

# Improving maternal and child health programmes in India

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## Highlights

### Evidence impact

- Null findings informed the Karnataka government's decision not to scale up the institutional delivery support programme component as originally planned.
- USAID's Bureau for Global Health cited the Gujarat evaluation's findings to emphasise the importance of objectively assessing effectiveness in a report addressed to lawmakers and government authorities in the United States.
- The Bulletin of the World Health Organization and the Center for Global Development's book, Millions saved, prominently featured the Gujarat programme's evaluation findings to emphasise considering contextual factors for effectiveness.

### Factors that contributed to the impact

- National and state-level media highlighted the null findings in a timely counter to the Gujarat government's electoral campaign, which touted the programme as a success story.
- The research team included collaborators from the World Bank, who had a longstanding partnership with the Karnataka government to increase the use of health services.
- The World Bank published the Gujarat programme's evaluation on its website, thereby adding to the influence of the findings.

## Impact evaluation details

Title: [Improving maternal and child health in India: evaluating demand and supply stra...](#)

Authors: Manoj Mohanan, Grant Miller, Gerard La Forgia, Swapnil Shekhar and Kultar Singh

Status : Completed June 2015



## Context

In response to this crisis, the national and state governments have introduced a range of programmes, many of which include incentives to encourage pregnant women to deliver children at accredited health facilities rather than at home. Two such initiatives by the Indian state governments of Gujarat and Karnataka enabled pregnant women from poor households to access free maternity care at public or private hospitals.

The Gujarat government's Chiranjeevi Yojana (the long life scheme), implemented in 800 hospitals in all of the state's districts since 2005, enabled free hospital access for delivery to tribal women and those from households below the poverty line. The hospitals were reimbursed at a fixed rate for each delivery under the scheme. Although previous studies of the scheme indicated that it dramatically increased institutional deliveries and reduced maternal and infant deaths, they were subject to critical limitations and officials noted that nearly half of the eligible households were not accessing free deliveries under the scheme. Even so, the scheme grew in political influence and multiple other state governments were keen to start similar programmes.

The Gujarat government was keen to understand how best to structure incentive contracts with private health providers. Policy dialogue between the researchers of the 3ie-supported study and the state's officials laid the foundation for an evaluation in 2010.

The Karnataka government, too, planned to launch an initiative similar to the Chiranjeevi Yojana in design as part of its existing Thaiy Bhagya Yojana (or mothers' fortune scheme). The World Bank suggested the evaluation include this initiative, which had been piloted in seven districts of Karnataka since 2009, because the state government wanted to decide whether and how to expand it.

Researchers from Duke University, the National Bureau of Economic Research, the World Bank and Sambodhi Research evaluated the effectiveness of the two government initiatives, provider behaviour and maternal and child health outcomes. They also studied different performance incentive structures that could be used to motivate private health care providers.

The evaluation project began with significant buy-in from both state governments and other influential stakeholders. A senior Gujarat government official served as a policy advisor on the study team. In Karnataka, the government funded the baseline survey and the World Bank funded implementation of the performance incentives component.

## Evidence

The researchers found that neither Chiranjeevi Yojana in Gujarat nor the new Thaiy Bhagya Yojana in Karnataka had a significant effect on institutional delivery rates or maternal and child health outcomes.

Previous evaluations in Gujarat that found large programme impacts did not account for self-selection of women into hospitals for delivery or for secular increases in institutional delivery over time, leading to upward biases in estimates.

The evaluation found that input incentive contracts, where payment depended on whether providers met quality of care standards, reduced the rates of post-partum haemorrhage – a leading cause of maternal mortality in India – by 28 per cent. Output-based or performance-based incentives had no such effects. The findings suggest that providers responded less to performance contracts, which carried a greater risk of efforts not being rewarded.

## Evidence impacts

### **The Karnataka government decided not to scale its scheme**

The Chiranjeevi Yojana evaluation findings received significant media attention as their release coincided with elections in Gujarat. Following this, the research team's work had more exposure and they were able to use evaluation findings to convince the Karnataka government not to scale the new Thaiy Bhagya initiative.

### **Findings were highlighted in a report to the US Congress**

A report commissioned by the USAID's Bureau for Global Health cited findings from the study to highlight the potential cost of not embedding impact evaluations in large-scale health programmes and scaling up ineffective programmes in the absence of rigorous evidence. The 2014 report, *Investing in global health systems: sustaining gains, transforming lives*, was produced by the Institute of Medicine. It sought to inform the US Congress and other government authorities on the value of investments in health systems in low- and middle-income countries.

## **The Gujarat evaluation informed global health stakeholders**

The 2014 volume of the highly ranked health journal, *Bulletin of the World Health Organization*, carried a [summary](#) of the evaluation findings that was cited and featured in the third edition of the Center for Global Development's book, *Millions saved*, in 2016. The book mentions the programme in the foreword by global health philanthropist Bill Gates.

Millions Saved also has a website that [features case studies](#) of large-scale interventions to improve health in low- and middle-income countries. It cites the Chiranjeevi Yojana evaluation findings to emphasise the need for 'carefully considering many different components of program design, including financing, monitoring, entry criteria, and quality assurance, alongside the social determinants of health'.

## **Suggested citation**

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