Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Health Mission (NHM). The Yojana was launched on 12th April 2005. It is being implemented in all states and UTs with special focus on low performing states.

JSY is a 100% centrally sponsored scheme and it integrates cash assistance with delivery and post-delivery care.

Objectives: It was launched for reducing maternal and neonatal mortality, to promote institutional delivery among pregnant women especially with weak socio-economic status i.e. women from Scheduled Castes, Scheduled Tribes and BPL households.

Cash assistance: Under the JSY, eligible pregnant women are entitled to cash assistance irrespective of the age of mother and number of children for giving birth in a government or accredited private health facility.

Area of Focus: The scheme focuses on poor pregnant woman with special dispensation for states that have low institutional delivery rates, namely, the states of Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan, Odisha, and Jammu and Kashmir.

While these States have been named Low Performing States (LPS) under the scheme, the remaining States/UTs have been named High Performing States (HPS).

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.

Accredited Social Health Activist (ASHA)

ASHA is a trained female community health activist. Selected from the community itself and accountable to it, the ASHA will be trained to work as an interface between the community and the public health system.
The role of an ASHA is that of a community level care provider. This includes a mix of tasks: facilitating access to health care services, building awareness about health care entitlements especially amongst the poor and marginalized, promoting healthy behaviours and mobilizing for collective action for better health outcomes and meeting curative care needs as appropriate to the organization of service delivery in that area and compatible with her training and skills.

National Health Mission

- National Health Mission (NHM) was launched by the government of India in 2013 subsuming the National Rural Health Mission and the National Urban Health Mission. It was further extended in March 2018, to continue till March 2020.
- The main programmatic components include Health System Strengthening in rural and urban areas for Reproductive-Maternal-Neonatal-Child and Adolescent Health (RMNCH+A), and Communicable and Non-Communicable Diseases. The NHM envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs.
- The National Health Mission seeks to ensure the achievement of the following indicators:
  - Reduce Maternal Mortality Rate (MMR) to 1/1000 live births
  - Reduce Infant Mortality rate (IMR) to 25/1000 live births
  - Reduce Total Fertility Rate (TFR) to 2.1
  - Prevention and reduction of anaemia in women aged 15–49 years
  - Prevent and reduce mortality & morbidity from communicable, non-communicable; injuries and emerging diseases
  - Reduce household out-of-pocket expenditure on total health care expenditure
  - Reduce annual incidence and mortality from Tuberculosis by half
  - Reduce the prevalence of Leprsy to <1/10000 population and incidence to zero in all districts
  - Annual Malaria Incidence to be <1/1000
  - Less than 1 per cent microfilaria prevalence in all districts
  - Kala-azar Elimination by 2015, <1 case per 10000 population in all blocks