104
Occupation	Housewife	5.1	94.5	.4	742
	Business (Agriculture+Business+ Selfemployed)	20.0	70.0	10.0	20
	Labour/ AgriLabour Labour	0.0	76.3	23.7	38
	Salaried(Govt.+Pvt. job)	3.7	88.9	7.4	27
	Not working /Others	0.0	100.0	0.0	5
Type of Family	Nuclear	6.3	90.8	2.9	522
	Joint	3.2	96.5	.3	310
Spouse Education	Illiterate	6.6	83.5	9.9	121
	Can Read and write	13.0	87.0	0.0	23
	Up to primary (5thPass)	6.1	93.0	.9	114
	Middle (8th Pass)	4.6	94.9	.5	197
	10-12th Pass	4.1	95.1	.8	246
	Graduation and Above	4.6	95.4	0.0	131
Spouse Occupation	Housewife	0.0	23.5	76.5	17
	Business (Agriculture+Business+ Selfemployed)	6.6	93.0	.4	244
	Labour/ AgriLabour Labour	4.2	95.8	0.0	313
	Salaried(Govt.+Pvt. job)	5.3	93.9	.8	246
	Not working /Others	8.3	91.7	0.0	12
Annual household income	up to 25000	7.9	92.1	0.0	38
	25000 to 50000	6.9	92.2	.9	116
	50000 to 1 Lakh	3.6	93.4	3.0	438
	1 Lakh to 1.5 Lakhs	7.0	91.4	1.6	129
	1.5 Lakhs to 2 Lakhs	9.1	90.9	0.0	44
	More than 2 Lakhs	4.5	95.5	0.0	67
	Total	**5.2**	**92.9**	**1.9**	**832**

On enquiring the reasons for selecting the nursing home from where they availed the contraception services, it was found that the choice of the nursing homes was mainly good service and reputation of the nursing home (56.6%) and reference from known doctors/friends (54.7%). Good management in the nursing homes (43.6%) and the proximity of the nursing home from their locality (31%) were also stated as reasons for selection of the nursing home. About 6.3% of them also chose the nursing home because they offered incentives.

Table 3.43: Reasons for Selection of Nursing Home by Respondents

Districts	Reason for selection of Nursing Home						No. of respondents
	Good Service / Reputation	Proximity	Good Management	Offered Incentives	Referred by some known (doctor, friend, etc.)	Others	
Bareilly	66.0	8.0	48.0	10.0	52.0	0.0	50
Mirzapur	40.9	47.7	36.4	2.3	75.0	0.0	44
Moradabad	75.0	9.1	43.2	6.8	75.0	0.0	44
Saharanpur	60.0	10.0	35.0	0.0	62.5	5.0	40
Ayodhya	66.7	51.0	51.0	0.0	37.3	2.0	51
Azamgarh	63.2	57.9	52.6	0.0	47.4	2.6	38
Prayagraj	62.0	28.0	48.0	6.0	80.0	0.0	50
Jhansi	50.0	28.0	46.0	16.0	38.0	6.0	50
Agra	63.3	10.0	26.7	3.3	50.0	0.0	60
Aligarh	51.7	18.3	33.3	5.0	65.0	0.0	60
Basti	56.8	51.4	62.2	5.4	45.9	0.0	37
Meerut	49.0	10.2	30.6	24.5	69.4	10.2	49
Chitrakoot	40.0	70.0	100.0	10.0	0.0	0.0	10
Gorakhpur	60.0	30.0	58.0	4.0	56.0	6.0	50
Varanasi	30.0	50.0	34.0	0.0	70.0	0.0	50
Lucknow	70.0	50.0	42.0	4.0	36.0	0.0	50
Kanpur	46.9	34.7	46.9	16.3	24.5	6.1	49
Gonda	56.0	38.0	46.0	0.0	58.0	2.0	50
Total	**56.6**	**31.0**	**43.6**	**6.3**	**54.7**	**2.3**	**832**

e) Informed Consent

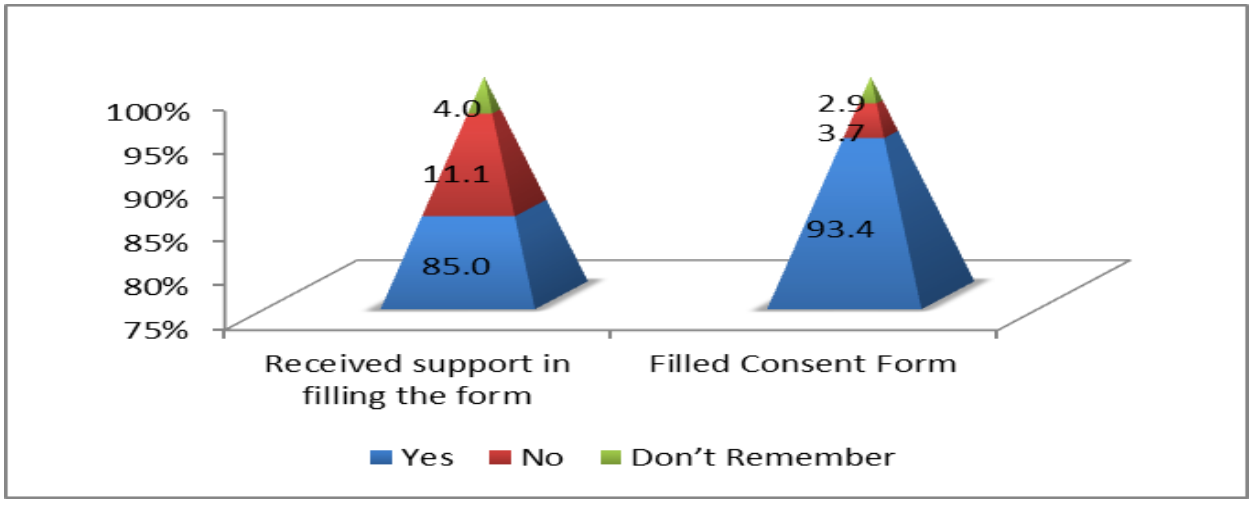


Fig 3.16: Informed Consent by Respondents

The client, well-informed about the different spacing and limiting methods of contraception through counseling, makes a choice and provides consent for performing of the procedure. However, among the study respondents who have availed the FP services only 93.4% filled a consent form. This proportion seemed to be still lower in the districts of Moradabad, Saharanpur, Ayodhya, Azamgarh and Gonda districts. The consent form is reportedly been filled by supportive staff of nursing homes etc in these 5 districts.

Among those who had filled the consent form, about 85% received support in filling the form. The nursing home had taken Aadhar from about 97% as identification document of those who submitted the consent form. About 3.5% submitted voter ID and another 3% provided ration card as identification document.

Close to 65% of the respondents also gave their bank account details while submitting the consent form. This percentage itself was lower as it is essential for transferring the direct benefit transfer (incentive) to the client and it was found to be still lower in the districts of Meerut, Prayagraj and Moradabad.

Table 3.44: Procedures of Filling and Submission of Informed Consent by Respondents

District	Filled Consent Form	Received support in filling the form	Document taken by nursing home						No. of respondents
			Aadhar	Voter ID	Driving License	Ration Card	Bank Account details	Others	
Bareilly	100.0	92.0	98.0	0.0	0.0	2.0	50.0	2.0	50
Mirzapur	90.9	86.4	97.7	6.8	0.0	0.0	95.5	0.0	44
Moradabad	84.1	65.9	90.9	0.0	0.0	0.0	22.7	11.4	44
Saharanpur	85.0	57.5	97.5	2.5	0.0	2.5	60.0	2.5	40
Ayodhya	82.4	72.5	96.1	2.0	0.0	5.9	80.4	2.0	51
Azamgarh	84.2	68.4	97.4	2.6	0.0	0.0	73.7	0.0	38
Prayagraj	90.0	82.0	100.0	2.0	0.0	0.0	38.0	0.0	50
Jhansi	98.0	88.0	98.0	4.0	0.0	20.0	60.0	2.0	50
Agra	95.0	90.0	95.0	6.7	0.0	0.0	58.3	6.7	60
Aligarh	98.3	93.3	98.3	5.0	0.0	1.7	55.0	0.0	60
Basti	97.3	97.3	91.9	0.0	2.7	0.0	81.1	5.4	37
Meerut	100.0	89.8	98.0	8.2	0.0	2.0	24.5	6.1	49
Chitrakoot	100.0	100.0	100.0	0.0	0.0	0.0	80.0	0.0	10
Gorakhpur	100.0	96.0	100.0	0.0	0.0	0.0	90.0	0.0	50
Varanasi	96.0	92.0	100.0	0.0	0.0	2.0	96.0	0.0	50
Lucknow	98.0	90.0	98.0	16.0	0.0	10.0	76.0	0.0	50
Kanpur	98.0	95.9	98.0	0.0	0.0	4.1	81.6	4.1	49
Gonda	84.0	74.0	94.0	2.0	0.0	0.0	64.0	4.0	50
Total	**93.4**	**85.0**	**97.1**	**3.5**	**0.1**	**3.0**	**64.9**	**2.6**	**832**

The waiting time between registration for the FP service at the nursing home and the actual service was quite in the limits. It was found in the study that slightly over 85% of the registrations and actual service happened on the same day. In about 8.5% of the cases, the actual service was provided on the next day of registration and a 4% received the service within one week of registration. The service delay of one week or more was experienced by clients in Chitrakoot, Lucknow, Kanpur and Gonda districts. However, the delayed service to the smaller proportions were due to non-availability of Aadhaar and ID proof of clients and could also be to the

convenience of the client which could therefore be overlooked. The reason in few service delays at patient level like declared unfit by the doctor etc for not availing the service on the same day.

Table 3.45: Waiting time between Registration and Actual Sterilization/IUCD Services by Nursing Homes

Districts	Same Day	Second Day	Within a Week	After One Week	Others	No. of respondents
Bareilly	100.0	0.0	0.0	0.0	0.0	50
Mirzapur	86.4	9.1	4.5	0.0	0.0	44
Moradabad	93.2	2.3	4.5	0.0	0.0	44
Saharanpur	92.5	0.0	5.0	2.5	0.0	40
Ayodhya	96.1	2.0	0.0	2.0	0.0	51
Azamgarh	92.1	5.3	2.6	0.0	0.0	38
Prayagraj	94.0	2.0	0.0	4.0	0.0	50
Jhansi	84.0	8.0	6.0	2.0	0.0	50
Agra	90.0	6.7	0.0	3.3	0.0	60
Aligarh	91.7	6.7	1.7	0.0	0.0	60
Basti	70.3	27.0	2.7	0.0	0.0	37
Meerut	93.9	0.0	4.1	2.0	0.0	49
Chitrakoot	80.0	0.0	10.0	10.0	0.0	10
Gorakhpur	86.0	12.0	0.0	2.0	0.0	50
Varanasi	100.0	0.0	0.0	0.0	0.0	50
Lucknow	32.0	44.0	18.0	4.0	2.0	50
Kanpur	69.4	18.4	10.2	2.0	0.0	49
Gonda	82.0	6.0	8.0	4.0	0.0	50
Total	**85.6**	**8.5**	**4.0**	**1.8**	**0.1**	**832**

f) Method/Procedure Counseling

As per the guidelines the clients were to be counseled before performing the service on the procedure that is to be conducted, the check-up to be done, and the precautions to be taken after the procedure. The study found only 35.7% of respondents recollecting of being briefed about the *HS* scheme. None of the clients in Mirzapur and Varanasi districts were briefed about the scheme. Also, only 70% of the respondents were briefed about the procedure to be conducted on them before performing it. The procedure counseling was worst in the districts of Moradabad and Sharanpur followed by Meerut, Basti and Jhansi districts.

However, close to 90% of the respondent reported of check-up being done before sterilization/IUD insertion services. The respondents were able to recollect the counseling given on the precautions to be taken after conducting the procedure. About 72.5% of the respondents knew that they should not take heavy weight for few days or months after the procedure, 64.3% were aware of the precautionary diet, 56% of them were informed of not having intercourse for a month after procedure and 54% each said they should start working slowly and not do hectic work for few days. About 35.5% of them said they should to rest for a week whereas 16.8% of them were advised to rest for 3-4 days.

Table 3.46: Method/Procedure Counselling Provided by Nursing Homes

Districts	Briefed about HS Scheme	Briefed about process before performing sterilization/ IUCD services	Check-up done before sterilization/ IUD insertion	Precaution to be taken after sterilization/IUD insertion								No. of respondents
				Rest for 3-4 days	Rest for a week	Start working slowly	Not do hectic work for few days	Not take heavy weight for few days or months	Precautionary diet	No intercourse for one month	Others	
Bareilly	86.0	68.0	100.0	14.0	36.0	62.0	72.0	80.0	66.0	82.0	0.0	50
Mirzapur	0.0	81.8	100.0	25.0	38.6	31.8	54.5	68.2	61.4	40.9	4.5	44
Moradabad	11.4	25.0	95.5	4.5	9.1	18.2	11.4	68.2	88.6	40.9	9.1	44
Saharanpur	2.5	20.0	85.0	2.5	12.5	20.0	7.5	62.5	82.5	50.0	10.0	40
Ayodhya	52.9	88.2	96.1	15.7	51.0	56.9	52.9	56.9	64.7	66.7	0.0	51
Azamgarh	36.8	94.7	89.5	28.9	39.5	60.5	63.2	57.9	65.8	68.4	0.0	38
Prayagraj	10.0	82.0	80.0	42.0	40.0	50.0	30.0	72.0	54.0	44.0	2.0	50
Jhansi	34.0	68.0	86.0	12.0	26.0	86.0	72.0	82.0	62.0	50.0	6.0	50
Agra	61.7	71.7	75.0	20.0	28.3	75.0	40.0	80.0	46.7	60.0	0.0	60
Aligarh	90.0	78.3	78.3	11.7	33.3	60.0	46.7	75.0	48.3	78.3	3.3	60
Basti	24.3	62.2	97.3	37.8	45.9	59.5	73.0	67.6	81.1	70.3	0.0	37
Meerut	34.7	51.0	85.7	10.2	32.7	22.4	30.6	87.8	83.7	53.1	0.0	49
Chitrakoot	30.0	90.0	100.0	40.0	10.0	70.0	100.0	50.0	80.0	30.0	0.0	10
Gorakhpur	16.0	56.0	96.0	18.0	40.0	74.0	78.0	78.0	78.0	62.0	2.0	50
Varanasi	0.0	82.0	100.0	6.0	40.0	50.0	64.0	62.0	32.0	18.0	0.0	50
Lucknow	48.0	78.0	94.0	8.0	56.0	42.0	76.0	86.0	72.0	42.0	2.0	50
Kanpur	20.4	83.7	83.7	18.4	16.3	69.4	57.1	69.4	73.5	51.0	6.1	49
Gonda	46.0	84.0	86.0	12.0	60.0	62.0	68.0	74.0	48.0	78.0	0.0	50
Total	**35.7**	**70.1**	**89.5**	**16.8**	**35.5**	**54.1**	**53.5**	**72.5**	**64.3**	**56.1**	**2.5**	**832**

g) Incentive Payment

Under the HS scheme the clients were to avail services free of cost from the private nursing homes and were to receive incentives for undergoing the FP procedures. However, the study findings reveal that some of the nursing homes levied charges on the clients for providing services which was reported by 9.3% of the clients. The average charges incurred were Rs.1749 and the mean in the districts ranged between INR 100 and INR 3500.Table 3.47 provide the necessary details of districts and charges levied for providing services and incentives given to clients .

About 79% of the clients received incentives after undergoing the FP procedure and the average amount received was INR 1036.5. The proportion of clients receiving incentives was lower in the districts of Saharanpur, Prayagraj, Aligarh, and Meerut.

Table 3.47: Charges Levied and Incentives and Medicines given to Client by Nursing Homes

Districts	Charges levied for providing Services	Average amount charged (INR)	Incentives given to Clients	Average amount received (INR)	Medicines given after sterilization/ IUD insertion
Bareilly	2.0	1000.0	92.0	1017.4	90.0
Mirzapur	9.1	2000.0	75.0	1000.0	95.5
Moradabad	15.9	1900.0	93.2	1000.0	93.2
Saharanpur	27.5	2227.3	52.5	1000.0	57.5
Ayodhya	3.9	1000.0	82.4	1009.5	86.3
Azamgarh	0.0	0.0	89.5	1026.5	100.0
Prayagraj	18.0	394.4	52.0	1053.8	96.0
Jhansi	34.0	1911.8	72.0	1013.9	90.0
Agra	5.0	100.0	98.3	1155.9	96.7
Aligarh	1.7	100.0	66.7	1012.5	88.3
Basti	10.8	1875.0	73.0	1000.0	97.3
Meerut	0.0	0.0	55.1	1033.3	87.8
Chitrakoot	20.0	3000.0	100.0	900.0	100.0
Gorakhpur	4.0	3500.0	98.0	1000.0	100.0
Varanasi	2.0	2000.0	100.0	1032.0	100.0
Lucknow	16.0	2183.8	82.0	1173.2	98.0
Kanpur	6.1	2166.7	83.7	1034.1	98.0
Gonda	4.0	1500.0	70.0	1008.6	88.0
Total	**9.3**	**1749.6**	**79.1**	**1036.5**	**92.2**

h) Follow-up Counseling

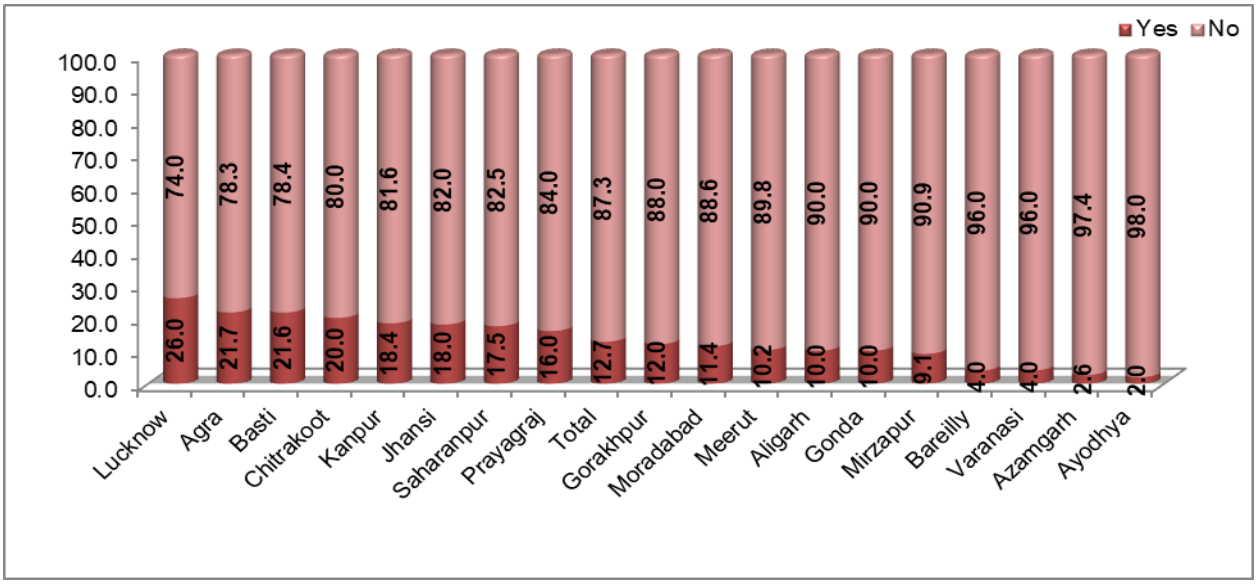
The nursing homes have provided follow up counseling to the clients on a regular basis. Most of the clients were asked to come back within a week (62.6%) and after two weeks (20.4%). Less than 7% of them were asked to come back within 3 days of the service. Whereas, about 9% of clients were not asked to come back that indicated of not followed up and were seen more in Ayodhya and Gonda districts.

Table 3.48: Follow-up Counselling Services Provided by Nursing Homes

Districts	Number of days to come back for follow up check-up						No. of respondents
	Within 1-2 days	3rd day	Within a week	After two weeks	Didn't ask to come back	Others	
Bareilly	0.0	14.0	60.0	22.0	4.0	0.0	50
Mirzapur	0.0	9.1	70.5	18.2	2.3	0.0	44
Moradabad	0.0	9.1	63.6	18.2	9.1	0.0	44
Saharanpur	0.0	2.5	90.0	5.0	0.0	2.5	40
Ayodhya	0.0	0.0	51.0	15.7	33.3	0.0	51
Azamgarh	0.0	0.0	60.5	28.9	10.5	0.0	38
Prayagraj	0.0	8.0	68.0	8.0	8.0	8.0	50
Jhansi	0.0	2.0	58.0	34.0	4.0	2.0	50
Agra	3.3	5.0	65.0	20.0	6.7	0.0	60
Aligarh	0.0	1.7	46.7	36.7	13.3	1.7	60
Basti	0.0	10.8	75.7	13.5	0.0	0.0	37
Meerut	0.0	2.0	75.5	6.1	14.3	2.0	49
Chitrakoot	0.0	0.0	60.0	40.0	0.0	0.0	10
Gorakhpur	8.0	4.0	58.0	28.0	2.0	0.0	50
Varanasi	0.0	0.0	86.0	4.0	10.0	0.0	50
Lucknow	8.0	16.0	52.0	16.0	6.0	2.0	50
Kanpur	2.0	8.2	42.9	46.9	0.0	0.0	49
Gonda	0.0	2.0	54.0	16.0	28.0	0.0	50
Total	**1.3**	**5.4**	**62.6**	**20.4**	**9.2**	**1.1**	**832**

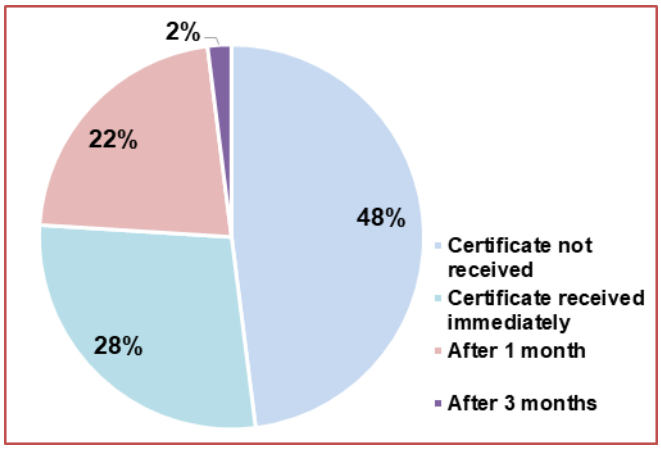
A 12% of the clients overall faced problems or difficulties after the procedure. More proportion of those who faced problems were found in Lucknow, Agra, Basti, Chitrakoot, Kanpur, Jhansi, Saharanpur and Prayagraj districts. The minimum percentage of difficulties faced ws in Ayodhya , Azamgarh, Varanasi, Bareilly districts (less than 5 %).The difficulty in the procedure is including the administrative issues in these districts.

Fig 3.17: Client Facing Problems/difficulty after the Procedure



i) Receipt of Certificate of Sterilization

Fig 3. 18: Duration for Receipt of Certificate of Sterilization



The nursing homes are to issue the certificate of sterilization after the stipulated time of the follow up and confirming the effectiveness of the procedure performed on the client. However, slightly over 66% of the clients reported that they did not get their certificate. This issue of non-issue of certificate was lower in Lucknow and Azamgarh districts whereas, more proportions have not received in the districts of Moradabad, Saharanpur and Meerut. About 22.2% of the clients have received their certificates immediately and a 10% received a month later. There were also miniscule proportions who received their certificates after 3 and 6 months. As per the norms the certificate needs to be given 1 month later in case of female sterilization and in case of male sterilization 3 months.

Table 3.49: Duration for Receipt of Certificate of Sterilization

Districts	Didn't get	Immediately	A Month later	After 3 months	After 6 months	No. of respondents
Bareilly	56.0	40.0	4.0	0.0	0.0	50
Mirzapur	81.8	13.6	4.6	0.0	0.0	44
Moradabad	100.0	0.0	0.0	0.0	0.0	44
Saharanpur	97.5	2.5	0.0	0.0	0.0	40
Ayodhya	66.7	19.6	13.7	0.0	0.0	51
Azamgarh	36.8	50.0	13.2	0.0	0.0	38
Prayagraj	82.0	14.0	4.0	0.0	0.0	50
Jhansi	74.0	8.0	16.0	2.0	0.0	50
Agra	60.0	18.3	20.0	1.7	0.0	60
Aligarh	76.7	16.6	6.7	0.0	0.0	60
Basti	51.4	32.4	13.5	0.0	2.7	37
Meerut	89.8	10.2	0.0	0.0	0.0	49
Chitrakoot	80.0	10.0	10.0	0.0	0.0	10
Gorakhpur	34.0	52.0	14.0	0.0	0.0	50
Varanasi	84.0	12.0	4.0	0.0	0.0	50
Lucknow	16.0	50.0	30.0	4.0	0.0	50
Kanpur	51.1	34.7	12.2	2.0	0.0	49
Gonda	74.0	10.0	14.0	0.0	2.0	50
Total	**48.0**	**28.0**	**22.0**	**1.8**	**0.2**	**832**

j) Usefulness and Satisfaction of the Services under the Scheme

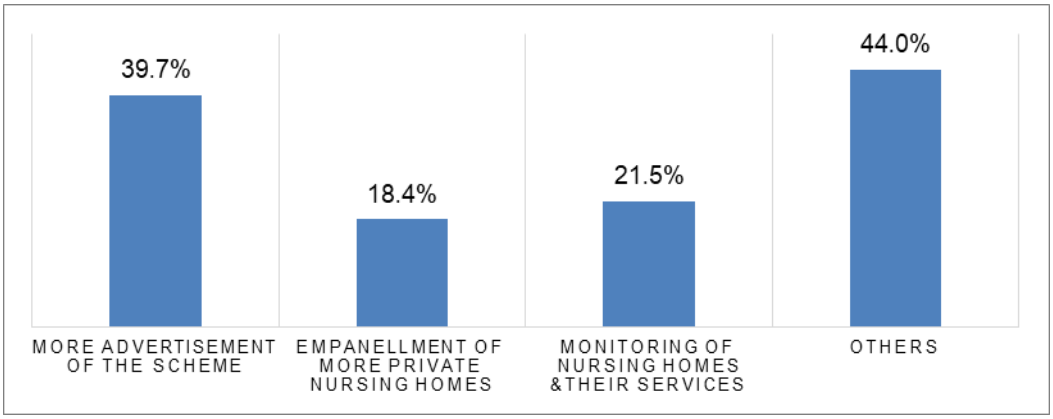
There was moderate response form the clients availing FP services from the private nursing homes under HS scheme on the usefulness and satisfaction from the services. Close to half of the respondents stated that the scheme is useful and slightly over 62% were satisfied with the services. Most of the clients in Bareilly, Agra, Aligarh and to an extent Lucknow districts felt the scheme was useful. Clients in these districts and in Ayodhya, Azamgarh and Gonda districts were more satisfied with the services under the scheme.

These perceptions of the client also reflected in their rating of the HS scheme. There were 32% of the clients who rated the scheme to be 'Good' and a 11.5% of them rating it be 'Very Good'. These taken together forms about 43.6% who gave a positive rating to the scheme. The study observed that a higher proportion than this that is about 46.5% did not know nor had no idea about the scheme. Creating awareness about the scheme among the community should also be brought as a main activity of the program. About 7.8% of the clients rated the scheme to be 'Average' while a miniscule proportion of 2% of clients rated the scheme to be 'Poor' which was a positive indication.

Table 3.50: Usefulness and Satisfaction of Services under HS Scheme

Districts	Client Rating of HS Scheme					HS Scheme is useful			Satisfied with HS scheme			No of respondents
	Poor	Average	Good	Very Good	Don't know /No idea	Yes	No	Don't know /No idea	Yes	No	Don't know /No idea	
Bareilly	4.0	12.0	50.0	34.0	0.0	96.0	4.0	0.0	98.0	2.0	0.0	50
Mirzapur	0.0	2.2	9.1	2.3	86.4	13.6	6.9	79.5	36.4	4.5	59.1	44
Moradabad	2.3	2.3	6.8	0.0	88.6	9.1	0.0	90.9	22.7	0.0	77.3	44
Saharanpur	0.0	2.5	5.0	0.0	92.5	10.0	0.0	90.0	10.0	0.0	90.0	40
Ayodhya	0.0	5.9	51.0	17.6	25.5	70.6	2.0	27.4	94.1	0.0	5.9	51
Azamgarh	2.6	10.5	44.7	7.9	34.3	60.5	2.6	36.8	81.6	2.6	15.8	38
Prayagraj	0.0	4.0	22.0	6.0	68.0	36.0	4.0	60.0	64.0	4.0	32.0	50
Jhansi	2.0	14.0	20.0	8.0	56.0	40.0	4.0	56.0	38.0	8.0	54.0	50
Agra	5.0	11.6	56.7	25.0	1.7	96.7	3.3	0.0	96.7	3.3	0.0	60
Aligarh	0.0	6.7	70.0	23.3	0.0	96.7	3.3	0.0	95.0	1.7	3.3	60
Basti	2.7	2.7	24.3	18.9	51.4	40.5	5.4	54.1	48.6	2.8	48.6	37
Meerut	0.0	8.2	40.8	2.0	49.0	51.0	8.2	40.8	67.4	2.0	30.6	49
Chitrakoot	30.0	20.0	50.0	0.0	0.0	50.0	50.0	0.0	90.0	10.0	0.0	10
Gorakhpur	2.0	4.0	16.0	10.0	68.0	20.0	4.0	76.0	32.0	2.0	66.0	50
Varanasi	0.0	2.0	4.0	0.0	94.0	6.0	2.0	92.0	46.0	2.0	52.0	50
Lucknow	2.0	8.0	42.0	24.0	24.0	72.0	0.0	28.0	70.0	6.0	24.0	50
Kanpur	6.1	18.4	18.4	2.0	55.1	32.7	12.2	55.1	32.7	10.2	57.1	49
Gonda	0.0	12.0	38.0	8.0	42.0	56.0	0.0	44.0	88.0	0.0	12.0	50
Total	**2.0**	**7.8**	**32.2**	**11.5**	**46.5**	**49.6**	**4.2**	**46.2**	**62.3**	**3.1**	**34.6**	**832**

Fig 3. 19: Client Suggestions for Improvement of Program



As regards the suggestions for improvements provided by the clients for improvement of the *Hausala Sajheedari* scheme, it could be seen in table 3.51 that advertising and creating awareness about the scheme was suggested by many (40%). Secondly, the clients were of the opinion that there should be proper structured monitoring of the empanelled hospitals by the Government to ensure quality of the services.

There were also contrasting opinions on empanelling the private hospitals. While about 18.4% of the clients were in favour of empanelling more private hospitals, there were about 7.6%of clients who were against government engaging private hospitals in service provision as the services and behavior of the empanelled hospitals were not good. Few of the respondents (1.6%) also felt that the empanelled hospitals charge more money.

Table 3.51: Client Suggestions for Improvement of the HS Scheme

Name of Districts	Advertising and creating awareness	Empanelment of more private providers	Monitoring of nursing homes and services	Others	Total
Bareilly	64.0	2.0	2.0	40.0	50
Mirzapur	11.4	18.2	4.5	65.9	44
Moradabad	9.1	2.3	2.3	86.4	44
Saharanpur	7.5	0.0	5.0	87.5	40
Ayodhya	62.7	21.6	19.6	31.4	51
Azamgarh	55.3	21.1	21.1	36.8	38
Prayagraj	22.0	18.0	22.0	44.0	50
Jhansi	16.0	24.0	38.0	60.0	50
Agra	60.0	8.3	3.3	31.7	60
Aligarh	66.7	1.7	3.3	33.3	60
Basti	43.2	40.5	51.4	21.6	37
Meerut	34.7	12.2	18.4	42.9	49
Chitrakoot	20.0	80.0	100.0	0.0	10
Gorakhpur	62.0	48.0	62.0	18.0	50
Varanasi	12.0	10.0	22.0	58.0	50
Lucknow	52.0	20.0	26.0	30.0	50
Kanpur	20.4	28.6	28.6	55.1	49
Gonda	60.0	30.0	28.0	28.0	50
Total	**39.7**	**18.4**	**21.5**	**44.0**	**832**

3.2 System Coordination under the HS Scheme

There are various stakeholders engaged at different levels in the implementation of the HS scheme. The government runs the program and implements it through functionaries like CMOs and Divisional Project Managers at different levels. The implementation support is provided by the development and professional partners which are HLFPPT and PSI. The nursing homes are accredited and the doctors that provide services are important stakeholders. An effective coordination among the different stakeholders is essential for success of the program. Therefore, the study attempted to assess the system coordination from the perspectives of the different functionaries and the findings presented in the following sub-sections.

3.2.1 System Functionary Coordination

System functionary specifies leadership at different levels, with regard to the HS scheme. This comprises of the representatives of the Department of Health and Family Welfare who are the Chief Medical Officers and that of SIFPSA who the Divisional Program Managers are who are bestowed the management of the HS scheme at the divisional and district levels.

The present assessment study interviewed 1 CMO and 1 DPM each in the 18 divisional districts studies using semi-structured questionnaires. Thus, a total of 18 CMO's and 18 DPM's were interviewed as part of the study which captured various implementation and coordination issues with the different stakeholders under the HS scheme. The findings from the qualitative survey are presented below.

a) Empanelment Process

The CMOs and DPMs who represented the Health & Family Welfare department and SIFPSA respectively at the district and divisional levels were also the main functionaries responsible for the empanelment of the nursing homes, doctors and COTs under the HS scheme.

Table 3.52: System Functionaries' Opinion on the Empanelment Processes of Health Facilities under HS Scheme

Rating	CMO		DPM	
	Number	Percentage	Number	Percentage
Good	10	55.6	15	83.3
Average	5	27.7	1	5.6
Moderate	2	11.1	2	11.1
Stringent	1	5.6	0	0.0
Total	**18**	**100**	**18**	**100**

Improvements required in Empanelment Process

- Minimum Documentation
- Need for regular meetings
- Documentation and Verification process is very tedious.

Having the opinion of these functionaries on the empanelment process showed that most of the DPMs (15 out 18) interviewed felt it was 'Good' whereas only 56% of the CMOs felt so. The CMOs were mainly responsible for the documentation and verification process in the empanelment process and they felt that the entire process was tedious.

However, at the CMO level there was consensus on the fact that the current physical verification process is appropriate for empaneling the nursing homes under the HS scheme as 17 of the 18 CMOs interviewed sated it to be appropriate. Most of them also agreed that their teams conducted surprise visits.

Table 3.53: Appropriateness of the Current Physical Verification process and the Surprise Inspections conducted by CMO Office

Particulars	Number	Percent
Current physical verification process appropriate for empaneling the Nursing Home		
Yes	17	94.4
No	0	0.0
Can't say	1	5.6
Total	18	100.0
Surprise inspections Conducted by team		
Yes	16	88.8
Often	1	5.6
Regularly	1	5.6
Total	18	100.0

The opinion of empanelled doctors on the coordination with the CMO officials was examined while they were interviewed. It was found that about 63% of the doctors sated that their coordination with the CMO officials who visited during empanelment were either 'Good' or 'Excellent'. There were about 27% who were not very happy about their coordination with the CMO officials. It was also found that about 11 out of 90 doctors faced problems in coordination with different officials during empanelment process whereas the majority did not have any problems in coordination with the different officials during empanelment.

Table 3.54: Doctors' Opinion on Coordination with CMO Officials during Empanelment Process

District	Coordination with CMO officials who visited during empanelment for HS program				Faced problems in coordination with different officials during empanelment process			No. of Doctors
	Poor	Average	Good	Excellent	Yes	No	Don't Remember	
Bareilly	0	2	4	0	1	5	0	6
Mirzapur	0	0	5	0	0	5	0	5
Moradabad	0	0	5	0	0	5	0	5
Saharanpur	1	1	2	1	1	4	0	5
Ayodhya	0	3	2	0	0	3	2	5
Azamgarh	0	3	1	1	2	2	1	5
Prayagraj	1	3	3	0	1	6	0	7
Jhansi	0	0	3	2	0	5	0	5
Agra	0	0	5	0	2	2	1	5
Aligarh	1	0	4	0	0	5	0	5
Basti	1	2	2	0	0	4	1	5
Meerut	0	1	4	0	1	4	0	5
Banda	0	0	1	0	1	0	0	1
Gorakhpur	0	2	4	0	0	6	0	6
Varanasi	0	0	4	1	0	4	1	5
Lucknow	0	3	1	1	1	4	0	5
Kanpur	0	0	5	0	0	5	0	5
Gonda	0	3	2	0	1	2	2	5
Total	**4**	**23**	**57**	**6**	**11**	**71**	**8**	**90**

a) Performance

As per the statistics provided by the DPM office there were as many as 909 nursing homes, 794 surgeons and 26 COTs that were empanelled under the *HS* scheme. Out of these, 362, 397 and 22 nursing homes, surgeons and COTs respectively were actively performing under the program. Proper coordination, dedicated field staff, good staff, and timely payments to these facilities has favored the better performances among these facilities as stated by the CMOs and DPMs.

However, the proportions that were non-performing were higher among the empanelled nursing homes and surgeons which was happening for a variety of reasons. The prominent reasons quoted by the CMOs and DPMs as learnt from their regular interactions with the service providers include too much paperwork, delayed payments, withdrawal of PSI field teams and non-availability of cases, too much workload and therefore less preference as this is less remunerative. Thus, timely payments were a crucial factor motivating performance and demotivating non-performers.
Factors like more paperwork, delay in payments, heavy workload and delay in payments were common for non-performance of doctors as well. However, added factors including lack of support, stopping of regular meetings and lack of motivation to work were stated by DPMs and CMOs for non-performance of surgeons.

Table 3.55: Number of Empanelled and Active Facilities, Surgeons and COTs under the HS Scheme

Nursing surgeons/COT	Total empanelled under *HS* scheme	Actively performing under *HS* scheme	Non-performing actively under *HS* Scheme
Nursing Homes	**909**	**362**	**548**
Surgeons	**794**	**397**	**397**
COT	**26**	**22**	**4**

Reasons for Non-Performance of Nursing Homes, Doctors & COT as Highlighted by CMOs and DPMs

Reasons for Active Involvement	Reasons for Non-performing
Nursing Homes - Timely payment without much hassle - Good staff and good facility - Proper coordination - Dedicated field staff	**Nursing Homes** - Lack of funding for last one year - Lack of interest from management and employee - Delay in payment - Withdrawal of the PSI field teams that counseled and motivated the community to utilize the nursing homes - No marketing strategies adopted - Low prioritization due to heavy workload - Tedious process in cases of clients not having bank accounts due to longstanding delays in approvals from CMO for clearing of the cheques issued. - Low FP case load in few

Medical Doctors (Surgeons)	**Medical Doctors (Surgeons)** - Lack of support for performing the work - Delay in payment and too much paperwork - Facility approved but surgeon not empanelled due to eligibility criteria regarding their professional registration. Also, these doctors not trained in FP services (Laparoscopic) - Regular meetings stopped - Non-availability of cases in few - Due to workload lack of time to focus as this is low profitable - Do not want to work
	COT - Do not want to work

"Nursing homes do not want to work" - *DPM, Banda district*

"Due to heavy workload at the facility, this was not a priority to them"- *DPM, Aligarh District*

"Earlier there was a team of PSI who does counselling in field and motivates the community to go to nursing for FP services. But now no teams available in field because of the number of non-performing clinics has increased." - *DPM's, 6 Districts*

"Facility is approved but surgeon not empaneled due to not holding all India MCI registration or UP Medical Council registration. Also, there is huge demand for laparoscopic sterilization but they are not trained in performing laparoscopy and therefore, only PPS are done in the facilities" - *DPM. Moradabad*

a) Record Keeping

DPM office is responsible for maintaining the records under the HS scheme. 17 out of the 18 DPM offices surveyed responded that they maintained records. On the type of records, they maintained, it was observed that most of them (13) maintained client verification register and MoUs of *HS*. The remaining 5 of the nursing homes maintained all the records pertaining to the scheme. A uniform pattern in the record maintenance was not followed.

Table 3.56: Details on the HS Program Records/Registers Maintained by the DPM Office

Type of Record	Number	Percentage
Client verification register and MOU of *HS*	13	72.2
All records	5	27.8
Total	**18**	**100.0**

b) HS Workshops and Meetings

SIFPSA is the implementing lead for the HS program and hence expected to play the role of creating awareness among the nursing homes about the scheme. SIFPSA has held several rounds of districts and divisional level workshops and shared information about the program and also did problem solving as well monitoring the performances of the scheme. In a similar manner, the Technical Support Unit (TSU) – DFPCs play a critical role in coordinating the DPMU and CMOs office on the HS scheme. The study found a total of 79 workshops has been organized under the scheme in the study area and the reports/minutes of each of these workshops were available. The program updation and reviews were held under the chairmanship of various stakeholders – Commissioner, District Magistrate and AD. A total of 123 review meetings of the program were held during the period under study.

Table 3.57: Number of HS Workshops and Meetings Organized

Workshop/Meetings	Number
Workshops Organized	79
Report/Minutes of Workshops available	79
No. of review meetings held under chairmanship of	
Commissioner	30
District Magistrate	28
AD	65

a) Verification Process

Once the nursing homes list and upload information of the clients serviced on the HS portal, the CMO office is responsible for scrutinized the details of the services provided by them and make their reimbursements/payments. Therefore, after uploading of the list of clients served by the nursing home, the next step involves verification and inspection of the credentials of the clients against the norms under the scheme. The verification and inspection processes were the responsibilities of the CMO officials. The CMOs officials verified at least 10% of the client information that came in from the nursing homes before approving the reimbursement payments.

> "Whatever data that came from the nursing home or hospital, at least 10% of that should be verified through phone call." - *All CMOs*

Certain concerns were raised by the CMOs on the information that came in from the nursing homes. The verification and approval for reimbursement processes were too time-consuming due to various issues like time taken for updation of cases on the web portal, lack of dedicated teams for inspection and verification processes and lack of alternate contact numbers of beneficiaries at instances when they are not reachable on the provided number.

Improvements required in Verification Process

- Timely inspection and timely payment.
- Immediate updation of the cases on the web portal so that verification can be done on time
- Third party verification may be introduced
- Separate dedicated team for inspection and verification process so that timely inspection is done.
- Verification process should be quick and on-spot verification should be included
- Validation of the mobile numbers is important. Additional contact number of beneficiaries or their relative to be added so that they can be easily contacted
- Telephonic verification of the data that comes from nursing home or hospital

b) Reimbursement Process

The reimbursements for the services provided by the nursing homes to the clients under the HS scheme are made after due verifications are made directly with the clients listed by the respective nursing homes. The CMO's office is responsible for making the reimbursements after verifications. On being asked of the opinions on the timeliness of the reimbursements, about 61% of the CMO's reported that the reimbursements to the nursing homes are done in a time bound manner. There were 22% of the CMOs who stated of delayed payments and a 16% of them said that the delays depended on a case-to-case basis. While, among DPMs there were equal proportions of 44.4% each that stated that the reimbursements were timely and untimely.

On the sufficiency of the reimbursements offered under the HS scheme, most of the CMOs (72%) stated that the amount paid is enough and justifiable. However, there were about 17% of them who also said that it is more than enough and a small percentage of 11% who stated that the amount was low.

Table 3.58: System Functionary Opinion on Reimbursement Process

Particulars	CMO		DPM	
	Frequency	Percent	Frequency	Percent
Reimbursement of Nursing Home done in a time bound manner				
Yes	11	61.1	8	44.4
No, it got delayed often	4	22.2	8	44.4
Depends upon the case to case	3	16.7	1	5.5
Total	18	100.0	1	5.5
Amount paid in reimbursement is justifiable				
It is more than enough	3	16.7		
It is sufficient	13	72.2		
It is less	2	11.1		
Total	**18**	**100**		

There was a general opinion on the complications of the payment process that was contributing to the delay in payments. Also, there were suggestions for deployment of a dedicated team for clearing the pending payments and reduce the time lags. The size of the verification team should be increased or substituted with an alternate mechanism like outsourcing of the verification process for speedy disposal of payments.

"Fund process is not easy and should be relooked. Payment process should be fast."
- *CMO,*

"Payment delays because file is kept pending at CMO and Ad. CMO level" - *DPMs*

Improvements required in Reimbursement Process

- Quick verification process at CMO and ACMO level. A dedicated agency to be involved for follow up of pending payments to reduce time delays at CMO level. Alternatively, outsourcing of the verification process could speed up the process.
- If verification not done in 15 days, then that case should be considered automatically verified
- Payment should be equal in government and private facility
- Record maintained should be correct so that verification can done properly
- Manpower should be increased

a) Impacts of HS Scheme

In a state like Uttar Pradesh having high unmet needs of family planning and the severe and serious issues on the supply side, approaches like involving the private sector is of utmost important in ensuring the reach of quality services to the community. A definite outcome of the HS scheme is increase in the number of clients serviced and quality service in the private sector.

On asked of the degree of impact from the scheme, majority of the CMOs and the DPMs felt that it has substantially impact as about 55.6% and 77.8% of CMOs and DPMs respectively stated so. Moderate impact was stated by 39% of CMOs and 22% of DPMs. A meagre proportion of the CMOs however, felt that the impact was minimal.

Table 3.59: System Functionary Opinion on Impacts of the HS Scheme in Improving Services at the District

Degree of Impact	CMO		DPM	
	Number	Percent	Number	Percent
It has impacted substantially	10	55.6	14	77.8
It has impacted moderately	7	38.9	4	22.2
It has impacted minimally	1	5.6	0	0
Total	**18**	**100**	**18**	**100**

Further probing on the challenges faced in the system, it was found that in the opinion of the system functionaries aspects like lack of human resource, awareness, difficulty in calling the doctors meeting, lack of rapport building between nursing home and client, failure to link ASHA and ANM in the mobilization process etc. were few of the aspects that require improvement.

Challenges in the Scheme

At CMO level

- Less manpower
- Low public awareness
- Payment process

At DPM level

- Difficulty in calling doctors meeting
- No linkages between Nursing home and Client
- Linking of ASHA and ANM is missing
- No regular follow-up
- Advertisement of the program

"Very tough to call doctors meeting. They don't spare time as for them sparing time means losing their client as they will have to make their clients wait for long to meet the doctors" - *DPM*

b) Feedback on Conduction and Coordination under Scheme

The system functionaries are an important connecting bridge between the implementing agency, SIFPSA, and the service providers including the nursing homes and doctors. Smooth coordination between the CMOs, DPMs and the SIFPSA officials is essential for the successful implementation of the HS scheme. Similarly, the coordination between the system functionaries and the service providers is also equally important to realize the objectives of the scheme.

Analyzing these aspects in the study showed that among the CMOs interviewed, about 50% of them stated that their coordination with the SIFPSA officials and DPMs were 'Good' and another 27.8% of them stated their coordination to be 'Excellent'. However, for a 22% of them the coordination levels were only 'Average'.

Among the DPMs most of them had 'Good' (44.3%) and 'Excellent' (33.3%) coordination levels with SIFPSA officials and the CMOs. Also, there were about 16.7% and 5.6% of them who expressed 'Average' and 'Not good' coordination levels respectively with the officials.

Table 3.60: Level of Coordination among SIFPSA officials and DPMs and CMOs involved in HS program

Level of Coordination	CMOs with SIFPSA officials and DPMs		DPMs with SIFPSA officials and CMOs	
	Number	Percent	Number	Percent
Not Good	0	0	1	5.6
Average	4	22.2	3	16.7
Good	9	50	8	44.3
Excellent	5	27.8	6	33.3
Total	**18**	**100**	**18**	**100.0**

On examining the coordination of the system staff with the nursing homes and doctors, the CMOs did not seem to have a cordial relationship with the service providers as none of them stated to have an excellent relationship with the empanelled service providers. About 61% of the staff expressed their relationship to be 'Good' and for 33.3% of them it was 'Average'. A small proportion of them also stated their relationship to be 'Not good'.

The DPMs, on the other hand, stated to maintain a cordial relationship with the service providers. The reasons could be that they are representatives on behalf of SIFPSA and did not directly involved in matters of the service providers. It was observed that 61% of them maintained 'Good' coordination levels, a 27.8% of 'Average' coordination and 11.1% of them 'Excellent' coordination levels.

Table 3.61: Level of Coordination with Nursing Homes and Doctors involved in HS program

Level of Coordination	CMOs		DPMs	
	Number	Percent	Number	Percent
Not Good	1	5.6	0	0
Average	6	33.3	5	27.8
Good	11	61.1	11	61.1
Excellent	0	0	2	11.1
Total	**18**	**100**	**18**	**100.0**

The study also captured the perspectives of the service providers on the coordination with various system functionaries. On an average 50% of the nursing homes stated their relationships with the various system functionaries to be 'Good'. About 23% of them experienced excellent relation with the CMOs, while only 15.6%, 13.3%, 14.4%, 7.8% and 5.6% of them maintained good coordination with the Dy. CMO, Divisional PM, DPM, FP Consultant, and the PSP Cell respectively. Slightly higher proportions than this expressed 'Average' relationship with various levels of system officials. There were also considerable proportions who stated their coordination levels to be 'Not Good'. About 8.9%, 13.3%, 15.6%, 14.4%, 25.6% and 26.7% of them stated of not maintaining good coordination with the CMO, Dy. CMO, Divi.PM, DPM, FP Consultant and the PSP Cell respectively.

Table 3.62: Nursing Home Rating of the Coordination with Various System Functionaries of HS Program

Coordination of HS Program with	Not Good	Average	Good	Excellent
CMO	8.9	16.7	51.1	23.3
DY. CMO	13.3	23.3	47.8	15.6
Div. PM	15.6	18.9	52.2	13.3
DPM	14.4	16.7	54.5	14.4
F P Consultant	25.6	17.8	48.8	7.8
PSP Cell (HQ)	26.7	25.6	42.2	5.5

Among the 18 CMOs and 18 DPMs interviewed, those in 10 districts stated that they have not received any complaints so far from the clients or the nursing homes. However, in 8 districts the CMOs and DPMs stated of payment-related complaints. The CMOs also stated of 1 complaint each on the behavior, the quality of service and the follow-up services of the nursing homes. One of the DPMs stated of receiving a complaint on non-compliance of services as promised and few complaints on the follow-up services offered by the nursing homes.

Table 3.63: Complaints Received against Nursing Homes and Doctors Empanelled under HS Scheme

Type of Complaint	CMO		DPM	
	Number	Percent	Number	Percent
No Complaints so far	10	55.6	10	55.6
Payment related	8	44.4	8	44.4
Behavior Related	1	5.6	0	0.0
Quality of service related	1	5.6	0	0.0
Hygiene and ancillary service related	0	0	0	0.0
Related to Non-compliance of services as promised	0	0	1	5.6
Follow up of services related	1	5.6	3	16.7
Bribe/exploitation	0	0	0	0.0
Others	0	0	1	5.6
Total	**18**	**100.0**	**18**	**100.0**

3.2.2 Role of Development and Professional Partners

The programme was implemented through the NGO partners – HLFPPT and PSI. The partner agencies were engaged in the generating awareness, empanelment registration and verification processes of the nursing homes and in the mobilization of clients for the empanelled nursing homes.

In interviews with nursing homes it was observed that about 55% of the nursing homes accepted that agencies other than SIFPSA had contacted them for HS registration. However, it could be seen from Table 3.64 that the role of these agencies was poor the districts of Basti, Varanasi, Lucknow and Gonda. Of the hospitals/nursing homes contacted, 44% of them were contacted by HLFPPT and about 52% of them stated of having contacted by PSI. The agencies assumed the role of briefing about the HS facility to the nursing homes and about the registration processes for getting empanelled under the scheme.

Table 3.64: Role of Partner Agencies other than SIFPSA in HS Scheme

Districts	Agencies other than SIFPSA contacted for HS registration		No. of Nursing Home
	Yes	No	
Bareilly	5	0	5
Mirzapur	3	2	5
Moradabad	3	2	5
Saharanpur	5	0	5
Ayodhya	3	3	6
Azamgarh	2	3	5
Prayagraj	3	2	5
Jhansi	4	0	4
Agra	2	4	6
Aligarh	4	2	6
Basti	1	4	5
Meerut	5	0	5
Banda	1	1	2
Gorakhpur	3	3	6
Varanasi	1	4	5
Lucknow	1	4	5
Kanpur	4	1	5
Gonda	0	5	5
Total	**50**	**40**	**90**

Among the 90 doctors interviewed, about 42% of them stated that agencies other than SIFPSA has contacted them regarding the HS scheme. The process was observed to be poor in Mirzapur, Ayodhya, Azamgarh, Basti, Banda, Gorakhpur, Varanasi and Gonda districts. The doctors who were contacted said it to be from HLFPPT and PSI and they were briefed about the scheme and the registration processes. The doctors insisted on engagement of the agencies on improving the ground level awareness about the program, for timely reimbursements and to conduct regular visits to the empanelled hospitals and thus, improve their role of facilitating the program.

Table 3.65: Role of Partner Agencies other than SIFPSA in HS Scheme reported by Doctors

District	Did any agency other than SIFPSA contact you regarding Hausla Sajheedhari			No. of Doctors
	Yes	No	Don't Remember	
Bareilly	5	1	0	6
Mirzapur	1	4	0	5
Moradabad	2	3	0	5
Saharanpur	4	1	0	5
Ayodhya	0	5	0	5
Azamgarh	0	5	0	5
Prayagraj	3	4	0	7
Jhansi	3	2	0	5
Agra	3	2	0	5
Aligarh	5	0	0	5
Basti	0	5	0	5
Meerut	4	1	0	5
Banda	0	1	0	1
Gorakhpur	1	5	0	6
Varanasi	1	4	0	5
Lucknow	3	2	0	5
Kanpur	3	2	0	5
Gonda	0	5	0	5
Total	**38**	**52**	**0**	**90**

The coordination of the nursing homes with HLFPPT and PSI under the scheme was 'Excellent' in the case of 19-21% of the nursing homes. The rating of the coordination levels was 'Good' among 42% of nursing homes with HLFPPT and 36% with PSI. It was 'Average' among 16.7% with HLFPPT and 13.3% with PSI and a higher proportion of 22% and 30% respectively had 'Not Good' coordination with implementation partners, depicted below in the table.(3.66)

Table 3.66: Nursing Home Rating of the Implementation and Coordination with Implementation Partners of HS Program

Implementation & Coordination of HS Program with	Not Good	Average	Good	Excellent
HLFPPT (NGO Partner)	22.2	16.7	42.2	18.9
PSI (NGO Partner)	30.0	13.3	35.6	21.1

CHAPTER-IV

Conclusions and Way Forward

4.1 Conclusions

Hausala Sajheedari flagship programme is a very good example of eGovernance Model taken by NHM/GoUP ,which promises to meet the unmet need of family planning services and to scale up services by engaging private sector.
The rapid assessment study of the *Hausala Sajheedari* program covered the perspectives of the various stakeholders involved in the implementation of the scheme which brought out clearly the quality of service delivered to the client through the program and their satisfaction levels and also the gaps in the existing system which needs to be addressed for improving the scheme. The study interviewed 90 nursing homes, 832 clients, 90 doctors, 18 CMOs, 18 DPMs and had discussions with various officers of the *HS* scheme to have an in-depth understanding and assessment of the provisions under the scheme. The study was focused on two aspects: (1) the quality of services in terms of inputs, processes and impacts and; (2) the coordination and facilitation among the various system functionaries and development and implementation partners. The major conclusions of the study on these different aspects are summed up below.

Inputs, Processes and Outcomes:

The major inputs under the program are the accredited private nursing homes and the empanelled private service providers who follow the processes under the scheme and offer their services to the clients through the program which leads to improvements in the State indicators which is the ultimate outcome of the scheme. The awareness levels and challenges faced at different levels by these stakeholders – nursing homes, doctors and clients are as below

Nursing Homes:

- *Space and Infrastructure requirements*: Among the nursing homes surveyed, few did not have space for reception, counseling room, and laboratory facilities for blood & urine examination which were mandatory among space and Infrastructure criteria specified by the GoI. In terms of infrastructure though most of them were enough with the infrastructure facilities, two of the nursing homes did not have running water supply through tap or bucket with tap and 6 of them did not have emergency exits which were also not meeting the eligibility criteria.
- *Training:* As regards the training of the staff in the nursing homes there were gaps as only about 65% were oriented about the HS program. Lead doctor in nursing homes have been reported to be oriented on the scheme.
- *Record Keeping:* Almost all the surveyed facilities had consent form and medical record check list form for the clients which were filled respectively by the clients and nursing homes. While most of them said the record of each client was kept separately, some failed to maintain the ID proofs, some the contact details and some the address of the client. Though medical records were taken from the client many of them did not maintain the medical records of clients properly. Uniformity in the record keeping is required for efficient management.

- *Submission of the list of clients to CMO*: Majority of the nursing homes submitted the list of clients to CMO regularly on a monthly basis and a few of them fortnightly. However, there were few (6) that did not send the list to the CMO office which belonged to the districts of Gonda, Gorakhpur, Basti and Azamgarh
- *Registration Process:* Implementation partners were the main source of information to the nursing homes about the scheme. However, not all of the nursing homes were contacted regarding the registration process and few stated that they were not briefed about the scheme. One in four of the nursing homes felt that the registration process was stringent.
- *Verification process:* All facilities were not visited by the CMO office for verification (only 83 of 90visited) and only 84 of them seemed to have an MOU/certificate from CMO office which needs to be probed.
- *PSP Cell:* About half of the nursing homes were aware of the existence of the PSP cell and among those aware the roles of the cell were not known to few.
- *Revolving amount advance*: Only half of the nursing homes were aware of this provision too and among and many were not aware of how many sterilization cases they can ask for advance money. However, the utilization of this facility among those nursing homes that were aware of this provision was very low.
- *Reimbursement process:* the average number of days taken for reimbursement after the submission of claims was 45 days. Huge variations between district which went upto 74 days in Meerut. In the districts of Saharanpur and Azamgarh experienced more reimbursements getting stuck.
- *Outcomes:* Nursing homes under the scheme were quite assertive of the program having improved the family planning services in the State the major impacts being increase in the FP cases and few on the awareness levels.
- *Rating*: About 66% were very positive (Good & Excellent) about the program. There were 24 facilities rating the program as 'Average' indicating a positive response with highlighting a scope for improving through appropriate measures for streamlining the processes and strengthening coordination. Facilities rating the scheme 'Poor' were mainly in districts of Moradabad, Azamgarh, Banda, Kanpur and Gonda which also needs attention.
- *Web portal*: About 76% of the facilities stated the web portal to be helpful
- *Client motivated by ASHA* was higher in few districts this ranged from a zero in Moradabad to 2173 in Varanasi district. The rest of the districts need to work on this aspect further.

Doctors:

- *Training criteria* – All the doctors were trained for providing FP services. However, though all the doctors provided counselling to clients, more than half of them have not received any formal training to conduct it.
- *COT*: There were very few registered as COT doctors. Among COT doctors, there was consensus that there was required cooperation from hospitals while almost half of the doctors had to carry their own equipment for the surgery and there were challenges faced by them in working at government hospitals.
- *Registration process:* Not all the registered doctors were contacted by PSI and HLFPPT while among those who were contacted few did not remember who contacted. One in four of them felt that the norms were moderate or stringent. The doctors had suggested for making the registration process more flexible and easier, need for one dedicated person for legal

matters, need for proper functioning of the web portal and more information about the scheme during registration.

- *Impacts* On the impact, the doctors felt that the program led to increase in the number of FP clients in the state. In their opinion, the free of cost facilities provided in private hospitals which have better facilities was the main reason for increase in the number of services. Also, they observed an increase in the awareness levels among clients which has been mainly due to the awareness generation by PSI and HLFPPT counseling.
- *Challenges Faced:* The doctors faced challenges mainly in terms of late payment. They also felt that too much of time is spent on counseling to motivate clients. Some felt the process under HS scheme is tedious as it involved too much of paperwork though the whole process from letter of interest, registration process, reimbursement process and approvals were through the web portal. Some of them also requested for increase of the amount per beneficiary.

Clients:

- *Awareness on spacing*: Majority of the clients interviewed were aware of the importance of spacing on the health of mother and child
- *Awareness of modern FP methods*: The respondents were exposed to the basket of family planning methods as at least a few have heard of almost all the methods available. Newer method of family planning like *Chhaya* and *Antara* which are new schemes promoted by the Government were less known among the respondents. Very few (17.2%) of the respondents were aware of the government-run family planning schemes.
- *Awareness of HS Scheme:* Overall only 36.3% of the respondents were aware of the scheme. However, this varied between the study districts with more than 90% respondents in Aligarh and Agra districts and more than 50% in Lucknow and Bareilly districts being aware of the scheme. Most of those aware of the scheme received information from the ASHA/ANMs, followed by the Medical Doctors and friends/relatives.
- *Processes*: Only 60.6% were contacted before providing FP services. More than 65% of them were provided information about the FP services and were given counseling. Few of the respondents also reported of money being demanded in lieu of the FP services provided.
- *Counseling services* - The counseling services though given it could be observed that the procedures and guidelines were not followed by the nursing homes. Half of the respondents were counseled before registering for the service whereas as one out of 4 on an average were counseled during registration. However, there were clients who were counseled only before sterilization and very few were counseled after the sterilization. Separate counseling was given to the family members only in one-third of the cases.
- *Informed choice for Accessing services*: The counseling services led to making informed choices of the family planning method. Among the clients, almost 92.9% of them have availed the female sterilization services. The choice of the nursing homes by the clients was mainly good service and reputation of the nursing home and reference from known doctors/friends.
- *Informed Consent*: Some of the study respondents (93.4%) who have availed the FP services filled a consent form. This proportion seemed still lower in the districts of Moradabad, Saharanpur, Ayodhya, Azamgarh and Gonda districts. Close to 65% of the respondents also gave their bank account details while submitting the consent form. This percentage itself was lower as it is essential for transferring the direct benefit transfer (incentive) to the client.

- *Waiting time between Registration and Actual Procedure*: The waiting time between registration for the FP service at the nursing home and the actual service was normal.
- *Procedure/Method Counseling:* Only 35.7% of respondents recollected of being briefed about the *HS* scheme some of the respondents were not briefed about the procedure to be conducted on them before performing it. The procedure counseling was worse in the districts of Moradabad and Sharanpur followed by Meerut, Basti and Jhansi districts.
- *Incentive payment:* Most of the clients received incentives on an average of INR 1036.5 after undergoing the FP procedure. However, it seemed that some of the nursing homes levied charges on the clients for providing services as this was reported by 9.3% of the clients. The average charges incurred were Rs.1749 and the mean in the survey districts ranged between INR 100 and INR 3500.
- *Follow-up counselling:* Most of the clients were asked to come back within 3 days (7%), within a week (62.6%) and after two weeks (20.4%). Whereas, about 9% of clients were not asked to come back that indicated of not followed up. A 12% of the clients overall faced problems or difficulties after the procedure, which included administrative issues in nursing homes.
- *Receipt of Certificate:* Over 48% of clients did not get their certificate. About 22.2% of the clients have received their certificates immediately.
- *Rating of the Scheme* - Close to half of the respondents stated the scheme was useful to them and slightly over 62% were satisfied with the services. Though 43.6% gave a positive rating to the scheme and equal proportion did not know nor had an idea about the scheme. Creating awareness about the scheme among the community should also be brought as a main activity of the program.
- *Suggestions for Improvement*: Advertising and creating awareness; proper structured monitoring of the empanelled hospitals by the Government to ensure service quality were the aspects suggested by clients for improvement. There were also contrasting opinions on empanelling the private hospitals. While about 18.4% of the clients were in favour of it there were about 7.6%of clients who were against government engaging private hospitals as the services and behavior of the empanelled hospitals were not good. Few of the respondents (1.6%) also felt that the empanelled hospitals charge more money.

System Coordination:

Though in terms of rating showed they performed in amicable terms with each other, the interviews and discussions with the CMOs, DPMs, SIFPSA officials and the NGO partners threw light on the issues and challenges in the working of the system for the HS scheme. There were several concerns regarding the registration/empanelment, performance of empanelled nursing homes and doctors, record keeping, verification and inspection process, reimbursements and the challenges in conducting the scheme.

On the registration and empanelment process it emerged that there was a dire need to improvement of the inspection process with adequate staff at the DPM level for follow up with facilities and CMO office. There is also a need for minimizing the documentation process through a single documentation window.

There were observed to be a huge number of non-performing nursing homes and doctors and COT as well mainly due to lack of interest, delays in payment, withdrawal of PSI field teams that motivated the community, low marketing strategies, heavy work load and low prioritization as this is less remuneration, delays in settling through cheques in case of no bank accounts of clients

and in some cases low case load. Also, though the nursing home is registered under the scheme the doctors were not empanelled due to not meeting eligibility or not trained in FP services.

Among the DPM offices it was observed that a uniform system for record maintenance was not followed. On the verification and inspection processes the officers at the CMO officers observed it to be too tedious and there were need for dedicated teams for inspection so that timely inspection happens. The mobile numbers provided by client do not work at times and alternate contact numbers were not available.

The main challenge was with the reimbursement process as the CMO offices felt that the verification processes is tedious before making the payments. A third part verification would bring down the delays. For simplifying and speeding up the reimbursement processes, the records maintained should be correct and enough for speedy verification and there is need for a dedicated staff/team/agency for conducting the verification process.

4.2 The Way Forward

The HS program is a laudable initiative by the GoUP which adopted innovative means to meet the family planning needs in the State. However, reaping optimum benefits from the program requires a major overhaul at different levels – administrative, programmatic and community.

Administration Level

- Ease the documentation process by developing a single documentation window
- Re-implement the process of community mobilization either through partner agencies or through ASHA/ANMs.
- Build robust monitoring mechanisms for various processes - Deploying adequate personnel to form teams at divisional level thus making provisions for dedicated person for monitoring each different processes of the scheme at the divisional level- verification, approvals, reimbursement and performance.
- An operational gap analysis on a yearly basis is recommended to identify the gaps and rectify them dynamically.
- Private sector data of number of sterilizations should be captured and data should be reflected in HMIS portal as well
- Uninterrupted periodical interface meetings between government and private sector needs to be focused.
- Registration and accreditation process of private facilities can be further strengthened.
- To motivate private providers to apply for accreditation, more demand generation activities can be planned in support of government stakeholders.
- Number of qualified and trained doctors for NSV and Minilap services can be further increased to ensure the easy accessibility of services.

Programmatic Level

- Adequate briefing and mandatory capacity building of the nursing homes and doctors on HS scheme and its provisions like the role of PSP Cell, accessing the revolving fund and other processes.

- Strictly following registration norms in terms of space and infrastructure requirements and the training eligibility of doctors.
- Prescribe uniform pattern of record maintenance at the DPM level. Even at the nursing home level, uniformity in record keeping of clients is essential for effective management of the program. A divisional level team can be appointed for checking the record maintenance at the nursing home level so that it aids timely disbursal of payments.
- A third-party verification could bring down the verification delays on behalf of CMO. Contract agencies for the verification processes during registration and reimbursement in order to speedup up the processes.
- To avoid payment delays, the utilization of the revolving amount advance can be increased through creating awareness especially among the actively performing nursing homes and doctors. The CMO/DPM/ Div. PM/PSP Cell to work on motivating the nursing homes to access the revolving funds by creating awareness on its norms and provisions. The limit of the revolving amount could also be enhanced for the good performers.
- Systematically prescribe and practice time-bound settlement of payments. A fixed day/date of the month can be prescribed for clearance of payments and the status of the payments, either approval/partial approval/reject/on hold should be conveyed to the respective nursing homes. A directive from the Executive Director of SIFPSA to the CMOs for ensuring this process is utmost needed.
- Plan and conduct meetings of doctors at early hours before they get engaged in clinical consultations.
- Improving the monetary benefit of doctors with a top up compensation on achieving certain fixed targets
- Incentives to clients availing services in accredited private hospitals made equal to those availing FP services from government hospitals.
- Motivate the nursing homes/hospitals to develop and adopt marketing strategies at their level and complementing the efforts with rewards and recognitions.
- Accredited hospitals can be promoted to hold family planning camps on monthly basis and the department can support to hold such camps.
- Urban ASHAs can be engaged for the demand aggregation activities for the private sector. For this service ASHAs could be paid a motivator incentive on par with the public facilities.
- Regular monitoring of the follow-up counseling activities and issuance of certificates by nursing homes
- Handholding supportive supervision of Quality Assurance needs to strengthened for maintenance and improvement protocols.

Community Level

- Mass advertising of the Hausala Sajheedari Scheme
- Creating awareness among community through IEC about family planning and building their confidence for accessing services from government accredited private providers.
- Mobilizing the clients to avail family planning services through partner agency field teams or through ASHAs/ANM