



Impact of Janani Suraksha Yojana and Janani Shishu Suraksha Karyakram on Maternal and Child Health Outcomes

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Abstract

Maternal and child health is a crucial indicator of a nation's overall health status and socio-economic development. Despite improvements in healthcare infrastructure, India continues to face challenges related to high maternal and child morbidity and mortality, particularly among rural and economically weaker populations. To address these issues, the Government of India introduced the Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK) under the National Health Mission. JSY promotes institutional deliveries through conditional cash incentives, while JSSK ensures free and cashless maternal and neonatal healthcare services. This study aims to assess the impact of JSY and JSSK on maternal and child health outcomes using secondary data from National Family Health Survey reports, government publications, and previous research studies. The findings highlight improved institutional delivery rates, increased utilization of maternal health services, and reduced financial burden on beneficiaries, although challenges related to awareness and quality of service delivery remain.

Keywords: Janani Suraksha Yojana; Janani Shishu Suraksha Karyakram; Maternal Health; Child Health; Institutional Delivery; National Health Mission

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Received Date: 11 Aug 2026

Accepted Date: 17 Sep 2026

Published Date: 19 Sep 2026

Citation:

Mondal M, Dolui S, Mukherjee S, Das P, Natta M. Impact of Janani Suraksha Yojana and Janani Shishu Suraksha Karyakram on Maternal and Child Health Outcomes. *WebLog J Women's Health*. wjwh.2026.i1904. <https://doi.org/10.5281/zenodo.23105697>

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Purpose of the Study

This study examines the impact of Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK) on key maternal and child health indicators in India. It describes trends in institutional deliveries, utilization of antenatal and postnatal services, Maternal Mortality Ratio (MMR), Infant Mortality Rate (IMR), and out-of-pocket healthcare expenditure before and after the implementation of these schemes.

1. To descriptively analyzes changes in institutional delivery rates, particularly among women from economically weaker and marginalized communities.
2. To examines service utilization patterns, including antenatal care visits, skilled birth attendance, and postnatal care coverage.
3. To provides a descriptive overview of the reduction in out-of-pocket expenditure due to the provision of free medicines, diagnostics, blood transfusion, diet, and transportation services in public health institutions.

Trends in maternal and infant mortality indicators are described to assess the broader population level impact of these initiatives. Through descriptive statistical measures such as percentages, rates, ratios, and trend comparisons, the study presents a comprehensive picture of how JSY and JSSK have contributed to improving maternal and child health outcomes in India.

Research Methodology

This study adopts a quantitative descriptive research design to examine the impact of Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK) on maternal and child health outcomes in India. The study is based entirely on secondary data collected from reliable government sources, including the National Family Health Survey (NFHS3, NFHS-4, and NFHS-5), Sample Registration System (SRS) reports, Rural Health Statistics, and publications of the Ministry of Health and Family Welfare under the National Health Mission (NHM).

The study population comprises women aged 15-49 years and children under five years of age across India. The reference period covers data from 2005 onwards, corresponding with the implementation phase of JSY and the subsequent introduction of JSSK in 2011. Key outcome variables include institutional delivery rate, Antenatal Care (ANC) coverage, Postnatal Care (PNC) utilization, Maternal Mortality Ratio (MMR), Infant Mortality Rate (IMR), Neonatal Mortality Rate (NMR), and out-of-pocket expenditure on maternal healthcare.

Data were compiled and organized using tabulation methods. Descriptive statistical techniques such as percentages, ratios, averages, and trend analysis were applied to examine changes over time. Comparative analysis was conducted between pre- and post-implementation periods of the schemes to assess improvements in service utilization and health outcomes. Graphical representations, including charts and tables, were used to enhance clarity and interpretation.

The study relies on publicly available aggregated data and does not involve direct human participation; therefore, ethical approval was not required. The methodology ensures transparency, reliability, and systematic assessment of the effectiveness of JSY and JSSK in improving maternal and child health indicators in India.

Introduction

Maternal and child health is a vital indicator of a nation's overall health status and socio-economic development. In a developing country like India, ensuring the safety and wellbeing of mothers and children continues to be a major public health challenge. Despite improvements in healthcare infrastructure and service delivery, preventable maternal and infant deaths persist, particularly among economically weaker and marginalized populations. Limited access to quality healthcare, shortage of skilled health professionals, and high out-of-pocket healthcare expenditure remains significant barriers to safe maternal and child health outcomes.

To address these challenges, the Government of India introduced several maternal and child health initiatives under the National Health Mission. One of the key initiatives, the Janani Suraksha Yojana (JSY), launched in 2005, aims to promote institutional deliveries by providing financial incentives to pregnant women from low-income households. The scheme encourages women to seek skilled care during childbirth, thereby reducing risks associated with home deliveries and pregnancy-related complications.

In 2011, the government further strengthened maternal and child health services by introducing the Janani Shishu Suraksha Karyakram (JSSK), which ensures free and cashless services for pregnant women, mothers, and newborns in public health facilities. These services include free delivery, medicines, diagnostics, blood transfusion, diet during hospital stay, and transportation. Together, JSY and JSSK have contributed to increased institutional deliveries, improved utilization of antenatal care services, and a gradual decline in maternal and infant mortality rates. Examining the impact of these schemes provides valuable insights into how targeted financial support and guaranteed healthcare services can enhance maternal and child health outcomes in resource-limited settings like India.

Literature Review

India's mother and child health has historically suffered from very high rates of both maternal and infant mortality. As such, it

will continue to be a priority for the Government of India and, consequently, there are numerous government-led initiatives designed to enhance access to safe maternal health care. The two major initiatives are the Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Programme (JSSK) which target improving the number of institutional deliveries while at the same time lowering the financial barriers to accessing health care. Skilled attendance at birth and institutional delivery is one of the key elements in reducing both maternal and neonatal deaths, as stated by the World Health Organization. Therefore, the JSY is a conditional cash transfer programme that provides cash incentives to pregnant women so they will deliver in health care institutions, particularly for women from more economically weaker segments. The National Family Health Survey Multiple Indicator Survey has shown that the JSY has led to an increase in institutional deliveries.

JSSK was designed to provide further good quality maternal health care services to pregnant women and sick infants by providing free health care services such as maternity care, medicines, diagnostic tests, dietary supplements, blood transfusions, and transportation. Nonetheless, their availability is limited by many factors such as limited education, poor physical infrastructure, and inadequate quality of care.

Lim *et al.*, [1] stated that the Janani Suraksha Yojana is a conditional cash transfer programme introduced by the Government of India to promote institutional births and reduce maternal and neonatal mortality. According to the authors, the programme provides financial incentives to pregnant women, especially those from economically disadvantaged backgrounds, to deliver their babies in healthcare institutions. Their study highlights that the implementation of JSY has significantly increased the number of institutional deliveries and improved access to maternal healthcare services across different regions of India. The authors also emphasize that institutional delivery and skilled attendance at birth are important factors in reducing maternal and infant mortality and improving overall maternal and child health outcomes.

Research Gap

Several studies have attempted to explore the impact of various government interventions in the form of maternal health programs like Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK) in improving maternal and child health in India. However, there are a few research gaps in the existing literature. Most of the research in the past has concentrated only on the increased institutional deliveries after the implementation of these programs. While institutional deliveries are an important aspect of maternal health programs, not much research has attempted to explore the overall impact of these programs on improving maternal and child health outcomes. Another limitation that has been found in existing research is that there is a lack of comparative studies between JSY and JSSK schemes in terms of their combined effectiveness. Most studies have compared these two schemes separately without considering the effect of their combined implementation on the accessibility of healthcare services for pregnant women. Moreover, there is a lack of empirical studies that are region-specific in nature. The effectiveness of JSY and JSSK schemes may vary from region to region depending upon health infrastructure, awareness levels, socio-economic factors, etc., but this has not been studied adequately [2-5].

Policy Suggestions/Recommendations

1. Increase Awareness of Schemes: There is a need for the

government to increase awareness of the Janani Suraksha Yojana (JSY) and the Janani Shishu Suraksha Karyakram (JSSK) schemes, especially in the rural areas. There are many women who are not aware of the benefits of the scheme.

2. Improve Healthcare Infrastructure: There is a need for the government to improve the public health care infrastructure, which should have better medical equipment, beds, and professionals.

3. Strengthen Monitoring and Implementation: Effective monitoring mechanisms need to be put in place to ensure proper implementation of JSY and JSSK schemes at the ground level. This will help avoid administrative delays.

4. Enhance Support for Rural and Marginalized Women: Women from weaker economic backgrounds and rural women need special attention by improving facilities for transportation, healthcare services, and financial assistance.

5. Promote Integrated Maternal and Child Health Services: Integration of different services provided by different maternal-child care programmes could be helpful in improving services for the care of mothers and their children.

Future Scope of the Study

The current study gives a descriptive idea of the impact of Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK) on maternal and child health. However, there is a lot of scope to do further research on the same. Further research can be done on a region-wise or district-wise study to understand the impact of the schemes differently. Moreover, further research could also include primary data collection methods like surveying the beneficiaries, healthcare professionals, and policymakers. This will help us gain further insights into the challenges faced by these programmes, the level of awareness among the population, and the accessibility of these programmes. Future research could also focus on the impact of these programmes on maternal mortality rates, infant mortality rates, and overall healthcare usage. It could also be compared between different states or between government and private. This will help us gain further insights into the challenges that these programs face,

the awareness level of the people, as well as the accessibility of these programs.

Results and Analysis

The analysis of secondary data from NFHS reports and government publications indicates a significant improvement in maternal and child health indicators following the implementation of Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK).

1. Institutional delivery rate

The percentage of institutional deliveries in India has shown a substantial increase over time.

Institutional deliveries increased from approximately 39% in NFHS-3 (2005-06) to 79% in NFHS-5 (2019-21). This reflects a growth of nearly 40 percentage points, indicating the positive impact of JSY in encouraging women to opt for facility-based childbirth (Figure 1).

2. Antenatal Care (ANC) utilization

The proportion of women receiving at least four antenatal care visits increased from around 37% in NFHS-3 to 58% in NFHS-5. This represents an increase of about 21 percentage points, highlighting improved awareness and accessibility of maternal healthcare services (Figure 2).

3. Postnatal Care (PNC) coverage

Postnatal care within 48 hours of delivery also improved significantly. Coverage increased from approximately 34% to 78% over the study period, indicating better follow-up care for mothers and newborns (Figure 3).

4. Maternal Mortality Ratio (MMR)

India's Maternal Mortality Ratio declined from 254 per 100,000 live births in 2004-06 to 103 per 100,000 live births in 2017-19. This reduction reflects improved maternal healthcare services and increased institutional deliveries supported by JSY and JSSK (Figure 4).

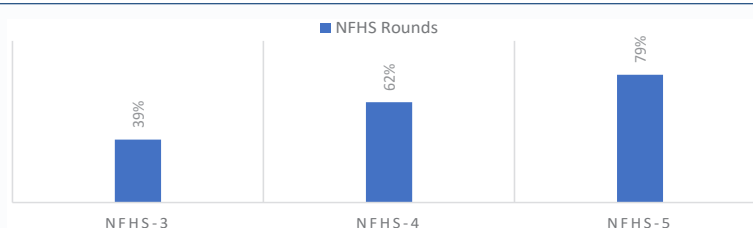


Figure 1: The percentage of institutional deliveries in India. The proportion of women receiving at least four antenatal care visits.

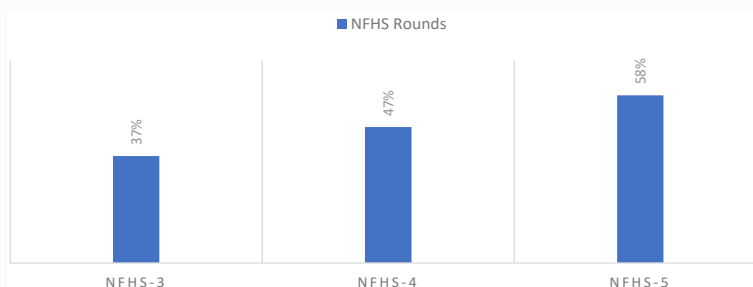


Figure 2: The proportion of women receiving at least four antenatal care visits.

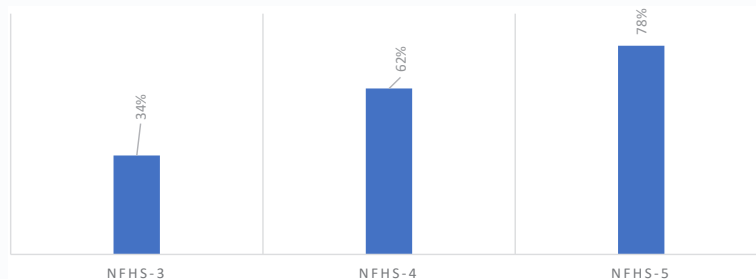


Figure 3: Postnatal care within 48 hours of delivery.



Figure 4: India's Maternal Mortality Ratio.

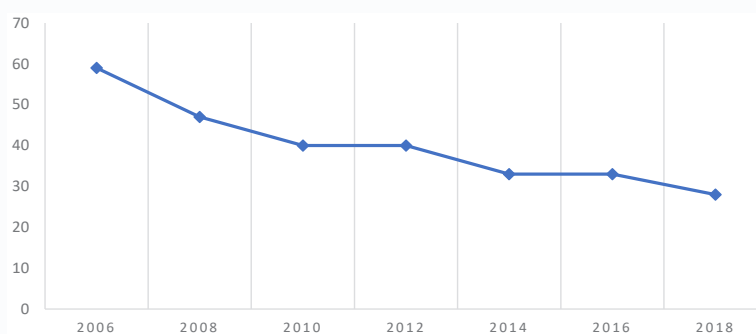


Figure 5: The Infant Mortality Rate.

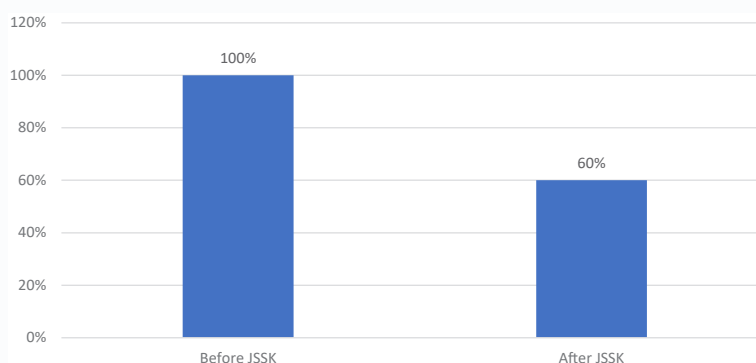


Figure 6: Out-of-pocket expenditure for maternal healthcare.

5. Infant Mortality Rate (IMR)

The Infant Mortality Rate decreased from 57 per 1,000 live births in 2005 to 28 per 1,000 live births in recent years. This decline indicates better neonatal care and access to healthcare facilities (Figure 5).

6. Reduction in Out-of-Pocket expenditure

With the implementation of JSSK, the cost burden on families has reduced significantly. The availability of free services such as medicines, diagnostics, diet, and transportation has led to an estimated reduction of 30-50% in out-of-pocket expenditure for maternal healthcare (Figure 6).

Overall Analysis

The data clearly demonstrate that JSY and JSSK have contributed to increased utilization of maternal health services, improved institutional delivery rates, and a reduction in maternal and infant mortality. However, regional disparities and gaps in service quality still exist, which need to be addressed for achieving equitable healthcare outcomes.

Conclusion

The aspect of maternal and child healthcare is one of the most significant areas in the Indian government's public healthcare initiatives. Initiatives such as Janani Suraksha Yojana and Janani Shishu Suraksha Karyakram were launched with the aim of curbing mortality rates among mothers and children by encouraging institutional deliveries and offering free healthcare services for mothers and children. The results of this research indicate that these schemes have made a significant contribution to the betterment of maternal and child healthcare services. The schemes have motivated more women to avail facility deliveries, enabled better access to antenatal and postnatal care services, and reduced the economic burden of maternal health care services. The free services provided under JSSK have further strengthened the health support system for pregnant women as well as newborns. However, in spite of these positive developments, there are some challenges associated with these schemes. These problems may include a lack of awareness among the beneficiaries of these schemes, infrastructural problems in public healthcare facilities, administrative problems in the

implementation of these schemes in different regions of the country, and so forth. These problems need to be overcome in order to ensure the effective implementation of these schemes in all sections of society, especially women in rural areas and weaker sections of society. It can be concluded that JSY and JSSK have played an important role in the development of maternal and childcare health services in India. These schemes have helped in improving the health of the people of India. These schemes have played an important role in the development of public health in the country. It is expected that with the development of these schemes, India will be able to achieve its objectives of public health development.

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