

Janani Suraksha Yojana

Guidelines for Implementation



सत्यमेव जयते

**Ministry of Health & Family Welfare
Government of India**

Janani Suraksha Yojana



Janani Suraksha Yojana (JSY) **under the overall umbrella of National Rural Health Mission (NRHM)** is being proposed by way of modifying the existing National Maternity Benefit Scheme (NMBS). While NMBS is linked to provision of better diet for pregnant women from BPL families, JSY integrates the cash assistance with antenatal care during the pregnancy period, institutional care during delivery and immediate post-partum period in a health centre by establishing a system of coordinated care by field level health worker. The JSY would be a 100% centrally sponsored scheme.

2. Vision

- ◆ To reduce over all maternal mortality ratio and infant mortality rate, and
- ◆ To increase institutional deliveries in BPL families.

3. Target Group

All pregnant women belonging to the below poverty line (BPL) households and

- ◆ Of the age of 19 years or above
- ◆ Up to two live births.

Note 1: The benefits would be extended to all women from BPL families of 10 low performing states namely 8 EAG states (Uttar Pradesh, Uttaranchal, Madhya Pradesh, Chhattisgarh, Rajasthan, Bihar, Jharkhand and Orissa) and the states of Assam and J&K even **after the third live birth** if the mother, of her own accord chooses to undergo sterilization in the health facility where she delivered, immediately after the delivery. Satisfaction of the Medical officer through a process, about the number of living children of the expectant mother would be a pre-condition to availing the benefit of this scheme.

Note 2: The benefits would also be available to such pregnant women falling in the above category even though not registered under JSY previously during pregnancy period but needing institutional care for delivery including **management of complications** like obstructed labour, PPH, eclampsia, PP sepsis etc.

Note 3: State will devise necessary mechanisms for adequate certification from the Medical officer of the health institution from where woman has taken treatment. This would be essential for disbursement of benefit.

4. Strategy

4.1 The main strategy to achieve the envisaged vision as at para 2 above is to link the cash assistance under JSY to institutional delivery.

This would, however, entail carrying out following –

- ◆ **Early registration** of the beneficiaries with the help of the village level health workers like ASHA or an equivalent worker;
- ◆ Early **identification of complicated cases**;
- ◆ **Providing atleast three antenatal care, and post delivery visits**;
- ◆ Organizing appropriate **referral** and provide **referral transport** to the pregnant mother;
- ◆ Convergence with Integrated Child Development Services (ICDS) worker by way of **involving Anganwadi worker** (AWW) intensively;
- ◆ Devising as well as ensuring transparent and timely disbursement of the cash assistance to the mother and the incentive to the Accredited Social Health Activist (ASHA) or an equivalent worker with fund available with ANM.

4.2 The strategy also involves the following -

- ◆ Operationalisation of 24/7 delivery services at PHC level to provide basic obstetric care,
- ◆ Operationalisation of First Referral Units (FRUs) to provide the emergency obstetric care,
- ◆ Building partnerships through a process of recognition/accreditation with doctors, hospitals/nursing homes/clinics from the private sector specially in the rural areas to provide obst. services to the JSY beneficiaries.

Note: *Decentralization of the implementation mechanism is the key to making available the benefits to the poor expectant mothers. To achieve this, wherever possible the Gram Panchayat/local elected bodies should be appropriately involved.*

5. Features

- (a) States/UTs have been classified into two categories based on the institutional delivery rate. The 10 states namely the eight EAG states and the states of Assam and Jammu & Kashmir would constitute **Low Performing States (LPS)** and the rest **High Performing States (HPS)**.
- (b) **Cash assistance linked to Institutional Delivery:** The benefits under the scheme would be linked to availing of antenatal check ups by the pregnant women and getting the delivery conducted in health centres/

hospitals. While the beneficiaries will be encouraged to register themselves with the health workers at the sub centre/Anganwadi/ Primary health centres for availing of atleast three antenatal check-ups, post-natal care and neo-natal care, the **disbursement of enhanced benefits under the scheme will be linked to institutional delivery.**

- (c) **Cash Assistance in the graded scale.** One of the accepted strategies for reducing maternal mortality is to promote deliveries at health institutions by skilled personnel like doctors and nurses. Accordingly, **cash assistance is to be provided to women from Below Poverty Line (BPL) families, for enabling them to deliver in health institutions.** The assistance will be available as per the following rates.

(In Rs.)

Category of States	RURAL AREA			URBAN AREA		
	Assistance Package to mother	Package for the Accredited Worker	Total	Assistance Package to Mother	Package for the Accredited Worker	Total
LPS	700	600	1300	600	200	800
HPS	700	NIL	700			

NB: LPS: Low Performing States & HPS: High Performing States

Note 1: The package for ASHA or an equivalent worker provided in the scheme includes:

- The referral transport assistance for ASHA and the expectant woman to go to the nearest health centre,
- The compensation for ASHA or an equivalent worker if she stays with the pregnant woman in the health centre for delivery,

- (d) **Incentive to the ASHA or an equivalent worker:** Since CSSM programme, a large number of traditional birth attendants (Dai) have been trained. It is time to link them to a regimented system of delivery care services. ASHA or an equivalent worker should be working as a basic health provider in the village. Such workers functioning in the rural and urban areas would get an incentive **in all the low performing states** for providing certain essential support services. *Please see the details at para10.*

Note 1: It must however be ensured that the **cash incentive to the ASHA** should not be **less than Rs.200/- per delivery case** facilitated by her. This is essential to keep her sustained in the system.

Note 2: The Assistance package to the ASHA or an equivalent worker is available only if she works and assists the pregnant women. If any pregnant women does not take assistance of any accredited worker, may be because no ASHA is in position, she should be paid the sum total of both the packages.

- (e) **Assistance for Caesarean Section :** FRUs/CHCs would provide emergency obst. services. Where Government specialists are not available in a health institution, assistance up to Rs. 1500/- per case will be provided for hiring services of private experts to carry out the surgery either in a Government medical facility or in Private hospital, nursing home, etc.

Note: The PHC medical officer would prepare a panel of experts agreeing to deliver services to the JSY beneficiary.

- (f) **Compensation payment for Tubectomy/Laparoscopy:** If hospitalization for delivery is followed immediately by Tubectomy/laparoscopy, compensation money available under the Family welfare scheme would also be paid to JSY beneficiary in the health centre as per the existing procedure followed for payment of compensation money.
- (g) **Disbursement 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 shortest possible time. With a view to quicken the process of disbursement, **the disbursing authority would arrange to provide an imprest money of Rs. 5000/-to every Auxiliary Nurse Midwife /health worker and authorize her to make payment** subject to the conditions that the beneficiary concerned fulfils all eligibility conditions and the ANM has completed the laid down procedure. *The ANM should keep cash advance of at least Rs.1500/- at any point of time with the ASHA for institutional delivery of beneficiaries already registered under JSY and replenishment thereafter.*

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 Midwives to incur expenditure jointly with the Gram Panchayat through a **simple procedure to recoup the imprest periodically**. All disbursements should be made immediately after delivery, if possible, in the hospital itself.

- (h) **Partnership with Private Sector:** Acknowledging that infrastructural facilities in the public sector are not adequate, States/Union Territories would devise mechanism to recognize hospitals/nursing homes/clinics from Private Sector for providing obstetric care services to the JSY beneficiaries. Once that is done, benefits proposed under Janani Suraksha Yojana would also be available to eligible women delivering in the accredited health institutions.

Note 1: The State/District authorities would draw up a list of such private institutions and issue necessary Government order at the quickest possible time. Necessary steps should be taken to give wider publicity to such list. Every PHC/CHC/District Hospital and the sub-centre would display names of such private health institutions at a prominent place. State would also draw up a protocol of services to be delivered at these recognized health centres.

Note 2: For each Block, the District Health Society/RCH Society **should empanel preferably two accessible private health institutions** that can handle institutional delivery. This would increase the choice to the expectant BPL mothers to exercise her option (with help of ASHA) for an institution to handle the delivery.

Note 3: The implementation plan for Public-Private partnership worked out for JSY would be shared with the Ministry of Health and Family Welfare, Government of India.

- (i) **Provision to meet administrative expenses:** 7% (4 % for the district authorities and 1 % for the state and 2% for the Nodal Ministry at the GOI level) of the fund released to the state may be utilized towards administrative expenses for monitoring, IEC and office expenses for implementation of JSY.

6. Registration

Each village of 1000 population is expected to have one ASHA or an equivalent **worker registered with the sub-centre and the PHC of that concerned village, who would be working under the supervision of the ANM and in tandem with the AWW. Under JSY, her main role would be:**

- ◆ To organize delivery care services for the registered expectant mother,
- ◆ To assist in immunization of the new born and
- ◆ To act as a propagator/motivator of family planning services.

Note: Also please see paragraph 10.

7. Payment of Cash

7.1 To the expectant mother

- ◆ All payments to be made in **one installment** including compensation amount for sterilization wherever applicable at the time of discharge from the hospital/health centre. It would be the responsibility of ANM/ASHA to ensure disbursement in time.

7.2 To ASHA or an equivalent worker

In two installments

- ◆ In the rural areas of LPS, out of the assistance package for the accredited worker, amount required for meeting transport cost, and a part of compensation money of the accredited worker **should be paid in advance** to arrange for the logistics, in fact advance kept with ASHA should be utilised for this purpose,
- ◆ The balance amount is to be treated as **cash incentive** to the accredited worker. 50 % of this would be given as **First installment** after discharge of the JSY beneficiary from the health centre provided **ASHA or an equivalent worker** having accompanied, stayed with the pregnant woman in the health centre for delivery; and
- ◆ The remaining 50% of the cash incentive would be given one month after delivery when BCG vaccine has been administered to the child and she has helped in post-natal care and registration of birth of the newborn.

Note: The state Government has to draw up a detailed plan of implementing the payment details in a manner that there is transparency and that there are no unnecessary delays.

7.3 Cause of delay

The concerned Medical officer of the PHC and ANM need to record cause of delay against the name of each JSY beneficiary in the concerned register. Monthly meetings taken by CMO should discuss the cause of delay in payment/disbursement. **Any unreasonable delay should be dealt with seriously.**

7.4 Display of names of JSY beneficiaries

The list of beneficiaries of JSY along with the date of disbursement should **mandatorily be displayed** on the display board of the sub-centre, PHC and the local panchayat/local body office, being updated regularly on month-to-month basis. If **necessary, display boards may be procured out of the administrative expenses fund.**

7.5 While ANM will be responsible for keeping the monthly accounts of the imprest held by her, PHC medical officer will be over all in-charge.

8. BPL Certification

- (a) Wherever BPL Cards have been issued under the targeted Public Distribution System and Antyodaya Anna Yojana, it should be the instrument of identification of the beneficiaries.
- (b) If BPL cards have not yet been issued, the State/UT governments / Municipalities will lay down a simple criterion for certification of BPL Status, through Panchayats or other mechanisms.
- (c) **The ASHA or an equivalent health worker would facilitate in obtaining necessary certification, well ahead of time**, so that the non-availability of card or inability to identify a BPL status does not become a hindrance for non-implementation of the scheme.

Note1: *Normally families living in urban slums, families working as rag pickers, pavement dwellers, vendors in village haat /bazaar etc would be eligible.*

Note 2: *The panchayat and the local bodies should be effectively involved in the certification process in a manner that genuine poor women are able to benefit from this scheme.*

9. Drawing a Micro-birth Plan for each Beneficiary

9.1 The following **set of simple actions** including a time-line for each of the activities leading to sanctioning of benefits and postnatal care for **each** expectant mother is the key to efficient implementation of the Scheme. The Registered ASHA or an equivalent worker would be

responsible for drawing a micro-plan and organizing obstetric care to the **registered JSY beneficiary**.

S No.	Activity	To be undertaken by	Proposed Time Line
(a)	Identification of beneficiary and filling up of the JSY Card . (See ANNEXURE - V)	ASHA or an equivalent worker (Those registered with SC/PHC)	Atleast 16-20 weeks before the expected date of delivery.
(b)	Registering the expectant mother for ANC in the sub-centre/health centre. Filling of Maternal and Child card (which will be part of the JSY Card).	Same as above Registered accredited worker should be present during registration	To start immediately on identification
(c)	Preparing the birth plan including dates of ANCs and recording it on the JSY card and inform the mother	ANM in the presence of ASHA possibly in consultation with husband or other family members.	At least 8-10 weeks before the expected date of delivery.
(e)	Completion of formalities for receiving JSY benefit Including collecting necessary BPL certificates wherever necessary from Panchayat / local bodies / Municipalities	Registered ASHA or an equivalent worker	Within 2-3 weeks from identification
(f)	Motivating for institutional delivery by explaining enhanced JSY benefits	ASHA or an equivalent worker in consultation with MO, PHC	Within 2-3 weeks of identification
(e)	Identify the health centre for all referral as well as the place of delivery and inform the pregnant women / her husband / family member and the Registered ASHA.		

(f)	<p>Submit the completed JSY card in the Health centre for verification by the authorized/Medical officer.</p> <p>Taking necessary steps toward delivery as well as to make available fund to ANM/Health worker/ASHA etc.</p>	MO, PHC	Before 2 weeks of expected date of delivery
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9.2 For **complicated cases or those requiring cesarean section etc,** the ANM in consultation with the ASHA or an equivalent worker and the Medical Officer of the PHC would take following steps:

- ◆ Pre-determine the Referral health centre and intimate the pregnant women about the health centre she has to reach when complication arises,
- ◆ ASHA to take the expectant woman to the referral unit along with a letter of referral from MO PHC and register / acquaint the centre's staff with the expectant woman,
- ◆ ASHA and the ANM to keep a record of the case in the dairy,
- ◆ The transport facility should be pre-organized by the ASHA or an equivalent worker,
- ◆ MO, PHC will arrange for the medical experts if the same is not available in the referred health centre,
- ◆ If necessary, pregnant women may be shifted to the health centre in advance along with the ASHA or an equivalent worker.

Most Important: *Referral Health Centres should accept **AND** honour referral slips from ASHA or an equivalent worker and preference is given to women carrying such **REFERRAL SLIPS.***

10. Role of Registered Accredited Worker/ASHA

ASHA or an equivalent worker under supervision of ANM/AWW would have the following role:

- ◆ Identify pregnant woman from BPL families as a beneficiary of the scheme,
- ◆ Report to the ANM and bring the women to the sub-centre/PHC for registration,
- ◆ Assist the woman to obtain BPL certification if BPL card is not available,

- ◆ Provide and / or help the women to receive at least three ANC,
- ◆ Counsel for institutional delivery and fix before 7th month of pregnancy the place of delivery, in close consultation with the ANM and the PHC and inform the beneficiary,
- ◆ Assist in receiving two TT injection,
- ◆ When the pregnant woman is in labour or faces complication, escort the women to the pre-determined health centre and stay with her till the delivery is complete and woman is discharged,
- ◆ Arrange to immunize the newborn till the age of 10 weeks,
- ◆ Register birth or death of the child or mother,
- ◆ 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.

11. Implementation

11.1 At the national level, the Mission **Steering Group** chaired by the Minister of Health and Family Welfare shall oversee the implementation of the Scheme.

11.2 At the State level, the State Health Mission (**SHM**), chaired by the Chief Minister shall oversee implementation of the scheme. The State Mission Director shall **nominate a State Nodal Officer for JSY** and communicate the same to GOI at the earliest.

11.3 Under the overall guidance of SHM an **Implementation Committee (IC) for JSY** shall also be constituted to steer the JSY initiative, under intimation to the Government of India. The Implementing Committee will ensure the **State Action Plan under NRHM has a specific plan for JSY**; incorporating total requirement of fund based on the estimated number of beneficiaries for that financial year, districtwise (**ANNEXURE-VI**).

11.4 The Committee under the guidance of SHM would:

- ◆ Ensure sanctioning of fund for each district based on the projection of the districts,
- ◆ Oversee overall monitoring and evaluation of the Scheme and matters concerned therewith, and
- ◆ Make necessary report to the Government of India.
- ◆ Ensure wide and continuous publicity to the benefits under the JSY and the procedures for claiming the benefit through posters, brochures, media, display of information at all Sub-centres, PHCs, CHCs and District Hospitals, Urban Health Centres, Health posts and those private hospitals, nursing homes/ clinics recognized for implementation of the Scheme.

- ◆ Ensure availability of application forms (**JSY card**) and **JSY Implementation Guidelines** in local languages at all health centres.
- ◆ Most importantly, devise promptly, notify and circulate in local languages:
 - (a) Appropriate simple procedure for verification of applications,
 - (b) Procedure for disbursement of recoupable imprest fund to ANM,
 - (c) Procedure to obtain BPL certification where BPL cards are not available or not issued by the State,
 - (d) Ensure availability of 24/7 delivery services in the PHC/CHC etc and devise a referral mechanism for pregnant women,
 - (e) Instructing the CHC/FRU to give priority services to the holder of “Referral Slip” issued by ANM/MO.

12. The Committee will be responsible to collect all record from the District authorities pertaining to utilization of fund and send a consolidated proposal in the required format to the Government of India, in time, for release of the fund to the State/SCOVA.

13. SHM/SIC will ensure elimination of delay and malpractices in disbursements. Adequate accounting arrangements should be instituted to enable proper current as well as post-audit.

14. Subject to these and other guidelines issued by the Government of India from time to time, suitable procedures should be instituted for the effective implementation of the Scheme and that the Government of India is kept informed.

15. States/UT Government will be expected to maintain the level of their own current expenditure on social protection programmes and ensure that Central assistance under the JSY is in addition to the State budgetary outlays for the current year, on the scheme. This consideration will be taken into account in determining the level of Central Assistance. For this purpose, social protection outlays will be taken to include outlays on maternity assistance, maternal and childcare and child nutrition.

16. District Level Authority

At the district level, District Health Mission (**DHM**) shall be responsible for implementing JSY. The District Mission shall **nominate a District Nodal Officer for JSY** and communicate the same to the State’s Implementing Committee at the earliest.

16.1 A District’s Implementation Committee (**DIC**) for JSY shall also **be constituted under the overall guidance of DHM to assist in the implementation of the JSY initiatives in the district. The constitution**

shall be notified and a copy shall be endorsed to the State's Implementation Committee.

16.2 The District Committee under the guidance of DHM would:

- ◆ Responsible for preparation of annual plan of the district
- ◆ Ensure sanctioning of fund for each block/PHC/CHC,
- ◆ Oversee overall monitoring and evaluation of the Scheme and matters concerned therewith, and
- ◆ Make necessary report to the State and the SHM/State's Implementation Committee,
- ◆ Ensure wide and continuous publicity of the benefits under the JSY and the procedures for claiming the benefit through posters, brochures, media, display of information at all Sub-centres, PHCs, CHCs and District Hospitals, Urban Health Centres, Health posts and those private hospitals, nursing homes/ clinics recognized/accredited for implementation of the Scheme,
- ◆ Ensure availability of application forms (**JSY card**) and **JSY Implementation Guidelines** in local languages at all health centres.
- ◆ Most importantly, ensure an appropriate simple procedure for verification of applications; devise a simple procedure for disbursement of recoupable imprest fund to ANM and a procedure to obtain BPL certification where BPL cards are not available or not issued by the State,
- ◆ Ensure availability of 24/7 delivery services in the PHC/CHC etc and devise a referral mechanism for pregnant women,
- ◆ **Instructing the CHC/FRU to give priority services to the holder of "Referral Slip"** issued by ANM/MO;

17. For urban areas, the DHM shall prepare detail guidelines/ procedure of implementing the Scheme through the Municipalities/ local bodies (where an elected body exists) and quickly **obtain approval of SHM**. The guidelines should bring out clearly, the chain of fund flow as well as disbursement of the benefits to the ultimate beneficiaries. The quantum of grants to be placed at the disposal of the Municipalities shall be in proportion to the BPL families in the Municipal area. The district annual plan will also include the plan of the municipalities in the districts wherever applicable. The Chief medical Officer of such an authority should be the implementing authority. **It must be ensured that basic objectives and the scale of disbursements are not altered.**

18. The sanctioning authority shall have the right to stop/recover payments made on the basis of false or mistaken information about eligibility.

19. Central Assistance

19.1 Under the overall policies of NRHM, Government of India will release the grant-in-aid to the State Health and Family Welfare Society or to the state's Family Welfare Department based on the State's a comprehensive proposal on JSY containing district-wise information regarding targeted number of beneficiaries, projected requirement of fund with detailed calculation of proposed plan in the prescribed Performa (**ANNEXURE-V**). The assistance under JSY will be part of the overall release under NRHM. **However, JSY shall be implemented as per the parameters indicated in the guidelines.**

20. Release of Grant and Audit

Under the overall mechanism of NRHM

20.1 First Year of operation

- (a) **First installment in the first year of operation of the JSY will be released on ad-hoc basis.**
- (b) The **second installment** will be released to all those States/UTs that have furnished pending UCs/Audited accounts for the funds released under NMBS upto the year 2004-05 indicating utilization of 60% of the available funds i.e. carry forward of the balance of grant released up to the year 2004-05 to the districts and the amount released to the States/UTs during the year 2005-05 (first installment plus adhoc releases).

20.2 In the subsequent years

- (a) **The first installment** of grant will be released to the States/UTs that have received the second installment of grant in the previous year.

OR

Eligible to receive the second installment upon fulfilling all the conditions set out in **para 20.2 (b)(i) and b(ii) below.**

- (b) The **second installment** will be released on receipt of a request as per Performa given in **ANNEXURE-IV and on fulfillment of the following condition: -**
 - (i) Utilization of 60% of the total available funds, i.e. opening balance for the current year and the amount received during the year (First installment plus and/or any other adhoc release), at the time of applying for the second installment.
 - (ii) Submission of UC/AR for grant released during the previous year(s) and un-audited Statement of expenditure in the current financial year.

Note: The UCs as per GFR 19 A (**ANNEXURE- VII**) and audited accounts of the grant released in the preceding year is required to be received in the Department of Health & Family Welfare, New Delhi **latest** by the 30th of August of the following year.

20.3 A chartered accountant should be appointed by the state level authority for auditing of the accounts of the state /district level societies. The annual audited accounts of all the districts level societies may be consolidated by the State level Committee and certified by the auditor appointed by the state level authority.

20.4 *The Comptroller and auditor General Shall have the same rights, privileges and authority to conduct audit of the accounts of the society as they have in respect of audit of the Govt. accounts. For this purpose, they shall have right to demand books of accounts and other relevant accounts of the societies and these shall be produced.*

20.5 UCs/Audited Accounts of the grant-in-aid released to the State Society is only required for release of further grants by the GOI. **Districts should not send their accounts etc. to the Department of Health and Family Welfare, Government of India.**

20.6 Direction of the Central Government: The society/State Government shall carry out all such directions as may be issued from time to time by the Central Government for programme implementation. State Level societies shall furnish reports/returns and other information as per the pattern of the scheme from time to time as well as on demand basis to the Central Govt.

21. Release of Funds to the District

21.1 In the first year of operation, disbursement of first installment to the Districts society may be in proportion of increase in the annual budget for the Scheme to that of the grant released to that district in the previous year.

21.2 For the subsequent year, it would be guided by the annual plan proposal as approved by the SHM, depending on past performance, requirement of funds of the districts during year for attaining the physical target set for institutional deliveries and availability of funds in that year.

21.3 Under the overall guidance of the SHM, DHM will sanction advance to MOs of the PHC/CHCs/BPHCs who in turn would release recoupable imprest to AWW/ANM.

21.4 ANM/AWW/Health workers/ASHA will identify the ultimate beneficiaries, complete necessary formalities and obtain necessary approvals of the competent authority before disbursement to the beneficiaries;

22. Monitoring and Evaluation

22.1 There will be a **mandatory meeting** of all accredited worker on the **third Friday of every month**, at the sub-centre. If Friday is a holiday, meeting should be held on following working day.

22.2 In the **Friday meeting**, the ANM will prepare a **Monthly Work Schedule of each village level worker**:

- ◆ Possible number of pregnant women under JSY to be taken to the health centre/Anganwadi for ANC,
- ◆ Possible number of pregnant women registered under JSY to be taken to the health centre for delivery,
- ◆ Possible number of children/pregnant women to be taken to the health centre/Anganwadi for immunization,
- ◆ Ensure that the compensation, incentive and referral money is ready for disbursement and the due official process has been set in motion,
- ◆ Feed back on following points should be taken: (a) number of children immunized, (b) number of pregnant women visited, (c) number of post natal visits and (d) cases referred in the month.

Note 1: *While no target need to be fixed, but for the purpose of monitoring the work, some sort monthly goal of institutional delivery for the village should be kept in view for achievement.*

Note 2: *The state would prepare a format of **monthly work schedule** to be filled by the ANM for allocating work schedule of the accredited worker in her village, containing the physical and financial aspect.*

23. The SHM/SIC shall institute adequate and appropriate arrangements for monitoring and evaluation of the Scheme. For this purpose, they may utilize the services of Population Research Centres, NGO Groups and other independent Groups. SHM/SIC will inform the Central Nodal Agency about the steps initiated in this regard. Besides this, the Central Government will also establish an independent monitoring and evaluation mechanisms.

24. Reporting Mechanism

- (i) By **the 7th** of each month, ANM/Health Worker will submit accounts of the previous month in the prescribed format to be designed by the

- State. In addition prepare a progress report as per **ANNEXURE-I** and send it to the Medical Officer of the CHC/PHC,
- (ii) Block medical officer shall consolidate the reports received from field and submit a report on expenditure/disbursement to the district nodal officer for JSY in the prescribed Proforma (**ANNEXURE-II**) to the CMO **by the 10th** of the same month,
 - (iii) District Nodal officer for JSY will consolidate and bring it to the notice of the CMO/ DHM/DIC and then forward it to SHM/SIC - a detailed physical & financial report of the District's progress as per **ANNEXURE -III by the 15th** of the same month;
 - (iv) The SIC shall mandatorily send six-monthly district-wise composite reports along with SOE/UC/ARs in the prescribed format to the Nodal Division of the Government of India as per **ANNEXURE-IV, by the October and April** of every year, which will be the basis of release of grants to the state.

25. Grievance Redressal Mechanism

Under NRHM, ombudsman shall be positioned at the National, state and District Level to address quality concerns and grievances of the people for the public health programme. This mechanism shall also cater to the JST initiative. The state and the District Mission will notify this fact and identify a nodal officer for this purpose. Only such officer would be identified who is not part of the implementation set for JSY in the district. In addition, names of such nodal officers along with his postal address, telephone number wherever available should be widely circulated and displayed on the walls of sub-centre, PHC, CHCs, all public buildings, District hospital, panchayat buildings and all prominent places.

26. In a similar manner, SHM/SIC for JSY will by a notification identify a nodal officer for redressing the complaints received from the people.

27. Publicity

The scheme would be given wide publicity by the state and the district societies through all the possible and effective media. The fund available under administrative expense head should be utilized for this purpose. **Also see para 5(h), 5(i), 7.4, 11.2, 11.3, 16.2 and 25.**

28. The guidelines are part of dynamic process of interaction amongst the stakeholders of NRHM and these guidelines will further evolve in consultation with all concerned.

29. In case any conflict of interpretation, the view of Government of India would be final.

Annexures



Annexure I Janani Suraksha Yojana

Monthly statement of physical and actual expenditure

For the month ending

For the year.....

(To be filled by ANM/AWW/other health worker)

(To be sent to the CMO/District authority on JSY by 7th of the following month)

Name of the District

SUB-CENTRE

VILLAGE.....

S No.	Name of the beneficiary	Husband's name	Address	Name of the ASHA or equivalent worker along with address	Type of Delivery			Amount of assistance		
					Normal Inst. Delivery With date of delivery	C Section With date of delivery	To mother (Indicate date of payment)	ASHA etc. (Indicate date of payment)	Amount spent on hiring of experts	Total Payment made to the beneficiary and the ASHA (separately)
1	2	3	4		5	6	7	8	9	10
1										
2										
	TOTAL									

Signature of the ANM/ASHA/AWW/

Verified by the PHC Medical officer:

Name & Signature

Annexure II

Janani Suraksha Yojana

Monthly statement of physical and actual expenditure

For the month ending

For the year.....

(To be filled by block level medical officer)

(To be sent to the CMO/District authority on JSY by 10th of the following month)

Name of the District

Block

S No.	PHC/CHC/FRU	No. Of Beneficiaries	Out of total beneficiaries, no. of beneficiaries assisted by an accredited worker (ASHA etc.)	Out of total Inst deliveries		Cash assistance		Amount spent on hiring of experts	Total (Col 7 + col 8 + col 9)
				No. of Normal Deliveries	No. of C Section cases performed for which expert hired	To mothers	Money paid towards accredited worker package (ASHA)		
1	2	3	4	5	6	7	8	9	10
1.									
2.									
	TOTAL								

Signature of the Block Medical Officer with rubber stamp

Date:

Date:

Date.....

Stamp.....

Annexure III

Janani Suraksha Yojana

Monthly statement of physical and actual expenditure

For the month ending

For the year.....

(To be filled by district authority)

(To be sent to the District Nodal Officer/state authority on JSY by 15th of the following month)

Name of the State

District

S No.	Name of the Blocks	No. of Beneficiaries	Out of total beneficiaries, no. of beneficiaries assisted by an accredited worker (ASHA etc.)	Out of total Inst deliveries		Cash assistance			Total (Col 7 + Col 8 + col 9)
				No. of Normal Deliveries	No. of C Section cases performed for which expert	To mothers	Money paid towards accredited worker package (ASHA)	Amount spent on hiring of experts	
1	2	3	4	5	6	7	8	9	10
1.									
2.									
	TOTAL								

Signature of the District Medical Officer (CMO)/District Nodal Officer with rubber stamp

Date:

Annexure IV

Janani Suraksha Yojana

Half yearly statement of physical and actual expenditure for the six months ending September/March

For the year.....

(To be filled by the State Nodal Authority)

(To be sent to Department of Family Welfare, GOI by the beginning of October/April)

Name of the State

Name of the Nodal Officer.....

Telephone/Fax No.....

S No.	Names of Districts	No. of Beneficiaries	Out of total beneficiaries, no. of beneficiaries assisted by an accredited worker (ASHA etc.)	Out of the total inst. Deliveries of the beneficiaries		Cash assistance			Total (Col 7 + Col 8 + col 9)
				No. of Normal Deliveries	No. of C Section cases performed for which expert	To mothers	Money paid towards accredited worker package	Amount spent on hiring of experts	
1	2	3	4	5	6	7	8	9	10
1									
2.									
	TOTAL								

Name and Signature of the nodal officer with rubber stamp

Date:

Annexure V

Model Format of JSY card

(Note : To be filled by ANM/Health Worker on Identifying a beneficiary. Ensure that she is picked up in the Scheme at the earliest, preferable in the First Trimester of the pregnancy. Please note that the maternal card should be enclosed with JSY card for claiming the benefit the Scheme)

Please use Capital letters, one letter in each box and leave one box after each word

Date of filling the Application:/...../20.....

Part I – Identification	Identification No.									
A. Sub-Centre's Name										
B. Primary Health Centre										
1. Applicant 's Name:										
(Pregnant Women)										
2. Husband's Name:										
3. Applicant's Address										
4. Husband's Occupation	4.1 Daily wager/self employed/vagabond/Rag-picker/small vendors in village Haat/Bazar/ others (Please use tick mark)									
	4.2 If others, please specify:									
5. Beneficiary of any these schemes?										
NMBS/NFBS/NOAPS/Targeted PDS /Antyodaya Anna Yojana/ Beneficiary of any other social assistance schemes of State or GOI for BPL families / others etc.	(Please specify and enclose document if available)									
6. Possess a BPL card?	YES/NO (Please use tick mark)		If Yes , BPL Card No. (Enclose a copy)							
6.1 If NO , any other certification required? (Keeping in view para 5 above)	YES/NO (Please use tick mark) (If YES , ANM/Dai/Health Worker/AWW to assist/complete the activity within 2 weeks of filling this application)									
7. Applicant's Place of living	Rural/Urban/ slums (Please use tick mark and cut others)									
8. Is she 19 years /and above?	YES/NO (Please use tick mark)									
9. Currently in which month/week of Pregnancy?										

10. Ex. date of delivery	
11. Order of Present pregnancy?	1/2/3 (Please use tick mark)
12. Is this pregnant woman eligible under JSY?	Y/N (To be certified by ANM/SN/MO)
13. Name of the identified place of Delivery? Please record it in your daily dairy for future monitoring)	(Explain the benefits of delivering at a Health Centre under JSY)
14. Registered Trained Dai (Linked to this case if any preferably from same village/urban slum)	Name: Add:
Verified by ANM/AWW/Dai/ASHA etc.	Signature/TI of the Applicant
PART II - DELIVERY	
15. Who accompanied the beneficiary to the Health Centre?	Name/Designation/Relationship: (Signature/TI of the accompanying person)
16. Was the above accredited worker present with the beneficiary during the entire period of her stay in Health Centre and provided support?	(To be certified by ANM/SN/MO)

17. Place of Delivery	PHC/CHC/Private (Please use tick mark and indicate name)
18. Date of Delivery	
19. Normal delivery /Caesarean?	N/C (If Caesarean, Indicate where performed)
20. Outcome	(Live/still Birth)
21. Chose to undergo voluntarily sterilization in the health facility immediately ?	YES/NO

22. If YES, have you received compensation in the health centre?	Y/N Signature/TI of the Applicant
23. Order of Present Birth (If live birth)	1/2/3
24. During the present pregnancy, ever referred to the Health Centre due to complication? If Yes , date and what complication.	To be verified by ANM/SN/other Health official
25. Who accompanied her to the health centre then?	Name/Relation/ASHA
26. Mode of travel by the applicant to Health Centre	Walking/hand cart/bullock cart/rickshaw/car/tempo/jeep etc.
27. Any money paid then to the applicant for transport?	If yes, Amount Paid Rs .
28. Who paid?	(Name/designation) Verified by the MO/Authorised Signatory
29. Two independent witnesses and their signatures/Thumb impression	1. 2.
30. Name of ANM/Dai/Health Worker who filled this application	Verify that the above facts are correct Name:
Signature/thumb impression with date	Signature/TI of the ANM/MO
PART III – SUMMARY (For sanctioning by the Medical officer/Authorized officer)	
1. Is she an eligible Beneficiary for JSY?	YES/NO (If NO, state Reasons and also inform the beneficiary)
2. Are the documents complete for considering disbursement of the benefit?	YES/NO
3. Type of delivery?	Normal/Complicated/ Caesarean, (State the complication if any and enclose a copy of the discharge slip)
4. If requiring Caesarean section, was any expert hired for coming to the Health Centre for deliver?	Y/N If Y, how much money paid to the expert? Rs.

5. Was the woman referred to any health centre for receiving obs. Services with referral slip?	YES/NO
6. How much cash paid to the pregnant woman? And when (Indicate date)	Rs. _____ Date of payment If delayed, reason ? Signature of ANM/ASHA
How much cash paid to the accredited worker? And when (Indicate date)	Rs. _____ Date of payment If delayed, reason ? Signature of ANM/ASHA
<p>I have satisfied myself with the facts stated above and as per the norms of JSY, I recommended/approved/authorized Smt./Ms.....ANM/Health worker to pay a sum of Rs. to the beneficiary, Smt. and a sum of Rs..... to the Trained Registered Dai, Smt/Ms....., to be paid in two installment. I have checked the maternal Card (enclosed with this) of this women and found that she has received the desired ANC's and the regular immunization of the new born.</p> <p style="text-align: right;">(Name and Designation of the authorized/Medical officer)</p>	

Annexure-VI

National Rural Health Mission Part A- Janani Suraksha Yojana

Proforma for Release of 2nd Instalment of Grant-in-Aid Under Janani Suraksha Yojana (JSY)

As on _____

- Name of The Scheme : JANANI SURAKSHA YOJANA
- Name of The State : State: _____
1. Physical targets achieved during the previous year : _____
 2. Physical target set for the State during the current year : _____
 3. Opening balance during the current financial year : Rs.
 4. Fund received during the current financial year : Rs.
 5. Miscellaneous receipt during the current year : Rs.
(e.g. interest accrued etc.)
 6. Total funds available in the current financial year : Rs.
(Col. 3+4+5)
 7. Fund utilised upto date of reporting : Rs.
 8. Percentage utilisation till date of report : %
 9. Balance on date : Rs.
 10. Grant required during the current F.Y. : Rs.
(Total requirement-col. 4 above)

It is certified that:-

Conditions on which funds were sanctioned have been fulfilled and that the expenditure reported above has been actually utilised for the purpose for which it was sanctioned.

- (i) There is no committed liability of previous year.
- (ii) Panchayats are involved in the identification of the beneficiaries.

Date:

Signature
Secretary,
State Implementing Committee

- Encl: i) Original Utilisation Certificate/Audited Report for the preceding year.
ii) Un-Audited Statement of Expenditure for the current financial year.

Note: The figures shown in Utilisation Certificate should tally with the figures as in Income & Expenditure Statement of Audit Report.

JANANI SURAKSHA YOJANA – ITS MODIFIED PARAMETERS

The Janani Suraksha Yojana (JSY) under the overall umbrella of National Rural Health Mission has been launched from April 2005. The scheme replaces the National Maternity Benefit Scheme (NMBS). After the launch of the scheme, concerns have been expressed in certain quarters that introduction of JSY would deprive a group of women preferring home delivery of the benefits available under NMBS. Concern about the lack of health related infrastructure at the village level also act as impediment for women to go to the Govt. institutions for deliveries. In addition there are attitudinal issues of the women to deliver at home with assistance from relatives. These concerns cannot be allayed overnight.

In view these concerns, the Janani Suraksha Yojana (JSY) has been modified to the extent to incorporate within it the cash benefit available under the National Maternity Benefit Scheme (NMBS) without any diminution of overall cash assistance under JSY. The final financial parameters under the modified Janani Suraksha Yojana (JSY) are as under.

The bottom line for the success of the scheme lies in making the cash assistance available to the poor pregnant women at the time of the delivery.

Modified Scale of Assistance

Category	Rural Area		Total	Urban Area		Total
	Mother's Package	ASHA's Package		Mother's Package	ASHA's Package	
LPS	500 + 200	600	1300	500 + 100	200	800
HPS	500+ 200		700			

NB 1: LPS: Low performing States (10 states) HPS: High Performing States (Remaining states/UTs)

NB 2 : Cash benefit of Rs. 500/- per live births would be available to all pregnant women (BPL) on registration for ANC with the ASHA/ANM/PHC and the cash benefit is to be disbursed at the time of **delivery**, irrespective of the place of delivery.

NB 3 : Such eligible beneficiaries under the scheme who deliver in health institutions would get an additional cash benefit of Rs. 200/- if they belong to rural areas of LPS and HPS and Rs. 100/- if they belong to urban areas of ten low performing states (namely; Bihar Chattisgarh, Jharkhand, Orissa, U.P, Uttaranchal, Rajasthan, Madhya Pradesh, Assam & Jammu & Kashmir)

NB 4: The benefits would be extended to all women from BPL families of 10 LPS even after the third live birth if the mother, of her own accord chooses to undergo sterilization in the health facility where she delivered, immediately after the delivery.

NB: Other features remain the same. For details, please refer to the JSY guidelines.
