

UNIQUE ID _____

**Concurrent Evaluation of the Reach, Effectiveness and Impact of the
Mukhya Mantri Janani Shishhu Swasthya Abhiyan (MMJSSA-JSY) in
Jharkhand: An IndiaCLEN and PFI Collaboration**

**FGD GUIDE FOR HUSBAND, FATHER IN LAW AND MOTHER IN LAW OF
WOMEN WHO DELIVERED AT INSTITUTIONS**

District Name:					
Block Name					
Village/Slum Name					
Venue					
Date					
Commencing time		hrs	:		min
Concluding time		hrs	:		min

NAME OF FACILITATOR _____


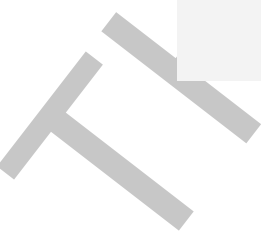
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NAME OF RAPPORTEUR

Signature

DISCUSSION POINTS

(The bullet points in bold are the key areas to be discussed. The italic bullet points are the probes for the discussion.)

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- **Maternal Health Issues**
 - *maternal health Issues in the area*
 - *availability of facilities and resources*
 - *changes in the recent past*
 - **Government schemes to improve maternal health**
 - *Programmes being implemented currently*
 - *effectiveness of the programmes*
 - **Awareness and knowledge of JSY**
 - *Source of information on JSY*
 - *Components of JSY scheme*
 - *Since when are they aware of the scheme*
 - **What is the target group/ who can avail these services**
 - **Reasons for using the services**
 - *Financial*
 - *Health care and safe delivery*
 - *Antenatal care, Post natal care and new born care*
 - **Decision making**
 - *Family – husband, wife, other members, neighbours*
 - *Health Providers*
 - *Mobilizers/ influencers/ community resource persons*

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- **What was your role**
 - Supportive*
 - Negative*
 - Facilitating*
 - Non-interfering*
 - **Services received under the scheme**
 - Home based: No. of visits antenatal/intra-partum/ post-natal*
 - Institution based: No. of visits antenatal/ post-natal*
 - **Reasons for institutional delivery**
 - Safety*
 - Complication*
 - As per advice of health providers*
 - Better treatment*
 - **Quality of care**
 - Referrals/ Transportation*
 - Availability of services*
 - Emergency management*
 - No. of visits of health providers*
 - Duration of hospitalization following delivery*
 - **Attitude and behavior of service provider**

- **Money received**
 - Amount*
 - When*
 - In what form*

- **What did you like best about JSY**
 - Positive*

- **What did you not like about JSY**
 - Negative*

- **Suggestions/ scope for improvement**
 - Services/ Awareness*

THE INCL