



INDIA: THE JANANI SURAKSHA YOJANA (JSY) PROGRAM

Launched in April 2005, under the umbrella of India's National Rural Health Mission (NRHM), the Janani Suraksha Yojana (JSY) program aims to encourage institutional delivery among poor women and promote the use of health services during pregnancy, delivery and post-pregnancy.

The Government of India decided to implement the JSY to address poor maternal and child health outcomes in India and in direct response to the failure of the National Maternity Benefit Scheme (NMBS) to effectively promote safe motherhood.

DEMAND-SIDE RBF: Cash Payments to the Pregnant Woman for Institutional Delivery

Eligibility for participation and the generosity of the payment depends primarily on geographic location.

The program differentiates between states with low and high rates of institutional delivery, providing benefits to all women in "low-performing states" (LPS) and targeting vulnerable women in "high-performing states" (HPS). In LPS, all pregnant women are eligible and benefits are paid regardless of whether women deliver in a government institution or in a private accredited institution, and regardless of birth order. In HPS, only women who are classified as living below the poverty line (BPL) or of scheduled caste (SC) or scheduled tribe (ST) are eligible for benefits and only if they are 19 years of age or older and giving birth to their first or second child. Moreover, in HPS, benefits are only available for delivery in government health centers, with the

exception of women who are referred from a government facility and are in possession of a JSY card.

Benefits for institutional delivery are more generous in rural areas and in LPS, ranging from Rs.600 to Rs. 1,400.

Rs. 1,400 in rural areas of LPS
Rs. 1,000 in urban areas of LPS

Rs. 700 in rural areas of HPS
Rs. 600 in urban areas of HPS

Pregnant women can also receive cash assistance for transport to the nearest government health facility for delivery. Each state determines the amount of assistance, but the minimum is set at Rs. 250. It is paid to the pregnant woman on arrival and registration at the facility.

Women who deliver at home are still eligible for a cash payment to cover the expenses associated with delivery, in both LPS and HPS, but only if 19 years of age and older, living below the poverty line (BPL) and giving birth to their first or second child. They are entitled to Rs. 500 per delivery. The point of the payment is to ensure that all women and child receive appropriate care during delivery.

SUPPLY-SIDE RBF I: Cash Payments to Community Health Workers for Institutional Delivery and Post-pregnancy Services

Like the benefits available to pregnant women, benefits provided to the ASHA (or accredited social health activist) are targeted at the most vulnerable parts of the country: the ASHA is eligible for benefits in all LPS and north-east states, as well as in all the tribal districts of all states/union territories. Moreover, the generosity of benefits varies by urban (Rs.1,200) and rural (Rs. 600) area.

The central payment is a cash payment, which may vary by state but is not less than Rs. 200 per delivery, and paid for the combination of effectively encouraging institutional delivery, providing a postnatal visit and ensuring that the child receives the BCG vaccination. In addition, the ASHA can receive a “transactional cost” payment (up to the balance of Rs. 600) to cover costs of board and lodging if she stays with the pregnant woman in the delivery center. Finally, if the ASHA arranges, and pays for, the transportation for the pregnant woman to the health facility, she can receive the transportation benefit described above

SUPPLY-SIDE RBF II: Subsidy to Private Sector Providers for Emergency Caesarean

A subsidy for emergency private sector caesarean, on referral, is also available. If emergency obstetric care is not available at the government health facility, the facility can provide up to Rs. 1,500 to subsidize the fees of a specialist from the private sector. The government health worker who refers the mother to a private institution is not eligible for the ASHA package.

Financial Arrangements

The payment to the ASHA utilizes a voucher system. For each pregnant woman who registers under JSY, the ASHA receives two vouchers from the auxiliary nurse-midwife (ANM). The ASHA can cash the first voucher, to cover transportation costs, on the pregnant woman’s arrival at the facility. She cashes the second voucher after she has conducted a postnatal visit and the child has been immunized for BCG. To ensure that cash is available, the ANM receives cash advances from state and district authorities and keeps it in a joint account of the ANM and the Gram Pradhan (head of village-level authority).

The conditional cash payment is paid by the ASHA or Auxiliary Nurse Midwife (ANM) around 24–48 hours after the woman’s discharge and may only be paid to the woman and not to any relative or other person.

The World Bank, together with considerable financing from other donors, supports the JSY through the India Reproductive and Child Health program (RCH II).

TERMS OF REFERENCE

LOW-PERFORMING STATES (LPS)

Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan, Orissa, and Jammu and Kashmir.

HIGH PERFORMING STATES (HPS)

Maharashtra, West Bengal, Andhra Pradesh, Tamil Nadu, Karnataka, Gujarat, Kerala, Punjab, Haryana, National Capital Territory of Delhi, Himachal Pradesh, Tripura, Manipur, Meghalaya, Nagaland, Goa, Pondicherry, Chandigarh, Mizoram, Sikkim, Andaman and Nicobar Islands, Dadra and Nagar Haveli, Daman and Diu, and Lakshadweep

Links

■ **Official website of the JSY program**

http://mohfw.nic.in/hanani__suraksha__yojana.htm

■ **India HNPStats**

<http://go.worldbank.org/MALQ9X8AS0>

■ **The World Bank in India**

<http://www.worldbank.org/india>

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