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# How Much Do Conditional Cash Transfers Increase the Utilization of Maternal and Child Health Care Services? New Evidence from Janani Suraksha Yojana in India

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## Abstract

Janani Suraksha Yojana (safe motherhood scheme, or JSY) provides cash incentives to marginal pregnant women in India conditional on having mainly institutional delivery. Using the fourth round of district level household survey (DLHS-4), we have estimated its effects on both intended and unintended outcomes. Our estimates of average treatment effect on the treated (ATT) from propensity score matching are remarkably higher than those found in previous prominent studies using the second and third rounds of the survey (DLHS-2 and DLHS-3). When we apply fuzzy regression discontinuity design exploiting the second birth order, our estimates of local average treatment effect (LATE) are much higher than that of ATT. For example, due to JSY, institutional delivery increases by around 16 percentage points according to ATT estimate but about 23 percentage points according to LATE estimate.

**Keywords:** Janani Suraksha Yojana, Demand-side financing, Propensity score matching, India

**JEL:** I12, I15, I18

## 1. Introduction

One of the crucial challenges for policymakers of public health is to increase the utilization of maternal and child health care (MCHC) services (Ki-Moon, 2010). For many years, they have tried to increase that solely by increasing the supply of hospitals, doctors, nurses and machines. However, increasing their supply is necessary but not sufficient under circumstances where many destitute women are financially unable to access MCHC services (Bhatia et al., 2006; Bhatia and Gorter, 2007; Ensor and Cooper, 2004; Koblinsky et al., 2006; Thaddeus and Maine, 1994). Over the last three decades, policy focus has shifted to increase the demand for MCHC services by increasing the purchasing power of poor people. Since the 1990s, several developing countries have started conditional cash transfer programs, traditionally called demand-side financing (DSF) programs, to increase the purchasing power of disadvantaged women (Ensor et al., 2017; Yang et al., 2016; Kuwawenaruwa et al., 2016; Kingkaew et al., 2016; Engineer et al., 2016; Skiles et al., 2015).

Policymakers are interested to know to what extent a DSF program plays a role in increasing the utilization of MCHC services, as limited research studies, carried out in several developing countries, have produced mixed findings (e.g., from no effect to high effect). For example, using regression discontinuity design, De Brauw et al. (2011) found that El Salvador's DSF program, Comunidades Solidarias Rurales, increased skilled attendance at birth and institutional delivery by 12.5-17.8 and 15.3-22.8 percentage points respectively, but had no effect on the uptake of antenatal and postnatal care services. A randomized

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