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## **JANANI SURAKSHA YOJANA (JSY) GUIDELINES**

1. **Janani Suraksha Yojana (JSY)** is a safe motherhood intervention under the National Rural Health Mission (NRHM) being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women.
2. JSY integrates cash assistance with delivery and post-delivery care. The success of the scheme would be determined by the increase in institutional delivery among the poor families.
3. **Role of ASHA or other link health worker associated with JSY would be to :**
  - ✓ Identify pregnant woman as beneficiary of the scheme and report or facilitate registration for ANC,
  - ✓ Assist the pregnant woman to obtain necessary certifications wherever necessary,
  - ✓ Provide and / or help the women in receiving at least three ANC checkups including TT injection, IFA tablets.

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- ✓ Identify a functional Government health centre or an accredited private health institution for referral and delivery,
  - ✓ Counsel for institutional delivery,
  - ✓ Escort the beneficiary women to the pre-determined health centre and stay with her till the woman is discharged,
  - ✓ Arrange to immunize the newborn till the age of 14 weeks,
  - ✓ Inform about the birth or death of the child or mother to the ANM /MO,
  - ✓ Post natal visit within 7 days of delivery to track mother's health after delivery and facilitate in obtaining care, wherever necessary.
  - ✓ Counsel for initiation of breastfeeding to the newborn within one-hour of delivery and its continuance till 3-6 months and promote family planning.

**Note :** *Work of the ASHA or any link worker associated with Yojana would be assessed based on the number of pregnant women she has been able to motivate to deliver in a health institution and the number of women she has escorted to the health institutions.*

#### **4. Important Features of JSY:**

**4.1 Tracking Each Pregnancy:** Each beneficiary registered under this Yojana should have a JSY card along with a MCH card. ASHA / AWW/ any other identified link worker under the overall supervision of the ANM and the MO PHC should mandatorily prepare a micro-birth plan (Please see Annexure-I). This will effectively help in monitoring Antenatal Check-up, and the post delivery care.

#### **4.2 Eligibility for Cash Assistance.**

**All pregnant women** delivering in Government health centres like Sub-centre, PHC, CHC/ FRU/ General wards of Sub Divisonal, District and State Hospitals and Govt. medical colleges. In case of Accredited Private Institutions, only those families who have genuine BPL cards(as per last approved BPL census) or SC/ST certificate (issued by concerned tehsildar) will be eligible for the benefits under JSY. Deliveries taking place in Municipal Hospitals will also get covered under the JSY benefits like any Government institution.

### 4.3 Scale of Cash Assistance for Institutional Delivery:

Rural Area		Total	Urban Area		Total
Mother's Package	ASHA's Package	Rs	Mother's Package	ASHA's Package	Rs
1400	600	2000	1000	200	1200

4.4 While mother will receive her entitled cash, the scheme **does not provide for ASHA package** for such pregnant women choosing to **deliver in an accredited private institution or at home.**

### 4.5 Disbursement of cash assistance to beneficiary for institutional delivery:

As the cash assistance to the mother is mainly to meet the cost of delivery, it should be disbursed effectively at the institution itself.

### 4.6 Delivery at a Government Institution (for Rural beneficiaries)

All mothers irrespective of age, birth order, or income group (BPL & APL) will get a cash assistance of Rs. 1400/- in one go at the time of delivery.

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**a. Delivery at sub-centre & PHC (N) :**

The payment will be made by ANM / ASHA of the area where pregnant mother resides.

**b. Delivery at CHC, Block PHC, Area Hospital**

The payment will be made by the medical officer of the institution. For this purpose, a referral slip issued by ASHA/ANM/MO of the area where the pregnant mother resides has to be brought by the mother along with MCH - JSY card. A format of the JSY card containing referral slip is enclosed at Annexure-II.

**c. Delivery at Sub-Divisional / Municipal / District Head Quarter Hospital / State Head Quarter Hospital & Government Medical Colleges :**

The payment will be made by an authorized representative of the SDMO / ADMO / CMO/ Superintendent at the time of delivery. Here again, a referral slip issued by ASHA/ANM/MO of the area where the pregnant mother resides along with MCH-JSY card need to be produced by the pregnant woman for availing benefits under JSY.

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The referral slip will be retained by the head of the institution, where delivery has taken place, for further reference.

#### **4.7 Delivery at Government Institutions (for Urban beneficiaries):**

(a). Mothers residing in urban areas and accessing urban government facilities like area hospital / Municipal Hospital / sub-divisional hospital / District Head Quarter Hospital/ State Head Quarter Hospital / Government Medical Colleges etc. will be entitled for a cash benefit of Rs.1000/- only which will be paid by MO I/C / SDMO / CDMO/ College Superintendent or their authorized representatives at the time of delivery.

(b). For the purpose of JSY benefit, the mother has to bring along JSY-MCH card and a referral slip issued by the Medical staff of the Government institution/accredited private institution who have conducted 3 Ante Natal Check ups. CDMO/CMO/Superintendent has to make necessary arrangement for this purpose.

(c). In urban area where ANM is not available, proof in support of receiving 3 ANC Check Ups,

Immunization of TT-2/ Booster from any registered medical practitioner(Government / private) will be accepted for cash assistance under JSY. The referral slip will be retained by the head of the institution, where delivery has taken place for further reference.

The residence of the beneficiary **within the STATE** would determine entitlement of cash benefit in such institutions, to be verified based on the referral slip from the ANM /MO, carried by the beneficiary. It is therefore, essential that all targeted expectant mother should carry a referral slip from the ANM / MO of area where she generally resides. This will, infact, help all such pregnant woman who go to her mother's place for delivery.

Disbursement of money to expectant mother going to her mother's place for delivery should be done at the place she delivers. **The entitlement of cash should be determined by her referral slip carried by her and her usual place of residence. (Rural / Urban).**

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#### **4.8 Delivery at an Accredited Private Institution:**

- a. Only those institutions which have been duly accredited by the district authorities will come within the purview of JSY under NRHM. A detailed guideline for accreditation of a private health institution under JSY has been framed for this purpose.
- b. A pregnant woman choosing to deliver in an accredited private health institution will have to produce a genuine BPL or SC/ST certificate in order to access JSY benefits. Substitution of BPL cards or SC/ST certificate by any other document is not permitted.
- c. She should carry a referral slip from ASHA/ANM/MO and MCH-JSY card for accessing benefits under JSY. The referral slip will be retained by the institution for further reference.
- d. Disbursement of cash to mother should be done through the ANM/ASHA channel and the money available under JSY should be paid to the beneficiary only and not to any other person or relative.



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- e. Such accredited private institution would also be responsible for any post-natal complication arising out of the cases handled by them.
  - f. The accredited private institution should not deny their services to any referred targeted expectant mother.
  - g. Every month accredited private health centre would prepare a statement of JSY-delivery / ANC / obstetric complication case handled by them in format given vide Annexure -III and send it to the local medical officer along with the referral slips for sample verification by concerned MO/ANM/ASHA/AWW.

#### **4.9 Compensation Money:**

If the mother or her husband , of their own will, undergoes sterilization, immediately after the delivery of the child, compensation money available under the existing family welfare scheme should also be disbursed to the mother at the hospital itself.

#### **4.10 Assistance for Home Delivery**

BPL Pregnant women, aged 19 years and above preferring to deliver at home by a Trained Traditional

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Birth Attendant or Skilled Birth Attendant is entitled to a cash assistance of Rs. 500/- per delivery. Such cash assistance is available only up to 2 live births and the disbursement would be done at the time of delivery or around 7 days before the delivery by ANM/ASHA/AWW. 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 ensure disbursement. It is very important that the cash is disbursed in time.

**Note:-1** *Birth certificates issued by competent authority, voter ID card, school leaving certificate or EC register can be referred to ascertain age of the pregnant mother.*

**Note:-2** *For the purpose of availing JSY benefits during home delivery by a poor beneficiary who have not been given a BPL card, Antodaya Anna Yojana cards can be substituted, if the same is issued to her.*

**Note:-3** *Disbursement will be made only for 2 live births and not for still births*

**Note:-4** *In case of delivery which has taken place on the way to a hospital, the same will be treated as an institutional delivery provided the mother & the child are*

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*subsequently admitted to the hospital for post delivery care. Otherwise, all such cases will be treated as home delivery for the purpose of JSY benefits.*

## **5. Asha Package:**

In rural areas, it includes the following components:

- a) Cash assistance for Referral transport to go to the nearest health centre for delivery. It should not be less than Rs. 250/- per delivery. It would, however, be the duty of the ASHA and the ANM to organize or facilitate in organizing referral transport, in conjunction with Sarpanch / ward member, Gram Sabha etc.
- b) The transactional cost is to be paid to ASHA in lieu of her stay with the pregnant women in the health centre for delivery to meet her cost of boarding and lodging etc. Not more than Rs. 150/- can be paid for this purpose. ASHA can spend this money out of the cash available with her which can be adjusted against advance on production of necessary certificate from MO I/C where delivery has taken place.
- c) Cash incentive to ASHA: This should not be less than Rs.200/- per delivery in lieu of her

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work relating to facilitating institutional delivery. Generally, ASHA should get this money after her post natal visit to the beneficiary and that the child has been immunized for BCG.

- d) Expectant mother reaching any institution for delivery of her own(without the help of ASHA) should get transport cost(limited to Rs.250/-) out of ASHA package immediately after reaching the institution on registration for delivery.
- e) In case ASHA has provided ANC but could not accompany the pregnant mother due to some exigencies(to be recorded), but has arranged one escort to accompany and stay till delivery and discharge to mother is done, ASHA package can be delivered to her after completion of post natal care as prescribed.
- f) Under no circumstances the total payment under a, b & c above can exceed Rs.600/-.
- g) It must be ensured that ASHA gets her last payment within 7 days of the delivery, as that

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would be essential to keep her sustained in the system.

**h)** The scheme does not provide for ASHA package in case of home delivery and delivery in any accredited private institution.

**i)** All payments to ASHA should be done by ANM only.

#### **6. Subsidizing cost of Cesarean Section or management of Obstetric complications:**

Generally PHCs / FRUs / CHCs etc. would provide emergency obstetric services free of cost. Where Government specialists are not available in the government health institution to manage complications or for Caesarean Section, assistance up to Rs. 1500/- per delivery could be utilized by the health institution for hiring services of specialists from the private sector. If a specialist is not available or that the list of empanelled specialists is very few, specialist doctors working in the other government set-ups may even be empanelled, provided his/ her services are spare and he/she is willing. In such a situation, the cash subsidy can be utilized to pay honorarium or for meeting transport cost to bring the specialist to the

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health centre. It may however be remembered that a panel of such doctors from private or government institutions need to be prepared beforehand in all such health institutions where such facility would be provided and the pregnant women are informed of this facility, at the time of micro-birth planning. The panel of specialists for the above purpose should be approved by CDMO of the district in advance.

**7. Accreditation of private health institution:**

In order to increase choice of delivery care institution, a number of private health institutions as well as hospitals belonging to private & public sector undertakings, Central Government as well as Christian Missionaries can be accredited to provide delivery service.

A guideline for this purpose has been framed.

**8. Fund arrangement under JSY :**

- a) For Government Medical College / Capital Hospital / RGH Rourkela, fund will be placed directly from Mission Directorate to the head of the institution which will be kept in a separate account under the supervision of governing body of the college or RKS of the hospital. Superintendent, Medical colleges,

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CMOs of the institution would make assessment of the number of delivery taking place and the requirement of fund and communicate the same to the Mission Directorate. The utilization certificate has to be submitted to the NRHM Directorate from time to time for release of further funds. For availing benefits under JSY, beneficiary has to produce referral slip from the ANM/MO of the area of her native place.

- b) For Block PHC/CHC/Area Hospital /Municipal Hospital / Sub-Divison /District Head quarter hospital.

The district should allocate sufficient amount of money (based on the load of delivery in these institutions) for each of these institution. This fund should be kept in a separate account under the supervision of the Rogi Kalyan Samiti.

### **8.1 Flow of fund**

- a) District Authorities would advance Rs.10,000/- to each ANM as a recoupable imprest money for JSY fund.
- b) This money would be kept in a joint account of ANM and Sarpanch / Naib Sarpanch, whichever is a lady. This joint account is different from the joint A/C already being operated for keeping Untied

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Fund. ANM would 'roll' the entire amount by advancing suitable minimum amount as assessed by her in advance to ASHA/AWW and later should recoup it from the MO I/c, Block out of JSY fund parked by the district authorities. The process of recoupment should be simple with proper checks so as to be able to disburse the cash to the pregnant women in time.

- c) Wherever the post of ANM is vacant, the HW(M) / LHV / Additional ANM as decided by Block MO I/c, will operate the joint account along with Sarpanch / Naib Sarpanch.
- d) ANM will advance fund, as per the requirement to each ASHA / AWW and get the expenditure statement reconciled in the monthly meeting.
- e) ANM will be solely responsible for recoupment of all the advances given to ASHA / AWW.

## **9. Other Highlights**

- a) For the purpose of getting benefits under JSY, the mother has to compulsorily produce MCH as well as JSY cards issued by respective ANMs. Referral Slips issued by ASHA/ANM/MO I/C will also be required in cases of delivery in block CHCs/Area



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Hospital / Sub- Division / Municipal/ District / State Capital Hospital / Medical Colleges and accredited private institutions.

- b) Mothers residing in rural areas but accessing urban government or private accredited facilities etc. for delivery will be eligible for cash assistance of Rs. 1400/-.
- c) For delivery in any accredited institution (Private & PSU), only genuine BPL card & SC/ST certificate is valid and no substitution shall be accepted.
- d) Payment of pregnant women should be done in one installment only.
- e) All payments to ASHA/AWW/ Link workers under JSY should be done by one agency i.e ANM.
- f) JSY card should also be treated as a referral card.
- g) JSY referral card is the only document in support of disbursement of funds to the beneficiary. Hence a part of the same should be retained by the disbursing authority.

#### **10. Essential Strategy:**

While the scheme would create demand for institutional delivery, it would be necessary to have adequate number of 24x7 delivery service centre,

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doctors, midwives, drugs etc. at appropriate places.

Mainly, this will entail

- Linking each habitation (village or a ward in an urban area) to a functional health centre-public or accredited private institution where 24x7 delivery service would be available,
- Associate an ASHA or health link worker to each of these functional health centre,
- It should be ensured that ASHA keeps track of all expectant mothers and newborn. All expectant mother and newborn should avail ANC and immunization services, if not in health centres, at least on monthly health and nutrition day, to be organized in the Anganwadi or sub-centre:
  - Each pregnant women is registered and micro-birth plan is prepared (please see Annexure-I)
  - Each pregnant women is tracked for ANC,
  - For each of the expectant mother, a place of delivery is pre-determined at the time of registration and the expectant mother is informed,

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- ASHA and ANM to ensure that adequate fund is available for disbursement to expectant mother,
  - ASHA takes adequate steps to organize transport or taking the women to the pre-determined health institution for delivery.
  - ASHA assures availability of cash for disbursement at the health centre and she escorts pregnant women to the pre-determined health centre.

#### **11. Possible IEC Strategy:**

- To **associate NGO and Self Help Groups** for popularizing the scheme among women's group and also for monitoring of the implementation.
- To provide wide publicity to the scheme by :
  - ✓ **Promoting JSY as a component of total package of services** under RCH along with programmes like Pulse polio programme, Monthly Village Health Day, Health Melas etc.
  - ✓ Printing and distributing JSY guidelines, pamphlets, notices in local language at SC /PHCs /CHCs /District Hospitals /DM's and Divisional

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Commissioner's office and even in at the accredited Pvt. Nursing Homes, in abundance.

- ✓ Supporting printing of State's stationery, specially for State's Health Secretary, DMs /SDMs /Block /PHC /CHC /District Hospital, advocating on Institutional Delivery and cash benefits of JSY.
- ✓ Facilitate organizing workshops and meetings in villages / blocks – by women's group, local leaders(PRIs), Opinion Maker, at functional health institutions on promoting maternal health in general, Institutional Delivery and JSY.
- ✓ Undertaking wall painting in all sub-centers, PHCs and CHCs, District & State Hospitals and the accredited private institutions.
- ✓ **Supporting** women self help Groups and NGOs for promoting the scheme.
- ✓ **Facilitating** women Panchayat member to take review of Janani Suraksha Yojana(JSY).

**12. Establish a grievance redressal cell** in each district, **under the Chief District Medical Officer,** supported by the District Programme Management

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Unit mainly to facilitate meeting people's genuine grievances on :-

- ✓ Eligibility for the scheme.
- ✓ Quantum of cash assistance.
- ✓ Delays in disbursement of the cash assistance.

An officer, may be made responsible to supervise the grievance cell. However, proper information about the grievance cell, giving the officer's name, postal address and his telephone number should be displayed prominently at all health centers and institutions. If necessary, fund available under administrative expenses could be utilized for this purpose.

**13. Display of names of JSY beneficiaries:** The list of JSY beneficiaries along with the date of disbursement of cash to her should **mandatorily be displayed** on the display board at the sub-centre, PHC /CHC /District Hospitals (from where beneficiaries have got the benefit), being updated regularly on month-to-month basis.

**14. Monitoring:**

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**14.1 Monthly meeting at Sub-centre Level:** For assessing the effectiveness of the implementation of JSY, monthly meeting of all ASHAs / AWWs related health link workers working under an ANM should be held by the ANM, possibly on a fixed day (may be on the third Friday) of every month, at the sub-center or at any of Anganwadi Centers falling under the ANM's area of jurisdiction. If Friday is a holiday, meeting could be held on following working day.

**14.2 Sector Level :** At the sector level there shall be regular monitoring of JSY activities during the sector meetings under the supervision of the medical officer. In the meeting ANMs shall discuss the performance of JSY in her area.

**14.3 Prepare Monthly Work Schedule:** In the monthly meeting, the ANM, besides reviewing the current month's work vis-à-vis envisaged activities, should prepare a Monthly Work Schedule for each ASHA / village level health worker on following aspects of the coming month:

- **Feed back on previous month's schedule:-**
  - a) Number of pregnant women missing ANCs.

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- b) No. of cases, ASHA/Link worker did not accompany the pregnant women for Delivery.
  - c) Out of the identified beneficiary, number of Home deliveries.
  - d) No. of post natal visits missed by ASHA.
  - e) Cases referred to First Referral Unit (FRU) and review their current health status.
  - f) No. of children missing immunization.

- **Fixing Next Month's Work Schedule (NMWS) : To include-**

- i. Names of the identified pregnant women to be registered and to be taken to the health center / Anganwadi for ANC.
- ii. Names of the pregnant women to be taken to the health centre for delivery(whenever applicable).
- iii. Names of the pregnant women with possible complications to be taken to the health center for check-up and/or delivery.
- iv. Names of women to be visited(within 7 days) after their delivery.

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- v. List of infants / newborn children for routine immunization.
  - vi. To ensure availability of imprest cash.
  - vii. Check whether referral transport has been organized.

**Note 1:** *While no target needs to be fixed, but for the purpose of monitoring, some monthly goal of institutional delivery for the village may be kept.*

**Note 2:** *A format of monthly work schedule to be filed by the ANM/ASHA incorporating the physical and financial aspect in ASHA Card as in Annexure-VI.*

**15. Reporting:** For the purpose of monthly reporting the ANM is to report both physical and financial progress in a particular format (Annexure IV) to the Medical Officer by the 2<sup>nd</sup> of every month. Further, after compilation, the Medical Officer shall report the performance of the scheme in a prescribed format to the CDMO of the respective district by the 5<sup>th</sup> of every month. (Annexure-V). The CDMO shall report the progress under JSY to the Mission and the Nodal Officer by the 7<sup>th</sup> of every month. (Annexure- VI).



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**16. Most Important:**

**16.1.** Any deviation from the above process will not be accepted by the Central Government and that such expenditure will not be treated as legitimate utilization of the fund given under JSY. It may be noted that all payments before or after seven days of delivery will be treated as illegitimate subject to audit objection. However, in case of home delivery payment can be made before 7 days.

**16 .2.** The voucher of disbursement and the JSY card should invariably certify and mention the date of disbursement of cash to the beneficiary. The District may use appropriate checks and balances for transactions of delivery at Private institutions.

Annexure -1

**MICRO-BIRTH PLAN FOR JSY BENEFICIARIES**

<b>STEP</b>	<b>ACTIVITY</b>	<b>TO BE UNDERTAKEN BY</b>	<b>PROPOSED TIME LINE</b>
1	<b>Identification and Registration</b> of beneficiary	ANM / ASHA / AWW or any link worker	At least 20-24 weeks before the expected date of delivery
2	<b><u>Filling up Maternal and Child card</u></b> and the JSY card(to be retained with the Mother)	ANM / ASHA / AWW or an equivalent link worker	Immediately on registration
3	4 I-s': a) <b>Inform</b> dates of 3 ANC & TT injection(s). b) <b>Identify</b> the health center for all referral. c) <b>Identify</b> the Place of Delivery. d) <b>Inform</b> expected date of delivery.	ANM / ASHA / AWW or an equivalent link worker.  <b>Provide the 1<sup>st</sup> ANC</b> immediately on Registration.	Immediately on registration

		<p><b>ASHA to follow up</b> the ANCs at the Anganwadi Centers / Sub-center (SC) and ensure that the beneficiary attends the SC/Anganwadi center/PHC for ANC on the indicated dates.</p> <p><b>Motivation: ANM should call the beneficiary</b> to the Anganwadi/SC to participate in the Monthly meeting and explain enhanced cash and Transport assistance benefits for institutional delivery.</p>	
4	<p><b>Collecting BPL or necessary proofs/certificates.</b></p> <p>Wherever necessary from Panchayat / local bodies / Municipalities</p>	<p><b>ANM / ASHA / AWW</b> or an link worker</p>	<p>Within 2-4 weeks from Registration.</p>
5	<p><b>I. Submission of the completed JSY card in the Health</b></p>	<p><b>MO,PHC</b></p>	<p>At least 2-4 weeks before the expected date</p>

	<p>center for verification by the authorized/ Medical officer.</p> <p><b>II. Take necessary steps towards arranging transport or making available cash to the beneficiary to come to the Health Center for delivery.</b></p> <p>Ensure <b>availability of fund</b> to ANM/Health worker /ASHA etc.</p>	<p><b>ANM / ASHA / AWW/ link worker</b></p> <p><b>ANM/MO, PHC</b></p>	<p>of delivery</p>
6	<p><b>Payment of cash benefit / incentive to the mother and ASHA</b></p>	<p><b>ANM/MO,PHC</b></p>	<p>At the institution</p>
7	<p>Payment of last installment to ASHA &amp; settlement of advance paid</p>	<p><b>ANM</b></p>	<p>At Sub-center.</p>

**For complicated cases or those requiring cesarean section etc.:**

AC -1	Pre-determine a Referral health center and intimate the pregnant women	<b>By ANM/ASHA/Link worker</b>
AC -2	Familiarize the women with the referral center, if necessary carry a letter of referral from MO, PHC.	<b>By ANM/ASHA/Link worker</b>
AC -3	Pre-organize the transport facility in consultation with family members /community leader	<b>ANM/ASHA/Community</b>
AC -4	<b>Arrange for the medical experts</b> if the same is not available in the referred health center	<b>MO,PHC</b>