



Impact of *Janani Suraksha Yojana* in Reducing Mortality Rates in India

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Abstract

This paper studies the impact of *Janani Suraksha Yojana* (JSY) in reducing the mortality rates in India. JSY is an Indian name which literally means “maternity safety scheme”. This scheme was launched in 2005 on the principles of conditional cash transfer providing monetary incentive to BPL women for institutional childbirth. JSY was implemented in all states and Union Territories with special focus on Low Performing States (LPS). Main beneficiaries of the scheme are all pregnant women belonging to the below poverty line (BPL) households and the age of 19 years or above and up to two live births.

According to the NFHS (National Family Health Survey)-5 (2019-21) report only 58.1 percent mothers received all four antenatal cares during their pregnancy whereas the rate of institutional birth is 88.6 percent in India. Therefore, after the inception of JSY facility based deliveries was increased this reduces maternal and infant mortality rates in India. Under this scheme, BPL/SC/ST category pregnant women are entitled to get JSY benefit directly into their savings bank accounts.

In this study, the secondary research data were reviewed from various reports and government official websites. After analysing various official documents and research studies data, it can be concluded that after the implementation of JSY the maternal and child deaths decreased in India. There was a significant rise in institutional deliveries and a sharp decline in home deliveries in country.

Keywords: *Janani Suraksha Yojana*, institutional delivery, financial assistance, maternal mortality, infant mortality

1.0 Introduction

During the early 21st century, India has witnessed high rates of maternal deaths. The Government of India launched the National Rural Health Mission (NRHM) in 2005 to reduce maternal mortality rates. The mission aimed to provide healthcare facilities and quality infrastructure in rural areas, focusing on improving infant, child, and maternal health conditions (Devganet *al.* 2020).

Janani Suraksha Yojana (JSY) under the overall umbrella of National Rural Health Mission (NRHM) has been initiated by modifying the existing National Maternity Benefit Scheme (NMBS, 1995) (Begum & Joseph 2017). While National Maternity Benefit Scheme (NMBS) is linked to provision of better diet for pregnant women of BPL families, *Janani Suraksha Yojana* integrates the financial 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 ASHA (Accredited Social Health Activist) workers (MoHFW, 2023). The National Maternity Benefit Scheme provides financial assistance of Rs. 500 per birth up to two live births to the pregnant women who have attained 19 years of age and belong to the below poverty line (BPL) households. When *Janani Suraksha Yojana* was launched the financial assistance of Rs. 500, which was available uniformly throughout the country to BPL pregnant women under NMBS, was replaced by graded scale of assistance based on the categorization of states as well as whether beneficiary was from rural/urban area (Vikaspedia, 2020).

Janani Suraksha Yojana is the name in Hindi language which literally means “maternal safety scheme” (Eram U, 2017). In 2005, the government of India introduced the *Janani Suraksha Yojana* (Thimmaiah *et al.* 2014; Chauhan *et al.* 2015). *Janani Suraksha Yojana* is a safe motherhood under the national rural health mission (NRHM) being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women (Kumari V *et al.* 2009; Deshpande R, 2011; Siddika B, 2018; Sachdeva & Malik, 2012). *Janani Suraksha Yojana* is one of the leading conditional cash



transfer programs in the world (**Rahman & Pallikadavath, 2018**). The program has shown varying impacts on different maternal health care services across regions (**Maharatha et al. 2021**). The coverage of JSY in India is still relatively low, and there are regional disparities in its implementation (**Sharma & Kamra, 2020**).

2.0 Need of the Programme

Maternal health refers to the health of women throughout pregnancy, delivery, and the postnatal period. Each step should be a good experience that ensures mothers, and their infants realize their maximum health and well-being potential (**Samuel et al. 2021**). Despite the long history of well-intentioned family welfare policies and some recent progress, maternal mortality (Table-3) and child mortality (Table-4) in India remains high. With 72,000 maternal deaths, no other country accounts for a larger proportion of global mortality (**Kassebaum et al. 2014**). India had the world's highest under five deaths in 2015 and had contributed to one-fifth of the maternal deaths worldwide (**Liu et al. 2016; Montgomery et al. 2014**). Poverty, low education for rural mothers are the major barriers in receiving the maternal and child health services in the India (**Goliet al. 2013; Singh et al. 2012**). Whereas antenatal and intra-partum care are helpful in reducing maternal morbidity and mortality and it is also a major component and aim of the Family Welfare Programme in India (**Goliet al. 2014**).

3.0 Main Beneficiaries

The main beneficiaries of the JSY scheme are all pregnant women belonging to the below poverty line (BPL) households and of the age of 19 years or above and up to two live births. All women from BPL families in the 10 LPS (low performing states), specifically the 8 EAG (Empowered Action Group) are also eligible for the benefits. The benefits are also provided to the pregnant women who needed institutional care for delivery and needed to be managed for problems including obstructed labor, PPH, eclampsia, PP sepsis etc. but these women were not previously enrolled under JSY throughout their pregnancy (**Ali B et al. 2020; B. Randiveet al. 2014; Vikaspedia, 2020**).

Today JSY covers more than 11 million women annually (**Rahman & Pallikadavath 2018**). With an estimated budget of 19.8 billion INR in 2009–10, the JSY is one of the largest



ever centrally funded conditional cash transfer schemes worldwide. In 2016–17, the JSY benefited one crore beneficiaries in the country (MoFHW, 2018).

4.0 Service Providers

Janani Suraksha Yojana is being implemented through community level health workers (such as ASHA, ANM and AWW) who identify pregnant women and help them to reach health facility (Lim *et al.* 2009). The JSY has identified Accredited Social Health Activist (ASHA) as an effective link between the government and pregnant women. Awareness is important for proper utilization of the scheme advantages (Devganet *al.* 2020).

5.0 Role of Frontline Workers in JSY

An ASHA is a critical element of the NRHM and JSY. ASHA is responsible to identify the pregnant women in the village. She makes sure that the pregnant women receive antenatal care, identify the functioning government or accredited private medical facility where the women can deliver the baby, make transport arrangements, escort the women and stay with her till the time of discharge. She is also involved in arranging immunization for the new born and postnatal care (Dongre & Kapur, 2013; Sidney K *et al.* 2012).

6.0 Financial Assistance

It also improves the utilization and reduces the out of pocket expenditure by providing monetary incentives to the mothers delivering in public facility (Mukherjee & Singh, 2018). Under *Janani Suraksha Yojana* Rs. 500 is given to the eligible pregnant women after her 3rd antenatal check-up in the third trimester (8-12 weeks) or before the expected date of delivery. Additional Rs. 200 and Rs. 100 are paid for institutional delivery to rural (total Rs. 700) and urban (total Rs. 600) pregnant women respectively for delivering child in a government or accredited private institution (Panja TK *et al.* 2012).

There is also provision for incentives to ASHA for encouraging mothers to go for institutional delivery (Bhutta Z Aet *al.* 2010).



7.0 Special Features of JSY Scheme

The JSY scheme is fully sponsored by central government. It is implemented in all states and Union Territories, with special focus on low performing states like Uttar Pradesh (Eram U, 2017; Singh A, 2018). Under this scheme primary health care service is available, especially, to the poorest and most vulnerable segments of rural and tribal society, JSY forms a crucial component of the NRHM (Singh V. S. *et al.* 2014). This scheme is helpful in reducing out-of-pocket expenditure for delivery care and also increased antenatal care (Gupta *et al.* 2011; Sen S *et al.* 2020). JSY also provides free transportation facility between home and health institutions, free provision of blood, free diets during stays at hospitals, drugs and consumables to pregnant women and sick newborn (Bano N. *et al.* 2020).

8.0 Coverage and Major Achievements

8.1 Major Achievements of JSY

After the inception of the JSY in 2005 proportion of women giving birth in health institutions has increased sharply (Chaturvedi S *et al.* 2015; Mishra P *et al.* 2021; Sabde Y *et al.* 2018; Singla A *et al.* 2017). According to NFHS-5 (2019-21) report, the institutional births have increased substantially from 78.9 percent to 89 percent in India (Table-1). According to the annual report of Ministry of Health and Family Welfare (2015-2016) the JSY beneficiaries were increased from 7.39 lakhs (2005-06) to more than 1.05 crore (2016-17) (MoHFW, 2016).

Table 1: Institutional Delivery and Home Delivery Data

Type of Delivery (%)	NFHS-3 (2005-06)	NFHS-4 (2015-16)	NFHS-5 (2019-2021)
Institutional delivery	38.7	78.9	89
Home delivery	8.2	4.3	3.2

Source: NFHS-5 (2019-21)

According to NFHS-5 (2019-21) report the institutional delivery rate was increased from 38.7 percent to 89 percent while home delivery rate decreased from 8.2 percent to 3.2 percent from 2005 to 2021 (Table 1). Cases of home delivery were very high in India before the launch of JSY scheme (Table 2).

**Table 2: Assistance Provided during Child Delivery**

Delivery Assisted by	NFHS-1 (1992-93)	NFHS-2 (1998-99)
Doctor	21.6	30.3
Nurse / Midwife	12.6	11.4
Traditional birth attendant	35.2	35.0

Source: NFHS Reports

Due to this scheme the rate of infant and maternal mortality is reduced (Table-3 and 4). Maternal mortality rate had gone down from 254 to 97 per one lakh live births from 2004-06 to 2018-20. Whereas infant mortality rate was reduced from 57 to 32 from 2005 to 2021 after the successful implementation of JSY scheme.

Table 3: Maternal Mortality Data

Year	MMR per 1,00,000 live births
2004-06	254
2007-09	212
2010-12	178
2011-13	167
2014-16	130
2015-17	122
2017-19	103
2018-20	97

Source- SRS (Sample Registration System)**Table 4: Infant Mortality Data**

Year	Infant Mortality Rate (number of deaths per 1000 live births)
2005-06 (NFHS-3)	57
2015-16 (NFHS-4)	41
2019-21(NFHS-5)	32



9.0 Conclusion

It can be concluded that after the implementation of *Janani Suraksha Yojana* (JSY) the maternal and child deaths decreased and institutional deliveries was increased. It also reduces maternal morbidity and mortality and improves child survival rates (**Yadav and Tiwari, 2020**).

The program has increased access to maternal health care services, specifically institutional deliveries, for women in rural and remote areas (**Ali B et al.2020**). Additionally, *Janani Suraksha Yojana* has also provided financial support to women who may not have otherwise been able to afford delivery services, further increasing their utilization of these services. However, there is still room for improvement in the quality of care provided under the program, particularly in terms of addressing the underlying social determinants of health and reducing inequalities in access to care. Overall, *Janani Suraksha Yojana* serves as an important model for addressing maternal and infant health issues in India and other developing countries.

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