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## Maternal health under Janani Suraksha Yojana in India: A study

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### Abstract

The survival and well-being of mothers is not only important in their own right but are also central to solving large broader, economic, social and developmental challenges. It consists of important features of Janani Suraksha Yojana, eligibility for cash assistance, direct benefit transfer under Janani Suraksha Yojana. It explained year-wise physical and financial progress of Janani Suraksha Yojana and pregnant women for delivery care services. It concluded maternal health is an important aspect for the development of any country, increasing equity and reducing poverty.

**Keywords:** delivery care, cash assistance, direct benefit, neonatal mortality, institutional delivery

### Introduction

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Health Mission (NHM). It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among pregnant women. Janani Suraksha Yojana (JSY) is a Centrally Sponsored Scheme, which integrates cash assistance with delivery and post-delivery care. The scheme has identified Accredited Social Health Activists (ASHAs) as an effective link between the Government and pregnant women.

### Important Features of Janani Suraksha Yojana

The Scheme focusses on pregnant women with special provisions for States that low institutional delivery rates *viz.* the States of Uttar Pradesh, Uttarhand, Bihar, Jharkhand, Madhya Pradesh, Chattigarh, Assam, Rajasthan, Orissa, and Jammu and Kashmir. While these States have been named Low Performing States (LPS), the remaining States have been categorized as High Performing States (HPS).

### Eligibility for Cash Assistance

The eligibility for cash assistance under the Janani Suraksha Yojana is as shown below:

LPS	All pregnant women delivering in government health centres, such as Sub Centres (SCs)/Primary Health Centres (PHCs)/Community Health Centres (CHCs)/ First Referral Units (FRUs) /general wards of district or State hospitals.
HPS	All BPL/ Scheduled Caste/ Scheduled Tribe (SC/ST) women delivering in a Government Health Centre, such as SC/ PHC/ CHC/ FRU/ general wards of district or State hospital
LPS&HPS	BPL/SC/ST/women in accredited private institutions

### Cash Assistance for Institutional Delivery (in Rs)

The cash entitlement for different categories of mothers is as follows:

Category	Rural Area		Total	Urban Area		Total
	Mother's Package	ASHA's 1. Package		ASHA's 2. Package	(Amount in Rs.)	
LPS	1400	600	2000	1000	400	1400
HPS	700	600	1300	600	400	1000

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1. ASHA Package of Rs.600 in rural areas include Rs. 300 for ANC component and Rs. 300 for facilitating institutional delivery.
2. ASHA package of Rs. 400 in urban areas include Rs. 200 for ANC component and Rs.200 for facilitating institutional delivery.

### Subsidizing cost of Caesarean Section

The Janani Suraksha Yojana Scheme has a provision to hire the services of a private specialist to conduct Caesarean Section or for the management of obstetric complications in Government Institutions, where Government specialists are not in position.

### Cash assistance for home delivery

Below Poverty Line pregnant women, who prefer to deliver at home, are entitled to cash assistance of Rs. 500 per delivery regardless of her age and any number of children.

### Accrediting private health institutions

In order to increase the choice of delivery care institutions, States are encouraged to accredit at least two willing private institutions per block to provide delivery services.

### Direct Benefit Transfer under Janani Suraksha Yojana

Payments under the Janani Suraksha Yojana are being made through Direct Benefit Transfer (DBT) mode. Under this initiative, eligible pregnant women are entitled to get Janani Suraksha Yojana benefit directly into their Aadhaar linked bank accounts through electronic funds transfer.

### Physical and Financial Progress

Janani Suraksha Yojana has been a phenomenal success both in terms of number of mothers covered and expenditure incurred on the scheme. From a modest figure of 7.39 lakhs beneficiaries in 2005-06, the scheme currently provides benefit to more than one crore beneficiaries every year. Also the expenditure of the scheme has increased from Rs. 38 crores in 2005-06 to Rs. 1835 crores in 2017-18. In the financial year 2018-19, the expenditure reported is Rs. 1743.46 crores (provisional).

Year – wise Physical and financial progress of Janani Suraksha Yojana is as under

Year	No. of beneficiaries (in lakhs)	Expenditure (in crores)
2005-06	7.39	38.29
2006-07	31.58	258.22
2007-08	73.29	880.17
2008-09	90.37	1241.34
2009-10	100.78	1473.76
2010-11	106.97	1619.33
2011-12	109.37	1606.18
2012-13	106.57	1672.42
2013-14	106.48	1764.33
2014-15	104.38	1777.04
2015-16	104.16	1708.72
2016-17	104.59	1788.10
2017-18	110.21	1835.06
* 2018-19	100.41	1743.46

\* Figures are provisional for Financial Year 2018-19

In terms of achievement, the Janani Suraksha Yojana is considered to be one of the important factors in increased

utilization of public health facilities by the pregnant women for delivery care services as reflected in the following:

- Increase in institutional deliveries which have gone up from 47 per cent to 78.9 per cent.
- Maternal Mortality Ratio (MMR) which declined from 254 maternal deaths per 1,00,000 live births in 2004-06 to 130 maternal deaths per 1,00,000 live births during 2014-16.
- IMR has declined from 58 per 1000 live births in 2005 to 34 per 1000 live births in 2017.
- The Neo- Natal Mortality Rate (NMR) has declined from 37 per 1000 live births in 2006 to 24 per 1000 live births in 2016.

### Conclusion

Women are strong pillars of any vibrant society. Sustained development of the country can thus be achieved only if we take holistic care of our women and children. Massive and strategic investments have been made under the National Health Mission for improvement of maternal health. Maternal health is an important aspect for the development of any country in terms of increasing equity and reducing poverty.

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