

Janani Suraksha Yojana

July 9, 2019

Janani Suraksha Yojana (JSY) is a **safe motherhood intervention under the National Health Mission (NHM)**.

Objective

It was launched with the objective of **reducing maternal and neonatal mortality**, by promoting **institutional delivery** among pregnant **women especially with weak socio-economic status** i.e. **women** from Scheduled Castes, Scheduled Tribes and BPL households.

The steps taken/being taken by the Government under JSY for reduction of infant and maternal mortality rates in the county are as under:

Background

Janani Suraksha Yojana was launched in April 2005 by modifying the National Maternity Benefit Scheme (NMBS). The NMBS came into effect in August 1995 as one of the components of the National Social Assistance Programme (NSAP).

- **Focus on Low Performing States** : The scheme focuses on the poor pregnant woman with special dispensation for States having low institutional delivery rates namely the **States of Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan, Orissa and Jammu and Kashmir**. While these States have been named as Low Performing States (LPS), the remaining States have been named as High performing States (HPS).
- **Exclusion criteria of age of mother** as 19 years or above and **up to two children only for home** and institutional deliveries under the JSY have **been removed** and eligible mothers are entitled to JSY benefit regardless of any

age and any number of children.

- The scheme also provides performance based incentives to women health volunteers known as ASHA (Accredited Social Health Activist) for promoting institutional delivery among pregnant women. Under this initiative, eligible pregnant women are entitled to get JSY benefit directly into their bank accounts.
- BPL pregnant women, who prefer to deliver at home, are entitled to a cash assistance of Rs 500 per delivery regardless of age of women and the number of children.
- The Yojana enables the States/UTs to hire the services of a private specialist to conduct Caesarean Section or for the management of Obstetric complications, in the Public Health facilities, where Government specialists are not in place.
- States are encouraged to accredit private health facilities for increasing the choice of delivery care institutions