GUIDELINES FOR IMPLEMENTATION OF JANANI SURAKSHA YOJANA IN KOLKATA MUNICIPAL CORPORATION AREAS)

Janani Suraksha Yojana (JSY) is a Centrally Sponsored Scheme by Government of India under the National Rural Health Mission which all State will have to implement under RCH II for urban as well as rural areas.

JSY replaces the NATIONAL MATERNITY BENEFIT SCHEME. The criterion and target group remains almost same as National Maternity Benefit Scheme (NMBS).

VISION of JSY:
- To reduce over all maternal mortality ratio and infant mortality rate, and
- To increase institutional deliveries in BPL families.

TARGET GROUP & CRITERION:
- All BPL pregnant women who are 19 years or above in age will be eligible for this scheme, upto two live births
- Those women who hold a BPL card or BPL ration card holder or enlisted under Antyodaya Yojana or Pavement dwellers will also be entitled for the scheme
- Those certified as BPL by the concerned Commissioner/Councillor/MLA/MP will also be entitled for the scheme

JSY – AN INTEGRATED PACKAGE:
- Focusing on antenatal care from the beginning and identification of pregnancy related complication,
- Providing appropriate referral to higher health facilities.
- Building an effective link between Government machinery and pregnant woman,
- Enhanced assistance for institutional delivery,
- Devising quicker and timely disbursement of cash benefits.

SCALE OF BENEFIT
- Under the JSY scheme, all BPL enlisted pregnant women who have attained 19 years of age and upto two live births will be eligible for an amount of Rs. 500.00 (No certification for age or number of living children will be necessary for this.)
- An additional benefit of Rs. 100.00 will be given to these women, if her delivery takes place in any government or municipal health facility.

MODE OF OPERATION IN KOLKATA MUNICIPAL CORPORATION AREAS:
- The JSY card, along with the routine Maternal & Newborn Care Card is to be filled in and issued by any of the following persons:
  - Ward Health Medical Officer/other Health worker of the Ward Health Unit
  - Borough Executive Health Officer /any other person of the Borough Office
Honorary Health Worker of the municipality
- PHN/ANM of Urban Family Welfare Centre both Government and NGO
- MO/Staff nurse/ANM of PP units
- MO/ANM of the Zonal Health Offices
- MO/ANM of the sub zonal units
- MO/ANM of ICDS centres run by the Family Welfare Department
- Any charitable institution/trust/NGO/registered private practitioner

Eligibility regarding BPL certification to be issued by the Ward Councillor/MLA / MP.

**NODAL PERSON:**
- At the State level - DDHS (FW) will be the nodal person responsible for JSY.
- District Maternal and Child Health Officer (DMCHO) Kolkata will be responsible for monitoring of the JSY scheme as the nodal person in Kolkata

**FUND DISTRIBUTION:**
- All pregnant women eligible for JSY will receive an amount of Rs.500.00 in her last trimester of pregnancy
- Those who will deliver in institutions will receive an additional amount of Rs.100.00 within 7 days if she delivers in a government/municipal health facility on production of the discharge certificate.
- All beneficiaries will collect the money from the Borough office of their areas respectively (for both Rs.500.00 and Rs.100.00)

**FUND FLOW MECHANISM:**
- Funds for JSY scheme in KMC areas will be transferred from State Health and Family Welfare Samity to State Urban Development Agency (SUDA) with intimation to the District Family Welfare Bureau Kolkata.
- SUDA will further transfer the fund to Kolkata Municipal Corporation KMC
- Kolkata Municipal Corporation will then sub allot the amount of fund to the respective Borough Offices.
- The Borough offices will submit the SOE and utilization to the Kolkata Municipal Corporation quarterly
- Kolkata Municipal Corporation will submit the SOE and UCs to SUDA
- SUDA will submit quarterly SOE/UC to the State Family Welfare Officer Dept of Health and Family Welfare.
- Funds will be released for the first quarter and second quarter but fund for third quarter will be released only after receipt of SOE of the first quarter.

**PUBLICITY/ IEC:**
- Kolkata Municipal Corporation will print the JSY cards and make it available to the Ward offices through the Borough Offices. Some cards will also be available at the Borough offices/Zonal office and District Family Welfare Bureau Kolkata
- The specimen copy of the format of JSY Card (format 1), MCH Card (format 2) (in local language) and other related reporting formats will be provided by the State H & FW Department. Both JSY card and the Maternal & Newborn Care card will remain with the beneficiary.
- NGOs and local clubs may be involved for implementation of the scheme especially in mobilization and awareness.
✓ 4 % of the money released during one financial year may be used as administrative expenses or for publicity by the respective authorities. This would include monitoring and supervision, wall painting, printing of cards and office expenses if required. This will also included printing of JSY cards.
✓ Newspaper insertion will be given by the Department Of Health and Family Welfare
✓ The State Mass Education and Information Officer Dept of Health and family Welfare will act as the Grievance Redressal Officer.

MONITORING AND EVALUATION:
✓ The quarterly performance and financial report to be sent by Kolkata Municipal Corporation to the State Urban Development Agency in the format provided by the Department of Health and Family Welfare
✓ Utilization certificates to be sent by SUDA at the end of one financial year in the Form GFR 19 A provided by the Department of Health and Family Welfare
✓ Regular monitoring visits will be taken up by the State Health authorities to assess the progress of the scheme in the urban areas.

PARAMETERS OF JSY CANNOT BE ALTERED UNILATERALLY

Commissioner (FW) & Special Secretary
Govt of West Bengal
Format of JSY card for KMC

Note: The JSY card is to be filled by any of the following persons: Ward Health Medical Officer/other Health worker of the Ward Health Unit, Borough Executive Health Officer /any other person of the Borough Office, Honorary Health Worker of the municipality, PHN/ANM of Urban Family Welfare Centre both Government and NGO, MO/Staff nurse/ANM of PP units, MO/ANM of the Zonal Health Offices ,MO/ANM of the sub zonal units, MO/ANM of ICDS centres run by the Family Welfare Department, Any charitable institution/trust/NGO/registered private practitioner

Please note that the MCH 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……

<table>
<thead>
<tr>
<th>PART I – IDENTIFICATION &amp; ELIGIBILITY</th>
<th>IDENTIFICATION No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Name of Ward/Corporation/Municipality/Notified area</td>
<td></td>
</tr>
<tr>
<td>B. Name of Borough:</td>
<td></td>
</tr>
<tr>
<td>C. Name of District:</td>
<td></td>
</tr>
<tr>
<td>1. Applicant’s Name &amp; Age:</td>
<td></td>
</tr>
<tr>
<td>(Pregnant Woman)</td>
<td></td>
</tr>
<tr>
<td>2. Husband’s Name:</td>
<td></td>
</tr>
<tr>
<td>3. Applicant’s Address</td>
<td></td>
</tr>
<tr>
<td>4. Beneficiary of any of these schemes?</td>
<td></td>
</tr>
<tr>
<td>NFBS/NOAPS/Targeted PDS /Antyodaya Anna Yojana/ Beneficiary of any other social assistance schemes of State or GOI for BPL families /others etc.</td>
<td>(Please specify and enclose document if available)</td>
</tr>
<tr>
<td>7. Possess a BPL card?</td>
<td>YES/NO (Please use tick mark)</td>
</tr>
<tr>
<td>If Yes, BPL Card No. (Enclose a copy)</td>
<td></td>
</tr>
<tr>
<td>8.1 If NO, any other certification available?</td>
<td>YES/NO (Please use tick mark) Certified by MLA/MP/Councillor/Commissioner</td>
</tr>
<tr>
<td>9. Date of registration:</td>
<td></td>
</tr>
<tr>
<td>10. Expected Date of delivery:</td>
<td></td>
</tr>
<tr>
<td>11. Order of Present pregnancy?</td>
<td>1/2/3 (Please use tick mark)</td>
</tr>
<tr>
<td>12 No. of living children</td>
<td>1/2/3 (Please use tick mark)</td>
</tr>
<tr>
<td>13. Maternal and newborn care card issued</td>
<td>YES/NO</td>
</tr>
<tr>
<td>14. Received MCH services upto 3rd trimester</td>
<td>YES/NO</td>
</tr>
<tr>
<td>15. Name of the identified place of Delivery?</td>
<td></td>
</tr>
<tr>
<td>Please record it in your daily dairy for future monitoring)</td>
<td></td>
</tr>
</tbody>
</table>
16. Is this pregnant woman eligible under JSY?  
Yes/No  
(To be certified by Authorized Signatory *)

Signature/TI of the Applicant

I have satisfied myself with the facts stated above and as per the norms of JSY, I recommend for payment of Rs. 500.00 to the beneficiary, I have checked the MCH Card (enclosed with this) of this women and found that she has received the desired ANCs.

(Name and Signature of the officer responsible for JSY)

Date:

Received Rs 500.00

Signature/TI of the Applicant

*Authorized signatory are as follows: Ward Health Medical Officer/other Health worker of the Ward Health Unit, Borough Executive Health Officer /any other person of the Borough Office, Honorary Health Worker of the municipality, PHN/ANM of Urban Family Welfare Centre both Government and NGO,MO/Staff nurse/ANM of PP units, MO/ANM of the Zonal Health Offices ,MO/ANM of the sub zonal units, MO/ANM of ICDS centres run by the Family Welfare Department, Any charitable institution/trust/NGO/registered private practitioner.

<table>
<thead>
<tr>
<th>PART II – DELIVERY PARTICULARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Place of Delivery</td>
</tr>
<tr>
<td>18. Date of Delivery</td>
</tr>
<tr>
<td>19. Normal delivery /Complicated delivery/Caesarean?</td>
</tr>
<tr>
<td>20. Discharge Certificate in case of live birth</td>
</tr>
<tr>
<td>21. Outcome</td>
</tr>
<tr>
<td>22. Is she an eligible Beneficiary for additional Rs 100.00 under JSY?</td>
</tr>
</tbody>
</table>

(If NO, state Reasons and also inform the beneficiary)
I have satisfied myself with the facts stated above and as per the norms of JSY, I disburse a sum of Rs. 100.00 to the beneficiary, I have checked the Discharge Certificate of this woman and found that she has delivered at a govt/municipal health facility and newborn has received vaccination.

(Name and Signature of the officer/person in charge of JSY)

Date: 

Received Rs 100.00

Signature/TI of beneficiary