Ministry of Health and Family Welfare
Government of India
Maternal Health Division
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New Delhi

JANANI SURAKSHA YOJANA (JSY) - A brief on its features and parameters - modified

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the NHRM with the objective of reducing maternal and neo-natal mortality **by promoting institutional delivery** and making available quality maternal care during pregnancy, delivery and immediate post delivery period along with appropriate referral and transport assistance, **in the BPL groups, with special focus on low performing states**.

2. ASHA, a village level health worker in l0 low performing states, namely the 8 EAG states and Assam and J&K will act as an effective link between the field level Government health provider and the poor pregnant women. Her main role would be to:

- ☞ Identify pregnant woman from BPL families as a beneficiary of the scheme and report to the ANM for registration,
- ☞ Assist the pregnant woman to obtain BPL certification if BPL card is not available,
- ☞ Provide and / or help the women in receiving at least three ANC, two TT injection, IFA tablets,
- ☞ Counsel for institutional delivery,
- ☞ **Escort the beneficiary women to the pre-determined health center and stay with her till the woman is discharged**,
- ☞ Arrange to immunize the newborn till the age of 10 weeks,
- ☞ Register birth or death of the child or mother with the ANM/MO,
- ☞ Post natal visits within 7 days of pregnancy and track mother's health,

☞ Counsel for initiation of breastfeeding within one-hour of delivery and its continuance till 3-6 months, family planning.

Work of the ASHA should be assessed based on the number of pregnant women she has been able to motivate to deliver in a health institution.

3. JSY, a 100 % centrally sponsored scheme integrates cash assistance with delivery and post-delivery care. **The success of the scheme would be determined by increase in institutional delivery among the BPL families as well the overall institutional delivery.**

4. **Important Features of JSY:**

(a) The scheme targets BPL families.

- For low performing states (LPS) - all BPL pregnant women.
- In High performing states (HPS) - women of age 19 years or above, upto two live births.

Note: As birth registration is not comprehensive in many states, age certificates may not be insisted upon. Similarly, marriage certificate may also not be insisted upon.

(b) **Scale of cash Assistance (In Rs.):**

Category	Rural Area		Total	Urban Area		Total
	Mother's Package	ASHA's Package		Mother's Package	ASHA's Package	
LPS	700	600	1300	600	200	800
HPS	700		700	600		600

Note 1: Irrespective of the place of birth, all pregnant BPL women will be entitled to cash benefit of Rs. 500/- per live births and **the disbursement would be done at the time of delivery, possibly two weeks before delivery**. The rationale is that beneficiary would be able to use the cash assistance for her care during delivery or to meet incidental expenses of delivery. It should be the responsibility of ANM/ASHA, MO PHC to **take all proactive actions to ensure disbursement. It is very important that the cash is disbursed in time.**

Note 2: Importantly, such woman choosing to deliver at home or in an accredited private health institution will have to produce a BPL certificate or a certificate from Panchayat in order to access JSY benefits.

Note 3: Such eligible pregnant women who deliver in health institutions (public or accredited private health centre) would get additional cash benefit of Rs. 200/- if they belong to rural areas and Rs. 100/- if they belong to urban areas. This bit of cash assistance may be paid at the institutions at the time of delivery when woman reaches the institution. **If the woman reaches the institution of her own, transport assistance money should also be paid to her immediately.**

Note 4: The cash package for ASHA or an equivalent worker includes:

- The referral transport assistance to pregnant woman to go to the nearest health centre. The state will determine the amount of assistance depending on the topography and the infrastructure available.
- The support to ASHA or an equivalent worker if she stays with the pregnant woman in the health centre for delivery,
- The **cash incentive to the ASHA, being not** be **less than Rs.200/- per delivery case** facilitated by her. This is essential to keep her sustained in the system.

(c) Special dispensation for LPS states:

(i) **Age certificate** is not an instrument that is available easily. Many states have yet to get the process of birth registration organised in rural areas. **In view of this, for all BPL pregnant women belonging to LPS states,** any kind of age certification would **not be insisted** upon for availing the benefits of JSY**.**

(ii) **Restricting benefits of JSY up to 2 births**: This would in fact encourage women of higher fertility in the LPS states to deliver at home in an unsafe condition, if not brought under the fold of health facilities. Such women are exposed to higher risks of mortality and morbidity too because of neglect on their part to access health care and facilities. Therefore, the restriction on the number of childbirths for accessing benefits of JSY has been removed**. In other words, the benefits of the scheme are extended to all BPL pregnant women in LPS states irrespective of birth orders.**

(iii) Institutional delivery being the primary strategy for promoting safe motherhood, it is necessary that all women are encouraged to avail institutional care. While middle and the high-income group

families prefer to access private health institutions, only the poor access delivery care in the public institutions. With a view to encourage women from poor families to access public health institution for delivery, **in LPS states, the benefits of JSY would be extended to all women availing institutional delivery care in Govt. health centres.**

(d) Quick disbursement: To quicken the process of disbursement, an imprest of Rs. 5000/- would be kept with all ANMs to make all payment of cash assistance. As the scheme is targeting the poor women who would generally be short of cash, it is essential that the cash assistance provided under the scheme is made available to her in the shortest possible time. With a view to quicken the process of disbursement, ANM should keep a contingency amount of atleast Rs.1500 with the ASHA or AWW (if ASHA has not been recruited).

Note: Where Panchayati Raj Institutions (PRIs) exist and an elected body is in place, the State Governments/District society will be at liberty to keep the money with Panchayati Raj Institutions and empower Auxiliary Nurse Midwifes to incur expenditure jointly with the Gram Panchayat through a **simple procedure to recoup the imprest periodically**. All disbursements should be made immediately at the time of delivery.

(e) Tracking each pregnancy: Each beneficiary registered under the scheme should have a JSY card along with a MCH card. ASHA/AWW under the overall supervision of the ANM and the MO, PHC should **mandatorily prepare a micro-birth plan**. This will effectively help in monitoring Antenatal Check-up, and the post delivery care.

(f) Additional compensation: If hospitalization for delivery is followed immediately by Tubectomy / laparoscopy, the beneficiary would also get compensation money available under the existing Family welfare scheme at the hospital itself.

(g) Provision of Caesarean Section: Generally FRUs / CHCs etc. would provide emergency obst. services free of cost. Where Government specialists are not available in the Govt's health institution, assistance up to Rs. 1500/- per case could be utilized by the health institution **for hiring services of experts** to carry out the surgery in a Government medical facility. **If a private medical expert is not available** or that list of empanelled experts is very few, expert doctors working in the **other Government set-ups** may even be empanelled, provided his/her services are spare. In such a situation, the cash assistance for C-section can be

utilized to pay little honorarium or for meeting transport cost to bring the expert to health centre. It may however be remembered that **a panel of such doctors need to be prepared beforehand by all such health institutions** where such facility would be provided and the pregnant women are informed of this facility, at time of micro-birth planning.

Note: State and the District authorities would exercise adequate control and monitor expenditure under this component**.**

Note: To avoid any scope of leakage, it is suggested that for women accessing delivery services in an accredited private institutions, **BPL certification by State/UT Government or a certification by Panchayat should be insisted upon for availing JSY benefits.** Similarly, **disbursement for domiciliary delivery should be restricted to appropriate BPL certification and the number of births as per erstwhile NMBS norms.**

(h) Certification of BPL Status: In States/Districts, where BPL cards have not yet been issued, States/UTs would ensure formulation of a simple criterion for certification of BPL Status.

(i) Accredit Private Sector health institution: Acknowledging that much need to be done to strengthen infrastructural facilities in the public sector, States/District health societies would devise mechanism to accredit/ recognize hospitals/nursing homes/clinics from Private Sector for providing obstetric care services to the JSY beneficiaries. **The benefits under JSY would also be available to such beneficiaries** delivering in these accredited private health institutions. In order to increase access, atleast 2 willing private health institutions may be accredited in each block.

(j) **Equip Sub-centres for Normal delivery**: Realizing that for women living in tribal and hilly districts, it becomes difficult to access PHC/CHCs for maternal care and that well equipped sub-centres are a better option for normal delivery, **it has been suggested to the states that women delivering in such sub-centres which are accredited by the state / district authorities will be considered as institutional delivery and therefore, make them eligible for financial assistance under JSY**. For this, it is suggested to undertake a process of accreditation of all such sub-centre located in Govt. buildings and having proper facility of light, electricity, water, and other requirements of basic obstetric services including services of trained mid-wife for the purpose of conducting normal deliveries in these institutions.

5. **Provision of Administrative Expenses**: 5% (4 % for the district authorities and 1 % for the state) of the fund released could be utilized towards administrative expenses for monitoring, IEC and office expenses for implementation of JSY.

6. **Link cash assistance to Maternal Care**: The main strategies are to link the cash assistance to the following actions:

a) Early registration of the women;
b) Early identification of complicated pregnancy;
c) Providing atleast three antenatal care, and two post-delivery visits;
d) Linking each habitation to a functional health centre- public or accredited private institution;
e) Organizing timely referral and providing referral transport to the pregnant women to go to the health centre;
f) Convergence with Integrated Child Development Scheme (ICDS) worker by way of involving Anganwadi worker (AWW) intensively;
g) Devising as well as ensuring transparent and timely disbursement of the cash assistance to the beneficiary and the incentive to the Accredited Social Health Activist (ASHA) or an equivalent worker;

7. **In addition**, undertake following essential initiatives:

a) To operationalize the sub-centres to provide health care services and if possible operationalize it for normal delivery;
b) To operationalize 24/7 delivery services at PHC level to provide basic obstetric care,
c) Operationalize First Referral Units (FRUs) to meet the emergency obstetric care demand,
d) To build partnership with doctors, hospitals/nursing homes/clinics from the private sector to provide obst. Services to the JSY beneficiaries by recognizing or accrediting, especially in the rural areas.

GIVE WIDER PUBLICITY TO THE SCHEME AMONG THE WOMEN, SPECIALLY IN THE VILLAGES: UNDERTAKE WALL PAINTING IN ALL SUB-CENTRES, PHCs, CHCs, DISTRICT HOSPITAL, WOMEN MATERNITY HOSPITALS

ESTABLISH A GRIEVANCE REDRESSAL CELL IN EACH DISTRICT, UNDER THE DISTRICT MAGISTRATE.

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