

# Is Cashless Delivery Boon or Bane? An Analysis of RMNCH Services in Odisha, India

Case study of state initiatives in  
the State of Odisha, India



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# Background

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- Odisha has high MMR (222/100,000 LB) and NMR (37/1000 LB) with wide inter-district variations
- Institutional delivery - key strategy to improve maternal and newborn survival
- Institutional delivery has grown to 80.8% (AHS 2012-13)
- Various schemes provide up to INR 6400 (~\$100)

# Background

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## **Scheduled Castes (SCs) and Scheduled Tribes (STs):**

- Constitute 36% of the state's population & 40% of the state's poor
- Constitute historically disadvantaged & vulnerable groups in India.

## **Entitlement schemes & programmes:**

- JSY - Cash incentive for institutional delivery: **INR 1400**
- JSSK – Cashless transport & maternity services: **Zero OOPE**
- MAMATA - Cash incentives to encourage utilization of services like ANC, immunization, practice breast feeding etc: **INR 5000**

# Entitlement schemes

- Janani Surakshya Yojana (JSY) – Rs 1400 to mother for institutional delivery
- MAMTA – Rs 5000 to mother in 4 instalments: end of 2nd trimester, 3, 6 and 9 months after delivery and linked to utilization of MCH services like ANC, BF, Immunization etc
- JSSK (Janani Sishu Surakshya Karyakram) – free services
  - Referral transport (to facility & drop back)
  - Blood
  - Diagnostic services
  - Treatment

# Objective

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- Measure the access to the entitlements & schemes by the various population groups
- Assessing the OOPE incurred by the various population groups for institutional delivery

# Methodology

- The state of Odisha - 30 districts
- Data taken for all districts using 4 indicators (AHS 11-12)
  - Full ANC coverage
  - Institutional delivery
  - Children fully immunized
  - Using any modern method of contraception
- Composite scores calculated and districts ranked. Then clustered into 4 groups using equal interval scale



# Methodology ...Selection of Survey Sample

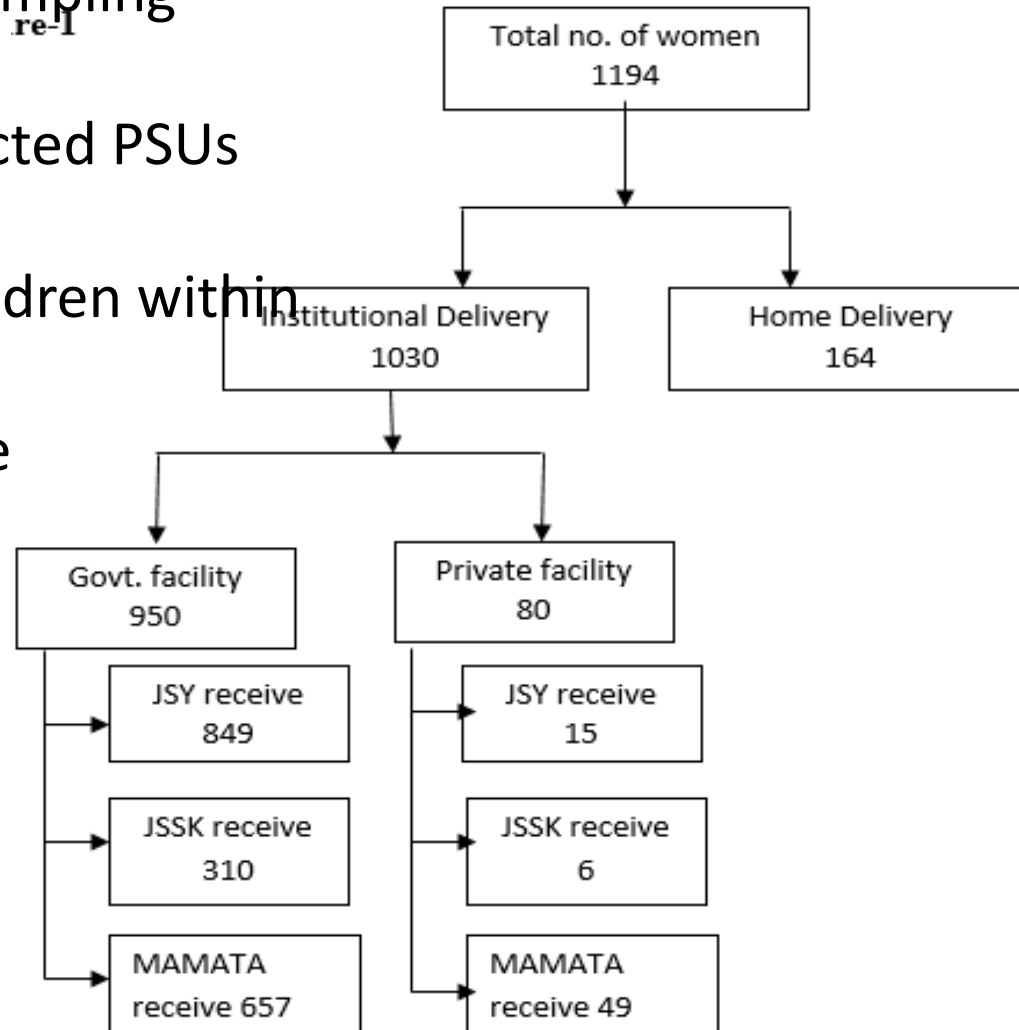
- Design: Systematic stratified sampling

- Complete listing of HHs in selected PSUs

- Women who had delivered children within

last 2 years included in sample

- Sample size -1194



# Characteristics of study population

## Profile

### Place of residence

77.6% Rural Households

### Age of respondents

3% mothers less than 19 yrs

40% mothers – 20 to 24 yrs

40% mothers – 25 to 29 yrs

### BPL card holder

49.5% BPL Card Holders

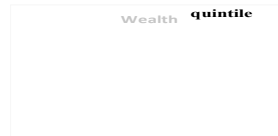
(BPL\* - Below Poverty Line)



# Characteristics of study population

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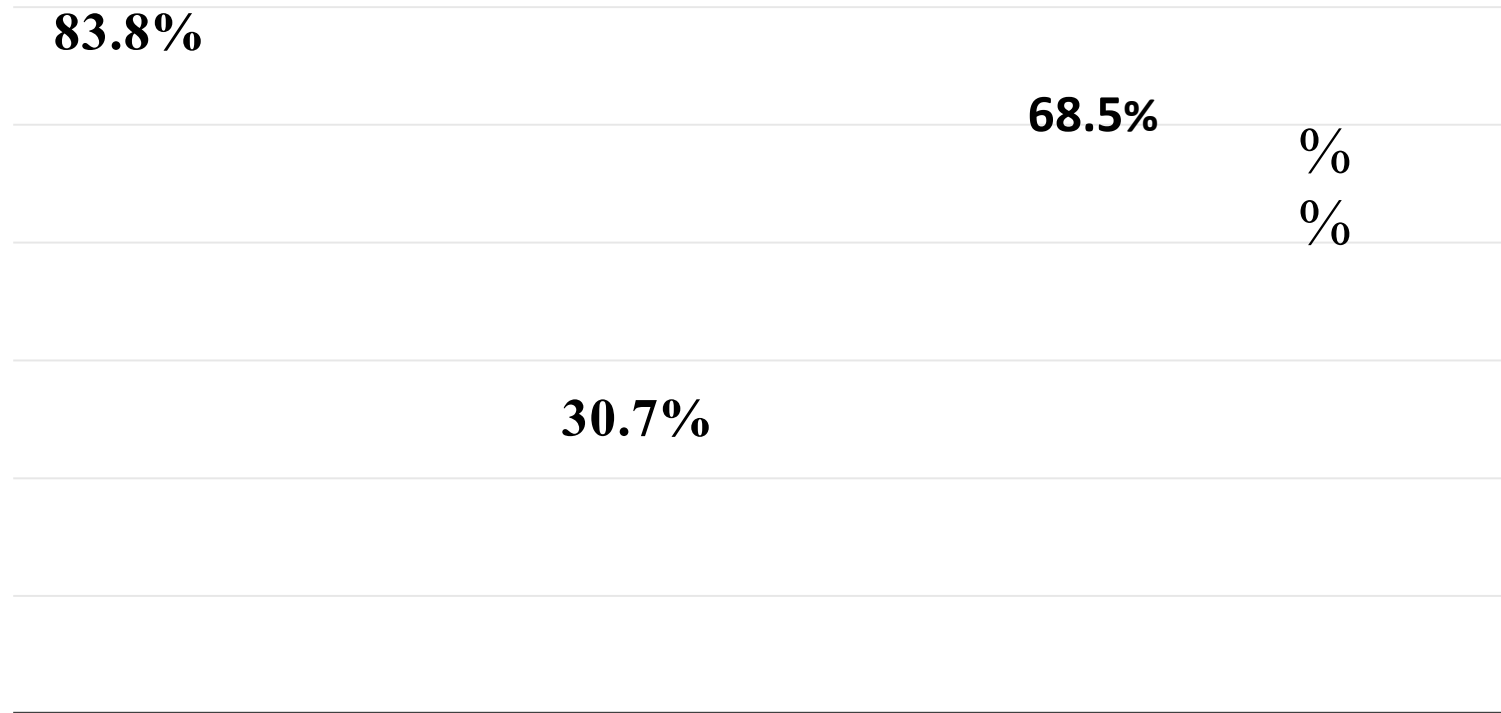
Wealth quintile  
calculated on basis of  
household assets –  
type of house,  
availability of running  
water, type of cooking  
fuel, availability of  
toilets etc



# Results – Access to Schemes...1

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- Overall Access to Schemes (in percentage)



**Access to JSSK Scheme is the weakest**

## Results – Access to Schemes....2

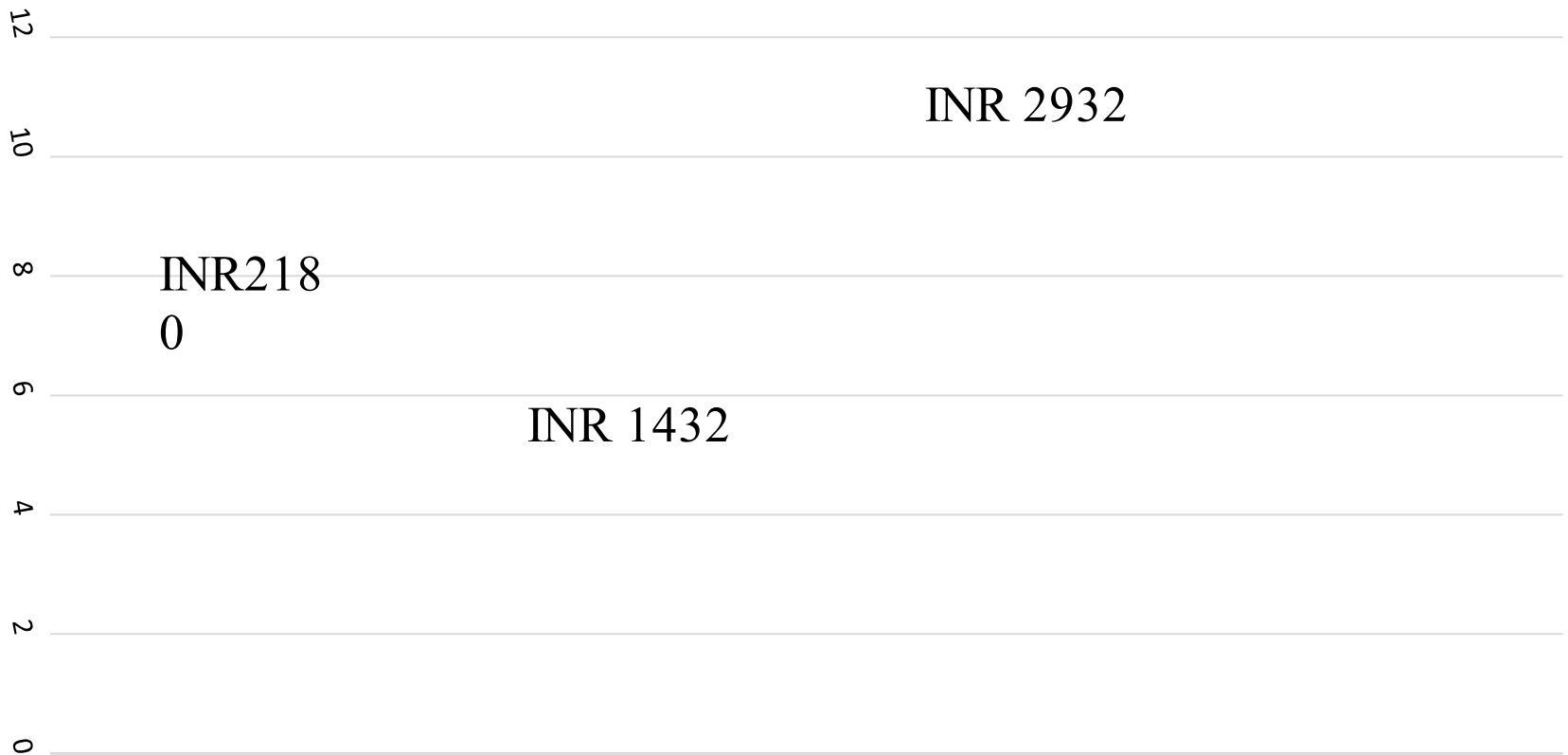
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- 93.2% mothers received any one of the three entitlements
- 67.9% mothers received at least two entitlements
- 21.7% mothers received all three entitlements

# Results – Access to Schemes...3

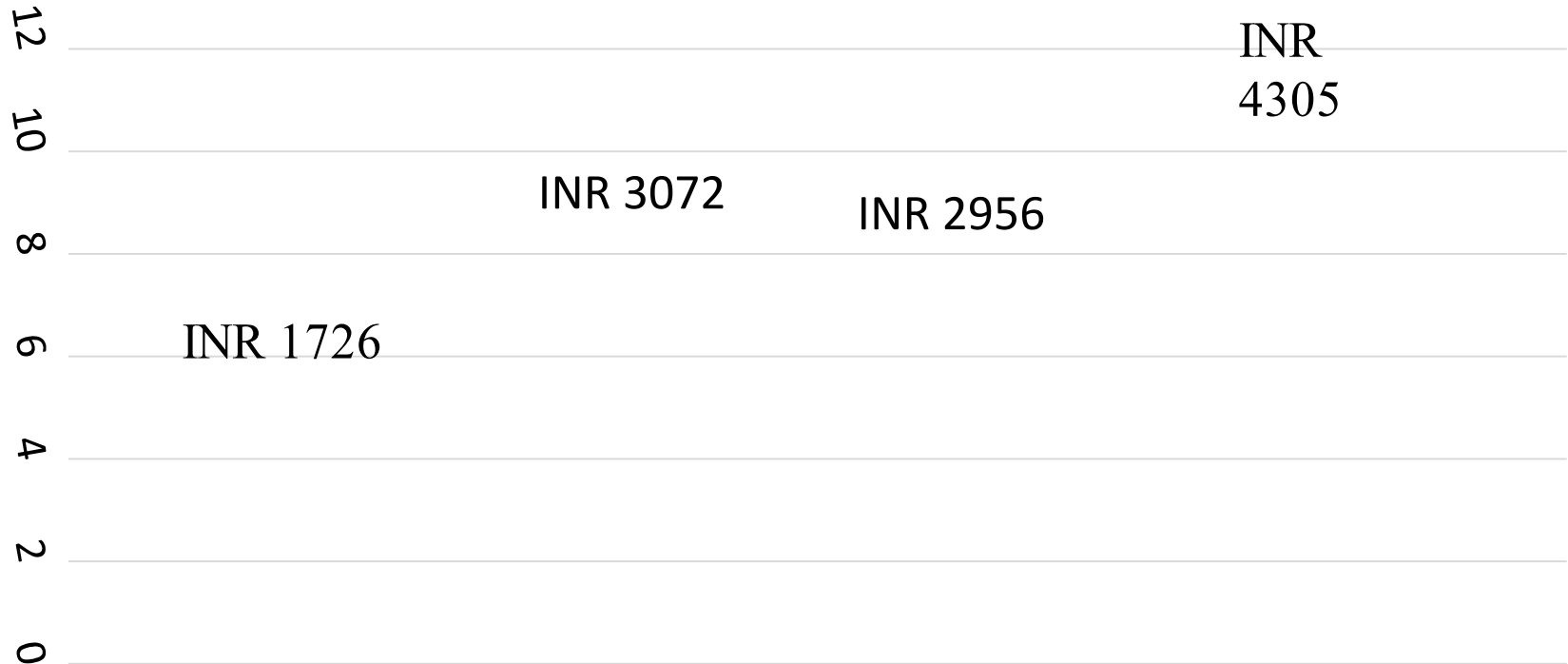
# Results – Impact on OOPE

- Overall OOPE (INR) spent by Scheme beneficiaries



# Results – Impact on OOPE

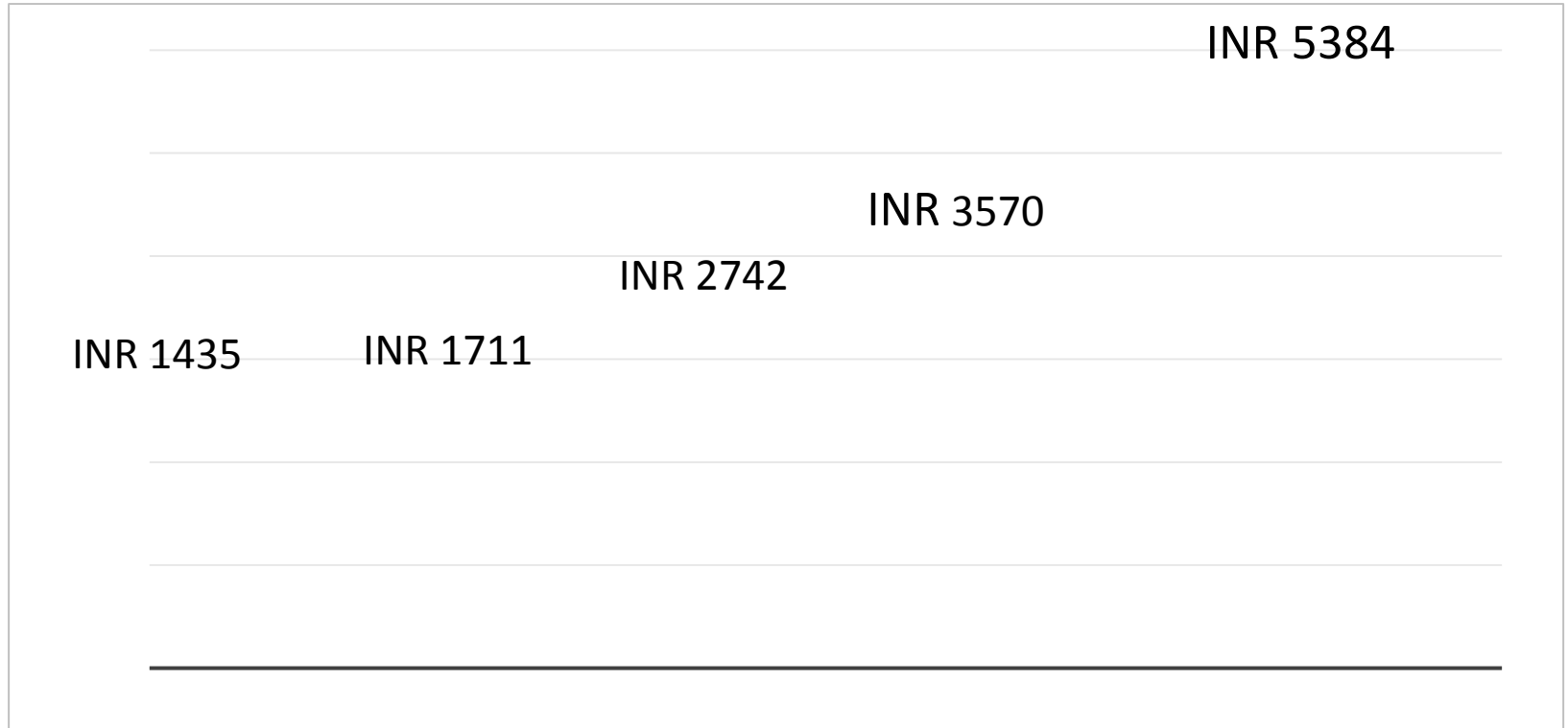
- Mean OOPE by population group



**The Scheduled Tribe population has the least OOPE as compared to other segments**

# Results – Impact on OOPE

- Mean OOPE by segment



**Location**

**OOPE appears to be proportionate to Income**

# Conclusions and policy recommendations

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- The underprivileged as described by caste category and wealth quintile are getting more benefits than their privileged counterparts – “progressive” access to schemes
- Despite access to entitlements even the poorest of the community are spending a minimum of INR 1435 (~\$22 USD)
- Only 22% of mothers have received all 3 entitlements due
- Access to JSSK is inequitable
- JSSK has the potential to be the game changer. It includes referral transport, diagnostics, blood, drugs and maternity services. Unless adequate provisioning is done and is effectively implemented the most vulnerable families would continue to spend on OOPE



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