Does Demand Side Financing help in better Utilization of FP and MCH Services
Evidence from Rural Uttar Pradesh, India?

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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

CMO/PMU Voucher Management Unit (VMU)

Payment for services

- Accredited Private Nursing Homes
  - Voucher Redemption

- BPL Families
  - Voucher Redemption

- NGOs
  - Voucher Distribution
  - ASHA

Voucher Distribution

Voucher Distribution
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

<table>
<thead>
<tr>
<th>Quality Assurance Systems</th>
<th>Implementation Systems</th>
<th>Demand Creation</th>
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<tbody>
<tr>
<td>▪ Training of PNHs</td>
<td>▪ Preparation of guidelines</td>
<td>▪ Development of IEC/BCC Material</td>
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<tr>
<td>▪ Client Satisfaction Survey (VMU)</td>
<td>▪ Baseline survey</td>
<td>▪ Roll out of the BCC activities</td>
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<tr>
<td>▪ Assessment and accreditation of PNHs</td>
<td>▪ Establishment of Voucher Management Unit</td>
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<td>▪ Client Verification</td>
<td>▪ Identification and selection of private service providers</td>
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<td>▪ Medical Audit Survey</td>
<td>▪ Orientation of NGOs and ASHAs</td>
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<td></td>
<td>▪ Design of Vouchers and other monitoring systems</td>
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<td>▪ Developing communication strategies</td>
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<td>▪ End line Survey</td>
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# Coverage of BPL Clients during March 2007-June 2008

<table>
<thead>
<tr>
<th>Service</th>
<th>Objective</th>
<th>Clients Served</th>
<th>% Achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANC</td>
<td>3,239</td>
<td>7798</td>
<td>240%</td>
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<tr>
<td>Institutional Deliveries</td>
<td>2,700</td>
<td>1953</td>
<td>72%</td>
</tr>
<tr>
<td>PNC</td>
<td>810</td>
<td>907</td>
<td>112%</td>
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<tr>
<td>Sterilizations</td>
<td>972</td>
<td>229</td>
<td>24%</td>
</tr>
<tr>
<td>IUCD</td>
<td>486</td>
<td>45</td>
<td>9%</td>
</tr>
<tr>
<td>STI/RTI</td>
<td>3,239</td>
<td>1636</td>
<td>51%</td>
</tr>
</tbody>
</table>

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

For more information on the project visit www.futuresgroup.com