



Does Demand Side Financing help in better Utilization of FP and MCH Services

Evidence from Rural Uttar Pradesh, India?

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International Conference on Family Planning,
SENEGAL

November 29 –December 2, 2011



Uttar Pradesh and its Challenges

- Most populous sub-national entity in the world, situated in the Gangetic plain, with approx. 200 million population
- High MMR(345), IMR(71), TFR(3.8)* and Low institutional delivery(25%)**
- 11% of the population can't access government health system
- Use of FP methods and institutional facilities for deliveries lowest among poor
- High(92.5%) out of pocket expenditure and it is one of the causes of poverty
- Health system poses enormous barriers to the poor



*AHS(2010); **DLHS-III(2008-09)

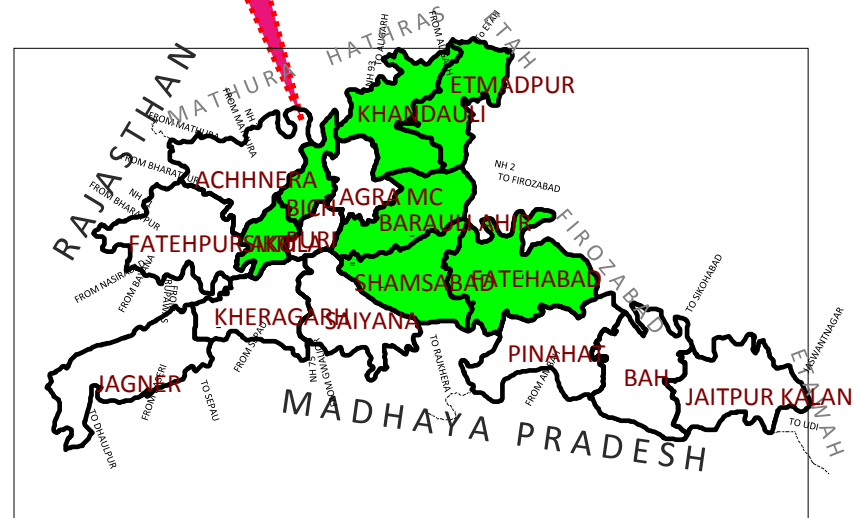


Demand side financing /Voucher scheme was piloted in 7 Blocks of Agra under the Innovations in Family Planning Services Technical Assistance Project funded by USAID through Government of Uttar Pradesh to purchase outputs while also offering beneficiaries a choice of service providers

Overview

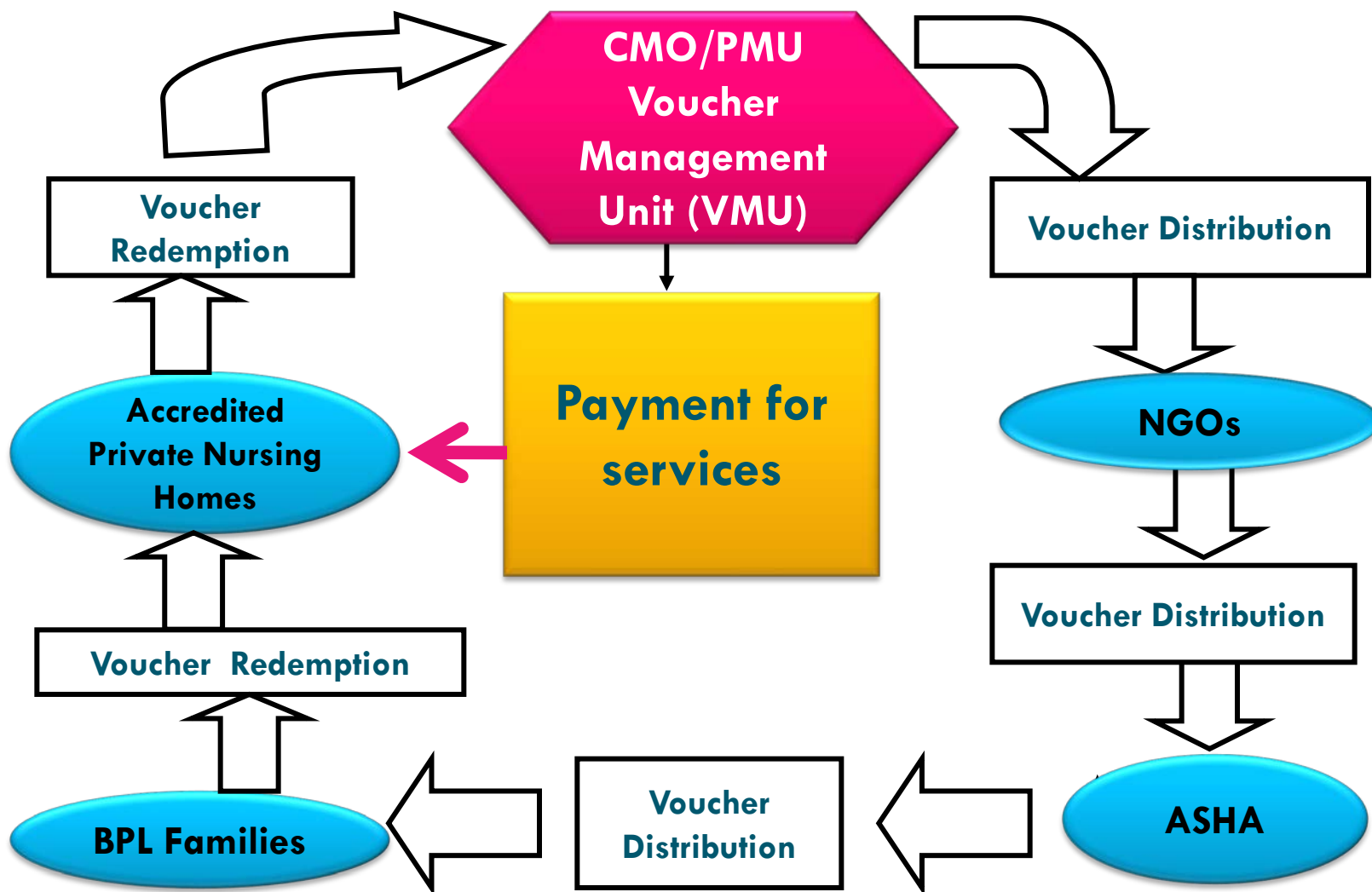
- Launched in March 2007
- Continued till June 2008
- 7 development blocks
- 15 accredited hospitals
- 1,067,987 individuals in 199 villages - BPL population
- Voucher management unit headed by Chief Medical Officer
- Distributed through NGOs and ASHAs

Cost of services are at least 35-50% less than prevailing market prices





Voucher Management System





Services offered

- ANC-3 visits (ANC check up, TT Injection, IFA tablets, nutrition advice)
- Deliveries (normal and complicated)
- PNC (2 check ups, breast feeding counseling and FP counseling)
- Family Planning (sterilization, IUCD, condoms and pills)
- Child Immunization (free of cost—supplies from CMO)
- RTI/STI (check ups, treatment, partner counseling)
- Diagnostic services – HB test, blood sugar, urine examination, ultrasound





Process of Implementation

Quality Assurance Systems

- Training of PNHs
- Client Satisfaction Survey (VMU)
- Assessment and accreditation of PNHs
- Client Verification
- Medical Audit Survey

Implementation Systems

- Preparation of guidelines
- Baseline survey
- Establishment of Voucher Management Unit
- Identification and selection of private service providers
- Orientation of NGOs and ASHAs
- Design of Vouchers and other monitoring systems
- Developing communication strategies
- End line Survey

Demand Creation

- Development of IEC/BCC Material
- Roll out of the BCC activities





Coverage of BPL Clients during March 2007-June 2008

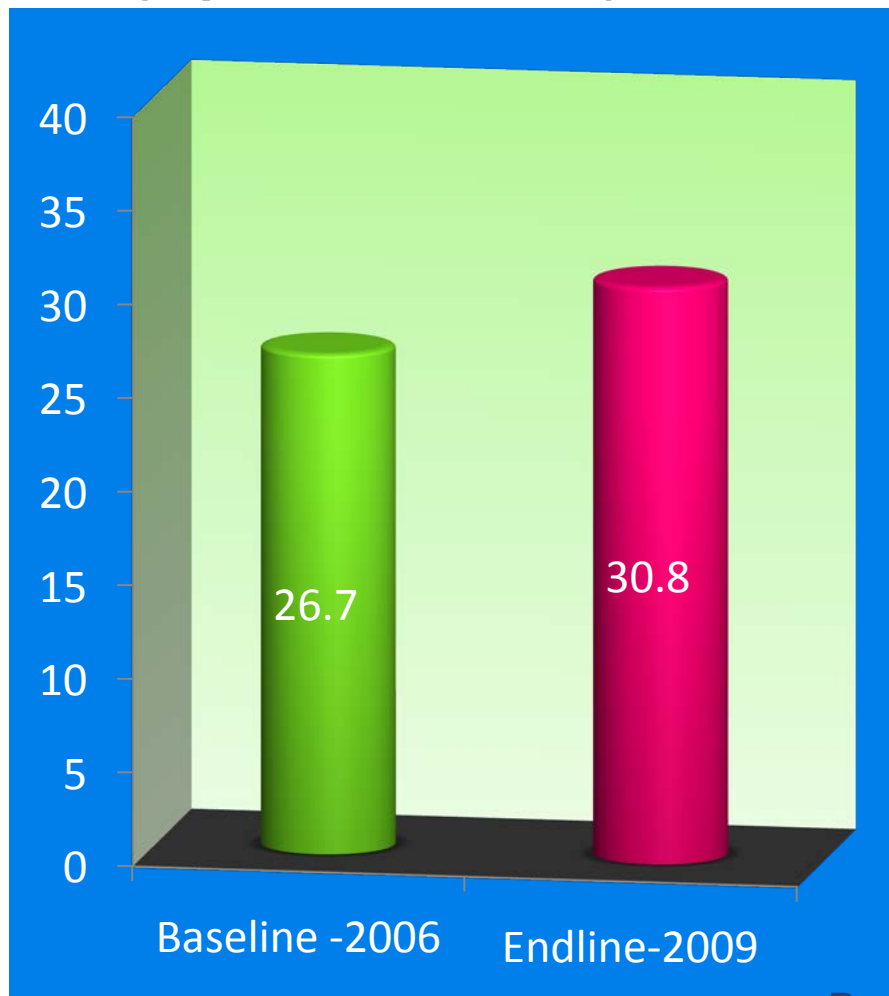
	Objective	Clients Served	% Achievements
ANC	3,239	7798	240%
Institutional Deliveries	2,700	1953	72%
PNC	810	907	112%
Sterilizations	972	229	24%
IUCD	486	45	9%
STI/RTI	3,239	1636	51%

Source: MIS reports from the VMU 2007-08



Increase in CPR (4%)

Contraceptive Prevalence Rate (any modern method)



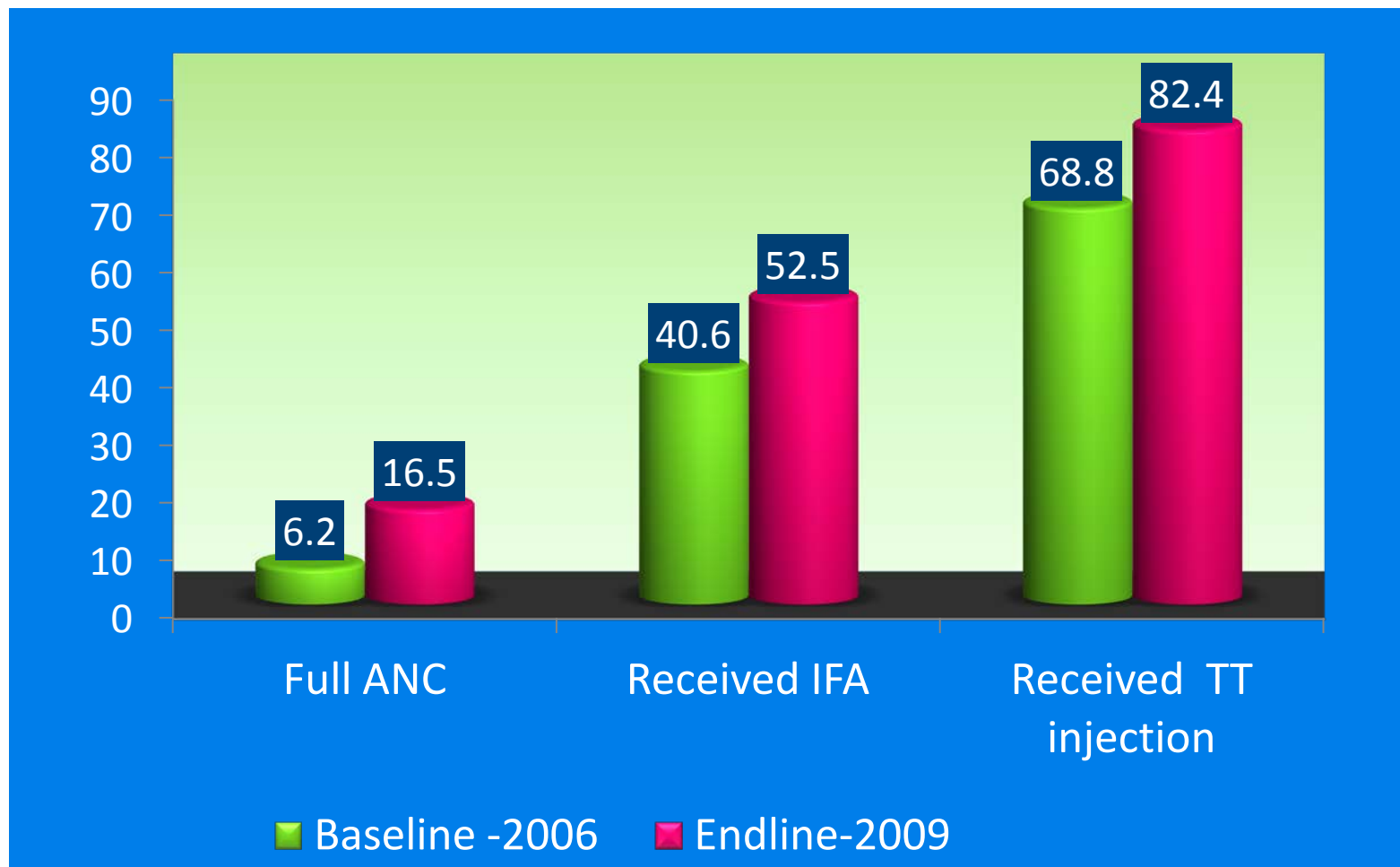
Method	Baseline 2006	End line 2009
Oral Pills	0.9	2.9
Condoms	4.3	6.2
IUCD	0.2	0.5
Female Sterilization	20.8	20.4
Male Sterilization	0.2	0.4
Any modern Spacing method	5.6	10.0

Baseline (N) – 1983

Endline (N) - 1463



Increase in full ANC (10.3 %), IFA (12%) and TT Injection (14%)

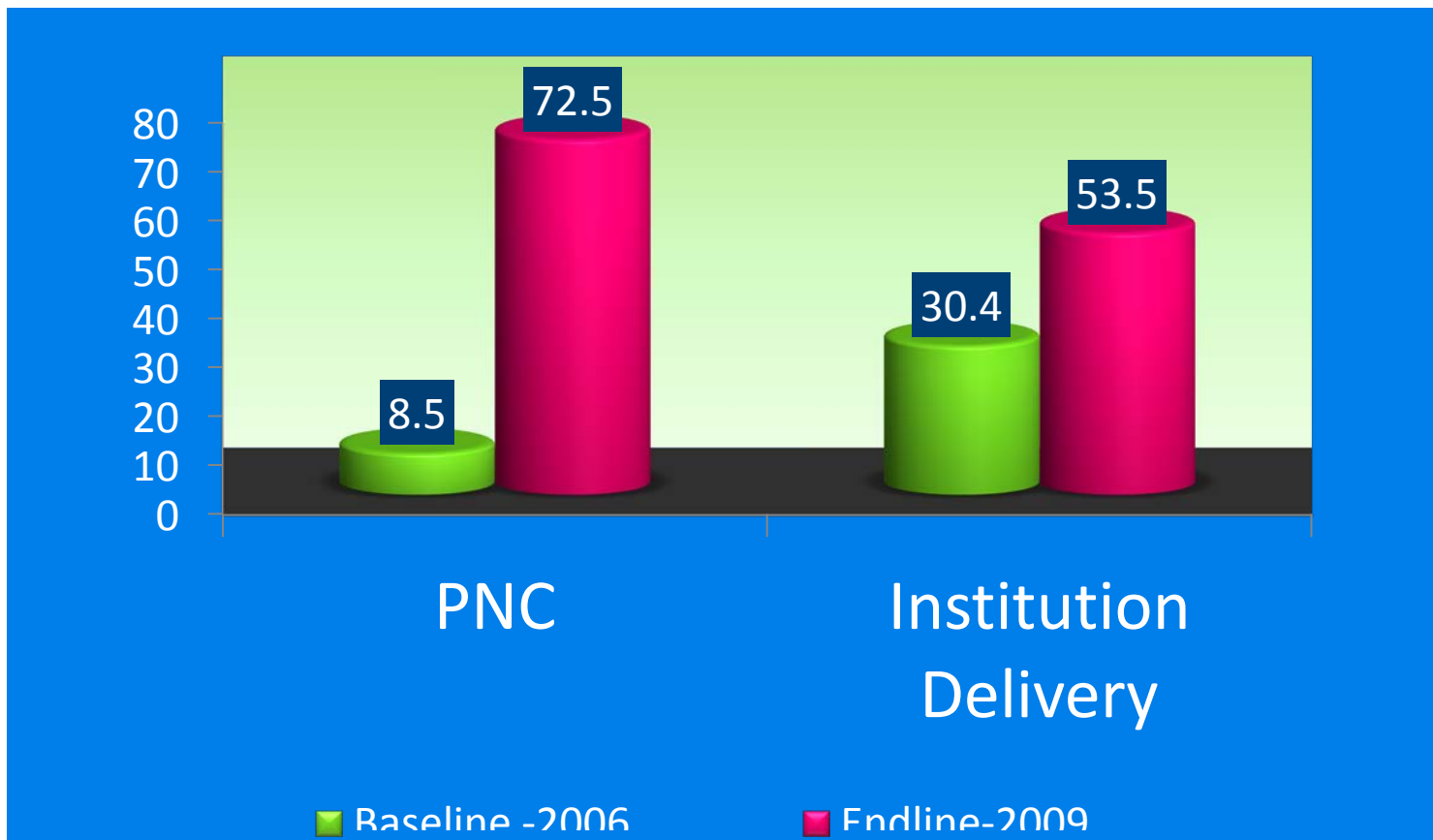


Baseline (N) – 1983

Endline (N) - 1463



Increase in PNC (64%), Institutional delivery (23%)



Baseline (N) – 973

Endline (N) - 505

Voucher-Complimenting to Government efforts

- High-quality private sector services at deep discount rates
- Reduced pressure on government
- Enabled clients to save money
- Scheme caters to complicated deliveries, thus reducing maternal and neonatal morbidity/ mortality
- Good quality RCH services accessible to BPL families

<p>No. 02 0240081</p> <p>परिवार नियोजन</p> <p>छोटा स्वस्थ परिवार बनाएं अपने घर खुशहाली लाएं</p>		<p>No. 02 0240081</p> <p>परिवार नियोजन</p> <p>छोटा स्वस्थ परिवार बनाएं अपने घर खुशहाली लाएं</p>	
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<p>लाभार्थी का नाम: _____</p> <p>पता: _____</p> <p>बस्ती का नाम: _____</p> <p>लाभार्थी की संख्या: _____</p> <p>तिथि: _____</p> <p>डॉक्टर का नाम: _____</p> <p>नर्सिंग होम का नाम: _____</p> <p>लाभार्थी के हस्ताक्षर: _____</p>		<p>लाभार्थी का नाम: _____</p> <p>पता: _____</p> <p>बस्ती का नाम: _____</p> <p>लाभार्थी की संख्या: _____</p> <p>तिथि: _____</p> <p>डॉक्टर का नाम: _____</p> <p>नर्सिंग होम का नाम: _____</p> <p>लाभार्थी के हस्ताक्षर: _____</p>	
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<p>कूपन द्वारा मुफ्त इलाज</p>		<p>कूपन द्वारा मुफ्त इलाज</p>	

Lessons & outcome

- Offered choice of providers to BPL families
- Enhanced demand and service coverage by creating a competition among providers
- Improved quality of services through accreditation of providers
- Govt of UP launched statewide Saubhagyabati Yojana to cover 140 mn rural population.
- Similar pilot was done by Govt of UP at Kanpur and then the scheme for urban slums were launched in 5 districts





THANK YOU

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