

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

UNSTARRED QUESTION NO:4921
ANSWERED ON:27.04.2005
REPLACEMENT OF NATIONAL MATERNITY BENEFIT SCHEME
Nayak Shri Ananta

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether the Government has a proposal under the consideration to replace the National Maternity benefit scheme by 'Janani Surakshya Scheme';
- (b) if so, the reasons therefor;
- (c) the objectives proposed to be achieved under the Janani Surakshya Scheme ; and
- (d) the details thereof?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH & FAMILY WELFARE(SMT. PANABAKA LAKSHMI)

(a) Yes, Sir. Government of India has introduced Janani Suraksha Yojana in modification of National Maternity Benefit Scheme with effect from 12.4.2005.

(b) The National Maternity Benefit Scheme, which was in operation since 1995, had provision to provide financial assistance of Rs. 500/- for two live births to the women belonging to Below Poverty Line who have attained 19 years of age. Benefits under the scheme did not have linkage with antenatal check-up, care during pregnancy or child birth as also pre natal care. As a result, the scheme did not have any perceptible impact on the reduction of maternal mortality and infant mortality. This has prompted the Government to modify the scheme and to introduce in its place Janani Suraksha Yojana.

(c) & (d) The main objective of the scheme will be reduction in maternal mortality and infant mortality by promoting institutional deliveries among pregnant women belonging to below poverty line families.

The salient features of the Janani Suraksha Yojana are as under:

Janani Suraksha Yojana under the overall umbrella of the National Rural Health Mission integrates the benefit of cash assistance with institutional care during delivery, preceded with antenatal care and immediate post-partum care.

The scheme will be a 100% centrally sponsored Scheme.

#The benefit will be available to all women, both rural and urban areas, belonging to Below Poverty Line (BPL) households and aged 19 years or above.

Under the Scheme the benefit will be available upto the first two live births. However, in ten low performing States namely; Uttar Pradesh, Uttaranchal, Madhya Pradesh, Jharkhand, Bihar, Rajasthan, Chattisgarh, Orissa, Assam & Jammu & Kashmir, the benefit will be extended upto the third child if the mother of her own accord chooses to undergo sterilization in the health facility where she delivered, immediately after delivery.

Under the scheme assistance to expectant mother in rural areas is of Rs. 700/- per delivery whereas in urban areas of above-said Low Performing States, the expectant mother will receive an amount of Rs. 600/- per delivery. Under the Scheme, Accredited Social Health Activists (ASHAs) would be working as a link between the poor expectant mother and the health provider in the village.

For the services provided by ASHA, a package Rs. 600/- has been provided in the rural areas of all the ten low performing states. This is towards meeting the transitional cost towards transport assistance for the pregnant women and the ASHA to reach the health centre, boarding and lodging expenses as she stays with the expectant mother in the health centre during delivery and a small amount of money as ASHA's incentive. However, in urban areas of Low Performing States the package of assistance for ASHA will be restricted to Rs. 200/-.

Where Government specialist are not available in health institutions, in cases developing complications and requiring cesarean sections, assistances upto Rs. 1500/- per case has been provided for hiring services of private experts to carryout the surgery either

in a Government medical facility or in an accredited/recognised Private Hospital, Nursing Home etc.

Acknowledging that infrastructural facilities in the public sector are not adequate, benefits under Janani Suraksha Yojana would also be available to eligible women delivering in the hospitals/nursing homes /clinics from private sector duly accredited and recognised by the State /Union territories.

The responsibility of implementation of the scheme will be with State Health Mission at the State Level and the District Health Mission at the District Level.