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# Utilisation and Impact of Referral Transport System on Institutional Deliveries in Delhi

## ABSTRACT

This paper highlights the major hindrances in providing a robust referral transport service in Delhi, under the Janani Shishu Suraksha Karyakaram. The study analyses the socio-economic parameters and other factors affecting the success of referral transport facility for institutional deliveries. The survey, conducted across five districts of Delhi, indicates the serious underuse of the referral transport facility and the need to strengthen it to increase the number of institutional deliveries in Delhi. This paper examines the reasons for such underuse and suggests ways to increase the popularity of the referral transport service.

**Keywords:** JSSK; MMR; IMR; transport



## **1 INTRODUCTION**

Globally, the lack of proper peripheral facilities leads to a high incidence of maternal deaths. Approximately 800 women die every day due to poor peripheral facilities (UNFPA); 20 per cent of them are in India. Annually, in India, about 55,000 women die due to preventable pregnancy-related causes. High maternal mortality rate (MMR) and infant mortality rate (IMR) can be reduced by providing timely access to quality services in public healthcare facilities. One of the reasons that women are still hesitant to access public healthcare facilities is the high out-of-pocket expense in transporting the mother from home to institution, institution to home, and institution to a higher facility. For the same reason, about 130,000 infants die every year in India (Goyall et al. 2014). Such a high number of maternal and infant deaths reveal inequities in access to healthcare services.

To bring down MMR and IMR, and provide equitable and affordable healthcare services to less privileged mothers and newborns, the National Rural Health Mission (NRHM) was launched in India in 2005. Although the situation has improved now, the lack of transport facilities continues to be a major hindrance for people residing in rural/remote areas in accessing healthcare facilities and services.

To address this issue, the NRHM launched a free referral transport scheme under the Janani Shishu Suraksha Karyakaram (JSSK) in 2011. This scheme provides two types of ambulance services '108' and '102', spread across India. '108' is predominately an emergency response system for patients in need of critical care; '102' ambulance service is basically a support system for pregnant women and sick newborn children. Today, there are a total of 15,361 ambulances spread across India, of which 8,122 are '102' type ambulances and 7,239 are of '108' type ambulances. Delhi has only '102' type ambulances.

In this study, we have focussed on assessing people's awareness about free referral transport facility and to estimate the burden of out-of-pocket expenditure incurred by a beneficiary, if any. We have also tried to gauge the use of free transport facility at healthcare facilities and the extent of its availability.

## **2 DATA AND METHODOLOGY**

The target population for the study includes women who delivered in the past six months to one year, and availed the benefits of the JSSK. The survey includes the North, South, East, West, and South-East districts of Delhi. A total of 374 beneficiaries were interviewed for this study. Information gathered includes socio-economic parameters, awareness about transport facility, out-of-pocket expenditure on transport, extent of availability of transport, and benefit derived from the free transport service under the JSSK scheme. Canvasser method was used for data collection through semi-structured questionnaire.

For primary data collection, discussions were held with district level officers and facilities were selected according to their performance. At the facility level, a team of researchers interacted with the doctors, para-medical staff, Auxiliary Nurse Midwifery (ANMs), and Accredited Social Health Activist (ASHAs) to analyse the set of problems associated with transport services. A team of 3-4 investigators were sent with ASHAs and ANMs to interact with the beneficiaries. This team visited the houses of beneficiaries and enquired about the services availed under the JSSK scheme. Collected data was analysed through SPSS 16.0 after scrutiny of the compiled data.

For the survey, multi-stage random sampling was used. In the first stage, sampling included district level officials selected by the performance of their health indicators. In the second stage, sampling included a simple random sample of four facilities from the district. The third stage of sampling included selecting 22 out of the 50 beneficiaries listed due to non-response for reasons such as migration, non-availability of beneficiary etc., who availed services from the respective facilities within the period of six months to one year.

In this study, we have categorised the income class into three groups namely, up to Rs.5000, Rs.5001 to Rs.10000 and above Rs.10000.

### 3 RESULTS

Average household size of beneficiaries surveyed is six, except the East district where it is 7. Table 1 shows distribution of beneficiaries among different categories of castes. Across districts, the general category of beneficiaries (38%) has the largest household size, except the East (43%) and the South-East (41%) districts where scheduled caste have bigger household size. Similarly, religion-wise Hindus have bigger household size across all districts of Delhi under survey, followed by Muslims. 82 per cent beneficiaries residing in pucca houses across all districts of Delhi have bigger household size. The average literacy rate of the beneficiaries is 66 per cent. Across districts, the South district has the highest literacy rate of 82 per cent, whereas only 62 per cent are literate in the North and East districts. Majority of the beneficiaries have completed matriculation.

**Table 1** Socio-economic characteristics of beneficiaries

		North	South	East	West	South-East	Total
<b>Household Size</b>		6	6	7	6	6	6
<b>Caste (%)</b>	General	43	41	27	46	38	38
	Schedule Caste	33	32	43	31	41	37
	Schedule Tribe	1	9	0	0	1	1
	Other Backward classes						
	And No response	22	18	30	23	20	24

**Table 1** Socio-economic characteristics of beneficiaries (contd.)

		North	South	East	West	South-East	Total
<b>Religion (%)</b>	Hindu	76	91	72	72	85	77
	Muslim	19	9	28	15	8	17
	Christian	0	0	0	1	2	1
	Sikh	1	0	0	12	1	3
	Others and No response	3	0	0	0	3	2
<b>House Type (%)</b>	Kuchha	0	0	6	0	6	3
	Semi pucca	28	5	6	7	24	15
	Pucca	72	95	88	93	70	82
<b>Education (%)</b>	Literate	62	82	62	69	65	66
	Illiterate	38	18	38	31	35	34
<b>Major Occupation of Beneficiaries</b>		Housewife	Housewife	Housewife	Housewife	Housewife	H.W.
<b>Occupation of Beneficiary's Husband</b>	Skilled	49	32	31	55	31	41
	Unskilled	47	55	47	43	53	48
	Unemployment	1	4	0	0	2	1
	Others	3	9	23	2	14	10
	<b>Income (%)</b>	Up to Rs.5000	22	14	17	11	7
	Rs.5001 - Rs.10000	53	45	53	55	53	53
	More than Rs.10000	25	41	30	34	40	33
<b>Having Card (%)</b>	BPL	17	5	17	6	16	13
	RSBY	3	0	1	0	1	1
	Aadhaar	72	68	60	82	58	68
	Others	22	14	26	19	26	23
	<b>Migrating States (%)</b>	Uttar Pradesh	28	41	52	42	26
Delhi		32	36	25	34	28	30
Bihar		24	9	18	10	23	18
Others		16	14	5	14	23	14

Source: Field Survey Nov-Dec, 2014

Majority of beneficiaries are housewives but husbands of the beneficiaries are working in both skilled (41%) and unskilled (48%) sectors. More than half of beneficiaries are in the income group of Rs.5,001 to Rs.10,000, which is comparatively high in the West district (55%) and low in the South district (45%).



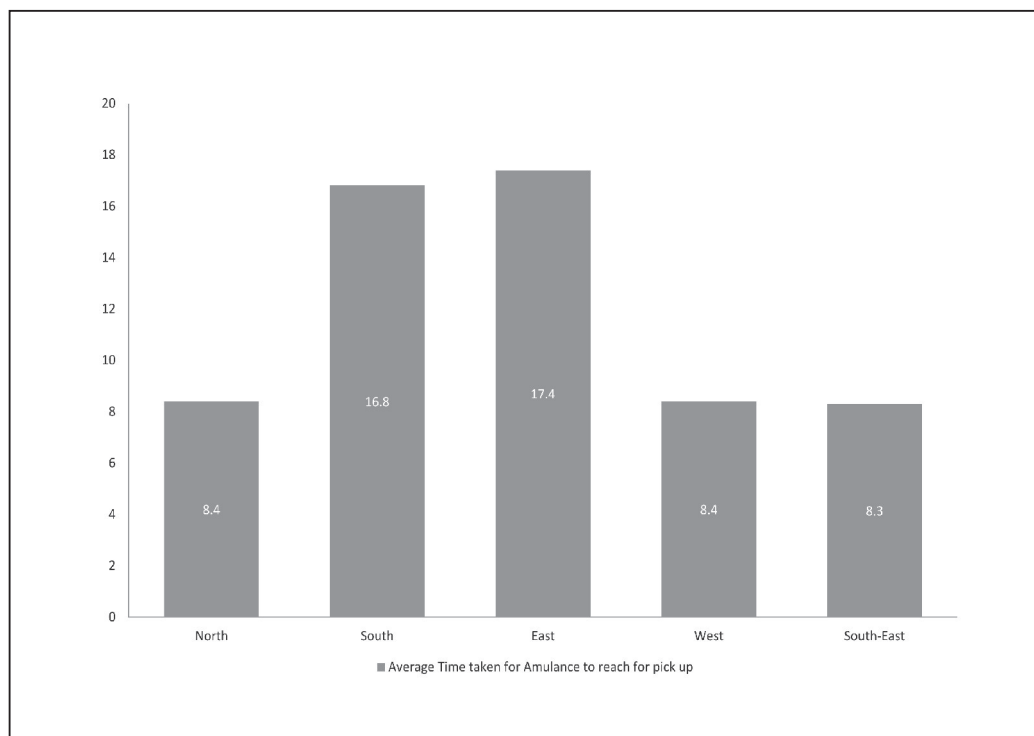
**Table 2** Awareness about scheme and utilisation of transport for reaching facility from home

Awareness JSSK Scheme	Mode of Transportation used to Reach Centre from Home					Total
	Own Transport	Relative's Transport	Govt. Transport	Other	No. Respond Do not Know	
Yes	182	9	47	58	0	296
No	61	2	7	7	1	78
Total	243	11	54	65	1	374

Source: Field Survey Nov-Dec, 2014

According to Table 2, pregnant women who are aware of the transport referral scheme prefer to use their own transport first. Second preference goes to other modes of transport for travelling from home to a healthcare facility. Government transport provided under JSSK received the last priority. The possible reason for this scenario could be that on an average it took more than 10 minutes time to pick up. The most surprising fact is that, out of 80 per cent beneficiaries who knew about JSSK, only 15.8 per cent used the government transport to travel from home to a healthcare facility.

**Figure 1** Average time taken by ambulance to pick up beneficiary



### 3.1 Association of Socio-Economic Profile of Beneficiaries to Transport Utilisation

Table 3 shows correlation between the use of government referral transport and socio-economic profile of beneficiaries. Going by caste, it was found that 75.7 per cent of general category were using their own transport for going to the healthcare centres. Scheduled Tribe (ST) category showed the highest use of public transport (about 25 per cent). Schedule caste and schedule tribe formed the highest users of public transport. Across religion, Muslims had the highest users of government transport, while Sikhs preferred to use their own transport.

**Table 3** Socio-economic profile of beneficiaries and transport utilisation

Socio-economic Indicators	Category	Own Transport	Relative's Transport	Govt. Transport	Others
<b>Caste</b>	<b>General</b>	75.7	2.1	9.7	11.8
	<b>OBC</b>	61.7	6.2	14.8	17.3
	<b>SC</b>	54.7	2.2	19.0	24.7
	<b>ST</b>	75.0	0	25.0	0
<b>Religion</b>	<b>Hindu</b>	64.2	3.5	14.9	17.0
	<b>Muslim</b>	62.5	1.6	15.6	20.3
	<b>Christian</b>	33.3	0	0	66.7
	<b>Sikh</b>	92.3	0	0	7.7
<b>Occupation of Husband</b>	<b>Skilled</b>	64.5	4.6	12.5	18.4
	<b>Unskilled</b>	64.2	1.7	16.8	16.8
	<b>Unemployed</b>	50.0	0	0	50.0
	<b>Others</b>	71.1	2.6	13.2	13.2
<b>Income of the Family</b>	<b>&lt;2000</b>	66.7	0	33.3	0
	<b>2000-5000</b>	56.0	4.0	32.0	8.0
	<b>5000-10000</b>	66.3	2.0	9.5	22.1
	<b>&gt;10000</b>	66.4	4.1	14.8	13.9
<b>Card Holder</b>	<b>BPL</b>	66.0	4.0	14.0	16.0
	<b>RBSY</b>	60.0	0	40.0	0

Source: Field Survey Nov-Dec, 2014

Across occupation, unskilled workers used the free referral transport more than any other category. The unemployed used either other means of transport or own transport.

Under the income category, those earning less than Rs.2000 used both government transport and own transport, so they were not totally dependent on the government transport. Beneficiaries in the income group Rs.5,000 - Rs.10,000 used services from other sources. Those with Rashtriya Swasthya Bima Yojna (RBSY) card used referral transport more than those with Below Poverty Line (BPL) card.

In general there is a low percentage of people using government transport. Reasons being lack of awareness and inability to reach beneficiaries location. Majority of beneficiaries (37%, Table no 1) belong to the migrated population category living in slum areas, where it is not possible for ambulances to reach due to narrow lanes. This is a major barrier for not using government transport facility. Some of beneficiaries also reported delay in the arrival of ambulance, which led them to use their own vehicle.

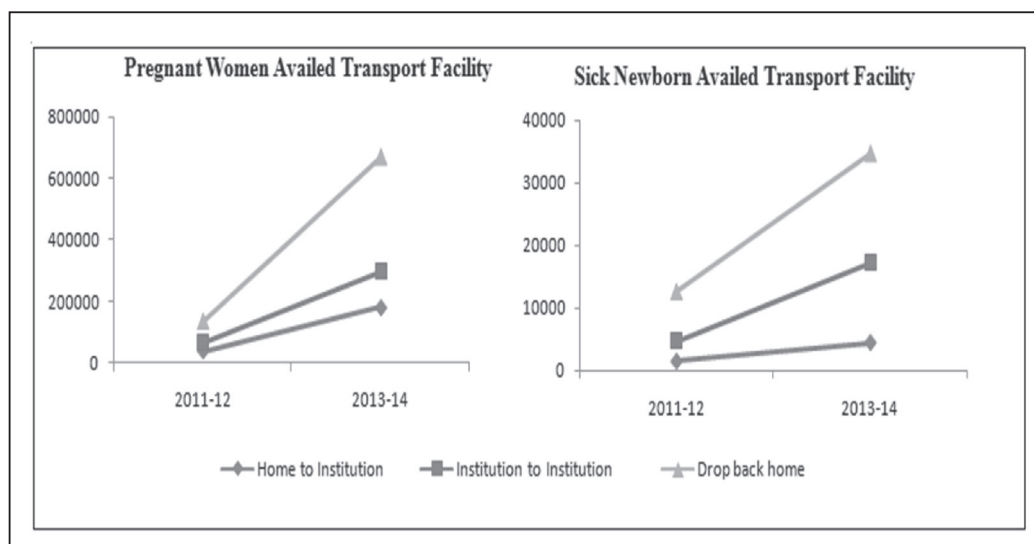
**Table 4** Usage of referral transport in Delhi

Free Referral Transport Service	2011-2012 Pregnant Women	Sick Newborn	2013-2014 Pregnant Women	Sick Newborn
Home to Institution	37497	1478	182070	4510
Institution to Institution	28788	3287	113858	12748
Drop back home	68393	7954	374041	17407

Source: District Office, 2014

Table 4 shows the present scenario of using transport by beneficiaries in Delhi. It is clear from the graphs in Figure 2 that transport use by beneficiaries in Delhi has improved considerably from 2011-12 to 2013-14. There is an increase of approx. 5 times in case of pregnant women using transport from home to institution. In case of sick newborns this number has tripled during 2011-12 to 2013-14.

**Figure 2** Transport services availed by beneficiaries



**Table 5** Beneficiaries who availed transport facility in different districts

District	No. of Beneficiaries who availed facilities in 2013-14			Total
	Home to health Institution	Transfer to higher facility	Drop back home	
North	74	44	30	148
East	-	545	478	1023
West	7	106	3	116
South	-	240	11	251
South-east	12	619	1011	1642

Source: District Office, 2014

Table 5 shows the district-wise use of referral transport service. In the North district, more number of beneficiaries used referral transport from their homes to the healthcare facility. In the East district, the referral transport was majorly used for transfer to the higher healthcare facility and drop back home. A similar trend was observed in the West and South districts. Higher number of beneficiaries in the South-East district, availed drop back facilities in comparison to any other districts.

In general almost all healthcare facilities in Delhi used the referral transport system and acted as a catalyst in saving lives of many pregnant women. So far the use of this transport facility has been limited to transporting patients to higher referral centres. The percentage share of using transport for transporting patients from home to healthcare institution and drop back home is low, except for the South-East district.

Reasons for underuse of referral transport drop back service in Delhi are beneficiaries not being fully aware about the advantages of the ambulance services, a stigma attached to ambulance service for drop back facility (most beneficiaries don't want to go back home in an ambulance after childbirth, and inaccessibility of areas due to narrow lanes.

**Table 6** Utilisation of transport services by district

District	Own Transport	Relative's Transport	Govt. Transport	Others
North	67.0	3.4	21.6	8.0
South	86.4	.0	13.6	.0
East	52.	1.1	20.5	25.0
West	62.5	3.4	8.0	26.1
South-East	72.7	4.5	8.0	14.8
Total	65	2.9	14.4	17.4

Source: Field Survey Nov-Dec, 2014

Table 6 shows the mode of transport used in different districts to travel from home to a healthcare facility. In the South and South-East districts, most of the people used their own transport in commuting from home to a healthcare centre. This is because of the lack of institutions in these two districts that required people to either go to higher referral centres or commute using their own vehicles to the health facilities. Government transport was highly used in the North and East districts in comparison to the other districts. Relative's transport and other categories were marginally utilised for transporting from home to the facility. Overall, 65 per cent of beneficiaries were using their own transport which indicates that the transport facility is underused.

**Table 7** Usage of transport from home by facility

District	Facility	Own Transport	Relative's Transport	Govt. Transport	Others
North	Bhai Parmanand	54.5	.0	27.3	18.2
	Daulatpur Maternity Home	86.4	.0	9.1	4.5
	Maharishi Valmiki Hospital	63.6	.0	36.4	.0
	Babu Jagjivan Ram Hospital	63.6	13.6	13.6	9.1
East	Maternity Home Geeta Colony	40.9	4.5	31.8	22.7
	Maternity Home Patparganj	45.5	0	27.3	27.3
	Lal Bahadur Shashtri Hospital	63.6	0	18.2	13.6
	Maternity Home Kichripur	59.1	0	4.5	36.4
West	Maternity Home Vishnu Garden	77.3	0	0	22.7
	Guru Gobind Singh Hospital	77.3	0	13.6	9.1
	Maternity Home Madipur	27.3	0	4.5	68.2
	Maternity Home Jawalपुरi	68.2	13.6	13.6	4.5
South-East	Maternity Home Defence Colony	86.4	4.5	0	9.1
	Maternity Home Shrinivaspuri	77.3	4.5	4.5	13.6
	Maternity Home Badarpur	63.6	9.1	13.6	13.6
	Maternity Home Jungpura	63.6	0	13.6	22.7
South	Malviya Hospital	86.4	0	13.6	0

Source: Field Survey Nov-Dec, 2014

Table 7 shows use of the referral transport by different healthcare facilities in Delhi. Among the healthcare facilities of the North district, Maharishi Valmiki Hospital performed better than other facilities in terms of use of the referral transport. Most of the beneficiaries used their own transport to reach Daulatpur maternity home. In the East district, referral transport was used more by Geeta Colony maternity home. To reach Lal Bahadur Shashtri Hospital, 63.6 per cent beneficiaries used their own transport. In the West district, most of the beneficiaries in Vishnu Garden maternity home and Guru Gobind Singh Hospital used private transport; Only 13 per cent beneficiaries used government transport to reach Guru

Gobind Singh hospital. Overall majority of the population used their own transport to reach healthcare facilities in the West district. In the South-East district, Badarpur maternity home performed better than other healthcare facilities in terms of the use of government transport facility. The South district has only one healthcare facility that beneficiaries reached using their own transport. Overall, Maharishi Valmiki displayed the highest use of the government transport facility.

### 3.2 Usage of Drop-Back Facility

Post-delivery, a patient is sent back home through ambulance. This ensures the well-being of both mother and child. In Delhi, this facility is not very popular due to the unawareness among beneficiaries about the service or reluctance to use it. Greater awareness should be created to promote the service among beneficiaries of Delhi.

Table 8 shows the percentage of people who availed drop back facility through referral transport. More number of beneficiaries in the North district used drop back services. In the West district, a large number of beneficiaries used their own transport. In the South-East district, 26.1 per cent beneficiaries used government transport facility, but on a partial level. Possible reasons could be the inability of the ambulance to reach a destination in time, inaccessibility of the areas where beneficiaries reside, or the need to pay some token amount to the ambulance driver.

**Table 8** Drop-back facility by districts

District	Yes	No	Partly	No response or Don't Know
North	21.6	78.4	0	0
South	4.6	95.4	0	0
East	13.6	49	0	36.4
West	2.3	97.7	0	0
South-East	10.2	41	26.1	13.6

*Source:* Field Survey Nov-Dec, 2014

Overall, the drop-back facility under JSSK is highly underused, which is a matter of concern but can be improved easily.

Table 9 shows the use of referral transport by different healthcare facilities in the five districts of Delhi. Facilities like Guru Gobind Singh Hospital and Madipur maternity home did not use the free drop back facility. A similar trend is visible among all the facilities except a few maternity homes of the North and South districts. Underuse of the drop back service is one of the major hindrances in proper implementation of the scheme. One recurrent point which was observed during field visits was the lack of awareness about referral transport

system among beneficiaries. Most of the healthcare facilities offered no provision of referral transport under the JSSK scheme. Due to lack of resources and heavy patient loads, healthcare facilities were found to be indifferent to the need to keep up peripheral facilities like the referral transport service. Thus, just providing a Centralised Ambulance Trauma Services (CATS) helpline number will not help in increasing the usage of referral transport service. Officials at the district and facility level should take initiatives to strengthen the referral transport service.

**Table 9** Usage of transport for free drop-back service by facility

Facility	Yes	No	Partly	No response or Don't Know
Bhai Parmanand	22.7	77.3	0	0
Daulatpur Maternity Home	22.7	77.3	0	0
Maharishi Valmiki Hospital	36.4	63.6	0	0
Babu Jagjivan Ram Hospital	4.5	95.5	0	0
Maternity Home Geeta Colony	4.5	68.2	0	27.3
Maternity Home Patparganj	27.3	27.3	0	45.5
Lal Bahadur Shashtri Hospital	4.5	31.8	0	63.6
Maternity Home Kichripur	18.2	72.7	0	9.1
Maternity Home Vishnu Garden	0	95.5		
Guru Gobind Singh Hospital	0	100	0	0
Maternity Home Madipur	0	100	0	0
Maternity Home Jawalपुरi	4.5	95.5	0	0
Maternity Home Defence Colony	0	50.5	45.5	0
Maternity Home Shrinivasपुरi	4.5	27.3	22.7	45.5
Maternity Home Badarpur	4.5	59.1	36.4	0
Maternity Home Jungपुरa	31.8	63.6	0	4.5
Malviya Hospital	4.5	95.4	0	0

Source: Field Survey Nov-Dec, 2014

### 3.3 Provision of Transport for Higher Referral Centres

Third and the most important component of the referral transport system is the availability of transport facility from one centre to a higher referral centre. This service was included to save valuable lives of the mother and infant in case of lack of resource / infrastructure at a particular centre. Any complicated case arriving at any of the healthcare facility is sent to a higher referral centre through CATS ambulances. It is compulsory for a junior resident doctor to accompany the patient in the vehicle. At the facility level, the referral transport has proved to be a blessing for critical patients, saving so many lives. However, most of the times the facility staff had to use their own transport to come back after transferring the patient, which is difficult due to the unavailability of transport during odd hours. It is recommended that

ambulance service drop the facility staff member at his/her respective duty station or residence.

### 3.4 Other Factors Related to the Use of Transport

Some of the important indicators that reflect the performance of the transport facility across different districts of Delhi are time taken for an ambulance service to reach the patient's location, and number of times a healthcare worker accompanied a patient being transported. Average time taken by ambulances to reach their desired pick up location (fig no 1) was computed from the answers of the respondents who took the transport service. More time was taken in the South and East districts as compared to the other districts in Delhi. Locality of the pickup location and availability of ambulances are some of the factors that affected the performance of the referral transport service.

Table 10 shows the percentage of beneficiaries who were accompanied by ASHAs in the districts. More number of pregnant women were accompanied by ASHAs in the East and West districts.

**Table 10** Beneficiaries accompanied by Accredited Social Health Activist

District	Yes	No	Don't Know
North	20.5	75	4.5
South	4.5	95.5	0
East	37.5	62.5	0
West	27.3	71.6	1.1
South-East	5.7	94.3	0

Source: Field Survey Nov-Dec, 2014

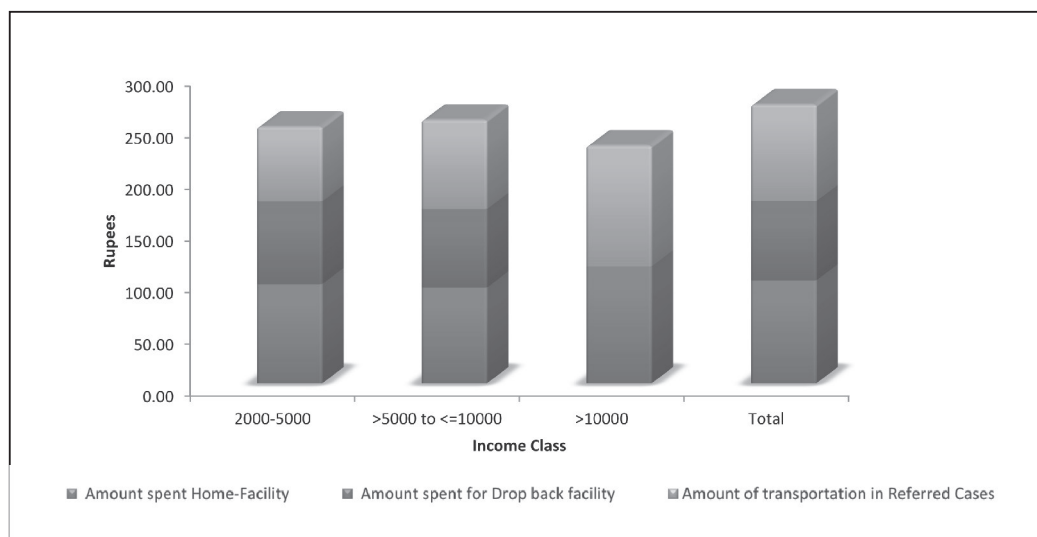
ASHAs are a catalyst in bridging the gap between patients and referral transport. So, ASHAs should be encouraged more in such areas where transport can't be accessed easily. Further, ASHA can be an important tool in creating awareness about referral under transport facilities.

### 3.5 Expenditure on Transport According to Different Income Class

Table 1 in the Appendix shows that more than half of beneficiaries in the income category of 5,000-10,000 paid for the transport for reaching a healthcare facility. Study reveals that maximum amount was paid by the income category of more than Rs.10,000, but variability was more in the income class Rs.5000-10,000.



**Figure 3** Income Wise Expenditure on Transportation



Beneficiaries who paid for the drop back facility are few and the mean amount paid for the facility in the income group Rs.5,000-10,000 was 76 (figure no. 2). In the income category of more than 10,000 mean amount paid was nil as majority have their own transport. Beneficiaries in the income group of Rs.5,000-10,000, in the North and South-East districts, paid the maximum amount for drop back facility (table 12). Beneficiaries in the income group of more than 10,000 in the South and South-East Delhi paid more.

#### 4 DISCUSSION

Socio-demographic profile of the study participants reveal majority of the participants belong to the general category and are from the West district. Most of the beneficiaries are housewives and their husbands are mainly unskilled workers. Most of the participants are from Uttar Pradesh (37%), followed by Bihar (18%), and rest from Delhi and other places. Literacy level is 66 per cent. Half of the beneficiaries are in the income category of Rs.5001 to Rs.10,000. The number is higher in the West district (55%) and lower in the South district (41%). Beneficiaries with more than Rs.10,000 income majority live in the South district (41%) and the South-East district (40%).

According to the study, the transport facility under JSSK is underused in Delhi as compared to Bihar, Andhra Pradesh, Gujarat and Maharashtra. There are various reasons behind the gross underuse of referral transport in Delhi such as location of beneficiaries is not accessible as most of them are migrated labourers and reside in slum areas where lanes

are narrow. It is not possible for ambulances to enter these areas. One more problem that has been noticed during interactions with beneficiaries is that they are aware of JSSK but not all the entitlements under JSSK. Even in hospitals and maternity homes when we asked admitted beneficiaries about their awareness regarding free drop back facility, the response was in the negative.

Referral transport service is an important component in the implementation of the JSSK scheme, which is underperforming based on study results. Reasons behind improper use of the facility are stigmas attached to ambulance services, lack of awareness, and irregularity of ambulance services. Only in case of referral transport to higher centres the service was functioning as per expectations.

It wouldn't be wrong to say that there is an immediate need to promote the provisions of JSSK through community workers, via electronic and print media. This will not only make people aware about the existence of such provisions but also help in achieving the intended goals of the JSSK scheme. At the facility level staff should be encouraged to use the ambulance service for the benefits of patients. The frequency and timely arrival of ambulances should be ensured so that the patients look forward to using the service. Each healthcare facility should display the provisions under JSSK. Further, each district should have a separate cell to evaluate the performance of transport services in their respective districts. Free referral transport facility should be provided with GPS so that transport can easily access the beneficiary's location. By this way we will be able to cover those home deliveries that are missed due to the unavailability of referral transport at the time of need. This will also help to increase the number of institutional deliveries significantly.

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## APPENDIX

**Table 1** Expenditure on transportation by income

Income of the family		Amount spent Home-Facility	Amount spent for Drop back facility	Amount of Transportation in Referred Cases
<b>2000-5000</b>	Mean	96.04	80.00	72.17
	N	24.00	1.00	23.00
	% of Total N	11.71	16.67	13.77
	Std. Deviation	74.96	-	61.20
	C.V	78.05		84.79
<b>&gt;5000 to &lt;=10000</b>	Mean	92.61	76.00	86.38
	N	115.00	5.00	94.00
	% of Total N	56.10	83.33	56.29
	Std. Deviation	108.29	50.30	99.36
	C.V	116.93	66.18	115.02
<b>&gt;10000</b>	Mean	113.11	Nil	116.90
	N	66.00	Nil	50.00
	% of Total N	32.20		29.94
	Std. Deviation	113.71	Nil	165.99
	C.V	100.53		141.99
<b>Total</b>	Mean	99.61	76.67	93.56
	N	205.00	6.00	167.00
	Std. Deviation	106.74	45.02	120.07

**Table 2** Expenditure on transportation by district

Income of the Family	Name of the Districts		Amount Spent Home Facility	Amount Spent for Drop Back Facility	Amount of Transportation in Referred Cases
<b>2000-5000</b>	North Delhi	Mean	63.33	42.00	Nil
		N	6.00	10.00	-
		% of Total N	2.92	5.98	-
	South Delhi	Mean	200.00	-	-
		N	2.00	-	-
		% of Total N	0.98	-	-
	East Delhi	Mean	122.22	112.50	80.00
		N	9.00	8.00	1.00
		% of Total N	4.39	4.79	16.67
	West Delhi	Mean	25.00	45.00	-
		N	3.00	2.00	-
		% of Total N	1.46	1.20	-

**Table 2** Expenditure on transportation by district (contd.)

Income of the Family	Name of the Districts		Amount Spent Home Facility	Amount Spent for Drop Back Facility	Amount of Transportation in Referred Cases
	South-east Delhi	Mean	87.50	83.33	-
		N	4.00	3.00	-
		% of Total N	1.95	1.80	-
	Total	Mean	96.04	72.17	80.00
		N	24.00	23.00	1.00
		% of Total N	11.70	13.77	16.67
<b>&gt;5000 to &lt;=10000</b>	North Delhi	Mean	112.00	89.58	150.00
		N	30.00	24.00	1.00
		% of Total N	14.63	14.37	16.67
	South Delhi	Mean	108.33	-	-
		N	6.00	-	-
		% of Total N	2.93	-	-
	East Delhi	Mean	70.56	49.52	50.00
		N	27.00	21.00	1.00
		% of Total N	13.17	12.57	16.67
	West Delhi	Mean	54.50	62.29	20.00
		N	20.00	24.00	1.00
		% of Total N	9.75	14.37	16.67
	South-east Delhi	Mean	113.90	137.40	80.00
		N	32.00	25.00	2.00
		% of Total N	15.60	14.97	33.33
	Total	Mean	92.60	86.38	76.00
		N	115.00	94.00	5.00
		% of Total N	56.10	56.28	83.33
<b>&gt;10000</b>	North Delhi	Mean	76.81	81.50	-
		N	11.00	10.00	-
		% of Total N	5.36	5.98	-
	South Delhi	Mean	200.00	-	-
		N	5.00	-	-
		% of Total N	2.43	-	-
	East Delhi	Mean	83.13	42.85	-
		N	16.00	7.00	-
		% of Total N	7.80	4.19	-
	West Delhi	Mean	97.69	83.07	-
		N	13.00	13.00	-
		% of Total N	6.34	7.78	-
	South-east Delhi	Mean	143.80	182.50	-
		N	21.00	20.00	-
		% of Total N	10.24	11.97	-

**Table 2** Expenditure on transportation by district (contd.)

Income of the Family	Name of the Districts		Amount Spent Home Facility	Amount Spent for Drop Back Facility	Amount of Transportation in Referred Cases
	Total	Mean	113.11	116.90	
		N	66.00	50.00	-
		% of Total N	32.20	29.94	
<b>Total</b>	North Delhi	Mean	97.55	76.93	150.00
		N	47.00	44.00	1.00
		% of Total N	22.92	26.34	16.67
	South Delhi	Mean	157.69	-	
		N	13.00	-	-
		% of Total N	6.34	-	-
	East Delhi	Mean	83.36	62.22	65.00
		N	52.00	36.00	2.00
		% of Total N	25.37	21.56	33.33
	West Delhi	Mean	67.64	68.33	20.00
		N	36.00	39.00	1.00
		% of Total N	17.56	23.35	16.67
	South-east Delhi	Mean	123.07	152.81	80.00
		N	57.00	48.00	2.00
		% of Total N	27.80	28.74	33.33
	Total	Mean	99.61	93.56	76.67
		N	205.00	167.00	6.00
		% of Total N	100.00	100.00	100.00

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