

## **Summary of Ph.D. Dissertation**

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Title of Ph.D. Dissertation: IMPACT OF FINANCIAL INCENTIVES, AWARENESS, AND ACCESS TO HEALTH FACILITIES ON MORTALITY AND HEALTH SERVICES UTILIZATION: EVIDENCE FROM INDIA'S NATIONAL RURAL HEALTH MISSION (NRHM)

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This thesis evaluates the health effects of the National Rural Health Mission (NRHM) of India. The program was launched in April 2005 and included three components of information provision through local health workers, financial incentives for institutional delivery and expansion of physical health care infrastructure. The study uses three rounds of individual and household level microdata and one round of facility survey from the District Level Health Survey (DLHS) published by Ministry of Health and Family Welfare (MoHFW) and the Annual Health Survey (AHS) from the Registrar General of India (Ministry of Home Affairs). The empirical design exploits variation in coverage at the district level to assess impacts on child mortality, health services utilization and breastfeeding. There is no evidence of differential trends by future coverage before the implementation of the program. Results suggest that information provision, financial incentives for institutional delivery and physical infrastructure expansion reduce infant, neonatal and one-day mortality. There is also some evidence of increased take-up of health facility services. Mortality reduction through financial incentives has not been credibly documented in the extant literature. The thesis also provides some of the first evidence on mortality reduction through increased information

provision by local health activists in the Indian context. The study finds increased physical health infrastructure coverage leads to increased take-up of health facility services in the form of increased skilled birth attendance, health facility birth, and breastfeeding in the initial hours after birth. Examining the role of gender, the study finds that the impact on health outcomes of boys tend to be larger for coverage on financial incentive and awareness. The interaction effects show that financial incentive for health facility birth and health facility availability are working as substitutes.