

PREFACE

The Government of Delhi is committed to provide equitable and quality healthcare for its citizens especially, the mother and child segment of its population in slum areas. In order to promote institutional deliveries amongst vulnerable sections, the Government launched MAMTA scheme on 27th March 2008. The scheme has been in operation for more than one and half years. The present evaluation aims at reviewing the progress of the scheme by analyzing the process of implementation, operationalisation, dissemination, uptake of services and views of stakeholders, so that the operational barriers could be identified and addressed.

The evaluation has come out with specific suggestions which include raising the remuneration for the package of services, de-linking of ANC services, simplifying the eligibility criteria, developing simple software for online reporting and payment system, development of effective linkages between government hospitals and MAMTA-friendly hospitals, appointment of consultant at district levels, development of effective linkages with primary health care units, regular orientation of private providers and link workers, proactive role of IEC division in the publicity of the scheme, involvement of NGOs, etc.

The findings of the evaluation are interesting and provided various facilitating factors and impediments in the utilization of services. Given adequate support and guidance, especially in programmatic, systematic and communication related areas; the scheme can become a forerunner for many interventions under public- private partnership in the state.

I am confident that findings of the evaluation will be useful for the Government of Delhi in strengthening the MAMTA scheme and help in modifying the scheme to make it more attractive to the providers and clients.

I take this opportunity to express my gratitude to Shri. J.P Singh, Principal Secretary, Health & Family Welfare, Government of Delhi for his guidance and financial support to undertake this evaluation. I am also grateful to Shri A.K.Singh, Mission Director, NRHM; Dr.M.K.Aggarwal, Dr.Nutan Mundeja and Dr.Charu Tiwari from Delhi State Health Mission for their valuable guidance and support in this evaluation.

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ABBREVIATIONS

Abbreviations	Full Form
AD	Auto Destruct
ANC	Ante Natal Check-up
ANM	Auxiliary Nurse Midwife
ANMTC	Auxiliary Nurse Midwife Training Centre
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
BCG	Bacillus Calmette Guerin
BPL	Below Poverty Line
CBR	Crude Birth Rate
CDR	Crude Death Rate
CMHO	Chief Medical & Health Officer
CDMO	Chief District Medical Officer
CMS	Chief Medical Superintendent
D.D.O.	Drawing & Disbursing Officer
D.G.	Director General
DGD	Delhi Government Dispensary
DLHS	District Level Household Survey
DPHNO	District Public Health Nursing Officer
Dir.(H.S)	Director (Health Services)
DPT	Diphtheria, Pertussis and Tetanus
FGD	Focus Group Discussion
GNM	General Nurse and Midwives
GOI	Government of India
H A	Health Assistant
HRM	Human Resource Management
IEC	Information Education and Communication
ICU	Intensive Care Unit
IFA	Iron Folic Acid
IMNCI	Integrated Management of Neonatal & Childhood Illness
IMR	Infant Mortality Rate
JSY	Janani Suraksha Yojana
LHV	Lady Health Visitor

MCD	Municipal Corporation of Delhi
MCW	Mother and Child Welfare
MCH	Maternal and Child Health
M.S	Medical Superintendent
MMR	Maternal Mortality Ratio
MFHs	MAMTA friendly Hospitals
MOU	Memorandum of Understanding
MTP	Medical Termination of Pregnancy
NDMC	New Delhi Municipal Council
NFHS	National Family Health Survey
NGOs	Non-Government Organizations
NRHM	National Rural Health Mission
OBC	Other Backward Community
OPV	Oral Polio Vaccine
O.T	Operation Theatre
P.H.N.	Public Health Nurse
PNC	Post-Natal Checkup
PNDT	Pre-Natal Diagnostic Techniques
PP Unit	Post Partum Unit
RCH	Reproductive Child Health
RMO	Resident Medical Officer
RSBY	Rashtriya Swasthya Bima Yojana
SC	Scheduled Caste
ST	Scheduled Tribes
TT	Tetanus Toxoid
VDRL	Venereal Disease Research Laboratory
WHO	World Health Organization

EXECUTIVE SUMMARY

Introduction

Government of National Capital Territory of Delhi is committed to provide equitable and quality healthcare for its citizens especially, the mother and child segment of its population in slum areas. For this population, the nearest public health facility providing essential obstetric / new-born services is either too far away or already overburdened and the nearest private health facility too is expensive. Hence, access to services at these health facilities by a pregnant woman of economically vulnerable segment is a major problem. In order to promote institutional deliveries amongst vulnerable sections of the society resulting in bringing down maternal and infant mortality, the Government of NCT of Delhi under the Delhi State Health Mission launched the MAMTA scheme on 27th March 2008.

The scheme has been in operation for more than one and half years. The Government of India while releasing budget for the scheme during 2009-2010 laid down a condition that an external evaluation of the scheme should be completed by March 2010. In this context, the present evaluation has been carried out with the view to understand the experiences of implementation of the scheme and scope for modification thereby making it more attractive and effective to the providers and clients.

Methodology

The evaluation was conducted in six districts of Delhi during November-December 2009. In the process, 210 beneficiaries, 75 potential beneficiaries (currently pregnant women belonging to SC/ST/BPL categories), 102 non-beneficiaries (eligible women who had not availed services under the scheme), 35 private hospitals/nursing homes (who had signed MOU with the Government), 30 field health functionaries, 15 medical officers of primary health care units (M&CW centres of MCD and Delhi Government dispensaries) and 10 programme managers at the district/state level were interviewed.

Major Findings

Efforts were made to make the public aware of the scheme, the elements of the scheme were not properly disseminated and a large number of target population were found to be not aware of the scheme. It is evident from the study that about 59 percent of non-beneficiaries (who were eligible but did not utilize the benefits of the scheme) were not aware of the MAMTA scheme during their pregnancies. Another major problem facing the scheme is about the eligibility criteria for registration in the MFHs that required the production of BPL card/caste certificate issued in the name of the woman/proof of residence and lack of MFHs nearby locality of the target population.

The scheme has become unattractive to the private providers. Out of a total number of 36 private hospitals/nursing homes those who had signed MOU with the Government at the inception of the scheme, only one-third of the hospitals/nursing homes are currently providing services under the scheme. They were reluctant to continue with the scheme mainly due to unattractive service package, too much paper work and lack of publicity about the scheme. A majority of the hospitals/nursing homes have expressed that the remuneration in the scheme is much lower than its actual cost of inputs/ resources in rendering services. For instance, the cost of caesarean deliveries is high as they need to meet the charges of gynaecologist, anaesthetist, and paediatrician, blood transfusion charges, medicines etc.

Nonetheless the scheme has increased number of institutional deliveries among the target women in some localities, where it is functional. It is evident that about 30 percent of the beneficiaries under the scheme and about 23 percent of non-beneficiaries underwent their previous deliveries at home.

The evaluation brought out many issues in the implementation like cumbersome process of submission of claims for reimbursement, delay in reimbursement by districts due to inadequate documents as per guidelines, lack of free access to Government or private blood banks, referral of complicated cases by few MFHs, treatment of medical illness during pregnancy, last minute referral of cases, admission for false pain, lack of provision for drugs/medicines during

pregnancy, treatment of postnatal and neonatal complications and lack of coordination and linkages between MFHs and nearby primary health care units etc.,

Hospitals/nursing homes expressed that they would accept a remuneration which is lower than 30-40 percent of market prices. As per the suggestions obtained from all government health providers, administrators of private hospitals/nursing homes, rates fixed in other schemes like CGHS, RSBY, Voucher schemes, and based on crude estimation of cost of delivery services at different health facilities in Delhi (ESIS, CGHS and MCD), the remuneration for entire package of services may be increased to Rs.6650/- per case. This includes basic postnatal care, neonatal care and charges for diet during admission in the hospital/nursing home. This however, does not include charges for treatment of post natal complications and neonatal problems.

A majority of the beneficiaries (84.3 percent) under the scheme came to know about the scheme through ASHAs. They have been instrumental in propagating the new scheme and act as important link between the scheme and the community. It was found that most of the beneficiaries (80 percent) were happy with the behaviour of the doctors, nurses and other staff in MFHs, cleanliness and other services/facilities. The duration of hospital admission for normal delivery is almost a day in majority of hospitals/nursing homes with exception of 2-3 hospitals which normally discharged patients after normal delivery within 5-6 hours. However, caesarean cases are discharged after 4-5 days.

One of the issues brought out was additional expenses incurred in the MFHs by the clients. Nearly 5 out of every 10 beneficiaries had incurred expenditure on ultrasound tests which was on an average Rs.400/-. Almost every 7 out of 10 beneficiaries had incurred some out-of-pocket expenditure during their ANC and delivery at the MFHs which was on an average comes to Rs. 750/- on an average basis. In a majority of cases, postnatal care was not provided by the MFHs. The hospitals provide only child immunization at birth. As the scheme was designed with the intention to provide free services to the target population, and the message has already reached the target group, every effort should be made to reduce out-of-pocket expenditure by the beneficiaries enrolled in the scheme. It may be necessary to de-link ANC services from the existing package of services.

Even though the scheme is decentralized at the district level, no full time official has been appointed to look after the day to day functioning of the scheme. The nodal officers in the districts have been assigned with a number of responsibilities. It is seen that nodal officers find it difficult to assess the claims due to inadequate documents submitted by the MFHs. Record keeping at the MFHs was also found to be a problem. The MFHs are supposed to maintain different records and registers related to ANC check ups, ultrasound tests, monthly reports, etc. However, in majority of the hospitals (75 percent) the records and registers were not maintained properly mainly due to lack of manpower.

Major Recommendations

On the basis of these findings, the study recommended certain scheme-specific, system-specific and communication-specific recommendations. The scheme-specific recommendations include raising the remuneration for package of services by the Government, revision of remuneration once in two years, de-linking of ANC and delivery services within package, development of strong linkages with Government hospitals for referral of cases of serious medical illness during pregnancy/complicated deliveries/post natal/neonatal complications. The study also recommended for simplifying the eligibility criteria and proof of documents, scrutiny of documents by the Government health officials, administrative power to the CDMOs to decide the eligibility criteria of the women if the proper documents are not available.

There should be a provision of transportation of sick new-born to referral hospital by CATS Ambulance free of cost for the beneficiaries. Provision of drugs by the DHS for the pregnant women with medical illness attending MAMTA Scheme should also be a part in the scheme. A strong linkage of all MFHs to nearby ICTCs for HIV testing should also be inbuilt.

In order to monitor the scheme on day to day basis, one consultant with adequate qualification and experience should be employed at the CDMO office. The study also recommended developing simple software for online reporting and introduction of online payment system. Ranking of hospitals/nursing homes on the basis of performance on the website of Delhi Government and certificate of appreciation to best performing MFH can be well received.

Regular orientation of private providers, medical officers in primary health care units, link workers, development of effective linkages and coordination between the MFHs and Government health system are also recommended to strengthen the scheme.

On the communication front, the report recommended that the IEC division in the Directorate of Family Welfare should take a proactive role in the publicity of the scheme. Other recommendations include providing technical and financial support to the districts for developing appropriate communication strategies, development of pamphlets/communication materials for distribution in the community, organization of camps in J.J. clusters and resettlement colonies along with other NRHM activities, provision of uniform display board at the MFHs, involvement of NGOs in creating awareness about the scheme, involvement of Indian Medical Association (Delhi Branch) for the promotion of the scheme etc.

It may be concluded that given adequate support and thoughtful revision, the MAMTA scheme will indeed lead to increased access and coverage to the poor for safe and institutional delivery services and can become a forerunner for many other interventions through PPP mode in the state.

CHAPTER - 1

INTRODUCTION

1.1 Background

According to the Census of India 2001, Delhi has the population of 138.51 lakhs with 3.8 percent annual growth rate and 47.02 percent decennial growth rate during 1991-2001. The state has population density of 9,339 per sq. (as against the national average of 312). With the decadal growth rate of the state is 47.02 percent (against 21.54 percent for the country) the population of the state continues to grow at a much faster rate than the national rate. As of 2009, the population of Delhi is estimated to be around 185 lakhs and is estimated to reach 279 lakhs by 2026. In terms of percentage, urban rose to 93.18 percent from 52.76 percent in one decade (1991 to 2001). As per the current information, only 6.9 percent of population in rural areas and 15.2percent in urban areas live below poverty line.

Table 1.1: Profile of Delhi State as compared to India

S. No.	Item	Delhi	India
1	Total population (Census 2001) (in million)	13.85	1028.61
	Percentage of Urban population	93.18%	27.82%
	Slum population as % of urban population	15.72%	15.05%
2	Decadal Growth (Census 2001) (%)	47.02	21.54
3	Crude Birth Rate (SRS 2008)	18.4	22.8
4	Crude Death Rate (SRS 2008)	4.8	7.4
5	Total Fertility Rate (SRS 2007)	2	2.7
6	Infant Mortality Rate (SRS 2008)	35	53
7	Maternal Mortality Ratio (SRS 2004 - 2006)	NA	254
8	Sex Ratio (Census 2001)	821	933
9	Population Below Poverty Line (%)	8.23	26.10
10	Schedule Caste population (in million)	2.34	166.64
11	Schedule Tribe population (in million)	0	84.33
12	Female Literacy Rate (Census 2001) (%)	74.7	53.7

Source: Government of Delhi, 2009

1.1.1. Health Status in Delhi Slums

About 30 percent of population in Delhi lives in urban slums. The slum and posh colonies exist side by side. The last few decades have brought out another kind of change in the configuration and character of migration in to the city from several parts of the country which has converted it into megapolis of seamless dimension. Nearly 2 lakhs persons migrated into Delhi every year during the decade 1991-2001. Most of these migrants land up in slums whose population is enumerated to be 18.7 lakhs or 18.7 percent of the urban population of Delhi. However, not only the slum population is underestimated by the census but the urban poor also, who are residing in other locations like unauthorized and resettlement colonies.

It is estimated that nearly half of Delhi's population resides in urban poor habitations. The poor in slum areas are vulnerable to health risks as a consequence of living in a degraded environment, inaccessibility to health care, irregular employment, widespread illiteracy and lack of negotiating capacity to demand better services.

Table 1.2: MCH Indicators in NCT of Delhi (NFHS and DLHS)

Indicators	NFHS-3 (2005-06)	NFHS-2 (1998-99)	NFHS-1 (1992-93)	DLHS-3 (2006-07)
Median age at first birth for women age 25-49	21.7	21.2	20.9	
Mothers who had at least 3 ante natal care visits for their last birth (%)	74.4	68.9	72.2	71.6
Births assisted by a doctor /nurse/ LHV/ANM /other health personnel (%)	65.1	65.9	53.8	71.2
Institutional births (%)	60.7	59.1	45.3	68.6
Mothers who received post natal care from a doctor/nurse/LHV/ANM/other health personnel within 2 days of delivery for their last birth (%)	50.4	NA	NA	78.6*
Children 12-23 months fully immunized (BCG, measles, and 3 doses each of polio/DPT) (%)	63.2	69.8	57.8	70.8

* PNC within two weeks of delivery, Source: NFHS & DLHS surveys, Govt. of India

A significant proportion of slums is not listed in official records and therefore remain outside the purview of public services including health which further accentuate their vulnerability to health risks. As the vulnerability of urban poor is influenced by a variety of factors, the variation in these factors results in some slums being more vulnerable than others. It is essential that development programmes recognize the differential vulnerability of slums so that context specific approaches and effective targeting of resources to the most vulnerable is made possible.

The proportion of deliveries in 2005-06 assisted by a doctor/nurse/LHV/ANM /other trained health personnel in Delhi was 65 percent (NFHS-3) , while in 2006-07 the figure reached 71.2 percent as per DLHS-3. The IMR for Delhi is 35 (SRS, 2008) per 1000 live births where as for rural, was 40 .The median age at first birth for women was 21.7 (NFHS-3). Mothers who had at least 3 ANC visits was found to be 74.4 during 2005-06 (NFHS-3). The proportion of mothers who received post natal care from a doctor/nurse/LHV/ANM/other trained health personnel was 65.1 (2005-06) and during 2006-07 it is 71.2. The number of institutional deliveries has also been increased due to the implementation of various schemes. During 2005-06 it was 60.7 percent, while during 2006-07, the institutional delivery was 71.2 percent (DLHS-3). The immunization status shows that 63.2 percent children (12-23 months) were fully immunized (BCG, measles, and 3 doses each of polio/DPT) during 2005-06 while it was 71 percent during 2006-07.

Delhi has one of the best health infrastructures in India both qualitatively and quantitatively. Delhi offers among the most sophisticated medical care with the latest State-of-the-art technology for treatment and the best-qualified doctors in the country. Delhi has some of the finest super specialty hospitals of India. Due to their expertise and repute, these hospitals are attracting patients from all over the world whereby enhancing medical tourism. Delhi Government's own network of dispensaries and hospitals are instrumental in delivery of health care services to population in Delhi. Growth of medical institutions, however, was not in tandem with the growth of population.

As per the information from the Directorate of Health Services, Delhi, there were 85 hospitals and 1035 dispensaries, which include primary health care units belonging to various organisations like Delhi Government, MCD, NDMC, Delhi Cantt. Board, CGHS, ESI, Railways, Delhi Jal Board, DTC etc and includes all system of medicines like Allopathy, Ayurvedic, Unani etc. These primary health care units comprise of the units providing only maternal and child health care including family planning services like M & CW centres of MCD and NDMC; Delhi Government dispensaries/ESI/CGHS providing curative and RCH care; MCD dispensaries providing only curative services. Besides there were 34 maternity homes under the jurisdiction of MCD, 10 polyclinics, 609 nursing homes and 21 special clinics in 2008.

1.2. Background of MAMTA Scheme

Government of National Capital Territory of Delhi is committed to provide equitable, quality healthcare for its citizens especially, the maternal and child segment of its population in slum areas. The nearest public health facility providing essential obstetric / newborn services is either too far away or already overburdened and the nearest private health facility too is expensive, thereby access to these services by a pregnant woman of economically vulnerable segment is a major problem.

In order to promote institutional deliveries amongst vulnerable sections of the society so as to bring down maternal and infant mortality, the Government of NCT of Delhi under Delhi State Health Mission launched a scheme called MAMTA scheme on 27th March 2008. The scheme is fully funded by Government of India. Under the scheme private hospitals/nursing homes were invited to provide a comprehensive package of maternal health services including institutional deliveries in the underserved areas of slums/JJ clusters. Private hospitals / nursing homes that are registered under the scheme are called MAMTA Friendly Hospital (MFH). These hospitals/clinics are paid a fixed remunerative package for each institutional delivery; they carried out in respect of pregnant women eligible as a beneficiary under the scheme.

1.2.1 Operationalisation of the MAMTA Scheme

Healthcare services provided to the beneficiary include at least three ante natal check-ups with all necessary investigations including ultrasound of pregnant woman registered under the scheme, provision of injection TT and Iron Folic Acid tablets to all pregnant women as per RCH schedule, provision of institutional delivery facilities, including emergency obstetric care to all registered pregnant women and essential newborn care to the newborn including administration of birth doses of vaccines to newborns and one post natal checkup within first week of delivery but not later than 14 days.

As per the eligibility criteria are concerned, the pregnant woman must belong to the BPL / SC/ST category and should be a resident of Delhi. She should not be less than 19 years of age and should not have more than one living child. In order to avail the service from MFH the pregnant woman has to produce age proof, residential proof, caste certificate/BPL card. In case the age proof of pregnant women is not available documentation of the medical doctor of the concerned dispensary is also acceptable. The details of the eligibility criteria is given in **annexure I**. Private hospitals/clinics are provided Rs. 4000/- for providing comprehensive care to pregnant woman which includes antenatal care, institutional delivery, and newborn care and post natal care. Part packages are also available in which Rs. 3000/- is given to the MFH only for institutional delivery, Rs. 2000/- is given only for ante-natal care services. The packages for 100 deliveries calculated for the scheme is given in **annexure II**.

In order to join the scheme, the private hospitals/nursing homes should be registered under the Delhi Nursing Home Registration Act. They should have appropriate staff including gynaecologist obstetrician, paediatrician, anaesthetist, radiologist, resident medical officer, staff nurse, lab technician. Diagnostic facilities such as haemoglobin estimation, urine - routine and microscopic examination, VDRL test, Hepatitis 'B' antigen testing, blood sugar random, blood grouping of husband and wife, ultrasound should also be available. They should be equipped with O.T, labour room, nursery - as per conditions laid down under the above mentioned Act. The hospital/centre/nursing

home should preferably be within or in the vicinity of the vulnerable area (Resettlement colony, JJ colony, unauthorized colony, Janta flats).

The hospitals are required to submit claims on a monthly basis to the CDMO for receiving payments under the scheme along with the number of beneficiaries registered with proof of eligibility, number of beneficiaries receiving complete package or part package, proof of delivery by way of birth certificate/death certificate (with cause of death) issued by the local authority (MCD/NDMC) or proof of submission of the papers for issue of birth certificate as the case may be.

ASHA/ANM/Basti Sevika counsel, mobilize and facilitate pregnant women in accessing ante natal care, institutional delivery and post natal care from MFHs. In case ASHA is not in place in the area under the scheme, then any link worker motivating the pregnant woman to get antenatal care, institutional delivery and postnatal care from MFHs are eligible for Rs 100 /- per delivery as motivation incentive. The money is disbursed directly to the worker through the CDMO. The concerned hospital/centre give an acknowledgement slip to the link worker after verification of which the CDMO shall disburse the money to the worker.

1.2.2 Need for the Evaluation

The scheme has been in operation for more than one and half years. The Government of India had approved a budget of Rs.125 lacs for the year 2009-10 with the condition that an external evaluation of the scheme should be completed by March 2010. In this context, the present evaluation has been carried to review the progress of the scheme and understand the experiences of implementation with the scope for improvement in order to make it more attractive and effective to the providers and the clients.

As per the request from the Government of Union Territory of Delhi, National Institute of Health and Family Welfare, New Delhi has undertaken the evaluation of the scheme. It is believed that this evaluation would help in fine-tuning the scheme, with necessary modification. The evaluation was conducted with the following objectives.

1.3. Objectives

1. Examine the physical and financial performance of the scheme since its inception;
2. Assess the status of facilities and services provided by MAMTA Friendly Hospitals to the clients as per the guidelines;
3. Assess the perception of private health providers registered under the scheme and their views on financial package provided in the scheme;
4. Solicit the views of health administrators and programme managers on implementation of the scheme;
5. Assess the role of Government health functionaries including community health workers and their awareness about the scheme;
6. Understand client perception about access to services and constraints, if any, in availing services from MAMTA Friendly Hospitals;
7. Assess the benefits of the scheme in terms of improving coverage, reducing antenatal & post natal complications and improving newborn care;
8. Suggest mechanism for the improvement in the scheme.

1.4 Organisation of the Report

The report has seven chapters. The first chapter deal with general introduction of the MAMTA Scheme, objectives of the study and rationale of the study. The second chapter provides a detailed note on the methodology, study sample, selection of sample and various study tools that have been adopted in the study. The third chapter reflects the physical and financial progress of the scheme since inception till date. The fourth chapter gives the details of infrastructural facilities available with the private hospitals/nursing homes covered in the study. Since the scheme, largely depends on private hospitals and nursing homes their perspectives and views of improving the scheme have been brought to the fore in this chapter. The fifth chapter provides the perception of CDMOs/Nodal Officers of the districts, Medical Officers of primary health care units (M&CW centres of MCD and Delhi Government dispensaries) and field health functionaries (ANMs and ASHAs) about the MAMTA scheme and scope for modifications. The sixth chapter provides the perception of actual beneficiaries, potential beneficiaries and non-

beneficiaries about the scheme. Seventh chapter discusses the implementation of MAMTA scheme in general based on the secondary data collected from the state, district and at the local level and interview with all stakeholders covered in the study. The views of all those who have been benefited and the potential ones and those who did not avail the services under the scheme have been synthesized. The last chapter provides consolidated recommendations based on the study findings.

CHAPTER 2

METHODOLOGY

2.1. Study Design: Descriptive study.

2.2 Study Area: East, West, South, South West, North West and North East districts of Delhi.

2.3 Reference Period: The study collected information about the scheme, status of registration, available facilities/services, payments to hospitals/nursing homes, reporting etc. during April 2008 to October 2009. Field data for the evaluation was collected during November 2009.

2.4 Study Population

As the scheme has involved different stakeholders in the process of implementation, the following stakeholders were covered in the study:

1. Programme Managers-at the state (Delhi State Health Mission) and district levels (CDMOs/Nodal Officers at district)
2. Service Providers – Administrators of MAMTA Friendly Hospitals
3. Medical Officers of Government Primary Health Care Units – M & CW centres of MCD and Delhi Government Dispensaries
4. Field Health Functionaries –ANMs and ASHAs
5. Clients –
 - Actual Beneficiaries- who had delivered in MAMTA Friendly Hospitals since inception of the scheme.
 - Non-beneficiaries – SC/ST/BPL women who had not delivered in MAMTA Friendly Hospitals during the reference period.
 - Potential beneficiaries – currently pregnant women belong to SC/ST/BPL categories.
6. Members of Community - includes mothers, mother- in- laws in the localities near the MAMTA Friendly Hospitals.

2.5 Selection of the Sample

1. **Programme Managers:** State Programme Manager (Directorate of Health Services/ Delhi State Health Mission), CDMOs/Nodal Officers of all the districts.
2. **Service Providers** – 35 MAMTA Friendly Hospitals who had signed MOUs with the Government was visited for collecting information regarding facilities and services provided by these hospitals to the clients, availability of logistics from the government, problems in disbursement of money, details of pregnant women registered in the hospital/nursing home, their satisfaction about the scheme, constraints faced if any and suggestions for improvement of the scheme. The list of the hospitals/nursing homes visited during the evaluation is given in **annexure III**.
3. **Medical Officers of Primary Health Care Units** –15 medical officers from M&CW centres of MCD and Delhi Government dispensaries within the vicinity of the MAMTA Friendly Hospitals were interviewed.
4. **Field Functionaries** – 30 field functionaries like ANMs and ASHAs who are working with the community in the vicinity of each of the MAMTA Friendly Hospital were selected for interview.
5. **Clients**
 - **Actual Beneficiaries:** List and addresses of women who delivered in the MAMTA Friendly Hospitals in the following five districts since inception of the scheme was procured from the Delhi State Health Mission /Nodal Officers of the districts/concerned MAMTA Friendly Hospitals. From the list, 210 women were randomly selected for in-depth interview. These women were selected in such a way, to have more representation of women (50%) from poor performance districts as compared to better performance districts (20%).

Table 2.1: Selection of Beneficiaries

District	No. of women delivered under the scheme (April 2008 – June 2009)	No Beneficiaries	No. Potential Beneficiaries	No. Non-Beneficiaries
East	24	14	10	23
South	45	19	11	26
West	260	53	39	13
North West	494	104	9	33
South West	34	20	6	7
Total	857	210	75	102

- **Potential Beneficiaries** (currently pregnant women belong to SC/ST/BPL categories): Antenatal records of women belonging to SC/ST/BPL categories who are registered with MAMTA Friendly Hospitals, ANMs and ASHAs were reviewed during the visit to resettlement colonies, JJ clusters and Janta flats. The study proposed to interview 100 currently pregnant women belong to SC/ST/BPL categories from different localities. However, the team could contact 75 eligible women who had registered with any of the health facilities. Out of which 41 were registered with the MFHs.
 - **Non-Beneficiaries** (SC/ST/BPL women who had not delivered in MAMTA Friendly Hospitals): With the help of field health functionaries, BPL/SC/ST women who had not availed any services under the MAMTA scheme during the reference period were contacted. The team could contact and interviewed 102 such women from five districts, where the scheme is currently in operation.
6. **Community:** One FGD per district was also conducted with community members (mothers, mother-in-law etc.) from the areas where field data were collected. The faculty and senior research team members conducted the FGDs with the help of local facilitators like ASHAs and ANMs.

2.6 Data Collection Tools

The study used both primary and secondary data. Primary data were collected from all the above stakeholders. The secondary data were collected through review of records at the state,

districts, MAMTA Friendly Hospitals and field level functionaries. All the data collected were triangulated to have more clarity on the findings at the time of analysis. The flow of reports from MAMTA Friendly Hospitals to the districts and thereby to the state was also reviewed.

2.7 Field Data Collection

Field data was collected by a team of 10 members including faculty members of the institute. Interview with the CDMOs/nodal officers, administrators of the MFHs and medical officers was conducted by the senior faculty members, whereas the interview with the field health functionaries and the clients viz. actual beneficiaries, potential beneficiaries and non-beneficiaries were conducted by the research officials of the Institute. All FGDs with mothers and mother-in-laws were conducted by the faculty and senior research members with the help of local facilitators.

Table 2.2: Stakeholders Covered and Study Tools Adopted

S.No	Stakeholders	Numbers	Study Tools
1	Health administrators /programme managers/nodal officers at state/district level	10	Individual interview schedule
2	Administrators of private hospitals and clinics (MFH)	35	Individual interview schedule
3	Government Health Providers	15	Individual interview schedule
4	Field functionaries (ANMs, ASHAs)	30	Individual interview schedule
5	Clients - Actual beneficiaries - Potential beneficiaries - Non-beneficiaries	210 75 102	In-depth interview schedule and checklists

CHAPTER 3

PHYSICAL AND FINANCIAL PROGRESS

3.1 Implementation of the Scheme

MAMTA scheme in Delhi is in operation since March 2008. Initially, the scheme was implemented in all the state in partnership with private hospitals and nursing homes with the objective to promote institutional deliveries in vulnerable sections of the society, particularly the population living in underserved areas of slums/JJ clusters in different districts of Delhi. The long-term objective has been to bring down maternal and infant mortality.

In order to implement the scheme in different districts, the guidelines and procedures for implementation of the scheme including the Memorandum of Understanding to be signed with the private agency was sent from the State Health Mission on 18-12-2007 (**annexure-IV**). The districts were asked to initiate the invitation of expression of interest and selection of MAMTA Friendly Hospitals for speedy implementation of the scheme. An initial budget of Rs.10,00,000/- was released by the Health and Family Welfare Department to each district in April, 2008.

However, the pace of progress of implementation of the scheme was not satisfactory. Discussion with stakeholders revealed that initial reluctance of private hospitals/nursing homes to join the scheme, lack of publicity, requirement of proof of income/residence, caste certificate, overburdening of existing staff, unattractive service package etc were the reason for its slow progress.

The overall utilization of budget in the scheme is low. All the districts except two districts viz. West district and North West districts, the scheme has almost failed to take off.

Table 3.1: Funds Released and Expenditure under the MAMTA scheme (in Rs.) (up to December, 2009)

District	Year 2008 -09		Year 2009-10		Total Expenditure
	Funds Released	Expenditure	Funds Released	Expenditure	
South	10,00,000	1,05,500	nil	nil	1,05,500
South West	10, 00,000	1,75,000	nil	119000	294000
West	10,00,000	5,49,000	nil	579300	1128300
North West	20,00,000	17,78,900	20,00,000	946400	2725300
East	10,00,000	76800	nil	42700	119520
North East	10,00,000	nil	nil	nil	nil
North	10,00,000	nil	nil	3000	3000
	80.00,000	2685200	20,00,000	1687200	4375620

3.2 Fund Utilisation

As per the information provided by nodal officers of different districts, a total amount of Rs. 43.75 lakhs were utilised by various districts in the state. Including SPMU and other related expenditure, an amount of Rs.61 lakhs has been utilised till December 2009.

3.3 Physical Progress

Data from State Programme Management Unit (SPMU) showed that a total of 4220 cases were registered under the MAMTA scheme since inception of the scheme till September 2009. Information obtained from all MAMTA Friendly Hospitals revealed that till November, 2009, a total of 1335 deliveries were conducted, out of which 1223 were normal deliveries and 132 were caesarean sections (Table 3.2). Private hospital/nursing home-wise detail is given in table 3.3.

Table 3.2: District-wise Physical and Financial Progress (till November, 2009)

Name of District	No. of MFH	No. of Normal Delivery	No. Of Caesarian	Claim Submitted	Claim received
East	7	55	12	60	29
North East	4	2		1	0
North West	6	712	82	891	663
South	2	37	9	143	43
South West	3	82	6	12	12
West	12	335	23	317	311
Total No. of Hospital	35	1223	132	1424	1059

A total number of 1431 claims (both full and part package) submitted for reimbursement to CDMOs, out of which 1059 claims were reported to be reimbursed to hospitals/nursing homes.

**Table 3.3: Physical and Financial Progress of MAMTA Scheme (Reported by MFHs)
Up to November, 2009**

District	Name of MFH	No. of Normal Deliveries	No. of Caesarian	No. of claim submitted (including part Packages)	No. of claim received
East	Jeewan Anmol	2	0	2	1
East	Kukreja Nursing Home	10	4	12	12
East	Lake View Nursing Home	1	0	1	0
East	Virmani Hospital	12	0	12	6
East	Sankhwar Hospital	0	0	0	0
East	Singhal Medical Centre	20	5	20	6
East	Shakuntala Maternity & Surgery	10	3	13	5
North-West	Satyam Hospital	2	0	2	0
North-West	Sehgal Nursing Home	133	15	144	0
North-West	Sunder Lal Jain Hospital	284	64	371	360
North-West	Shastri Hospital	273	1	354	279
North-West	K.R. Gangwar Hospital	18	2	20	20
North-West	Khanna Nursing Home	2	0	0	4
North-East	Suraksha Nursing Home	1	0	0	0
North-East	Jindal Nursing Home	1	0	1	0
North-East	Raj Medical Centre	0	0	0	0
North-East	Manglalam Hospital	0	0	0	0
South	Akash Hospital	2	1	0	0
South	Jeewan Hospital	35	8	143	43
South-West	Kesar Hospital	0	0	0	0
South-West	Siddhant Hospital	70	6	0	0
South-West	Deepan Nursing Home	12	0	12	12
West	Sumitra Hospital	35	5	0	53
West	B.T. Hospital	0	0	0	0
West	Rao Raghubir Hospital	13	2	15	1
West	Mangla Nursing Home	0	0	0	0
West	K.K. Hospital	4	0	4	2
West	Aman Hospital	114	6	120	95
West	Jyoti Nursing Home	7	0	7	4
West	Subh Nursing Home	74	2	76	76
West	Sharad Nursing Home	28	1	28	28
West	Mahajan Children Hospital & Nursing Home	15	0	15	7
West	Kamlesh Medical Centre	45	7	52	45
West	Santom Hospital	0	0	0	0
West	New Medical Centre	0	0	0	0
	Total	1223	132	1424	1059

Total amount received also includes part packages. Break- up of the payment for part packages was not available with all MFHs. The information in table 3.3 shows that 10.7 percent of deliveries conducted by hospitals/nursing homes under the scheme were caesarean sections. It is evident that some of the hospitals/nursing homes have not done enough number of caesarean sections, meaning thereby that referrals are made to government hospitals.

Physical progress of the scheme during April – December, 2009 is given in table 3.4

Table 3.4: Physical Progress of MAMTA Scheme (April to December, 2009)

S.No	District	Name of MFH	No. of Registration	No. of delivery
1.	North	Kayakalp Hospital	5	2
2.	North-West	Sehgal Nursing Home	343	37
	North-West	Sunder Lal Jain Hospital	269	195
	North-West	Shastri Hospital	1018	116
	North-West	K.R. Gangwar Hospital	24	16
3.	East	Lake View Nursing Home	0	1
	East	Virmani Hospital	36	14
	East	Sankhwar Hospital	3	1
	East	Singhal Medical Centre	7	3
	East	Shakuntala Maternity & Surgery	66	19
4.	North-East	Suraksha Nursing Home	5	1
	North-East	Jindal Nursing Home	0	1
	North-East	Raj Medical Centre	6	0
	North-East	Manglalam Hospital	3	0
5.	South-West	Siddhant Hospital	27	21
6.	West	Rao Raghubir Hospital	3	1
	West	K.K. Hospital	5	4
	West	Aman Hospital	50	47
	West	Jyoti Nursing Home	0	1
	West	Subh Nursing Home	20	25
	West	Sharad Nursing Home	10	3
	West	Mahajan Children Hospital &	3	1
	West	Kamlesh Medical Centre	31	31
		Total	1934	540

CHAPTER 4

FUNCTIONING OF MAMTA FRIENDLY HOSPITALS

This chapter provides the details of infrastructural facilities available with the private hospitals/nursing homes covered in the study. Since the scheme, largely depends on private hospitals and nursing homes, their perspectives and views about the scheme and ways of improving the scheme has been brought to the fore.

4.1. Guidelines for Selection of MFHs

As per the guidelines issued by Health and Family Welfare Department, Government of Delhi to all the districts (dated 18/12/2007), the hospitals/nursing homes to be selected under the scheme should have some basic requirement of staff, which includes gynaecologist and obstetrician, paediatrician, anaesthetist, radiologist, resident medical officer, staff nurse, O.T. technician, lab technician. They should also have diagnostic facilities like haemoglobin, urine: - routine and microscopic, VDRL, hepatitis 'B' antigen, blood Sugar random, blood grouping and typing of both husband and wife and ultrasound. The facilities should also have availability of equipment, O.T., labour room, nursery as directed under Delhi Government Nursing Home Registration Act, and agreement for Bio-Waste Management. The basic infrastructure requirement from the applicant hospital/nursing home under the MFHS is given in **annexure V**. The list of documents to be enclosed by the applicant hospital with the application are given in **annexure VI**.

4.2. Manpower and Infrastructure Facilities

Among the 35 MFHs all the hospitals had Gynaecologists. Majority of the hospitals had in house Gynaecologist (88.6%) and few hospitals had part time Gynaecologist (11.4%). All the hospitals/nursing homes had the Paediatricians, with 57 percent in-house and 43 percent part time. In the case of Anaesthetists only 23 percent of the MFH had full time while 77 percent had either part time or on call. The availability of radiologists were also almost similar as Anaesthetists. As far as Resident Medical Officers is concerned 94 percent of the MFHs had RMO. 94 percent of them had full time nurses. In the case of

OT Technician and Lab Technician the figures were 86 percent and 74 percent respectively as full time or in house.

Table 4.1 shows the existing situation of manpower in hospitals/nursing homes covered in the study.

Table 4.1: Availability of Specialists/Doctors /Other Health Manpower in the Hospitals/Nursing Homes

Staff	Available	In house	Only Part time	Full time & Part time
Gynaecologist	100 (35)	88.6 (31)	11.4 (4)	22.9 (8)
Paediatrician	100 (35)	57.1 (20)	42.9 (15)	5.7 (2)
Anaesthetist	100 (35)	22.9 (8)	77.1 (27)	2.9 (1)
Radiologist	100 (35)	25.7 (9)	74.3 (26)	nil
Resident Medical Officer	94.3 (33)	85.7 (30)	8.6 (3)	nil
Staff Nurse	100 (35)	94.3 (33)	5.7 (2)	2.9 (1)
OT Technician	100 (35)	85.7 (30)	14.3 (5)	5.7(2)
Lab Technician	88.6(31)	74.3 (26)	14.3 (5)	Nil

Operation Theatre and labour room were available in almost all hospitals/nursing homes (table 4.2). However, nursery was available only with 25 percent of the hospitals/nursing homes; ICU facility with 51.4 percent. It is also important to note that only 4 of the 35 hospitals/nursing homes who had signed the MOU with the state government had blood bank facilities with them. Nearly 77 percent of them had facilities for ultrasound test.

Table 4.2: Availability of Equipment and Other Facilities

Facilities	Available	Not Available
Operation Theatre	34 (94.1%)	1 (5.9%)
Labour Room	35 (100%)	Nil
Nursery	26 (74.3%)	9 (25.7%)
ICU	18 (51.4%)	17 (48.6%)
Blood Bank	4 (11.4%)	31 (88.6%)
Ultrasound Machine	27 (77.1%)	8 (22.9%)

Table 4.3 Availability of Investigation Facilities (in percent)

	Investigation Facilities	Available	Outsourced
1.	Haemoglobin estimation	88.6	11.4
2.	Urine Routine examination	85.7	14.3
3.	Urine Microscopic examination	85.7	14.3
4.	VDRL Test	88.6	11.4
5.	Hepatitis Antigen Test	88.6	11.4
6.	Blood sugar random	88.6	11.4
7.	Blood grouping and typing of both	88.6	11.4
8.	Ultrasound	77.1	22.9
9.	HIV screening	85.7	14.3

As per the guidelines the MFHs should provide a package of services to the pregnant women as given in box 4.1. The detail of services as per RCH and Delhi government is given in **Annexure VII**.

Box 4.1: Services under MAMTA

1. 3 antenatal checkups as per RCH Schedule i.e. 1st before 16-20 weeks, 2nd at 28-32 weeks, and 3rd at 36 weeks.
2. Provision of Iron Folic Acid Tablet and Inj. TT as per RCH schedule.
3. Ultrasonography, 2 in no. (First at 14-18 weeks and second at 32-36 weeks).
4. Investigations (Hb., urine routine and microscopy, VDRL, Hepatitis B antigen, blood sugar random, blood grouping and typing of both husband and wife).
5. Normal Delivery.
6. Induced, if necessary.
7. Cesarean Section, if necessary.
8. Blood Transfusion, if necessary.
9. Operation Theatre, if necessary.
10. ICU, if necessary.
11. Medicine & Bed Maintenance.
12. Essential New Born Care.
13. Resuscitation, if necessary.
14. Immunization of the Baby.
15. 1 post partum checkup.

An analysis of investigation facilities available in the MFHs revealed that among the 35 MAMTA Friendly Hospitals, nearly 89 percent have the facility for Haemoglobin estimation, whereas 11 percent had out-sourced. Similarly for Urine Routine examination and Urine Microscopic examination were available in 86 percent of the MFHs. Nearly 89 percent of the MFHs had the facilities like VDRL Test, Hepatitis Antigen Test, blood

sugar and blood grouping. Ultra Sound facility was available in 77 percent of the MFHs only, whereas 86 percent of the MFHs were doing HIV Screening in their labs.

Only 31.43 percent (11 out of 35) hospitals/nursing homes had display of boards indicating MAMTA scheme and eligibility criteria for availing its benefits. 4 hospitals had ISO accreditation and 45.70 percent (16) of them were empanelled under the Rashtriya Swasthya Bima Yojana, a scheme, launched by the Government of India along with the state government in April 2008.

17 hospitals/nursing homes (almost 50 percent) had some kind of reservations while signing the memorandum of understanding of the scheme (**annexure-IV**). Their apprehension was mainly related to the remuneration for the services as well as too much of paper works involved in the scheme. A majority of the MFHs (80 percent) has reported that they had signed the MOU with the intension to serve the poor. 15 out of 35 of them revealed that they acceded with the request from the government and were happy to have collaboration with the government. Good business for the hospital and to popularise the name of the hospitals were also the reasons that motivated hospitals and nursing homes to join the scheme (Table: 4.4).

Table 4.4: Factors Motivated to join the scheme

Sl.No	Motivational Factors	Number* (N=35)
1	Request made by the Government	15 (42.85)
2	Business for the hospital	12 (34.28)
3	Serving the poor	28 (80.00)
4	Collaboration with the Government	16 (45.70)
5	Name and fame to the hospital	8 (22.85)

*Multiple responses. Figures in parenthesis denote percentages

Most of the MFHs reported that orientation about the scheme was not given to them. About 40 percent of them expressed the view that frequent meeting/review workshop should be organized at the state/district level, so that issues/problems faced by them could be discussed and resolved mutually.

The eligibility criteria for enrollment of beneficiaries under MAMTA Friendly Hospital Scheme (MFHS) were known to all the respondents from MFHs. Out of 35 hospitals/nursing homes covered in the study, only 22 hospitals/nursing homes had submitted claims to the CDMOs of the districts. Almost all MFHs, which are currently working with the scheme, informed that they submit claim every month to the CDMO of the concerned district on a prescribed Proforma issued by the district. Almost all of the MFHs reported that they faced problems in compiling required documents for submission of claims to the districts. The submission of birth certificate along with the documents is also a cause of concern for few of them. 50 percent of MFHs informed that they received the payment within one month, 25 percent of them received the reimbursement within two months, and others informed that more than two months were taken for reimbursement of claims. Data provided by them also revealed that substantial number of part payment has not been reimbursed by the districts. About ten hospitals informed that incomplete papers were the reason for delay in reimbursement of claims. Discontinuation of services by the pregnant woman prior to delivery, lack of manpower at the hospitals/nursing homes to maintain and keep records, transfer of officials responsible for the scheme at district level were also the reasons reported for delay in submission of claim and reimbursement.

Release of advance payment to private providers, simplifying the procedure of submission of claim and on-line submission of claim were also suggested by few of them. Two of the hospitals also suggested that commitment from the government that the payment would be made within the stipulated time and in case of any delay, an interest amount may be added with the payment by the government.

4.3 Referral of Cases

Nineteen hospitals/nursing homes (65.50 percent) informed that they referred the complicated cases to nearby government hospitals for delivery. The cases requiring blood transfusion, PH care and ICU care were often referred to Government hospitals. Five out of 35 hospitals informed that they had faced problems in referral of cases as the government hospitals did not promptly admit such patients. According to them staff at the

government hospitals was also not supportive and cooperative with the patients and family members.

4.4. Monitoring Committee

None of the hospitals/nursing homes had set up monitoring committee or coordination committee to look after the affair of the MAMTA scheme in their facilities. Nearly 50 percent of the hospitals were satisfied with the present monitoring arrangement by the government. Only 5 of the hospitals/nursing homes who are currently working in the scheme reported that sample check was done by officials from the district/state. 11 out of 35 MFHs (31.42 percent) who had signed MOU reported that so far no meeting was attended with official at the district/state level (except a review meeting conducted at the Delhi Secretariat on 23rd October 2009).

4.5 Records and Reports

As per the MOU signed with the Government, the MFHs are supposed to maintain certain records and registers for the smooth implementation of the scheme (Box: 4.2). However, it was observed during the visit to hospitals/nursing homes, most of the private hospitals/nursing homes were not maintaining proper records and reports. Most of them reported shortage of manpower as the main reason for such affairs.

(Box: 4.2).

- | | |
|----|---|
| a. | Case records of beneficiaries |
| b. | Monthly report file for collecting and compiling the reports |
| c. | Birth/Death Record pertaining to delivery |
| d. | Immunisation register |
| e. | Stock register for logistics received from CDMO |
| f. | Reports to CDMO on monthly basis |
| g. | Reports on beneficiaries receiving complete package/part package on monthly basis |
| h. | Birth/ Death details on monthly basis |
| i. | Claim form on monthly basis |
| J. | Motivation slip to link worker on as and when basis |

4.6 Supply of Logistics by the State

As per the MOU, the state government should supply logistics like antenatal card/Janani Suraksha Yojana card, immunization register, immunization card, health education material, Vaccines-BCG, Hepatitis, OPV and TT, AD Syringes, Alcohol Swabs, Iron and Folic Acid tablet, Tablet Calcium and other items pertaining to ANC and Immunization (**Annexure IX**). However, a few of hospitals/nursing homes who are currently working with the scheme has reported some problems in receiving required logistics.

4.7 Publicity of the Scheme

The publicity of the scheme is almost neglected. 7 out of 35 MFHs (ie. Only 20%) had some kind of display board on MAMTA scheme. Only 3 hospitals had developed pamphlets and organized camps to promote their schemes including MAMTA with the women in the community. According to them ASHA plays the role of main link worker in the scheme as they create awareness and motivate pregnant women to avail the benefit under the scheme.

4.8 Continuation in the scheme

63 percent of the hospitals/nursing homes informed that they would not like to continue in the scheme in its present structure. The major reasons for discontinuation in the scheme were low payment for the services, high cost of caesarian deliveries, problem with identification of beneficiaries/benefit not reaching the needy, more paper work, issues related to reimbursement etc (Table 4.5). Other reasons include lack of awareness about programme, non-continuation of services by the beneficiaries, late registration of women with the hospitals; problems with blood transfusion in time of need were also reported by some of them. Two of the hospitals also reported that ‘false pain’ cases were admitted in the hospital but discharged after 1-2 days. There is no provision available in the scheme for such cases.

Respondents from 12 hospitals/nursing homes, who expressed their desire to continue with the scheme, would do so only as a part of social responsibility of serving the poor. A very few of them have mentioned that the scheme would increase their hospital business.

Table 4.5: Reasons for Non-continuation in the Scheme

Sl.No	Reasons	Number *(N=35)
1	Low remuneration for the services	23 (65.70%)
2	High cost of caesarian sections	17 (48.57%)
3	Benefit not reaching the poor/eligibility criteria as a problem	15 (42.87%)
4	Too much paper work about caste certificate and BPL certificate, place of residence.	10 (28.57%)
5	Cumbersome reimbursement procedure and delay in reimbursement	7 (20.00%)
6	Others	6 (17.14%)

*Multiple responses

4.9 Suggestions by the MAMTA Friendly Hospitals

A number of suggestions were made by the MFHs for modification of the scheme. Some of the major suggestions are given in Table 4. 6.

Table 4.6: Suggestions Made by MFHs to Revive the Scheme

Sl.No	Reasons	Number
1	Increase payment for services with drastic changes in the caesarean sections	29 (82.85%)
2	Simplify the procedure of registration and making the scheme for all the poor irrespective of caste or BPL status	16 (45.70%)
3	All cases registered by MFHs should be certified/referred from government dispensaries	9 (25.70%)
4	Simplify reimbursement procedure by online payment and reduce delay in payment	8 (22.85%)
5	Improve publicity of the scheme	10 (28.57%)
6	Make advance payment to MFHs	5 (14.28%)
7	Criteria for payment to MFHs especially part-payment should be made clear.	4 (11.42%)
8	Services like blood transfusion, neonatal care, postnatal care should be clearly defined and financial provisions made thereof	12 (34.28%)
9	Increase charges for the package every year taking into account inflation	4 (11.42%)

4.10 Remuneration for Package of Services

Almost 75 percent of the administrators of the MFHs mentioned that remuneration for the services is the major cause of concern in the scheme. While there is an uniform remuneration that has been worked out for both types of deliveries, the technical and market realities are that, the costs and the market prices for two types are very different from each other. In fact it is also observed that remuneration for the same service across facilities varies tremendously. During the in-depth discussion, the hospitals/nursing homes were upright about their views and mainly revolved around the economics of providing services as part of the scheme.

Table 4.7: Market Rates and Suggested Rates for Revision

Services	MFH Rates (in Rs.)	Percent	Current Market Rates (Average in Rs.)	Suggested Rates (Average in Rs.)	Total for 100 Deliveries
ANC for 3 visits	300	100	450	300	30000
Normal Delivery	1000	85	6700	2500	212500
Induced Delivery	1400	5	7000	4000	20000
Blood Transfusion	1000	10	2000	1500	15000
Caesarean Delivery	5000	8	15000	8500	68000
OT Charges	1000	8	1300	1200	9600
Investigation Charges	300	100	800	550	55000
Ultrasound (for 2)	600	100	600	600	60000
ICU	1000	10	2300	1500	15000
Medicine and Bed	1000	100	1200	1100	110000
Immunization Charges		100	350	250	25000
Newborn care		100	650	150	15000
1 Post partum Check up	100	100	200	150	15000
Charges for food	100	100		150	15000
Total amount (for 100 deliveries)				Total	665,100

During the interview with administrators of the hospitals/nursing homes, an attempt was made to collect the market rates of different services provided by respective hospitals/nursing homes, who had signed MOU with the government and the rates suggested by them for consideration in MAMTA scheme.

The rates suggested by different hospitals vary considerably. After removing extreme rates suggested by four private hospitals, the average rates for full package of services covered under the scheme has been estimated. The average rate obtained for 100 deliveries is Rs.665, 100/-. This would be nearly Rs. 6650 per package.

In this context, a case study on cost analysis of MAMTA scheme done by one of the leading MAMTA Friendly Hospitals (currently involved in the scheme) during the month of February, 2009 revealed that the hospital on an average has incurred a loss of Rs. 3919 per case . The details of cost analysis are given in the **annexure X**.

The remuneration packages offered by other schemes would also provide some basis for comparison. Table 4.8 provides information on the rates fixed for different services including normal and caesarean deliveries under Chiranjeevi scheme, voucher schemes (UP, Uttarakhand), RSBY and CGHS schemes.

Table 4.8: A Comparison of Suggested Rates with other Schemes (in Rs.)

Services	MFH Suggested Rates (Average in Rs.)	Chiranjeevi Scheme, Gujarat, 2006-07	Voucher Scheme U.P, 2006-07	Voucher Scheme Rate, Hardwar 2008	RSBY rates 2008	CGHS, Delhi Rates, 2008
ANC for 3 visits	300	100 per visit	25 per visit	100	NA	NA
Normal Delivery	2500	800	1500 (Normal) 3500 (Complicated)	2200	2500 (Normal) 4500 (Complicated)	6500
Induced	4000	NA	NA	NA	NA	NA
Blood Transfusion	1500	1000	NA	NA	NA	810
Caesarean	8500	5000	5000	8000-10000	4500	12000
OT Charges	1200	NA	NA		NA	NA
Investigation Charges	550	50 per procedure		500		400
Ultrasound (for 2)	600	300	NA	300	NA	450
ICU	1500	1000	NA	NA	NA	1050 per day
Medicine and Bed	1100	NA	NA	NA	NA	NA
Immunization Charges	250	NA	NA	NA	NA	NA
Newborn care	150	NA	NA	NA	NA	190
Neonatal complications	NA	NA	500	500-2500	NA	NA
1 Post partum Check up	150	NA	25 per Visit	100	NA	190

Note: NA = Rates not provided in the scheme. Voucher scheme in UP is discontinued. Under the scheme, it was mandatory to have three days of hospitalisation for normal delivery and 5-6 days for complicated and caesarean deliveries. In Hardwar, charge for normal delivery is inclusive of medicine and one day hospital stay and paediatrician visit. Charge for caesarean delivery includes anaesthetist charges, 5-6 days of hospitalisation and paediatrician visit. The details of rates fixed under voucher schemes are given in annexure XI.

CHAPTER 5

PERCEPTION OF PUBLIC HEALTH PROVIDERS

Interview was held with the CDMOs /Nodal Officers of the districts, Medical Officers of Delhi Government and Municipal Corporation of Delhi dispensaries and field health functionaries like ANMs and ASHAs to elicit their perception about the MAMTA scheme and scope for improvement in the scheme. In this study, CDMOs/Nodal Officers of the districts where the scheme is in operation were interviewed. A total number of 15 MOs, 10 ANMs and 21 ASHAs were interviewed from these districts.

5.1 Findings from interview of District Officials

Interview with the district officers covered discussions right from inception of the scheme to their roles and responsibilities, and their perception of the scheme. As most of these interviews were conducted at the end, the views of the private providers were shared and responses of district officials were solicited.

The CDMOs/nodal officers of the district became aware of the scheme through the state notification dated 18-12-2007 (**annexure XII**). The guidelines for the implementation of the scheme were also circulated to all districts. Under the scheme; the districts were asked to select MAMTA Friendly Hospitals within the vicinity of vulnerable areas like J.J. Clusters, Unauthorized colonies, Resettlement colonies and Janta Flats. Preference was given to those areas where ASHAs and ANM (RCH as well as dispensaries) were available for outreach activities.

All the districts had set up a team for implementation of the scheme, consisting of representatives of CDMO, NRHM nodal officer, specialist from a government hospital etc. A letter of expression of interest was issued to all private hospitals and nursing homes registered under the Delhi Nursing Home Registration Act in the district (**annexure XIII**). Letter contained information on eligibility criteria, services provided, financial package admissible, details of logistic assistance. Letter also clearly mentioned that applying for the scheme does not automatically qualify the applicant for selection

and Integrated District Health Society reserves the right to reject the expression of interest. Letter provided clear cut time lines for application. It also contained the list of areas from where the beneficiaries would be availing the services under the scheme.

In order to take decision, the documents such as registration under various acts like Delhi Nursing Home Registration Act, PC & PNDT Act, MTP Act, Bio Medical Waste Management Act etc were examined. Completeness of documents, fulfillment of eligibility criteria, location from vulnerable areas (preferably it should be as near as possible) were also examined. Preference was given initially to applicant hospitals having – in house Gynaecologist and Obstetrician and Pediatrician, in house Gynaecologist and Obstetrician only, in house Paediatrician only in that order.

The hospitals were short listed by the committee constituted at the district level and these short listed hospitals/nursing homes were inspected by the committee for physical verification of the facilities. Once the committee was satisfied with the facilities and other conditions, letter of offer for signing the Memorandum of Understanding (MOU) was sent to them. The MOU was signed for a period of 11 months. Once the MOU was signed the hospitals/nursing homes were issued with necessary logistics as per the requirement.

The monitoring of the implementation of the scheme is being done by nodal officers of each district. The visit to facilities in their areas, door to door visits of beneficiaries under the scheme is also done by some of them. Monthly reports received from the MFHs are compiled at district level and are being sent to the State. Assessment of the claim submitted by each MFH is done by nodal officers along with specialist representing the monitoring team at district level.

The nodal officers have reported that the logistics such as vaccines like T.T., OPV, Hepatitis B, BCG , Iron Folic Acid tablets, antenatal cards, immunization card etc were provided to MFH by Integrated District Health Society.

5.1.1 Problem Faced by Nodal Officers

MFH would be required to submit claims on a monthly basis to the district for receiving payments under the scheme along with the necessary documents and the districts make payments in respect of deliveries conducted by MFHs, at the package rate on a monthly basis. All the nodal officers of the scheme informed about the problems faced by them in assessing the claims due to inadequate documents submitted by MFHs and delay in submission of claims. They also conducted regular field visit and interacted with the women who delivered in the MFHs and those currently registered with them on random basis. Some of the issues came up during the discussions were:

- Charging of ANC, ultrasound and delivery procedures by the hospitals/nursing homes registered under the scheme.
- Charging of immunization and postnatal care services.
- Dishonouring the cases brought by ANMs/ASHAs by the MFHs.

There are many problems/constraints on the way to the implementation and monitoring of MAMTA scheme in the districts. Some of the constraints faced by the nodal officers include:

- Multifarious activities by the Nodal Officers, who have been given many charges at the district level.
- Shortage of human resources at the district level to assist the Nodal Officer in the implementation of the scheme .
- Problems in the assessing/scrutinizing the claims submitted by MFHs due to inadequate and unauthenticated documents supporting the age/caste/income/residence of the woman.
- Lack specific format and procedure while referring the beneficiaries to higher facilities under the scheme.
- Poor awareness among community about the scheme.

- Poor coordination with other agencies working in this sector.

5.1.2 Suggestions Given by the District Officials

- Remove confusions in the documentary evidences to be submitted by eligible women for registration specifically caste, income and residence certificate.
- Increase remuneration of service package to MFHs.
- Provision of additional manpower to handle the scheme at the district level.
- Provision for good referral linkage in each district and prompt action for referral cases.
- Introduce special packages for neonatal referral for few hospitals in each district.
- Delinking of hospitals/nursing homes which are doing unscrupulous practices.
- Restrict the provision of level-2 ultrasound by some MFHs.
- Simplify the reimbursement procedure by removing unnecessary documentation.
- Disseminate information about the scheme, eligibility criteria, services provided, list of hospitals etc. through local cable TV, newspapers, brochures, and hoardings etc.
- Release advance payment to hospitals/nursing homes which are doing well in the scheme.
- MOU should be signed for at least three years.
- Adopt uniform reporting format by all in the scheme.
- Provision of display boards at MFHs by the Government.
- Setup a desk at each tertiary hospitals to facilitate the MAMTA patients.
- For distributing the JSY benefit, the jurisdiction of dispensary should not be a problem.

- CDMO of the district should be given discretionary power to allow pregnant women in the target group to register with the scheme even if required certificates/documents are not available. ASHA/ANM must bring such case to concerned dispensary which can forward the case to nodal officer and CDMO.

5.2 Medical Officers of Primary Health Care Units

All the medical officers who were interviewed during the study mentioned ASHAs as a link worker in the community, plays a significant role in the MAMTA scheme, they are providing information about MAMTA scheme to the pregnant women and the community. They identify pregnant women who belong to SC/ST/BPL categories and facilitate their registration with the scheme. They also help them in procuring necessary documents to be submitted to MFHs at the time of registration.

Most of the MOs pointed out that they refer all eligible women to register and send them to MFHs, after verifying all the documents as per norms under MAMTA scheme. Their specific responsibility is to disburse JSY money to the beneficiaries and incentives to ASHAs. All ASHAs need to submit a motivation certificate from the concerned MFH to receive the incentive money. Only half of the MOs reported that they received the guidelines from the State regarding the MAMTA scheme

Almost all MOs reported that they sensitize the pregnant women about the need for institutional delivery, ANC, immunisation and family planning. Only a few were enquiring of services is concerned. Only 20 percent MOs are enquiring whether the MF Hospitals are providing services to beneficiaries as per guidelines. They mentioned that in case of non-availability of medicines in MF Hospital, nodal officer would be informed accordingly. Some of them also helped to resolve the problems of beneficiaries who are facing any problem with MF Hospitals.

5.2.1 Perception about the Scheme

According to a majority of MOs (about 80 percent) MFHs provide ANC and delivery services, but they do not provide essential PNC and Newborn care. 20 percent of them reported that MFHs were not providing free ultrasound facilities to the clients under the scheme. According to them some of the problems encountered in the scheme include the following:

- Initially lot of counseling had to be done for MF Hospitals as they were reluctant to register in this scheme as they feel the amount for delivery for them is very low.
- It is very difficult to identify and register BPL/SC/ST women as many of them do not have caste certificates in their name. Many of them also do not have proof of residence and income.
- Most of the MF Hospitals refer the complicated cases to government hospitals.
- Few of the MFHs collect charges from the MAMTA clients which causes damage to the scheme.

All the MOs mentioned that they were not providing any extra facilities for implementing the scheme with the exception of only one MO who mentioned that she was providing transport to beneficiaries to reach MFH and if required she also give telephonic call to MF Hospitals.

Regarding uptake of services under this scheme, the Medical Officers in-charge of dispensaries had the following opinion:

- Institutional deliveries have increased in comparison to home deliveries.
- ASHAs are taking lot of interest as they get additional incentives under the scheme.
- Women are keen to deliver at private hospitals.
- As government hospitals are over crowded; patients feel if they go to private hospitals they get better services.

Dispensaries which have received money for giving incentives to ASHAs and all of the MOs informed that they are not facing any problem in receiving and disbursing the money under the scheme.

MOs also informed that they were not assigned any specific role in the implementation of *Ladli* scheme by the government but they provide information about the scheme to all eligible clients.

5.2.2 Monitoring and Supervision

Regarding the existing system of monitoring and supervision by the MOs in the scheme, the following points emerged:

- About 30 percent of MOs mentioned that they have no idea as they are not doing any monitoring and supervision under the programme.
- Almost 40 percent of the MOs informed that they are doing monitoring through ASHAs under programme.
- 20 percent of them conducted the follow-up and found that a few women with postnatal problems. They also enquired about health of mother and babies.
- Few of the MOs mentioned that as Nodal Officers refer cases to MF Hospital directly, they do not know how many women have registered under MAMTA scheme.
- MOs who reported of distributing JSY money informed that the monthly report of beneficiaries under JSY scheme is sent to districts regularly.

5.2.3 Coordination and Linkages with MFHs

There is lack of coordination between the government dispensaries and the MFHs. Pregnant women who have all documentary evidences are referred to MF Hospitals so that they can avail ANC and delivery services under the scheme. They coordinate with MF Hospitals whenever they receive any complaints from beneficiaries. For improving the coordination and linkages with MF Hospitals, some of the MOs suggested that regular meetings should be arranged with the MFHs and they should also be involved in the selection of MFHs in their jurisdiction.

5.2.4 Suggestions by the Medical Officers

- Benefit of the scheme should be available to all poor women irrespective of caste and religion so as to reduce MMR and IMR in Delhi.
- The MFHs need to be given counseling and motivation to let them feel that they are serving the community.
- Evolve proper tie up with other government hospitals for emergency care, postnatal complications, and neonatal problems
- All services as envisaged in the scheme should be available in MFH hospitals.
- Charging by MFHs for caesarean cases should not be allowed.
- Adequate awareness about the scheme should be generated in community.
- Paper work should be reduced by simplifying the procedure. Caste certificate of husband/ father/ father-in-law should be accepted.
- Certificate from house owners may be accepted as proof of address for tenants.

All the MOs irrespective of their problems with the present scheme, opined that the scheme is good as patients are motivated not to plan for 3rd child. As the women get money under JSY, they prefer institutional delivery instead of home delivery and thereby reducing exposure to the risk of infant and maternal mortality. All referral hospitals / centres are over crowded and patients are reluctant to go and avail the services from these facilities.

5.3 Auxiliary Nurse Midwives (ANMs)

5.3.1 Experience and Training

Ten ANMs who were interviewed in the study, were having different years of experience ranging from one year to twenty years. All the ANMs have attended the training in present position, the maximum number of 5 trainings was attended by few ANMs and at least 2 trainings by others. The contents of training were ANC Registration, TB, JSY scheme, Immunization, NRHM, MAMTA scheme etc.

5.3.2 Awareness about the Scheme

All the ANMs consulted for this study were fully aware about the eligibility criteria under the scheme. Out of 10 ANMs, 8 of them received the orientation training regarding MAMTA scheme and they are regularly providing awareness and counseling to eligible women under the scheme.

5.3.3 Involvement in the Scheme

During ANC days at the dispensaries, they mobilize the pregnant women for registration in MF Hospitals through ASHAs. They provide training to ASHAs and also advice them to motivate pregnant women who are eligible for MFH registration. Most of the ANMs on an average were conducting 6- 8 field visit in their area in a month and they visit 8 to 30 houses per day. During every home visit they counsel eligible women for registration in MF Hospitals.

All the women, counseled by ANMs have not opted for institutional delivery. A significant number of them did not have institutional delivery, due to certain reasons which include distance of hospital from home, non-encouragement from family members, preference for home delivery, poverty are the major reasons. Due to non-availability of required documents, a few of eligible women also could not register under MAMTA scheme.

5.3.4 JSY and Other Schemes

All the ANMs were aware of JSY scheme. They mentioned that they have not arranged transport service to the pregnant women under JSY scheme for delivery – as ASHAs are doing this job.

All the ANMs were aware of *Ladli* scheme. They were also providing the knowledge on *Ladli* scheme to the eligible women. Each of them has also facilitated registration of women beneficiaries under *Ladli* scheme. However, none of the ANM was aware of RSBY scheme being implemented by the government for the BPL population.

5.3.5 Perception about the MAMTA Scheme

Out of 10 ANMs contacted, 5 ANMs had the opinion that institutional deliveries have increased after the implementation of MAMTA scheme. The major reasons for increase in institutional delivery are:

- Patients are getting services near to their home.
- They are getting free service in good private hospitals.
- Increasing awareness about the scheme.
- The poor feel it as a good scheme.

Regarding the continuation of MAMTA scheme, a few ANMs had the opinion that, the scheme should be continued in the present form because it is very good scheme for poor people and they get good care. There are long queues in government hospitals, and private hospitals are less crowded patients get access to safe delivery near to their homes.

According to 50 percent of ANMs, the majority of target population do not go to MF Hospitals, as they find it difficult to submit proof of residence, income, caste etc. so they prefer to deliver at home. They felt that real poor are not getting the benefits under the scheme. Most of them have the opinion that awareness about the scheme among the target population is also low. They also complained that some MFHs charge the patients for ultrasound and medicines.

5.3.6 Suggestions by ANMs

- Reduce paper work in the scheme. The scheme may be made available to all the poor and SC/ST women irrespective of whether they possess the SC/ST certificate in their name.
- Incentive payment to ASHAs and link worker should be increased. In case the women registered with the MFHs do not deliver there, ASHAs/Link workers do not get any incentive. Therefore part payment of incentives may be considered, in case delivery is not conducted by MFH.

- Monitoring and quality check should be introduced for MFH as quite often they do not provide proper care to patients. In case of normal deliveries some of the MFHs discharge the patients within 3-4 hours of delivery. In order to avoid any postnatal complications, all MFHs should keep the patients at least a minimum of 24 hours in the hospitals.
- Follow up of pregnant women right from the registration in MFHs should be done so that women facing the problem of complications could be helped and proper guidance could be given during delivery. This would also reduce the problem of delivery at home.
- Simplify the disbursement procedure of JSY money to MAMTA beneficiaries as lot of delay occur in filling the forms and obtaining certificates from the MFHs
- Benefit of MAMTA scheme should not be given to women belonging to well off SC/ST families.
- The scheme requires more publicity. Therefore every effort should be made to publicize the scheme by the government.
- All eligible mothers should be helped in registration under ladli scheme.

5.4 Accredited Social Health Activists (ASHAs)

5.4.1 Experience and Training

Twenty one (21) ASHAs were interviewed, and it was found all the ASHAs were having the experience ranging from one year to five years. The number of trainings attended by each ASHA were maximum eight and minimum 2 trainings for 6 days to 11 days. The contents of training were Family Welfare, ANC, MAMTA Scheme, JSY Scheme, *Ladli* Scheme, immunization, Sanitation, motivation ASHA guidelines and awareness for breast feeding.

5.4.2 Awareness about the Scheme

All the twenty one ASHAs were aware of MAMTA Scheme, and they were aware about eligible criteria of women for registration of MAMTA Scheme. Out of twenty one ASHAs, twenty of them received the orientation training regarding MAMTA scheme and all of them counselled pregnant women in in the target group about the MAMTA scheme.

5.4.3 Involvement in the Scheme

All the ASHAs interviewed in the study reported that they mobilize and facilitate the pregnant women for registration in MFHs through home visit and counselling. They verify relevant documents required for registration and also take them to MFH with referral from dispensary. On an average ASHAs are conducting 20-25 field visit in their area in one month. They are reported of visiting about 10-20 houses every day and during every visit, they give counselling to pregnant women.

According to some ASHAs women who had difficulty in producing caste certificate and proof of residence found problem in registration with the MFHs. Many of the women delivered at home due to reasons such as poverty, distance of hospitals, untimely services in hospitals, etc. Some of them prefer to go to their parental home to have delivery, especially first delivery.

5.4.4 Incentives under MAMTA Scheme

All the ASHAs interviewed in the study informed that they were getting incentive for institutional delivery. They receive incentive money normally within 10 to 30 days, from government hospitals/dispensaries.

5.4.5 JSY Scheme

All the ASHAs were aware about JSY scheme and they are getting Rs. 150 incentive money per institutional delivery. Whenever they facilitate women to register with MFHs, they also get incentive money of Rs.100/- for each delivery. Out of twenty one ASHAs, five ASHAs arranged transport service to the pregnant women under JSY scheme for delivery

5.4.6 Knowledge about Other Schemes

Out of 21 ASHAs, 17 ASHAs (80 percent) were aware of *Ladli* scheme and they are providing awareness on *Ladli* Scheme also to the eligible women (mother of a girl child).

Only 5 ASHAs were aware of RSBY Scheme, and acted as source of knowledge for eligible women about the scheme.

5.4.7 Perception about the Scheme

Out of 21 ASHAs, 12 ASHAs were of the opinion that institutional deliveries have increased after the implementation of MAMTA Scheme. Major reasons given by them were:

- MF Hospitals are close to the residence.
- Women prefer to deliver in private hospitals over government hospitals.
- Better and free care is being provided by MF Hospitals.
- The beneficiaries also get Rs. 600 as incentive of JSY Scheme.

However, 33 percent of the ASHAs had expressed in negative. According to them the beneficiaries are not availing the services primarily due to non-availability of proof of residence and problem in procuring certificate of caste and BPL status.

5.4.8 Continuation of MAMTA Scheme

Regarding the continuation of MAMTA scheme, few ASHAs had the opinion that the scheme should continue in the present form as it helps poor women to delivery at private hospital without incurring any charges. According to them, the hospitals are near to their residence and they also get the JSY incentive money.

A majority (three-fourths) of the opinion that the scheme should be modified on the following grounds:

- ◇ Simplify the eligibility requirement and proof of documents. Government should accept the SC/ST/BPL certificate of husband of the pregnant women.
- ◇ MFHs should not refuse eligible cases, if they have proper documents.
- ◇ Once pregnant women registered with MFHs, it should be mandatory that they should provide all ANC, ultrasound tests, delivery (both normal and caesarian), postnatal and newborn care services without any charges to beneficiaries.
- ◇ Genuine beneficiaries should be given the services even if they are not having BPL Card and in such cases, certificates by ward members may be considered.

- ◇ Clear-cut mechanism should be built in for referral of complicated cases and care of newborn babies.
- ◇ Provision of attractive incentives to ASHAs for improving the coverage of the scheme.

CHAPTER 6

CLIENT'S PERSPECTIVES

In the present study, in-depth interviews were conducted with 210 women who delivered in the MAMTA Friendly Hospitals in five districts of Delhi since inception of the scheme. Apart from the actual beneficiaries, 102 non-beneficiaries i.e. women belonging to SC/ST/BPL categories but had not delivered in MAMTA Friendly Hospitals and 75 potential women who are currently pregnant belong to SC/ST/BPL categories were interviewed. This section provides the details of their socio-economic characteristics, awareness about the major schemes in health and information related to utilization of MFH facilities and services.

6.1 Beneficiaries of MAMATA scheme

An in-depth interview was conducted with 210 mothers from 5 districts, who had delivered in MFHs since inception of the scheme till 31st October, 2009.

6.1.1 Socio-Demographic Profile of Beneficiaries

The socio-demographic profile of the beneficiaries is shown in the Table 6.1.

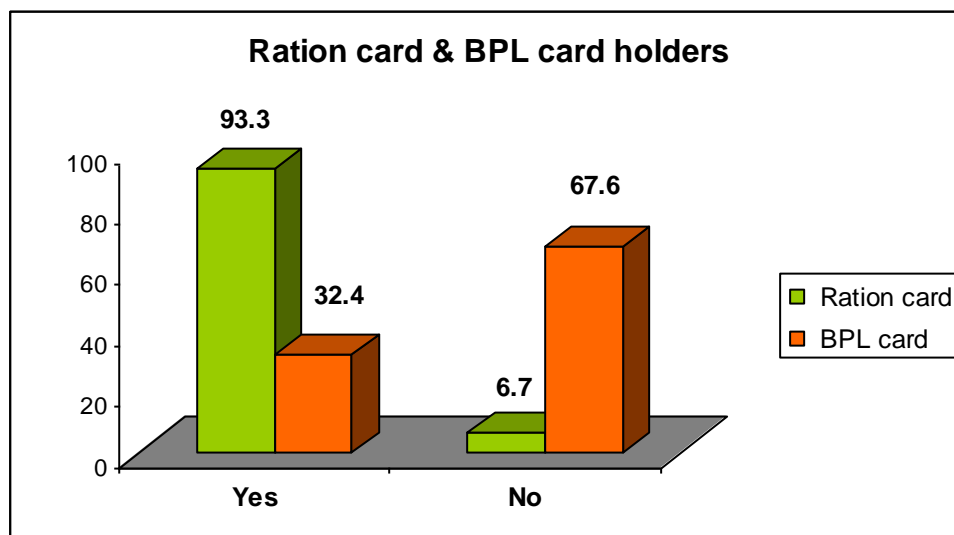
Table 6.1: Socio-Demographic Characteristics of the Beneficiaries

	Characteristics	Percent	Number
Age group	< 20	8.6	18
	20-24	51.0	107
	25-29	34.3	72
	30-34	5.7	12
	35+	0.5	1
Religion	Hindu	93.3	196
	Muslim	6.2	13
	Sikh	0.5	1
Caste	Scheduled Castes (SCs)	89.0	187
	Scheduled Tribes (STs)	1.0	2
	OBC	3.8	8
	Others	6.2	13
Education	Illiterate	11.4	24
	Literate	8.1	17

	Up to 5th standard	10.5	22
	6th to 8th	23.3	49
	9th to 12th	35.2	74
	Graduate and above	11.4	24
Occupation of husband	Private service	37.1	78
	Skilled worker	36.2	76
	Daily worker	20.0	42
	others	6.7	14
Age at Marriage	Mean age at marriage		20.35
	Mean age at marriage of husband	23.7	
Type of Family	Nuclear family	26.7	56
	Joint family	73.3	154

About half of the beneficiaries were in the age group of 20–24 years (51 percent) followed by 25 – 29 years (34.9 percent). More than 93 percent of the beneficiaries were Hindus and 6 percent were Muslims. 89 percent of the beneficiaries were belonging to Scheduled Castes (SC) followed by others (6.2 percent). About 20 percent did not attend school, while 11 percent had schooling up to 5th standard. Nearly 23 percent had 6-8 years of schooling and one-third of the beneficiaries had education up to 9th to 12th standards.

Fig 6.1



Among all the beneficiaries 93 percent had the ration card, while only 32 percent of total beneficiaries had the BPL card. Among the ration card holders only 34 percent possessed BPL cards.

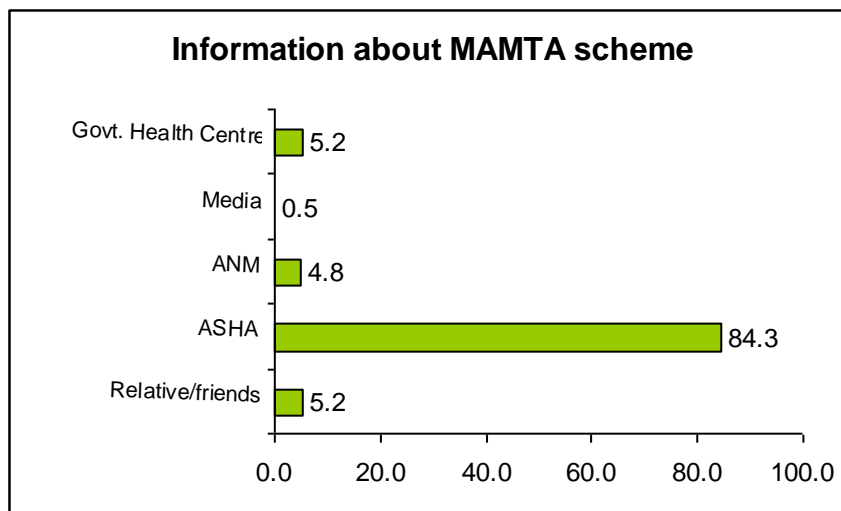
Table 6.2 : Household Income of beneficiaries

Monthly Income Group (in Rs.)	Percent	Number
BPL card holders	32.40	68
< 3000	20.0	42
3001 - 4000	20.5	43
4001 - 5000	8.6	18
5000+	18.6	39

Among the non- BPL card holders, and 20 percent were having income lower than Rs.3000 per month. 47.6 percent were having more than Rs.3000/- per month. The average monthly income of the household is nearly Rs.4800.

6.1.2 Awareness of Beneficiaries about MAMTA Scheme

Fig 6.2



Regarding the information of the scheme is concerned, more than 80 percent had received the information about the scheme from ASHAs while others from government health facilities and friends/relatives (5.2 percent).

6.1.3 Services availed under MAMTA Scheme by beneficiaries

Table 6.3: ANC Services by Beneficiaries

Pregnancy Registration	Percent	Number
Within 12 weeks (3 months)	74.8	157
Between 4 and 6 th Months	20.5	43
Between 7 and 8 th month	3.8	8
9 th month (around 36 weeks)	1.0	2

Table 6.3 shows that nearly three-fourth of the beneficiaries had registered their pregnancies within three months. More than 20 percent of the beneficiaries had registered their pregnancies between 4 and 6th month. Nearly 80 percent mentioned that the reason for delaying registration was mainly due to the lack of awareness. More than 95 percent have taken TT and IFA from MFH or other health facilities. Three-fourth of the beneficiaries had availed ANC services from MFHs.

Table 6.4: Ultrasound Services Availed by beneficiaries (N=210)

Ultrasound	Percent	Number
Yes	97.6	205
No	2.4	5
Source of Ultrasound Tests		
MFH	67.1	141
Private facility	21.0	44
Govt. facility	7.1	15
MFH & other	1.9	4
MFH & Govt.	0.5	1

Ultrasound tests were conducted for about 97.6 percent of the beneficiaries, out of which 67.5 percent availed this facility from MFH and 21 percent from other private health facilities. In case of 42 percent of the beneficiaries, first ultrasound test was conducted within four month of pregnancy. Only one ultrasound test was conducted among half of the beneficiaries during their pregnancy and 35 percent of them had the test twice. Out of the total beneficiaries 45 percent had to make payment either to MFH or other private facilities. About one-third of the beneficiaries mentioned that MFH had charged for ultrasound tests. The cost incurred for ultrasound tests ranged from less than Rs.500 to Rs.2000 (Table 6.5). The average expenditure for one ultrasound is found to be Rs.280.

Table 6.5: Expenditure on Ultrasound by Beneficiaries (N=210)

Expenditure (in Rs)	Percent	Number
<500	26.7	56
501-1000	13.8	29
1001-1500	2.4	5
1501-2000	1.9	4
Not paid	55.2	116

ASHA/Link worker accompanied with more than 60 percent of the beneficiaries during delivery. Only for 7 percent of the beneficiaries, transport to MFH was arranged by ASHA/Link worker for reaching MFH for delivery. Almost all the deliveries were conducted by doctors (97 percent) and 85 percent of the deliveries were normal. No still birth or multiple births has been reported from the MAMTA beneficiaries.

Table 6.6: Expenditures during ANC and Delivery by Beneficiaries

Expenditures (in Rs.)	Percent	Number
<500	22.4	47
501 - 1000	21.9	46
1001 - 1500	5.7	12
1501 - 2000	6.2	13
2000+	11.0	23
Not paid	32.9	69

It was observed that one-fourth of the beneficiaries availed the services without any payment. About 22 percent of the beneficiaries spent up to Rs. 500 for medicines and tests under MAMTA scheme, 22 percent spent between Rs 500 and 1000 and 23 percent of them had spent more than Rs.1000/-. (Table 6.6). As three-fourth of the beneficiaries had to spend some amount of money to avail ANC services, medicines etc., from MFH, it may be worthwhile to consider delinking of ANC services from delivery.

The average expenditure incurred by beneficiaries on medicine during delivery in MFH is found to be Rs.1028 and for diagnostic tests is Rs.750. The average expenditure is estimated to be Rs.1900 per child birth. This figure is much higher than the average expenditure per child birth reported in urban areas (for all India) from a Government hospital (Rs.994) during the NSSO 60th round. The corresponding figure for private hospital was Rs.5480 in urban areas in 2004-05 (NSSO 60th Round). It is also found that 95 percent of the beneficiaries were provided with a separate bed in MFHs during delivery.

Table 6.7: Post-natal check-up within 10 days after the Delivery by Beneficiaries

Check-up	Percent	Number
Yes	54.8	115
No	45.2	95
Number of PNC Check-ups within 10 days		
1	77.4	89
2	22.6	26

More than half of the beneficiaries had post-natal check up in the MFHs within 10 days after the delivery. Among those mothers who had postnatal check up, about 77 percent of them had one check-up after the delivery. 23 percent of the beneficiaries who had more than one check-up were charged by MFHs for additional check-up.

As far as the immunization is concerned more than 80 percent of the children were immunized at birth with BCG and OPV at the MFHs. However, for other types of immunization like Hepatitis B, separate charges had to be paid by the beneficiaries in the

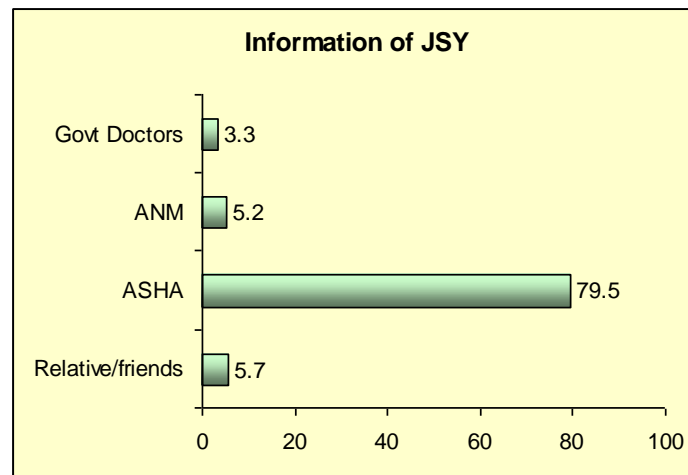
hospitals/nursing homes. Most of the MFH beneficiaries had taken Hepatitis B for their babies from the government health facilities. Breast-feeding within one hour was initiated by 48 percent of the mothers.

6.1.4 Knowledge about Other Schemes by Beneficiaries

Around 44 percent of the beneficiaries had delivered girl child, out of which 65 percent have registered under *ladli* scheme. Nearly 40 percent of them received the information about *ladli* from ASHA/link worker. Among mothers who registered their girl child under the *ladli* scheme only 60 percent were aware about all benefits of *ladli* scheme.

6.1.5 Awareness about Janani Suraksha Yojana (JSY) among Beneficiaries

Fig 6.3



Among the beneficiaries nearly 94 percent were aware of JSY. Nearly 80 percent of them received the information about JSY from ASHA and around 6 percent of them received the information from relatives/friends.

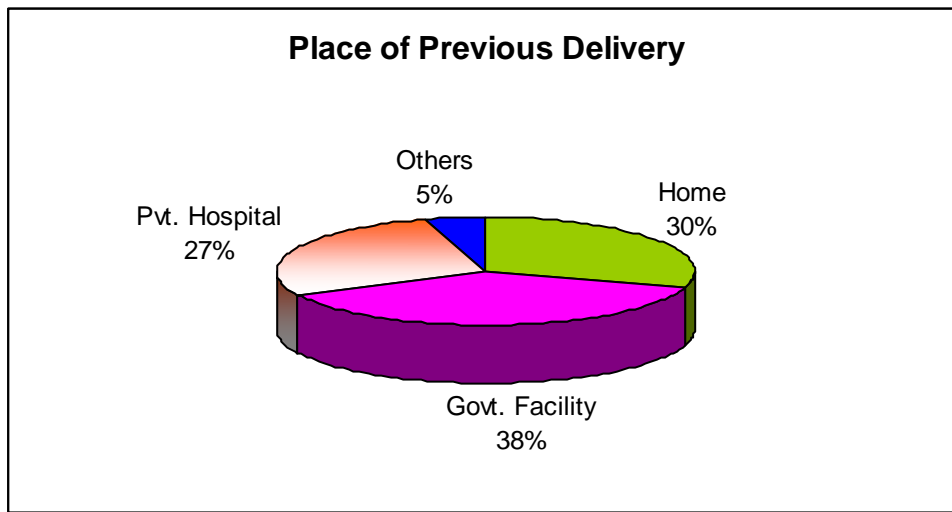
Table 6.8: Time Taken to Receive JSY Money by Beneficiaries

JSY Money Received	Percent	Number
Within 24 hrs after delivery	6.7	14
Within one week	63.8	134
Within 2 weeks	13.8	29
Within one month	2.9	6
Never received	12.4	27

More than 60 percent of the beneficiaries received the JSY money of Rs.600 within one week. However, 12.4 percent didn't receive the JSY money due to various reasons such as late application, lack of ASHA support etc. Cash amount was paid to 64 percent of the beneficiaries. More than 80 percent of the beneficiaries didn't face any problem in receiving the JSY money.

6.1.6 Information on Previous Delivery

Fig 6.4



Nearly 30 percent of the beneficiaries had their previous delivery at home and as they became aware of MAMTA scheme they registered with the MFH and had their second delivery in MF Hospital. 80 percent of the deliveries at home were conducted by trained dais and 5 percent by doctors.

Table 6.9: Expenditure for the Previous Delivery

Expenditure (in Rs.)	Percent	Number(N=82)
Not paid	30.5	25
< 500	11	9
501 – 1000	4.9	4
1001 - 1500	2.4	2
1501 - 2000	9.8	8
2000+	41.5	34

Nearly 42 percent had spent more than Rs.200 during their previous delivery (table6.9). While only 1 percent spent less than Rs.500 during the previous delivery and 30.5 percent didn't incur any expenditure during their previous delivery.

6.1.7 Perception of Beneficiaries

As reported by the majority of the beneficiaries (80 percent) MFHS were providing better facilities than the government facilities and they were equally treated like other private patients. While 20 percent showed their dissatisfaction in terms of services provided by doctors and waiting time for consultation. Other factors for dissatisfaction were charging money for ultrasound test, medicines, caesarean section and last minute referral to other hospitals.

6.1.8 Suggestions by Beneficiaries

Suggestions given by beneficiaries to improve the scheme include the following

- All necessary tests and check-ups should be available in MFH at free of cost.
- All caesarean and high risk cases should be managed by MFH without any cost to the clients.
- Medicines related to delivery and illness during pregnancy should be provided by MFH free of cost.
- ICU facility should be included in MFH scheme.
- Clients should be provided with good quality food during admission in the hospital.

6.2 Non-beneficiaries

During the study, some of the mothers, who were eligible, but did not avail services under the scheme (ie.,SC/ST/BPL women who had not delivered in MAMTA Friendly Hospitals since inception of the scheme) were also interviewed. With the help of field health functionaries, 102 BPL/ SC/ST women who had not availed any services under the MAMTA scheme during the reference period were contacted.

6.2.1 Socio-demographic profile of Non-beneficiaries

Table 6.10: Socio-Demographic Characteristics of Non-beneficiaries

	Characteristics	Percent	Number
Age group	< 20	2.9	3
	20-24	30.4	31
	25-29	45.1	46
	30-34	15.7	16
	35+	5.9	6
Religion	Hindu	84.3	86
	Muslim	12.7	13
	Buddha	1.0	1
	Christian	2.0	2
Caste	Scheduled Castes (SCs)	75.5	77
	Scheduled Tribes (STs)	2.9	3
	OBC	2.9	3
	Others	18.6	19
Education	Illiterate	16.7	17
	Literate	13.7	14
	Upto 5th standard	12.7	13
	6th to 8th	18.6	19
	9th to 12th	32.4	33
	Graduate	5.9	6
Husband's Occupation	Service (private sector)	33.3	34
	Skilled worker	36.3	37
	Daily worker	28.4	29
	others	2.0	2
Age at Marriage	Mean Age at marriage of wife		20.9
Type of Family	Nuclear Family	49.0	50
	Joint family	51.0	52

The analysis reveals that among the non-beneficiaries, 45 percent of the mothers were in the age group of 25-29 followed by 20-24 age group (30 percent). 84 percent of them

were Hindus. More than 75 percent of the mothers were belonging to SC category and 3 percent were ST category. While 17 percent are illiterates, 14 percent could read and write. 31 percent of them completed 6-12 years of schooling, 13 percent completed schooling up to 5th standard, 38 percent had more than 9 year of schooling. The husbands of the one-third of the respondents were skilled labour, 33 percent doing private services and 28 percent were daily labourers. Mean age at marriage of the mother is 20.9 years implying the gap in knowledge as well as maturity toward handling the crucial period of pregnancy and child birth. Almost half of them live in joint family.

Table 6.11: Household Income of Non-beneficiaries

Income level	Number	Percent
BPL Card holders	17	16.7
< 3000	30	29.4
3001 - 4000	16	15.7
4001 - 5000	16	15.7
5001 - 6000	6	5.9
6000 +	17	16.7
Total	102	100.0

The income wise classification shows that 29.4 percent of non-beneficiaries were having a monthly income up to Rs. 3000 and 31 percent had an income of between Rs.3000–Rs.5000. The average monthly household income is found to be Rs.4700.

More than 90 percent of the non-beneficiaries had ration card, but only 17 percent possessed BPL card. Among the ration card holders only 21 percent of the non-beneficiaries possessed BPL card.

6.2.2 Utilization of ANC Services by Non-beneficiaries

Table 6.12: Place of ANC by Non-beneficiaries

ANC Registered	Percent	Number N=102
Government facility	84.3	86
Private facility	7.8	8
Not Registered	7.8	8

When asked about the registration of pregnant women it was found that more than 90 percent of the non-beneficiaries registered their pregnancies and availed ANC services in government or private health facilities which is close to the figure of DLHS-3 report (91.6%) during 2007-08.

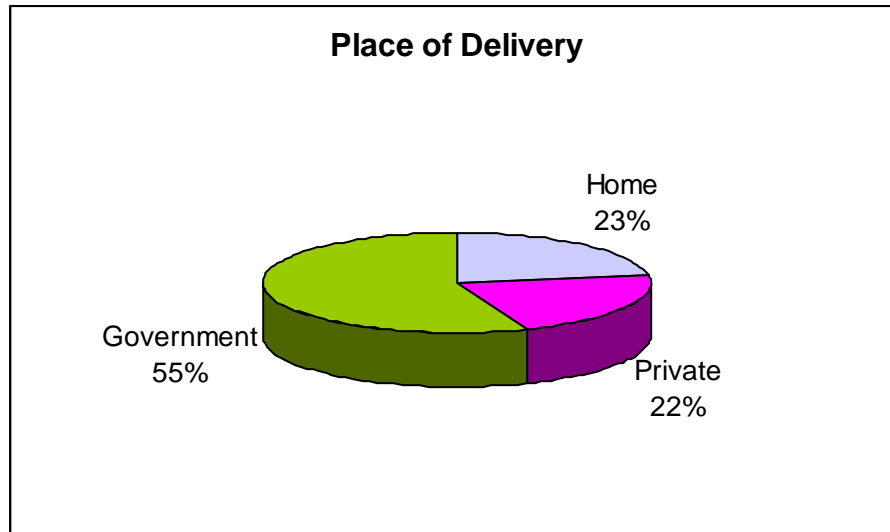
Table 6.13: Ultra Sound Services by Non-beneficiaries

Ultra Sound	Percent	Number
Yes	83.3	85
No	16.7	17
Source of Ultrasound test (N=85)		
Private health facility	53.9	55
Government health facility	22.6	23
Private & government health facility	6.9	7
Expenditure Incurred on Ultrasound Test		
<500	41.2	35
501-1000	27.1	23
1001-1500	10.6	9
1500+	3.6	3
Not paid	17.6	15
Total	100	85

The services under ANC include blood, urine examination and ultrasound test. About 83 percent of the non-beneficiaries had ultrasound test during their pregnancy, among which, 54 percent got it done ultrasound from private facility and 23 percent from government facility. An expenditure of Rs.500 for ultrasound test was incurred by 41 percent, nearly 38 percent spent between Rs.500 -1500 and nearly 18 percent availed the services free of cost.

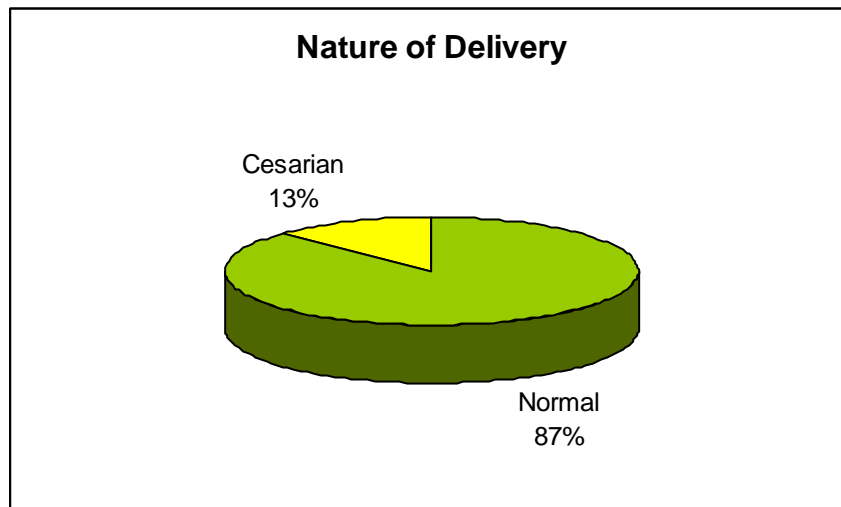
6.2.3 Place of Delivery by Non-beneficiaries

Fig 6.5



Home deliveries contributed to 23 percent in the previous delivery, while according to the DLHS-3 figure it is 30.8 percent. More than half of the non-beneficiaries (55%) underwent their previous delivery in government health facility and 22 percent had their previous delivery at private hospitals.

Fig 6.6



87 percent of the last delivery was normal and rest were caesarean (Fig 6.6). Among the non-beneficiaries, 33 percent spent up to Rs 1000, nearly 19 percent spent an amount

between Rs 1000 and Rs. 2000, while around 23 percent spent more than Rs 5000 during their last pregnancy.

Table 6.14: Total Expenditure Incurred During ANC and Delivery by Non-beneficiaries

Expenditures (in Rs)	Percent	Number (N=85)
< 1000	33.3	34
1001-2000	18.6	19
2001-3000	6.9	7
3001-4000	2.0	2
4001-5000	1.0	1
5000+	22.5	23

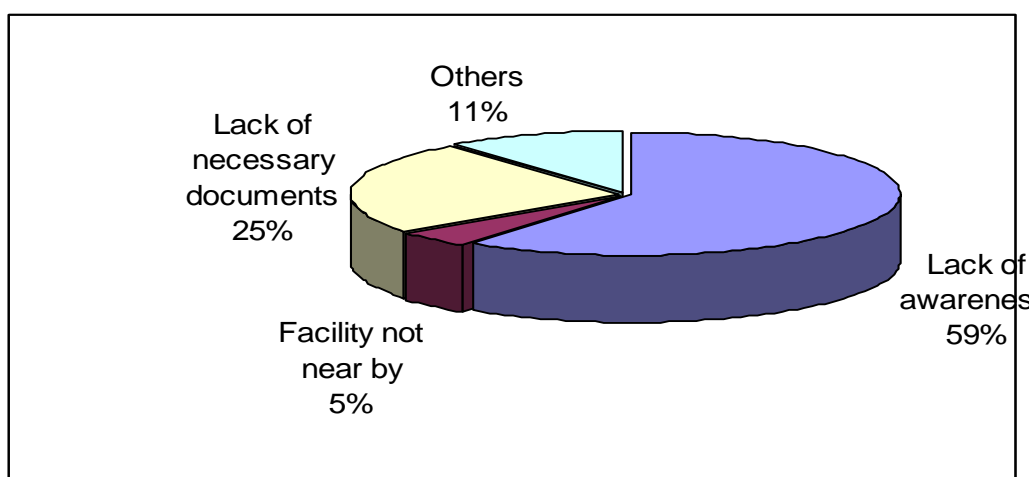
6.2.4 Awareness about MAMTA scheme among Non-beneficiaries

Only 27 percent of the non-beneficiaries were aware about MAMTA scheme.

Table 6.15: Awareness about MAMTA Scheme among Non-beneficiaries

MAMTA awareness	Percent	Number
Yes	26.5	27
No	73.5	75

Fig 6.7: Reasons for not registering in MFH



The main reason for not availing services under the MAMTA scheme was lack of awareness (59 percent). Other reason mentioned was lack of necessary documents (25 percent).

6.2.5 Awareness about JSY & Ladli scheme among Non-beneficiaries

Table 6.16: Awareness of JSY and *Ladli* scheme

JSY Awareness	Percent	Number
Yes	42.2	43
No	57.8	59
<i>Ladli</i> Scheme		
Yes	37	38
No	63	62

42 percent are aware of JSY scheme while only 37 percent are aware of *ladli* scheme. It is also found that 25 percent of the non-beneficiaries received the JSY money for their last delivery.

6.2.6 Non-beneficiaries vs. JSY benefit

Among the non-beneficiaries, only 26 percent had received the JSY amount of Rs. 600. Further analysis shows that among the JSY beneficiaries, 65 percent received the JSY money within the period of one week (Table 6.17).

Table 6.17: Time Taken to Receive JSY Money by Non-beneficiaries

Money Received	Percent	Number
Yes	26	25
No	75	74
When did receive JSY money		
With in 24 hrs after delivery	17.4	4
With in one week	65.2	15
Within 2 weeks	17.4	4
Total	100	23

6.3 Potential Beneficiaries

6.3.1 Socio-demographic Profile of Potential Beneficiaries

The socio-demographic characteristics of potential beneficiaries interviewed in the study are given in Table 6.18.

Table 6.18: Socio-Demographic Characteristics of Potential Beneficiaries

	Characteristics	Percent	Number
Age group	< 20	13.3	10
	20-24	54.7	41
	25-29	26.7	20
	30-34	4.0	3
	35+	1.3	1
Religion	Hindu	93.3	70
	Muslim	6.7	5
Caste	Scheduled Castes (SCs)	85.3	64
	OBC	8.0	6
	Others	6.7	5
Education	Illiterate	17.3	13
	Literate	9.3	7
	Up to 5th standard	10.7	8
	6th to 8th	14.7	11
	9th to 12th	30.7	23
	Graduate	17.3	13
Husband's Occupation	Service (PVT)	40.0	30
	Skilled Worker	25.3	19
	Daily Worker	21.3	16
	Others	13.4	10
Age at Marriage	Mean age at marriage of wife	20.6	
Type of Family	Nuclear family	25.3	19
	Joint family	74.7	56

Out of the total of 75 potential beneficiaries interviewed in the study, more than half of them were in the age group of 20–24 years followed by 25–29 years age group (27 percent). Majority of them were Hindus (93 percent) and remaining were Muslims (7 percent). 85 percent were belonging to scheduled caste category. 17 percent of the mothers were illiterate, 9.3 percent could read and write , 25 percent had 5-8 years of schooling, 31 percent had 9-12 years of schooling and 17 percent were graduates.

40 percent of their husbands were working in the private sector and one-fourth of them were engaged in some skilled activities such as driving, tailoring, painting etc. The mean age at marriage of the respondent is 20.6 years.

Table 6.19: Household Income of Potential Beneficiaries

Income	Percent	number
BPL card holders	40	30
<3000	11.0	9
3000-3999	21.3	16
4000-4999	5	6
5000+	18.7	14
Total	100	75

About 40 percent of the families possessed BPL cards, 11 percent had income less than Rs.3000 per month, 21.3 percent were in the income group of Rs.3000–Rs. 4000 and 18 percent of them had the monthly income of Rs. 5000 or more (Table 6.19). The average monthly income of potential beneficiary is Rs.5000.

More than 85 percent of them had ration card. Among the ration card holders, only 46 percent had BPL card.

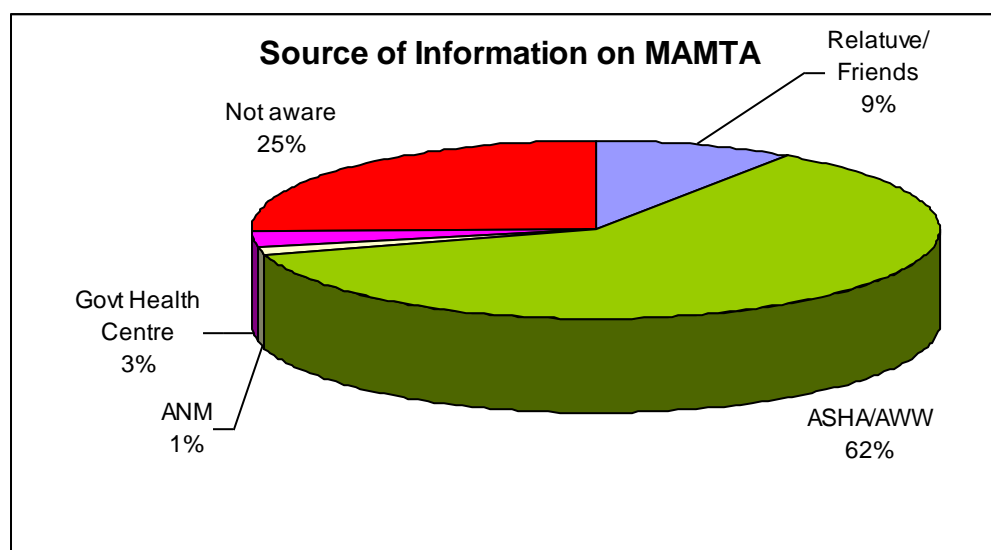
6.3.2 Awareness about MAMTA scheme among Potential Beneficiaries

Table 6. 20: Awareness about MAMTA Scheme

Aware of MAMTA	Percent	Number
Yes	74.7	56
No	25.3	19

Nearly three-fourths of the potential beneficiaries were aware of MAMTA scheme. More than 60 percent of them had received the information from ASHA or Anganwadi worker (Fig 6.8).

Fig: 6.8



6.3.3 Awareness about JSY scheme by potential beneficiaries

Nearly two-thirds of the potential beneficiaries were aware about the JSY scheme. A majority of them came to know about the scheme from the ASHAs/AWWs.

Table 6.21: Awareness of JSY Scheme by Potential Beneficiaries

Aware of JSY	Percent	Number
Yes	66.7	50
No	33.3	25

Table 6.22: Source of Information on JSY–Potential Beneficiaries

Source	Percent	Number
Relative/Friends	8.0	6
ASHA/AWW	53.3	40
ANM	1.3	1
Government Doctors	1.3	1
Media	2.7	2
Not aware	33.3	25

6.3.4 Utilisation of ANC services by potential beneficiaries

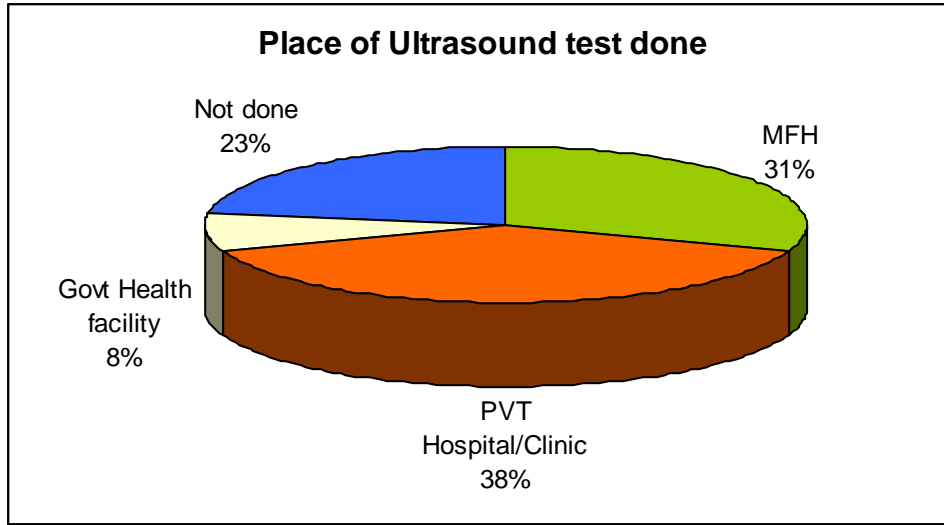
Out of the 75 potential beneficiaries interviewed in the study, nearly 55 percent were registered with the MAMTA Friendly hospitals. 40 percent registered their pregnancies with government facilities. 4 percent of them had not registered with any of the health facilities (Table 6.23).

Table 6.23: Place of Registration of Pregnancy by Potential Beneficiaries

Registration	Percent	Number (N=75)
Not registered	4.0	3
Govt. health facility	40.0	30
MFH	54.7	41
Other Pvt. facility	1.3	1

77 percent of potential beneficiaries undergone ultrasound test and a majority of them (69 percent) had ultrasound test from the private facilities including MFHs (Fig 6.9).

Fig 6.9



While 36.6 percent of them had not paid any charges for the test, 10 percent paid more than Rs.1000, 12 percent spent in between Rs.500 and Rs.1000, and 41 percent has spent less than Rs.500 for the ultrasound tests (Table. 6.24)

Table 6.24: Expenditure for Ultrasound by Potential Beneficiaries

Expenditure	Percent	Number
<500	41.38	24
501-1000	12.07	7
1000+	10.34	6
Not paid	36.21	21
Total	100	58

Table 6.25: Place of ANC Registration by Potential Beneficiaries

Registration	Percent	Number
No ANC received	16	12
Private facility	17.3	13
Govt. health facility	44.0	33
MFH	22.7	17

84 percent of the potential beneficiaries were reported receiving antenatal care. Source of receiving antenatal care varies with maximum services availed from Government facilities (44 percent) followed by MFHs (22.7 percent) and from private facilities (17.3 percent).

Table 6.26: Awareness of *ladli* Scheme among Potential Beneficiaries

<i>Ladli</i> Awareness	<i>Percent</i>	<i>Number</i>
Yes	45.3	34
No	54.7	41

Nearly 45 percent of the potential beneficiaries had the awareness about *ladli* scheme. However, details of benefits provided under the scheme were not known to majority of them.

As far as the satisfaction with the ANC provided to potential clients registered with the MFHs concerned, it was found that 94 percent of them were positive about the services being provided.

6.4 Findings from the Focus Group Discussion

During the evaluation, one FGD from each district with mothers and mother-in-laws among the target population was conducted. A total number of seven focus group discussions were conducted in the JJ clusters and resettlement colonies from where the field data was collected. Each FGD consisted of 8 -10 number of the respondents. The

findings of the FGDs would also corroborate the findings of the primary data collected from the field. The FGDs were conducted with the help of local facilitators like ASHAs and ANMs.

The findings of FGDs revealed that more than 60 percent of the respondents were not aware of the MAMTA scheme. While about 30 percent of them had heard about the scheme, but they did not have clear idea about the services available under the scheme, eligibility criteria and the documents required for registration under the scheme. Among those who were aware about the scheme, 20 percent of them were not satisfied with the scheme as the target population could not avail the benefits of the scheme due to lack of necessary documents for registration like BPL card, certificate of caste, proof of residence etc. They were also unhappy with the scheme as some of the MAMTA Friendly Hospitals refused to register the cases due to incomplete documents.



Focus Group Discussion with target women in a M&CW Centre

Almost two-thirds of the respondents were aware of JSY scheme and they had the knowledge that JSY money of Rs.600/ being given by the government to all women belong to BPL/SC/ST categories who delivered in government hospitals. However, nearly one fourth of the respondents reported that despite having delivery in government hospitals, they could not receive the JSY benefit, due to lack of necessary documents with them.

Respondents of families who availed the benefits of MAMTA scheme had mixed reaction. Nearly two-thirds of the respondents informed that they were satisfied with the services availed from MFH. Ward rooms, labour room, toilet etc were of clean and in good condition. They were provided with separate bed in the hospitals. According to them the behaviour of doctors, nurses and other staffs were also good. They had to spend some amount of money in the MFHs. However, other group, about one-third of respondents were not satisfied with the services. According to them, during ANC and delivery, the families had to incur expenditure on medicines and ultrasound tests. They were also not happy as MFHs refer the cases at last moment on emergency grounds, which caused hardship to the families. Other issues like rude attitude of staff in the hospitals/nursing homes, early discharge from hospital after delivery, no provision of diet during hospital admission, payment of tips to hospital staff were also raised by respondents. Procuring birth certificate from MCD office is also an issue raised during the discussion.

About 60 percent of the respondents were aware of *ladli* scheme. However, a majority of them could not mention the benefit available under the *ladli* scheme.

The major suggestions emerged during the FGDs are:

- Simplify the procedure for registration under MAMTA scheme. The scheme should be available to all those who need it.
- All the necessary tests, medicines and check-ups should be provided by MFH free of cost.
- The scheme should guarantee that all caesarean and high risk cases should be managed by MFH without any additional cost to the clients.

- Treatment of medical complications during pregnancy like anaemia, diabetes, hepatitis etc., should be taken care by the scheme
- Hospitals/nursing homes should discharge patients only after 2 days in case of normal delivery and 4 days in case of caesarean delivery.
- Women should be provided with good quality food during admission in the hospital.
- Birth certificate should be made available free of cost

CHAPTER 7

DISCUSSION

This section provides detailed discussions on various schematic and system specific issues on implementation of MAMTA scheme in Delhi based on interview with different stakeholders and FGDs with community

7.1 Coverage of Target Population

As per the findings of the field data, the MAMTA scheme has not been able to make a dent in uptake of institutional delivery services. Target population in the select localities are aware about the scheme and in the recent past, the eligible clients have utilized the services of MAMTA friendly hospitals. However, the scheme benefit could not reach the eligible women due to lack of MFHs in nearby areas or unawareness about the scheme.

The scheme could not reach the intended target group due to several schematic and system specific problems. Stringent requirement for production of BPL card, certificate of caste, proof of residence, age etc during registration of ANC under the scheme has reduced its popularity. The revised guidelines for eligibility criteria for beneficiary under MAMTA scheme vide letter No.F4/RCH & Immunisation/MAMTA /3/DSHM/2008-09/797 dated 8/4/09 from Delhi State Health Mission has created further confusion which hindered easy access to services. Many of the eligible women could not avail the benefit of the scheme due to the fact that they were unable to procure caste certificate in their name. This was mainly reported among the women of migrant families from states like UP, Bihar, MP and Rajasthan. During the field data collection for the study, the team also came across a number of women who were poor and could not procure a BPL card. Even among the beneficiaries of the scheme, only 32.4 percent possessed a BPL card and among non-beneficiaries, only 17 percent had BPL cards. Without further modifications in the scheme, the potential clients are expected to follow either beneficiary or the non-beneficiary behaviour. Therefore, it is necessary to understand the extent of dissemination of the scheme, views of all the client segments so that the operational barriers could be identified and addressed.

The objective of the scheme is to promote institutional deliveries in vulnerable sections of the society, particularly amongst the population living in under-served areas of slums/JJ clusters in different districts of Delhi. It is the fact that institutional delivery amongst slum population in Delhi is one of the lowest and a significant number of deliveries still take place at homes. It is evident from the field data that about 30 percent of the beneficiaries in the scheme and about 23 percent of non-beneficiaries underwent their previous deliveries at home.

Other reasons for slow pace of the scheme were reluctance of private hospitals/nursing homes to join the scheme due to unattractive service package, lack of coordination between Government health officials and lack of publicity about the scheme among all stakeholders. It is evident from the study that about 59 percent of the non-beneficiaries, who were eligible under the scheme, but did not utilise the benefits of the scheme were not aware about the MAMTA scheme during their pregnancies.

7.2 Issues Related to MAMTA Friendly Hospitals

7.2.1 Infrastructure Facilities

The scheme has become unattractive to the private providers. A total number of 36 private hospitals/nursing homes had signed MOU with the government, since the inception of the scheme, out of which 35 were contacted during the evaluation. However, only one-third hospitals/nursing homes are currently providing services under the scheme, but they may also withdraw from the scheme in near future. They are reluctant to continue with the scheme mainly due to unattractive service package, too much paper work and lack of publicity about the scheme and delay in reimbursement of claim. In order to make the scheme attractive to providers, these issues need to be addressed by the Government.

Regarding selection of MFHs, almost all 35 hospitals/nursing homes have facilities of OT and labour room, only 18 (52 %) of them have an ICU and 4 (11.4%) of them have blood bank facility. Only three-fourths of them have ultrasound facility with them. Nursery is available with 26 (74%) facilities. Similarly, full time specialists are available only with

few of the hospitals/nursing homes. In most of the facilities, paediatrician and anaesthetists are available on call. A few of the hospitals also do not have facility for HIV testing.

Delhi has a huge influx of migrant population, who mostly stay in slum areas; J.J. clusters, unauthorised colonies, resettlement colonies and Janta flats. However, many of the MFHs are located in better-off areas of the districts. Poor population fear treatment as they are apprehensive of some latent charges, even if the scheme is free. ASHAs play a very crucial role in linking the potential beneficiaries with MFHs as they suggest opting for free ANC and delivery services under the scheme rather than choosing home delivery. Nonetheless, there are reports of MFHs demanding additional money from the clients, which clearly breaks the trust between the clients and ASHAs. This situation does not augur well for the continued functioning of the scheme. Some of the private hospitals/nursing homes claim that many clients are not really poor, and can afford care from private sector. Issues like abusul of doctors by family members, demanding extra services and free admission in private wards are also reported. Protection of private hospitals/nursing homes empannelled in the scheme against any untoward event may require Government protection.

7.2.2 Remuneration for Services

One of the elements for the success of any public private partnership is the attractive remuneration for services. The partnership should create a win-win situation for both public and private sectors. A majority of the hospitals/nursing homes have expressed that the remuneration in the scheme is much lower than its actual cost of inputs/ resources in rendering services. The cost of caesarean deliveries is high, as they have to meet charges of gynaecologist, anaesthetist and paediatrician. Hospitals/nursing homes expressed that they would accept a remuneration which is lower than 30-40 percent of their market prices. This is very much similar to the study findings in Agra district of Uttar Pradesh during the development of voucher scheme for RCH services (ORG, 2006).

One might question why a payment much below market rates, would attract private hospitals/nursing homes to participate in the scheme. In Gujarat, a majority of private

providers surveyed indicated that they faced fluctuations in their patient load and cash flows. Further it was difficult to compete for patients in environments with shortages of well trained clinical staff and pressures to upgrade their technologies. A study on Chiranjeevi scheme in Gujarat found that private providers are attracted to the scheme because the scheme increase their patient volumes and hence revenues (Bhat et al, 2007). But such is not a situation in Delhi as most of the private hospitals/nursing homes are fully occupied.

The voucher schemes for reproductive health services in Uttar Pradesh (presently the scheme is discontinued by the government) and Uttarakhand are also implemented on similar lines. Ayushmati scheme in West Bengal and Janani Sahyogi Yojana in Madhya Pradesh are other such schemes aim to enhance access and improve institutional deliveries among BPL families.

Analysis of information provided by the MFHs revealed that remuneration for the existing package of services may be increased up to Rs.6650/- per case for entire package of services. This average is much below the rates applicable under the CGHS for Delhi (normal delivery charges Rs.6500/ and caesarean charges – Rs.12000/-for 2 days and 5-6 days of hospitalisation respectively). It is also important to note that cost of private health care in Delhi is much higher than other states due to market forces; it may not be wise to compare the existing rates applicable in schemes by other states including voucher schemes for RCH services. It is also worth mentioned here that the rates for materiality benefit package under RSBY have been fixed uniformly for the entire country. However, most of the private hospitals/ nursing homes in Delhi who are empanelled under the scheme are reluctant to provide maternity services (the rates are Rs.2500/- for normal delivery and Rs.4500/- for caesarean deliveries) due to low rates. Discussion with two of the hospitals/nursing homes (which are empanelled under both RSBY and MAMTA scheme) revealed that the RSBY allows separate charges on treatment of medical illness during pre and post delivery.

A crude estimation of providers' cost (direct variable cost) of normal and caesarean deliveries conducted at one of the CGHS maternity hospital in Delhi showed that appx. Rs.7200/- is incurred on normal delivery and appx. Rs.18,200/- on caesarean delivery. In

one of the ESI hospitals in Delhi, the corresponding figures are Rs.4810 for normal and Rs.18014 for caesarean delivery respectively. The cost per normal delivery in one of the M & CW centre of MCD comes out to be Rs.8385 (Table 7.1). This is only a crude estimate of cost on manpower, investigation charges, drugs/medicines, consumables and diet charges etc. Other items of expenditures like equipment charges, electricity charges, water charges, rent of the building and other overhead charges are not included.

Table 7.1: Crude Estimate on Cost per Delivery in Different Health Facilities (in Rs.)

Categories	CGHS Maternity Hospital		ESI Hospital		M & CW centre MCD	
	Caesarean	Normal	Caesarean	Normal	Caesarean	Normal
Average no. of deliveries per month	20	30	40	270	0	20
Manpower	12800	5300	12414	2710	NA	7385
Investigation	500	400	500	400	NA	100
Medicines	3600	900	3600	900	NA	500
Consumables including diets	1300	600	1500	800	NA	400
Cost Per delivery	18200	7200	18014	4810	NA	8385

Note: This is only a crude estimate. The cost per delivery has been estimated based on the information collected from different health facilities and discussion with on superintends/medical officer in charge of the facilities. This crude estimate taken into account only cost of manpower (direct cost), investigation charges, drugs/medicines, consumables and diet charges etc. Other items of expenditures like charges for equipment, maintenance, electricity, water, ambulance, rent of the building and other overhead/administrative expenses are not included.

7.2.3 Services Offered under the Scheme

As per the MOU, private hospitals/nursing homes are released a fixed amount of Rs. 4000/- for normal delivery as well as delivery through caesarean section in each case, provided that antenatal services under the scheme (including laboratory investigations, ultrasound and IFA Tablets with Inj TT), were also given. The hospitals/nursing homes are eligible for payment only after an institutional delivery is carried out with essential new born care and immunization of the baby with birth dose of Hepatitis B, BCG and 0 dose of OPV before discharge and 1 Post Partum check-up. The hospitals/nursing homes are eligible for part payment of Rs. 2000/- in each case under the scheme, even if the beneficiary (pregnant woman) does not ultimately go in for institutional delivery and post partum check-up at the MFHs. Some of the hospitals/nursing homes

However, it was observed that some of the private hospitals/nursing homes only conduct safe or normal delivery and diverted complicated cases to the public hospitals. Some of the hospitals refuse to continue the treatment in case of complications requiring EmOC and some warned the clients before admission that they had to move to the public hospital in case of complications. Similar findings were also reported under the Chiranjeevi scheme in Gujarat (Acharya 2009). The rationale provided by the private hospitals/nursing homes for this is that the cost of treating complications is much higher than the remuneration fixed under the scheme with the result that they cannot afford to treat complications. If this is the scenario, then the entire purpose of the scheme is defeated as complications requiring EmOC are the root cause of maternal mortality. Many of the hospitals/nursing homes also do not provide essential new born care and all immunisation as envisaged in the scheme. These behaviours amongst the private hospitals/nursing homes clearly would pose serious repercussions for the effectiveness of the scheme.

7.2.4 Issues Related to Documentation

The issue of eligibility criteria and proof of documents during registration of clients in the scheme was discussed by the respondents from almost all hospital/nursing homes. There

are problems in compiling of all documents for submission of claims. There have been inordinate delays in reimbursement of claims by the districts due to inadequate documents as per guidelines. Some of the claims have not been reimbursed for want of required documents like lab report, ultrasound report, justification for referral, proof of caste and residence etc. During the submission of the claims to the districts, all MFHs may be asked to submit the lab reports, report of ultrasound and acknowledgement from the patient that nothing was charged by the hospitals may be obtained to ascertain that no payments were made against those procedures. High risk factors should be mentioned and clarified with adequate justification. In case there was requirement to refer the patient for higher level, the date of the referral may also be mentioned for justification. In such circumstances it is easy to rationalize the process of case.

Usually record of PNC is not available and is not submitted by the MFHs while submitting the claims. Submission of one PNC record after delivery may be made mandatory. The beneficiaries should also have easy access to government or private blood banks. In the absence of all these and intensive care unit within the facility, it becomes difficult to manage caesarean deliveries. Hence most of the hospitals/nursing homes had referred complicated cases to the government hospitals. Last minute referral of cases to government hospitals also causing tension and hardships to the families. There should be assurance from the nearby government hospital for referral of complicated cases and nursing care for baby.

7.2.5 Provision of Drugs and Medicines

Under the scheme there is no provision for drugs/medicines during medical illness. Many of the hospitals/nursing homes do not prescribe generic drugs/medicines. It will be helpful for the clients registered under the scheme, if only generic drugs/medicines are prescribed so that they could make those available from the public dispensaries as well. The hospitals/nursing homes do not have easy access to blood bank facilities. They also need to provide baby care in nursery of nursing home, within this prescribed amount.

Provision of drugs by DHS to pregnant women with medical illness attending MAMTA scheme should also be inbuilt in the scheme. A strong linkage of all MAMTA Friendly

Hospital to nearby ICTC for HIV testing should also be inbuilt. As services of CATS were not found satisfactory, there should be a provision of free transportation facilities or provision of transport charges in the event of emergency referral of patients including sick newborn.



A General discussion with clients at a M&CW centre

7.3 Beneficiary's Perspective

A majority of the beneficiaries under the scheme came to know about the scheme through ASHAs. The scheme instils in the women a positive health seeking behaviour, while cutting down the risk for maternal and infant mortality. So, one can ensure a more positive approach for the next delivery of those women who had their first delivery.

Regarding the quality of services, most of the beneficiaries were happy with the behaviour of the doctors, nurses and other staff in MFHs, cleanliness and other services/facilities. The duration of hospital admission is almost a day in majority of

hospitals/nursing homes with exception of 2-3 hospitals which normally discharged patients after normal delivery within 5-6 hours.

One of the issues brought out was additional expenses incurred in the MFHs. The clients availing MAMTA scheme were expected not to incur any expenditure. However, almost every 7 out of 10 beneficiaries had to spend some out-of-pocket expenditure during their ANC and delivery at the MFHs, which on an average comes to Rs. 750/-. This was mainly on ultrasound, purchase of medicines from outside hospital, and for some laboratory tests. Few hospitals were also charging their clients for delivery, particularly for caesarean cases. Nearly 5 out of every 10 beneficiaries had incurred expenditure on ultrasound tests, which on an average comes out to be Rs.400/-. There are also issues of post-partum care came up during the interview with the beneficiaries and FGDs in the community. In majority of cases, postnatal care was not provided by MFHs. The hospitals provide only child immunization at birth. There is no proper linkage between MFHs and the government hospitals for follow-up once the beneficiary is discharged.

The low socio-economic status of the beneficiaries reflects that they are generally anaemic and malnourished. Their deliveries are risky and chances of complication are more. They (beneficiaries) expect that once they are registered in the MAMTA Friendly Hospital, the hospital will take responsibility of overall care like delivery, referral, transport, etc.

7.4 Monitoring of the Scheme

There are many problems on the way to the implementation and monitoring of the scheme at the district level. Even though the scheme is decentralized at the district level, no full time official has been appointed to look after the day-to-day functioning of the scheme. The nodal officers in the district have been assigned with a number of responsibilities. The monitoring committee constituted at the district level, is also supposed to monitor and check the genuineness of claims submitted by the MFHs.

Reporting under the scheme is also a weak area which needs improvement. MFHs are supposed to maintain different records and registers related to ANC check-ups, ultrasound tests, monthly report etc. However, in majority of the hospitals the records and

registers are not maintained properly mainly due to lack of manpower with them. The MFHs also need to submit all necessary documents and case papers to the district for reimbursement, which they found as a cumbersome process. In this context, it is emphasized that the format and documentation under the scheme may be made as simple as possible.



Conducting FGD with Target Population



FGD with the target population in a J.J.Colony

7.5 Reimbursement of Claims

There is also substantial delay in reimbursement of claims submitted by the MFHs. Nodal officers find it difficult to assess the claims due to inadequate documents submitted by the MFHs. There has been large number of cases of part packages submitted by few hospitals/nursing homes. Field visits conducted by the district monitoring teams reveal that few of the cases had home deliveries, but few cases were referred for caesarian deliveries to other hospitals. Special attention is required to address these issues. In such cases documentary evidences of all services provided may be collected and in case of discrepancies, the case may not be taken up for payment.

7.6 Role of Primary Health Care Units

Another issue is related to lack of linkages between MFHs and nearby primary health care units. The M&CW centres of MCD and Delhi Government dispensaries mainly involved in distributing JSY benefits to the MAMTA beneficiaries and motivation incentives to ASHAs. Medical officers provide advice and facilitate the eligible women to register with MFHs provided she has all necessary documents as per guidelines. In some localities, due to frequent complaints on services and other facilities provided by MFHs, the MOs themselves prefer to refer eligible pregnant women to the nearby Government Hospitals for deliveries. The proportion of MAMTA beneficiaries to those total registered in such primary health care units is too low, would question the potential contribution of MAMTA scheme. MOs of these units also do not have the record of number of cases referred to MFHs for registration. This necessitates creation of effective linkages and coordination between MFHs and primary health care units of the Government.

7.7 Role of Link Workers

ASHAs proved to be the most effective source of providing information and building awareness about the scheme. They have not only made the services available to the beneficiaries but also guided them on how to access these services. One important thing to note here is that since these women are from within the community or cluster, they are known to the community and they can easily influence the target group. However, awareness of MAMTA scheme in the community is far low as compared to schemes like *Ladli*. Socio- cultural pattern of the population is such that they perform home delivery as compared to institutional delivery. Educating them is an ongoing process and gradually the tendency has been changing. ANMs and ASHAs spread the awareness about the scheme as completely free, but when some of the MFHs started charging for certain services, the community started to mistrust the scheme. This will also create mistrust and conflict between ASHAs and the community. In such circumstances, ASHAs may not motivate women to register with MAMTA Friendly Hospitals.

In order to have active involvement of link workers in the scheme, incentive given to them under the scheme may be raised further. In case, delivery has not been conducted by MAMTA friendly hospitals due to certain reasons, Part payment of incentive money should be also be considered in the scheme.

7.8 Publicity of the Scheme

Except a few hospitals/nursing homes, a majority of them did not have display board on MAMTA scheme. Most of the facilities which are currently providing services under the scheme also do not have a display board, even though the same has been highlighted in the MOU. Unlike other schemes, MAMTA scheme has taken a back seat in terms of publicity by the government. A display board showing objectives of the scheme, services available and eligibility criteria may be provided to all the MFHs by the government. It is also important to provide technical and financial support for developing appropriate communication strategies under the scheme.

CHAPTER 8

RECOMMENDATIONS

Recommendations of this chapter are based on the evidences generated by analysing the primary as well as secondary data and also discussion with the stakeholders of the scheme. In order to make the scheme more popular and client-friendly the evaluation strongly recommends for a restructuring of the scheme.

This section has been organized in the following parts:

8.1: Scheme specific Recommendations

These set of recommendations are specific to the design of the scheme and each of them therefore have implications for making the modifications in the design of the scheme.

8.1.1 Remuneration for the Package of Services

One of the constraints faced in the implementation of scheme is its low remuneration for package of services. A majority of private providers interviewed in the study mentioned that they were unwilling to continue with the scheme primarily due to low remuneration for package of services offered under the scheme. There were concern about high charges for caesarean deliveries, blood transfusion, requirements for medicines, care during post natal complications and neonatal care. As the current pricing has not taken into account the market realities, it is recommended that remuneration for the package of services offered under the scheme should be enhanced.

As per the suggestions obtained from all government health providers, administrators of private hospitals/nursing homes, rates fixed in other schemes like CGHS, RSBY, Voucher schemes, and based on crude estimation of cost of delivery services at health facilities in Delhi (ESIS, CGHS and MCD), the remuneration for entire package of services may be increased from current level of Rs.4000/- to Rs.6650/- per case. This includes basic postnatal care, neonatal care and charges for diet during admission in the

hospital/nursing home. This however, will not include charges for treatment of post natal complications and neonatal problems.

The remuneration once fixed needs to be revised periodically (at least once in two years) taking into account inflation and other factors. A provision of Rs.500 for transportation charges/ambulance charges may also be considered for those cases, requiring referral to Government hospitals.

Many private service providers have not done enough caesarean section, meaning thereby that referrals are made to Government Hospitals. It is expected that there should be a minimum of 3-5 percent caesarean section out of total deliveries conducted by any institution. Therefore, there is a need to include a clause in the MOU that they should also conduct caesarean sections if required.

MOUs may be signed for three to five years. However, empanelled hospitals/nursing homes shall be delisted from the scheme, if it is found that guidelines of the scheme are not followed by them and services offered are not satisfactory as per laid down standards.

There should be provision in the MOU to protect private hospitals/nursing homes towards any untoward event. Grievance redressal mechanism should also be included in the MOU.

8.1.2 De-linking of ANC and Delivery Services

It was observed that a majority of beneficiaries under the scheme had to incur some amount of expenditure during ANC and delivery. A substantial number of beneficiaries had to spend money on ultrasound tests and medicines. As the scheme was designed with the intention to provide free services to the target population, and the message has already reached the target group, every effort should be made to reduce out-of-pocket expenditure by the beneficiaries enrolled in the scheme.

It may be necessary to delink ANC and delivery services from the existing package of services. The package of services should include:

ANC services (3 antenatal checkups as per RCH schedule, provision of IFA tablets and Inj.TT as per as including laboratory investigations, ultrasound and IFA tablets with Inj TT as per RCH schedule, 2 sonography (first at 14-18 weeks and second at 32-36 weeks), investigations (Hb, urine routine and microscopy, VDRL, Hepatitis B, antigen, blood sugar random, blood grouping and typing of both husband and wife).

+ Delivery (including normal and caesarean) + essential new born care + immunisation + one postpartum check-up.

An appropriate remuneration package for normal and caesarean deliveries may be decided by the Government based on the suggested rates by the private hospitals/nursing homes and rates adopted in other schemes. The claim for caesarean sections should be reimbursed on certification by MO of nearby primary health care unit and approved by Nodal Officer/CDMO. However, the proportion of caesarean sections should not exceed say for 15 percent of total deliveries conducted by any hospital/nursing home in a year.

It was also observed from the study that some of the clients after taking ANC services from the MFHs leave for delivery to their parental places while few of the clients due to various reasons visited MFHs only for availing delivery services. Since, MFHs have been facing problems in reimbursement of claims from the government (especially for delivery services) they often reluctant to entertain such clients. Therefore it may be made mandatory for the MFHs to entertain all cases whoever approach them in accordance with the part-payment provision made in the package. However, the reimbursement of payment for delivery services may be made after the verification / recommendation by the medical officer in-charge of the concerned primary health care unit. All documentary evidences supporting ANC services or delivery services should be submitted by MFHs to the district for reimbursement of claims. The part-payment for complete ANC services which is fixed currently at Rs.2000/- may be continued. An appropriate rate for part-payment of normal/caesarean deliveries may be fixed by the government as per the rates suggested by the private hospital/nursing homes and rates provided under other schemes.

8.1.3 Simplify the Eligibility Criteria and Proof of Documents

In order to simplify the procedure, it is recommended that all the documents may be scrutinized by an official in the health department; may be medical officer of primary health care units- i.e., Delhi Government dispensary and M&CW centres of MCD. CDMO of the district may be given administrative power to decide upon the eligibility criteria of the women for registration in the scheme, depending upon nature of each case. ASHA/ANM should bring such cases to the medical officer of concerned primary health care unit for availing the benefit of the scheme. However, a committee may be set up in each district comprising of CDMO as chairperson, MO of primary health care unit and local councilor as members and Nodal officer as member secretary to decide upon the case if no document related to eligibility are available with the client.

8.1.4 Development of Strong Referral Mechanism for Provision of Neonatal Care and Emergency Care Services

Most of the hospitals/nursing homes have complained about the pregnant women presenting with medical complications like anaemia, diabetes, hepatitis, fever and requiring admission during antenatal period. Many of them are also not providing services in case of sick newborns and postnatal complications. Even though efforts were made by few of the districts to link the government hospitals with MAMTA Friendly Hospitals, still this is a major area of concern. Therefore it is recommended that a strong systematic referral mechanism should be developed between Government hospitals and MFHs in the event of complications during pregnancy, medical illness during pregnancy, neonatal and postnatal complications by respective districts.

In case of emergencies some MFH are well equipped and adept at handling. So it may be recommended that there should be a cross referral system to pass on the client to another MFH that can handle the case appropriately. An internal referral would not only strengthen the service quality but would also ensure a good reputation of the scheme.

In order to facilitate the referred cases, a “MAMTA help desk” similar to Yeshaswini scheme in Karnataka may be set up at all leading Government hospitals.

Active linkages of MAMTA Friendly Hospitals to nearby ICTC for HIV testing should also be developed by the districts.

8.1.5 Simplifying the Reporting Format

Reporting format should be made simple. Online reporting may be encouraged. It is recommended that a simple software for online reporting may be developed and training be given to all those involved in the scheme for the data entry and uploading of data in the reporting format. In the case of caesarean section, the reasons for conducting caesarean section like foetal complications, obstetric haemorrhage, pre eclampsia, obstructed labour, malpresentation etc should also be specified.

8.1.6 On-line Payment of Claims

Online payment system may be introduced on the pattern of Rashtriya Swasthya Bhima Yojana (RSBY). CDMO office can settle all eligible claims and pay the sum to the MFHs within fifteen days of receipt of claim documents. Districts can open a dedicated bank account for the scheme. The claim amount payable by the district to the MFH shall be on fortnightly basis and as far as possible through electronic transfer.

8.1.7 Strengthening of Monitoring System

Monitoring system in the scheme should need strengthening. All MFHs should submit a monthly report on prescribed format issued by respective CDMOs. A copy of the monthly report should also be submitted to nearby primary health care unit. Each MFH should entrust the responsibility of compilation and submission of monthly report to one of its senior staff. Compiled report of all MFHs at the district should be submitted to Delhi State Health Mission before 7th of each month.

The district monitoring team should conduct regular monitoring visit to MFHs to provide proper guidance and support. It is suggested that at least 10 percent of beneficiaries from each MFH should be contacted by the team to get their feedback about the services. In case of any issues/problems, then the same may be discussed and resolved. A review meeting of all stake holders should be organised at district/state level at least once in every three months.

8.1.8 Non-Monetary Incentives

Every commercial engagement ostensibly has a non-monetary reward component attached to it. First of all mutual trust should be developed between the government officials and the private sector. Beyond remuneration, they should be provided adequate guidance and support to implement the scheme. Besides simplifying the procedures, all necessary logistics and supply as per norms should be provided to them according to load of pregnant women registered with them. Advance payment may be released to all good performing hospitals/nursing homes empanelled in the scheme. Performance bench mark can be decided by the district monitoring team based on number of deliveries conducted, number of caesarean sections performed, maintenance of records/reports, perception of clients etc.

Recognition and reward should be given to better performing hospitals/nursing homes in the scheme. Ranking of hospitals/nursing homes on the basis of performance on the website of Delhi Government and certificate of appreciation to best performing MFH can be well received. This will inculcate a positive atmosphere for excellence in performance.

8.2 System Specific Recommendations

The implementation system of the scheme needs to be geared up to face and handle issues related to capacity, quality and sustainability of the scheme. The moot point in the implementation of the scheme is public private partnership. The inherent conflict in such partnership is the accountability of the public health system and free market aspect of the private health system. Without a clear bridge between these two, the partnership is bound to breakdown at some point in the implementation cycle. These can be already observed in some of the conflicting issues raised by both public health sector and private sector.

8.2.1 Appointment of Consultant at District Levels

Currently, the overall monitoring of the scheme at district level has been entrusted to a nodal officer who is also responsible for NRHM/RCH at the district level. It has been observed that the nodal officers hardly find time to oversee the implementation of the scheme due to NRHM related activities. It is, therefore, recommended that in order to

monitor the scheme on day to day basis, one consultant with adequate qualification and experience in the field should be employed at the CDMO office. This consultant will work under the overall guidance of the CDMO and the nodal officer.

8.2.2 Orientation Programmes for the Providers

Currently, there is no regular orientation/meetings/workshop of any type being organized at the district or state level to involve every stakeholder in the implementation of the scheme. Regular orientation of private providers and programme managers at state/district levels and MOs in government dispensaries should be conducted at least once in every three months. This would enable to discuss various issues and problems faced in the implementation of the scheme and resolving the issues/problems, if any.

8.2.3 Effective Linkages with Primary Health Care Units

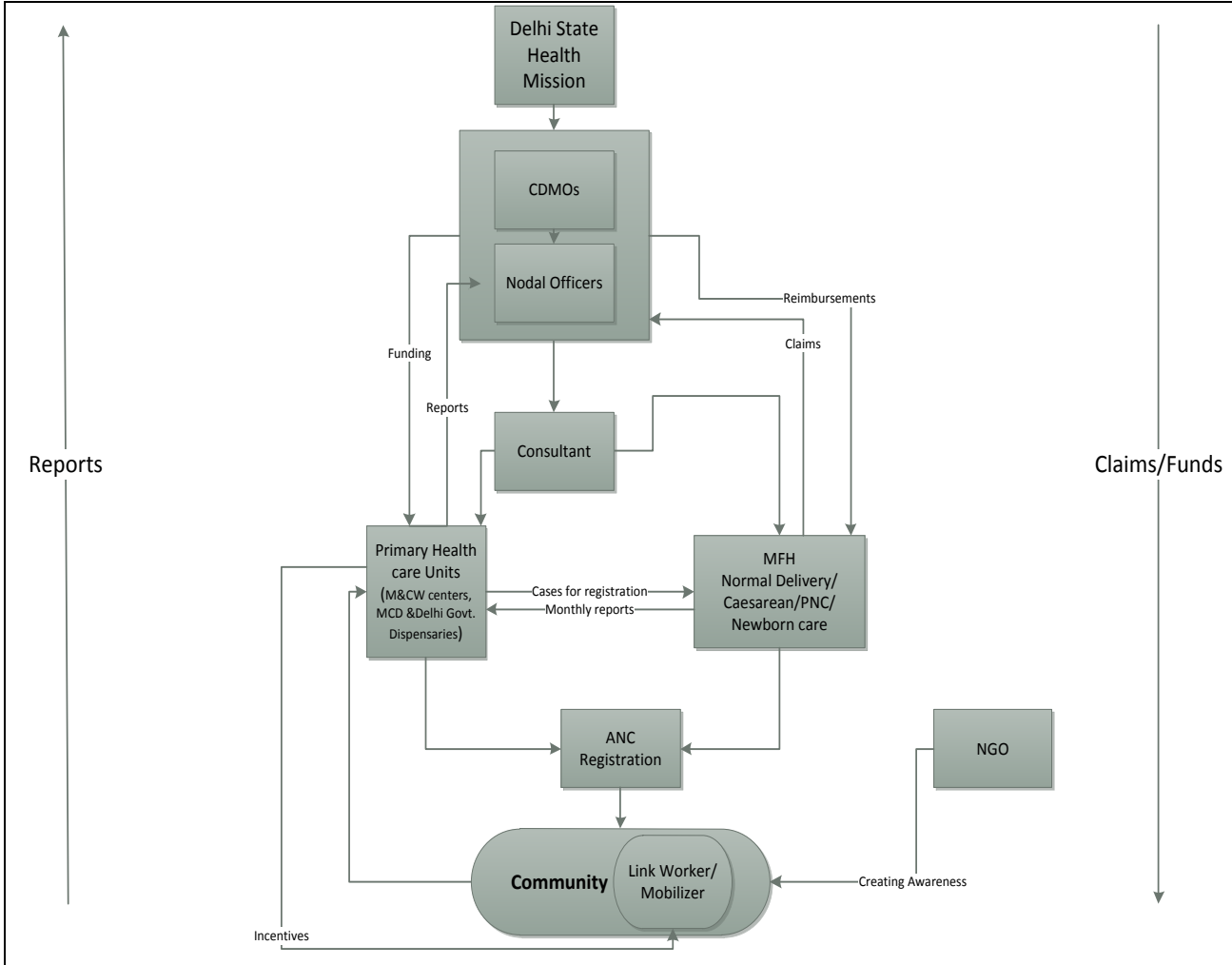
The scheme should create effective linkage and coordination between MFHs and nearby primary health care units- M&CW centres of MCD and Delhi Government dispensaries. The medical officer in the primary health care units should be involved in every process of implementation of the scheme, right from selection of the hospital/nursing home, registration of eligible women, monitoring of the scheme and providing JSY benefit to the eligible women. Frequent meetings should be organised with all MFHs in the jurisdiction of primary health care units, so that any issues at the MFH level would be addressed and settled. A copy of monthly report by MFH should also be submitted to the primary health care units.

8.2.4 Increased Contact with the Link Workers

Frequent meetings should be held with link workers at primary health care units to review the progress of the scheme and discuss various issues faced by ASHAs and other link workers. This would be useful to increase the efficiency of the ASHAs and other link workers in the field. They should also be continuously oriented about the dimensions of the scheme and can be supported in their work by the Government health system. Besides, ASHAs should also be able to facilitate target women in registration of birth, availing JSY benefit and registration of girl child under Ladli scheme. Considering the

active involvement of ASHAs and other link workers in the implementation of various health and health related programmes in the community, incentive given to link worker should be raised further. A part payment of incentive money under the scheme should also be considered to link worker depending upon the merit of the case on receiving the certificate from MFH.

MAMTA Scheme – A Flow Chart



8.3. Communication Related Recommendations

There was a general feeling that IEC components for this scheme have not been highlighted properly. Since there was no full time officer at the district level for implementation of the scheme, due attention could not be given on the publicity of the scheme at the district level.

A need for scheme related communication has been observed at various levels: at the potential client level the need is for building comprehensive awareness generation programme about the scheme, services available and eligibility conditions leading to

reasonable expectations from the scheme; at the field health functionary level there is right orientation about the scheme, type of services available to the eligible beneficiaries and at the provider level; the details and specifics guidelines of the scheme in respect of details of documents for registration of women, procedures for submission of claims etc. Contact number of medical superintendent of all nearby government hospitals (including labour room, nursery and casualty) and all private hospitals/nursing homes empanelled in the scheme should be provided to each MFH.

IEC Division in the Directorate of Family Welfare should take proactive role in the publicity of the scheme. It is also important to provide technical and financial support to the districts for developing appropriate communication strategies. Districts should develop pamphlets and other communication material for distribution in the community. Frequent camps should be organized in J.J clusters and resettlement colonies along with other NRHM activities to promote Institutional deliveries.

A uniform display board for advertising for the general public about MAMTA Friendly Services in registered hospitals/nursing homes should be provided by the state. Board must have visibility for its written material with less words and it should be brief and specific. Publicity through local cinema theatre and cable TV may also be encouraged.

NGOs having good performance in their work can be engaged in creating awareness within community especially in places where ASHAs and other link workers are not available.

It is also recommended that help of IMA may be obtained to involve more hospitals/nursing homes in the scheme.

To conclude this report, given adequate support and thoughtful revision, the MAMTA scheme will indeed lead to increased access to the poor for safe and institutional delivery services in the state.

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Annexure - I

Eligibility Criteria for Registering the Beneficiaries under the MAMTA scheme

Eligibility criteria are:

- The pregnant woman must belong to the BPL / SC / ST category and should be a resident of Delhi.
- The pregnant woman should not be less than 19 years of age.
- The pregnant woman should not have more than one living child.

The pregnant woman will be enrolled under MFHS (by the MFH) only after production of the following documents:

- Proof of age: - Ration Card / School Certificate / Birth Certificate / Affidavit / any other relevant document/ clinical assessment of the attending doctor in absence of any other proof.
- Affidavit regarding number of living children.
- Proof that she is a resident of Delhi: - Ration Card / Election I-Card/ Any other document indicating specific address.
- Registration of pregnant women will be preferably done in the first trimester (12 weeks).
- BPL Card/ Certification of BPL status by the concerned area SDM/ Certificate of SC/ ST issued by the competent authority.

Annexure - II

PACKAGE FOR 100 DELIVERIES UNDER MAMTA SCHEME

Services	One unit (In Rs.)	%	Total Amount (In Rs.)
Normal Delivery	1000	85	85000
Induced	1400	5	70000
Blood Transfusion	1000	10	10000
Cesarean Sec (Obs-Rs.3000, Anaes. -Rs.1300 And Pead. -Rs.700)	5000	8	40000
O.T	1000	8	8000
Investigation	300	100	30000
Sonography (2times @Rs.300/- each)	600	100	60000
ICU	1000	10	10000
Med & Bed Maintenance with immunization Baby	1000	100	100000
Contingency (for any unforeseen expanses by The hospital)	100	100	10000
3 antenatal checkup @ Rs. 100/- each includ TT and IFA	300	100	30000
1 post partum checkup	100	100	10000
Total			400000

List of MAMTA Friendly Hospitals covered under the study

Annexure - III

District	Name of Nursing Home	Address	Contact Person	Phone No.
West	Shubh Nursing Home	57A, Hastal Village, New Delhi - 110059	Dr. Daulat Singh	9810588353
	Jyoti Nursing Home	C-234, Vikas Puri, New Delhi	Dr. R.C. Madan	011-25556464
	Sumitra Hospital	142, Arihant Nagar, Shiv Mandir Road, Punjabi Bagh, New Delhi	Dr. Mrs. Jagruti A. Mehta	011-25220142
	Kamlesh Medical Centre	423, Bhera Enclave, New Delhi	Dr. Nitul Thapar	9810317641
	Mangla Aggarwal Medical Centre Pvt. Ltd	C-12, Ganesh Nagar, New Delhi	Dr. S. Mangla	9811527174
	New Medical Center	B-39, Moti Nagar, New Delhi	Dr. (Mrs.) Monika Thapar	9810128398
	K.K. Hospital	Inder Enclve, Main Rohtak Road, Peeragarhi, Near Shiv Vihar	Dr. A.K. Singh	
	Aman Hospital	BS-6, Tagore Garden, New Delhi	Dr. Anshu Mathur	935094550
	Rao Raghubir Hospital & maternity Centre	Kamaunddin Nagar, Najafgarh Road, Nangloi New Delhi	Dr. Ashok Gupta	9811270774
	B.T. Hospital	182, Mukherjee Park, N.Delhi-18	Dr. Tripta Gupta	9868120675
South-West	Siddhant Hospital	D-7, Mahavir Enclave, New Delhi – 110045	Dr. Anjali Solanki	9811596306
	Deepan Hospital	Khasra – 139/140, Najafgarh Road, Kapsaheda, New Delhi - 110037	Dr. Deepak Assudani	9811577069
	Kesar Nursing Home	WZ - 61A/3B, Vashishth Park, Pankha Road, New Delhi - 110046	Dr. A.K. Kesar	9810850566
South	Aakash Hospital	90/43, Malviya Nagar, New Delhi – 110017	Dr. Ajit Gaba	9818166996
	Jeevan Hospital	Gate No. 1, Jeevan Nagar, Sunlight Colony, New Delhi - 110014	Dr. Ajit Gaba	

East	Virmani Nursing Home	Plot No. 8, Commercial Complex, Mayur Vihar, Ph – 2, New Delhi - 110091	Dr. (Mrs.) Naveen Virmani	9910400416
	Kukreja Hospital	D-36, Acharya Niketan, Mayur Vihar, Ph – 1, Delhi - 110091	Dr. Arvind Chopra	9910515062
	Jeewan Anmol Hospital	Mayur Vihar ph-1, Delhi – 110091	Dr. (Mrs.) Bimla Sondhi	22750380
	Lake View Nursing Home	E-10, Pandav Nagar, Delhi-91	Dr. (Wg. Cdr) M.S. Chaudhary	9811310670
	Sankhwar Hospital	Kalyanpuri	Dr. K.K. Kashyap	
	Singhal Medical Centre	E-4/3, Krishna Nagar, Delhi - 51	Dr. Sunil Singhal	981010-9817
	Shakuntla Maternity & Surgical Centre	17-A, Main Shiv Puri, Opp. Geeta Colony, 14 Block, New Delhi - 51	Dr. Anjana Sachdeva	9811174878
North-East	Dr. Sushma Jindal Hospital	488/15, Near Radha Krishan Mandir, Dilshad Colony, New Delhi	Dr. Y.P. Jindal	9811220761
	Suraksha Nursing Home	E-22, Dilshad Colony, Delhi – 110095	Dr. (Mrs.) Shri Bala Jain	22353535
	Mangalam Medical Centre	E – 131, Dilshad Garden, Delhi – 95	Dr. Poonam Sehgal	
	Raj Medical Centre	C-3/51-A, Yamuna Vihar, Delhi - 110053	Dr. Rajender Sharma	9873636664
North-West	Sunderlal Jain Charitable Hospital	Ashok Vihar, Ph – III, Delhi – 110052	Dr. Rekha Gupta	9871322933
	Sehgal Nursing Home	A-6, Opp Azadpur Sabji Mandi, Panchwati, Delhi – 110033	Dr. (Mrs.) Naresh	98100-38999
	Satyam Hospital	64-65 / A-4, Sector – 16, Rohini, Delhi – 110085	Dr. Vijay Kumar Kohli	98101-25758
	K.R.Gangwal Memorial Charitable Hospital	Singhu Border Road, Narela, Delhi – 110040	Dr. Gangwal	9213958844
	Shastri Hospital	M-38, Shakurpur, Delhi – 110034	Dr. Sarva Priya Shastri	9868816100
	Khanna Nursing Home	217, Sarai Pipal Thala, Adarsh Nagar, GT Road, Delhi – 110033	Dr. Kiran Khanna	9810116327
	SANTUM Hospital	Prashant Vihar	Dr. Sushma Malik	9873205967
	Mahajan Nursing Home	1-50, Arya Smaj Road, Uttam Nagar, N.D. - 59	Dr. Rakesh Mahajan	9213205432
	Sharad Nursing Home	Ganesh Market, Opp. O.B.C. Bank, Najafgarh Road, Nangloi, Delhi -41	Dr. Anil Kumar Gupta	9810373780

Annexure IV**Memorandum of Understanding**

This Memorandum of Understanding is made on this _____ day of _____, 2008 (Two thousand and eight) BETWEEN the Integrated District Health Society of _____ District through the Chief District Medical Officer (_____ District), _____ (Address to be given) (hereinafter referred to as “The Integrated District Health Society” which expression shall, unless excluded by or repugnant to the context, be deemed to include his successors in office and assigns) of the one part AND M/s and M/s Name of Hospital / Nursing Home / Maternity Center, address _____ through its Medical Superintendent / Director / Manager / Secretary / Partner, Mr. / Ms _____ son of / daughter of / wife of _____ (hereinafter referred to as “Hospital / Nursing Home / Maternity Center/ Mamta Friendly Hospital”) which expression shall, unless excluded by or repugnant to the context, be deemed to include his successors, executors, administrators, legal heirs, representatives and assigns) of the other part.

Whereas the State Health Society, Delhi, under Govt. of NCT of Delhi has launched the Mamta Friendly Hospital Scheme(MFHS) in _____ District (Name of the district) of NCT of Delhi, covering areas of _____ (Name of the areas) to be implemented through the Office of the first party.

And whereas the second party has agreed to provide a package of antenatal services under the scheme (including laboratory investigations, ultrasound and IFA Tablets with Inj TT, postnatal services and delivery services for normal and complicated deliveries including essential new born care and immunization of the baby with the birth doses as per RCH & Delhi Govt. schedule to eligible women coming to his / her nursing home/ hospital/ Maternity Center (delete whichever is not applicable)). Now, therefore, both parties agree to abide by the terms and conditions of this MOU as detailed here under:-

1. The first party agrees to pay Rs.4000/- (Rupees four thousand only) to the second party for each institutional delivery carried out by the second party in case of target beneficiaries under the scheme, along with the aforesaid services as in Para above. In case second party carried out only Antenatal Services including laboratory investigations, ultrasound and IFA Tablets with Inj TT, than first party will pay only Rs. 2000/- (Rupees two thousand only) to the second party for each such case. When second party provides only the delivery services along with essential newborn care, immunization to new born and post natal services than first party shall pay Rs. 3000/- (Rupees three thousand only) to the second party for each such case. However, in each such case where only part services are provided the second party shall furnish the reasons for the same to the first party while making claims for the payments.
2. The eligibility criteria for registering the beneficiaries under the scheme is as under:-
 - (i) The pregnant woman must belong to the BPL / SC / ST category and should be a resident of Delhi.
 - (ii) The pregnant woman should not be less than 19 years of age.

(iii) The pregnant woman should not have more than one living child.

The pregnant woman will be enrolled under MFHS (by the MFH) only after production of the following documents:

1. Proof of age: - Ration Card / School Certificate / Birth Certificate / Affidavit / any other relevant document/ clinical assessment of the attending doctor in absence of any other proof.
2. Affidavit regarding number of living children.
3. Proof that she is a resident of Delhi: - Ration Card / Election I-Card/ Any other document indicating specific address.
4. Registration of pregnant women will be preferably done in the first trimester (12 weeks).
5. BPL Card/ Certification of BPL status by the concerned area SDM/ Certificate of SC/ ST issued by the competent authority.

The second party would register the beneficiary under this scheme only when it is fully satisfied that she is eligible to be a beneficiary under it. The first party will not be liable to make payment to the second party in respect of any person wrongly registered by the second party under the scheme.

3. The Second party shall provide free of charge services as per the package with to the beneficiary for normal and complicated delivery. The services will include drugs, pharmaceutical items, surgical items, consultation, investigation, use of operation theatre, anesthesia etc. In short the attending doctor will not take fees for anything from beneficiary including investigation and blood transfusion or advice prescription for investigation or drugs and pharmaceuticals.
4. Disbursement of money under the scheme by first party to second party:

The second party shall be paid @ Rs. 4000/- (Rupees four thousand only) for normal delivery as well as delivery through caesarian section in each case, provided that antenatal services under the scheme (including laboratory investigations, ultrasound and IFA Tablets with Inj TT), were also given. The hospital will be eligible for payment only after an institutional delivery is carried out with essential new born care and immunization of the baby with birth dose of Hepatitis B, BCG and 0 dose of OPV before discharge and 1 Post Partum checkup. The hospital shall be eligible for part payment of Rs. 2000/- (Rupees two thousand only) in each case under the scheme in case the beneficiary (pregnant woman) does not ultimately go in for institutional delivery and post partum checkup at the Mamta Friendly Hospital (MFH), however the antenatal services under the scheme (including laboratory investigations, ultrasound and IFA Tablets with Inj (TT) were provided by the MFH. Similarly, if an eligible woman delivers in MFH, but was not registered with the MFH and did not avail antenatal services under the scheme (including laboratory investigations, ultrasound and IFA Tablets with Inj (TT), than the hospital shall be eligible for

Rs. 3000/- only (Rupees three thousand only), provided essential new born care, immunization to new born and one post natal check up is carried out by the MFH. Even in the case beneficiaries/ pregnant women register with the MFH after 12 weeks of her pregnancy and is provided with the antenatal checkup due as per RCH schedule, Ultrasound, laboratory investigations and Inj TT and IFA tablets, and institutional delivery including essential new born care and Immunization and post partum checkup, then the MFH shall be eligible for the entire package.

The second party would be required to submit claims on a monthly basis to the first party for receiving payments under the scheme along with the following documents:-

- (i). File of beneficiary including documents she had presented before the NH/Hospital regarding her eligibility at the time of registration.
- (ii) . Proof of delivery by way of Registration of Birth Certificate(BC) issued by the Local Authority(MCD/NDMC) as the case may be).
- (iii). Proof of Post Partum Check-up.
- (iv). Documents/Certification giving details of peripheral worker who had brought the beneficiary to the Hospital for registration under the MFHS so as to make her eligible for motivation fee.

The First party shall make payments in respect of deliveries conducted by second party, at the package rate on a monthly basis.

5. No advance will be paid to the second party on signing the MoU.
6. The Second party will be responsible for the payment of various taxes of State and Central Government levied from time to time. In no way will the first party be responsible for payment of any taxes.
7. The Second party shall at all points of time ensure the availability of basic infrastructure requirements under the scheme. Any responsibility, compensation, if awarded, arising out of neglect in providing treatment and management of mother and baby under the scheme will be that of second party only. The First party or the Govt. of NCT of Delhi will not be responsible in any way in this regard.
8. The second party will be required to display prominently a notice of 2'X3' size in the hospital premises mentioning the following.

“Under Mamta Friendly Hospital Scheme, Delhi Govt., this hospital has entered into a memorandum of understanding with Integrated District Health Society, _____(Name and address of the district) to provide maternity and neonatal services to residents of the areas as mentioned in Clause 1 of the MOU. As per MOU the (a) Nursing home/ hospital/ Maternity Center will provide all the services related to normal and complicated delivery free of charge to the beneficiary. (b) Nursing home/ hospital/ Maternity Center will provide all the drugs and pharmaceuticals to the patients. (c) Nursing home/ hospital/ Maternity Center will bear the charges of investigation and blood transfusion. In case of any difficulty and problems related to the

services of Nursing home/ hospital/ Maternity Center for Mamta Friendly Hospital Scheme please contact Chief District Medical Officer _____
(Name, Address and Telephone No. of the District).

9. The second party will be required to submit a report in the prescribed format each month to the district health authority.
10. Second party will have to maintain the case papers and records/registers of the beneficiaries separately for scrutiny by first party.
11. The second party will not share any information which they collect while providing services to the beneficiaries or due to patient doctor relationship with any one except to the CDMO or Integrated District Health Society.
12. If second party wishes to publish any study/research paper based on the data of the scheme beneficiaries, they will do so only after obtaining permission from the first party. In all such cases where permission is given, the first party will be entitled to use the research findings of the second party.
13. Second party will be bound to provide the information sought with regard to MFHS under the provision of Right to Information Act 2005 and rules thereof.
14. Under the MOU the second party will not be representative of the first party in any way. Further the second party will not be considered representative or employee of the Integrated District Health Society _____ (name of the district) / Government of Delhi in any way.
15. The rights and responsibilities of the first party will be limited to these terms and conditions only. Accordingly, the second party will be entitled to the benefits clearly mentioned under the terms and conditions. They will not be entitled for other benefits, payments, subsidy or compensations.
16. In case the first party feels that second party has failed in carrying out the tasks under the schemes in any manner, it will be at liberty to deregister the second party and /or reject the claim/restrict the claim as it may deem fit.
17. The first party has the right to cancel the MOU without giving any reason/justification to second party. Further in the event of the second party being deregistered under the Delhi Nursing Home Registration Act by the Directorate of Health Services, the MOU shall stand automatically cancelled.
18. The MOU will come in effect from the next day of signing the MOU till _____.
19. In case of any legal problems arising out of this MOU, jurisdiction of the court will be that of a local district court.

On behalf of District Health Society

On Behalf of Hospital

Signature

Signature

Designation

Designation

Date

Date

Stamp of Office

Stamp of Office

The above parties have signed the MOU in presence of following witnesses

Witness 1

Witness 1

Signature

Signature

Name

Name

Witness 2

Witness 2

Signature

Signature

Name

Name

Annexure V

Basic infrastructure requirement from the applicant hospital / nursing home under the MFHS:

1. Staff: - Appropriate staff is including gynaecologist and obstetrician, pediatrician, anaesthetist, radiologist, resident medical officer, staff nurse. O.T. Technician, Lab technician.

2. Availability of diagnostic facilities as under:
 - a. Haemoglobin
 - b. Urine: - routine and microscopic
 - c. VDRL
 - d. Hepatitis 'B' antigen
 - e. Blood Sugar random.
 - f. Blood grouping and typing of both husband and wife.
 - g. Ultrasonography.

3. Availability of equipment, O.T., labour room, nursery: - As per conditions laid down under Delhi Govt. Nursing Home Registration Act.

4. Agreement for Bio-Waste Management.

Annexure VI

DOCUMENTS TO BE ENCLOSED BY THE APPLICANT HOSPITAL WITH THE APPLICATION

1. Details of the organization:
 - Name of the health facility
 - Name of the owner
 - Address
 - Tel no.-office, residence, mobile
 - Fax and email add
 - No. of beds
 - Date of Registration under Delhi nursing home act.
2. Details of the staff with copy of qualification and registration under various councils of the concerned medical and paramedical staff viz. gynecologist & obstetrician, pediatrician, anesthetist, radiologist, resident medical officer, staff nurse, OT and Lab Tech.
3. Copy of registration under Delhi Nursing Home Registration ACT.
4. Copy of registration under MTP Act
5. Copy of registration under PNDT Act.
6. Copy of agreement for Biomedical waste management.
7. Bank details: -
 - Name of the Bank.
 - Address of the Bank
 - Account No. *
It should be the same in which the money released for MFH may be deposited.

Annexure VII

Services Provided by MFH

RCH Schedule For Antenatal Care

1. Three Antenatal visits during pregnancy. First before 16-20 weeks, second at 28-32 weeks and third at 36 weeks.
2. Two injections of Tetanus Toxoid to be given 4-6 weeks apart. First dose may be given at the first visit whenever the patient comes. If the previous childbirth was within 3 years then only 1 Booster dose is to be given.
3. Distribution of 100 tablets of Iron Folic Acid to all pregnant mothers (100mg elemental iron and 0.5 mg Folic acid) starting from 4th month to prevent anaemia. If Hb is less than 11 gm% then two tablets to be given along with nutrition education. In case of severe anaemia (Hb <6.5 gm %) she may be given injectable Iron and Hb to be checked at every month.

DELHI GOVT. IMMUNISATION SCHEDULE

As per Delhi Govt. Immunisation schedule, within 48 hours of the birth of the baby and before discharge, the newborn must be immunized with BCG, '0' dose of OPV, birth dose of Hepatitis B.

LABORATORY INVESTIGATIONS TO BE DONE

- a. Haemoglobin
- b. Urine: - routine and microscopic
- c. VDRL
- d. Hepatitis 'B' antigen
- e. Blood Sugar random.
- f. Blood grouping and typing of both husband and wife.
- g. Ultrasonography – 2 Ultrasounds. First at 14-18 weeks and second at 32-36 weeks of pregnancy.

ESSENTIAL NEW BORN CARE

- (i) Care of Cord and Eyes
- (ii) Birth Weight
- (iii) Provision of warmth
- (iv) Apgar Score
- (v) Initiation of Breast feeding
- (vi) Examination for any congenital malformation.

Annexure VIII

PROFORMA FOR RETURNS IN RESPECT OF MAMTA FRIENDLY HOSPITAL SCHEME

(To be submitted every month by MFH to CDMO)

1. Name of the NH/Hosp/Centre:
2. Name of the Month under reporting:
3. Total no. of ANC Registered:
4. Total no. of ANC who received:
 - 3 antenatal checkups
 - Inj. TT (2 doses/booster)
 - Tab IFA(at-least 100 tabs)
 - Tab Calcium
 - Lab Investigations as per package
 - 2 ultrasounds
 - NO ANC BUT ONLY DELIVERY
5. No. of high risk pregnancies(pl. specify with no. and diagnosis for each condition):
6. No. of high risk pregnancies referred(pl. specify with no. and diagnosis for each condition):
7. No .of Abortions (specify reasons):
8. No. of deliveries conducted in all:
9. No. of normal deliveries conducted:
10. No. of LSCS deliveries conducted:
11. No. of forceps deliveries conducted:
12. No. of deliveries requiring Blood Transfusion:
13. No. of deliveries with complications requiring ICU/REFERRAL:
14. No. of women receiving only Antenatal care but no delivery
15. No. of mothers receiving 1 postnatal checkup:
16. Total no. of live births delivered:
17. no. of IUD/Still births etc:
18. No. of LBW babies:
19. No. of babies with cong anomalies:

20. No. of babies requiring intensive/emergency neonatal care:
21. No. of babies received
 - 0 dose of OPV
 - Birth dose of Hep. B
 - BCG
22. No. of mothers developing morbidity during perpeurium (Post Partum Hemorrhage, Perpeural Sepsis, Post Partum Psychosis, Engorged breasts, any other-specify).
23. No. of maternal deaths-with complete details of the cause, diagnosis etc.
No. of babies registered under the registrar of birth & death

Annexure IX

LOGISTICS TO BE PROVIDED by the State TO MFH UNDER MFHS

1. Antenatal Card/ Janani Suraksha Yojana card
2. Immunization Register
3. Immunization card
4. Health Education material
5. Vaccines-BCG, Hepatitis, OPV and TT
6. AD Syringes
7. Alcohol Swabs
8. Iron & Folic Acid tablet
9. Tablet Calcium

Any other pertaining to ANC & Immunization

Annexure -X

COST ANALYSIS OF MAMTA SCHEME				
TOTAL CASES		33		
NVD		24		
LSCS		8		
FORCEPTS DELIVERY		1		
NVD	Pharmacy		Rs	702.00
	Investigations		Rs	890.00
	Dietary Service		Rs	200.00
	Linen Chares		Rs	9.00
	25% Case (Antibiotic)		Rs	163.00
	Total		Rs	1964.00
	Total for Cases 24 x 1964			47136.00
LSCS	OT Expenses		Rs	2260.00
	Pharmacy		Rs	617.00
	Investigations		Rs	890.00
	Dietary Service		Rs	300.00
	Linen Chares		Rs	24.00
	Total		Rs	4091.00
	Total for Cases 8 x 4091			32728.00
Forceps Delivery			Rs	1964.00
	Total for Cases 1 x 1			1964.00
	Full time Gyneacologist dedicated to Mamta Scheme		Rs	45000.00
	Full time Nursing & IV Class Staff		Rs	55000.00
				100000.00
	Total Expenditure of Mamta Scheme			181828.00
	Total Income			132000.00
	Average loss			-49828.00
	Average loss per Case			1509.94
Following Charges if included :				
		49828		
	Room Charges	33000		
	Resident Care Charges	15000		
	Pediatric Care Charges	15000		
	Labour Room Charges	16500		
	Anesthetist Charges	Nil		
	OT Care	Nil		
	Total	129328		
		3919	Loss Per Case	

Source: Sundarlal Jain Hospital, Ashok Vihar Phase-III, Delhi-52 (February, 2009)

Annexure- XI (A)

Voucher Services. ANHA and Negotiated Prices, Agra District

Service	Weighte Average fees of ANHA, facilities	ANHA facility Fee Range	Agra Voucher Scheme Negotiated Prices	Negotiated Fees as % of ANHA Weighted Fees
FIP Services: IUCD insertion sterilization (female)	Rs 329 Rs. 1,789	Rs.0-200 Rs.700 – 7,000	Rs. 100 Rs. 1,000	30.4% 55.9%
ANC: ANC Visits including IFA tablets, nutritional counselling and TT injections as needed	Rs.1723	Rs. 800-5000	Rs.1,500 for package	87.1%
Complicated delivery: Supervised delivery, medicine, 5-6 days of hospitalisation, paediatrician fee	Rs. 6406-6651	Rs. 1500-15,000	Rs. 3,500 for package	53.7%
Caesarean delivery: Supervised delivery, medicines, 5-6 days hospitalization, anesthetist and paediatrician fees	Rs.5880	Rs. 3500-10,000	Rs. 5,000 for package	74%
PNC: PNC visits, with breastfeeding and FP counselling	Rs.106	Rs.50-250	Rs. 25 per visit	23.6%
Other: Ultrasound examination RTI/STI treatment Laboratory tests Blood transfusions	Rs.206	Rs. 100-5,000		

Source: USAID Health Policy Initiative: Vouchers to improve access by the poor to Reproductive Health services, November 2008

Annexure- XI (B)

**Service -Cost fixed by Private and Government Service Providers- Hardwar
Voucher Scheme**

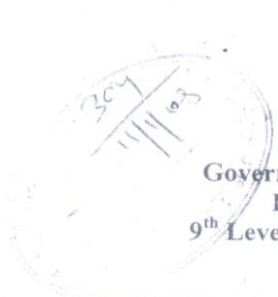
Service package	Cost	Remarks
ANC (minimum 3 visits, inclusive of TT and IFA provided by government)	Rs. 100	Cost remains same if the visits exceed three visits
Routine lab investigation	Rs. 500	Hb, Urine, VDRL, Blood Sugar, HIV and will be conducted by qualified pathologist
Normal delivery	Rs. 2200	Inclusive of medicine, stay, routine stomach wash, oxygen but not food
Ultrasound	Rs. 150 per examination	
PNC	Rs. 100	Expected to be two visits inclusive BCG, Polio, pills, condoms and counseling
IUD	Rs. 100	multi load supplied by government
Sterilization	Rs. 1500	For ligation instrument will be provided by Govt.
Ligation	Rs. 2000	
Complication during ANC period	Rs. 500	If OPD service is required and it includes stay and medicine
Delivery- caesarian	Rs. 8000	All services are inclusive of medicine and stay but if blood is required cost will be Rs. 500 / bottle with replacement if replacement is not found govt. would provide help
With Eclampsia	Rs. 8000 + 2000	
With PPH	Rs. 8000+ 1000	
Child care RDS	Rs. 2500	2-7 days hospital stay

Service package	Cost	Remarks
Phototherapy	Rs. 1000	2-5 days
Neonatal complication	Rs. 500	
Incubator cost	Rs. 500/day	

In addition:

- If the case is too complicated to handle, it would be referred to higher institutions. Travel will be arranged and the cost will be reimbursed by government.
- Supply of medicines should be ensured by government sector

CDMO/Nodal Officers Notification



C/27 -

Government of National Capital Territory of Delhi
Health & Family Welfare Department
9th Level, 'A' Wing, Delhi sect., IP Estate, New Delhi

F No.: F6 (386)/MCH/DFW/07/Pt file2 /255-56 Dated: 18/12/07

- To
1. CDMO, South District
 2. CDMO, South West District
 3. CDMO, North East District
 4. CDMO, East District
 5. CDMO, West District
 6. CDMO, North West District

Sub: Dissemination of guidelines on "MAMTA" Scheme

Sir / Madam,

Please find enclosed the guidelines including various annexure and MOU on decentralized implementation of "MAMTA" Scheme. You are requested to initiate the invitation of expression of interest and selection of Mamta friendly Hospitals for speedy implementation of the scheme. The scheme shall be operationalized by first of February 2008.

Yours Sincerely

(Dr. M. K. Aggarwal)
SPO DSHM

Handwritten notes:
MAMTA
Scheme - under NRHM
+ proper - better
interest of
all patients
of Delhi
District
Registration Act

Annexure XIII

OFFICE OF THE CHIEF DISTRICT MEDICAL OFFICERS: WEST DISTRICT DTE. OF HEALTH SERVICES, GNCT OF DELHI: A2 Blk. PASCHIM VIHAR NEW DELHI110063 Ph. 25255021 : Tele fax : 25281388.

No. F.1 (255)/Mamta-Sch/DHS/WD/07/7352

To

.....

Sub : Invitation of expression of interest for inclusion under “Mamta Friendly Hospital Scheme”.

Sir/Madam,

You might be aware that “Mamta Friendly Hospital Scheme” has been launched by Government of Delhi for providing maternal & child health care to pregnant women living in vulnerable areas belonging to the BPL or SC/ST category.

Applications for expression of interest are invited from private Nursing homes/Hospitals registered under Delhi Nursing Home Registration Act for their inclusion in the scheme in the West District. The applications must be sent to the office of the undersigned by messenger or speed post on or before Friday 18th January, 2008. A committee will be constituted at the district level of process the interests expressed. It may please be noted that applying for the scheme does not automatically qualify the applicant for selection and the Integrated District Health Society West District reserves the right to reject the expression of interest. Upon selection, a Memorandum of Understanding (MOU) would need to be signed by the owner of the selected hospital/nursing home with the undersigned. The following documents are required to be submitted along with the application by applicant nursing home/hospital:

1. Details of the organization
 - Name of the health facility.
 - Name of the owner
 - Address
 - Tel. no. – Office, residence, mobile
 - Fax and email address
 - No. of beds
 - Date of Registration under Delhi nursing home act.
2. Details of the staff with copy of qualifications and registration under various councils of the concerned medical and paramedical staff viz. gynecologist & obstetrician, pediatrician, anesthetists, radiologist, resident, medical officer, staff nurse. OT and Lab. Tech.
3. Copy of registration under Delhi Nursing Home Registration Act.
4. Copy of registration under MTP Act.
5. Copy of registration under PNDDT act.
6. Copy of agreement for Biomedical Waste Management.
7. Bank details :- (It should be the same in which the money released for MFH would be deposited)

- Name of the Bank
- Address of the Bank
- Account No.

The salient features of the scheme are as follows :

1. Areas : The scheme would be implemented in the selected vulnerable areas only which may comprise of a J.J. Clusters b. Unauthorized colonies c. Resettlement colonies d. Janta Flats. The applicant using home/hospital would be selected keeping in mind these areas.
2. The eligibility criteria for registering beneficiaries are as follows :
 - The pregnant woman must belong to the BPL/SC/ST category and should be a resident of Delhi.
 - The pregnant woman should not be less than 19 years of age.
 - The pregnant woman should not have more than one living child.
3. The following package of services if to be provided by Mamta Friendly Hospital to a beneficiary:
 - 3 antenatal checkup as per RCH Schedule i.e. before 16-20 weeks, 2nd at 28-32 weeks, and 3rd at 36 weeks.
 - Provision of Iron Folic Acid Tablet and inj. TT as per RCH scheme.
 - Ultrasonography 2 in no. (First at 14-18 weeks and second at 32-36 weeks).
 - Investigations (Hb., Urine routine and microscopy, VDRL, Hepatitis B antigen, Blood sugar random, blood grouping and typing of both husband and wife).
 - Normal Delivery.
 - Induced, if necessary
 - Caesarean section, if necessary.
 - Blood Transfusion, if necessary
 - Operation theatre, if necessary
 - ICU, if necessary
 - Medicine & Bed Maintenance.
 - Essential New Born Car.
 - Resuscitation, if necessary
 - Immunization of the Baby.
 - 1 post partum checkup.
4. Financial Package for Mamta Friendly Hospital (MFH).
 - A) MFH shall be paid @ Rs. 4000/- (Rupees four thousand only) for normal delivery as well as delivery through caesarian section in each case, provide that antenatal services under the scheme (including laboratory investigation, ultrasound and IFA Tablets with Inj. TT), were also given. The hospital will be eligible for payment only after an institutional delivery is carried out with essential new born care and immunization of the baby with birth dose of Hepatitis B, BCG and O dose of OPV before discharge and 1 Post Partum checkup.
 - B) The hospital shall be eligible for part payment of Rs. 2000/- (Rupees two thousand only) in each case under the scheme where the beneficiary (pregnant woman) does not ultimately go in for institutional delivery and post partum checkup at the Mamta Friendly Hospital (MFH), but the antenatal services under the scheme (including laboratory investigations, ultrasound and IFA Tablets with Inj. IT) were provided by the MFH.
 - C) Similarly, if a eligible woman delivers in MFH, but was not registered with the MFH and did not avail antenatal services under the scheme (including laboratory

investigations, ultrasound and IFA Tablets with Inj. TT), than the hospital shall be eligible for Rs. 3000/- (Rupees three thousand only), provided essential new born care, immunization to new born and one post natal check up in carried out by the MFH.

- D) Even in the case where beneficiaries/pregnant women register with the MFH after 12 weeks of her pregnancy and is provided with the antenatal check up due as per RCH schedule, ultrasound, laboratory investigations and Inj TT and IFA tablets, and institutional delivery including essential new born care and immunization and post partum check up, then the MFH shall be eligible for the entire package.

MFH would be required to submit claims on a monthly basis for receiving payments, under the scheme along with specified documents. No advance will paid to the MFH. MFH would be responsible for the payment of various taxes of State and Central Government levied from time to time.

5. The following Logistics will be provided to MFH by integrated District Health Society
- a. Vaccines: T.T.. OPV, Hepatitis B, BCG, AD syringes, swabs.
 - b. Iron and Folic Acid Tablets, Calcium Ta.
 - c. Antenatal Cards, immunization Card & Register
 - d. Health education material
6. The following are the basic infrastructure requirements of a Mamta Friendly Hospital:
- i) Staff – Appropriate staff including Gynecologist & Obstetrician, Pediatrician, Anesthetist, Radiologist, Resident Medical Officer, Staff Nurse, O.T., Technician, Lab Technician.
 - ii) Availability of diagnostic facilities as under
 1. Hemoglobin
 2. Urine : routine and microscopic
 3. VDRL
 4. Hepatitis ‘B’ antigen
 5. Blood Sugar random.
 6. Blood grouping and typing of both husband and wife.
 7. Ultrasonography.
 - iii) Availability of equipment, O.T., labor room, nursery: As per conditions laid down under Delhi Govt. Nursing Home Registration Act.
 - iv) Agreement for Bio-Waste Management.

Yours faithfully,

CDMO