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भारत सरकार स्वास्थ्य एवं परिवार कल्याण मञालय निर्माण भवन, नई दिल्ली - 110011

Government of India Ministry of Health & Family Welfare Nirman Bhavan, New Delhi - 110011

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D.O. No. Z.14018/2/2005-NMBS/JSY 11 July, 2006

Dear

During the last one-year, several states and NGOs have mentioned that there are a few impediments in effective implementation of JSY. Namely:

a) The eligibility age criterion of a beneficiary, being 19 years and above. As birth registration is not comprehensive in many states, many beneficiaries though poor and eligible are not able to access the benefits due to insistence of age certificate.

b) Cash Benefit of JSY is limited upto two live births. As many women crossed the limitation of two live births well before 19 years, they are thus

out of the domain of the scheme.

c) Insistence for a BPL certificate.

- Having considered the above issues comprehensively, it has now been decided to relax the above criteria in the LPS states. With effect from April 2006:
 - a) The benefits of the scheme may now be extended to all BPL pregnant women in LPS states and that any kind of age certification should not be insisted upon for availing the benefits of JSY.
 - b) The restriction on the number of childbirths for accessing benefits of JSY is being removed and that the benefits are not to be linked with sterilization. In other words, the benefits of the scheme may be extended to all BPL pregnant women in LPS states irrespective of birth orders.
 - c) In LPS states, the benefits of JSY may now be extended to all women availing institutional delivery care in Govt. health centres - in SCs, PHCs, CHCs/ General wards of District and State Hospitals). In other words, in LPS states, for women accessing Govt. Health Centres for delivery, BPL certification need not be insisted upon.



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- 3. However, to avoid any scope of leakage and manipulations, for women accessing delivery services in accredited private institutions, BPL certification by the State or by a 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 NMBS norms.
- 4. Concerns have been expressed by several states that the provision of an amount of Rs.1500/- for C-section is not adequate enough to hire experts from the private sector, especially an Anesthetist. Accordingly, it has now been decided that such Specialists working in the Govt. Hospitals and Health Centres may also be empanelled to carryout obstetric emergencies and this bit of money may be utilized for paying a small honorarium to such experts to meet their transport cost etc. and that such health institutions that have specialists on their payroll, cannot utilize this amount for paying any honorarium to its own doctors. 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.
- 5. You would be aware that the year 2006-07 has been dedicated for improving overall institutional delivery rate including that under the Janani Suraksha Yojana (JSY). Therefore, with the above modifications, the JSY may be implemented in a manner that cash benefits are utilized for improving institutional delivery in your state. The first step in this direction would necessarily be mapping an operational health facility for each of the village/town, linking the ASHA/ link worker to such an institution and by
- 6. Monitoring being the key to any success, I would request you to institute a regular monitoring mechanism at the district/Block level and to undertake quarterly review of the overall institutional delivery including that under JSY at your level, vis-à-vis goal set out in the RCH PIP. I would appreciate, if the state could intimate dates for holding such meetings in advance so that an officer from the Ministry could be deputed to attend the quarterly meetings.

With regards,

Yours sincerely, Luly w

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