SCALING UP
OF VOUCHERS

Improving Access,
Equity, and Quality

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Challenges

- Difficult hilly terrain, Sparse habitation
- Shortage of Manpower/Institutions
- High MMR, IMR and TFR
- Use of FP methods and institutional facilities for deliveries is the lowest among poor
- Out of pocket expenditure on RCH services in both government and private facilities is high
- Health expenditure is one of the major causes of poverty
Goals and Opportunities

Policy and NRHM Goals

- IMR reduced to 30
- MMR reduced to 100
- TFR reduced to 2.1

- Institutional delivery recognized as a strategy to reduce MMR
- Renewed thrust on FP for achieving TFR

Opportunities

- Enabling environment under NRHM
- Emphasis on reducing inequities and improving access to maternal health and family planning services
- Capitalize on market presence of viable private sector
- Private sector preferred provider choice in both urban and rural areas
- Increased demand for high-quality health care services
To reduce inequities in reproductive health care by enabling access to services, while empowering the below poverty line (BPL) population to choose their own providers.
Process

- Baseline Survey
- Establishment of VMU
- Establishment of PAG, DQAG
- Accreditation of PNHs by DQAG
- Development of IEC/BCC Material
- Training of ASHAs, VMU officials
- Distribution of Vouchers
- Service Delivery by PNHs
- Monitoring – Field Visits, CSS, MA
Piloting
- Inaugurated in May 2007
- Continued till March 2009
- Two Development Blocks
- Eight Nursing Homes
- Services – Maternal, New Born, Family Planning
- 451,743 individuals in 199 villages - BPL population
Model – Voucher Scheme

Project Advisory Group

District Quality Assurance Group

Accreditation of PNH and its Quality Check

Voucher Management Agency

Vouchers/Bills

Reimbursements

Auxiliary Nurse Midwife

ASHA (Community Health Volunteer)

BPL Beneficiary

Accredited Private Nursing Homes

SERVICES
Maternal, Child Health and FP
## Level of Achievements during project

<table>
<thead>
<tr>
<th>Services</th>
<th>21 Months goal</th>
<th>Actual Achievement</th>
<th>Percent Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANC</td>
<td>2,774</td>
<td>2,768</td>
<td>99.8</td>
</tr>
<tr>
<td>Institutional Delivery</td>
<td>2,086</td>
<td>3,341</td>
<td>160.1</td>
</tr>
<tr>
<td>PNC</td>
<td>793</td>
<td>1,036</td>
<td>130.6</td>
</tr>
</tbody>
</table>

**Bar Chart:**
- **Institutional delivery**: Baseline-2006: 28.9, Endline-2009: 47
- **Mod Contraceptive**: Baseline-2006: 32.8, Endline-2009: 43.1
Institutional Delivery in private sector

Baseline 2006
- All: 20.9
- BPL: 15.1
- Non-BPL: 22.2

Endline 2009
- All: 34.3
- BPL: 37.5
- Non-BPL: 33.3
Reducing Inequities in Use of Modern Contraceptives Between the Poor and Non-poor

<table>
<thead>
<tr>
<th>Category</th>
<th>Baseline 2007</th>
<th>Endline 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>36</td>
<td>42</td>
</tr>
<tr>
<td>Below Poverty Line</td>
<td>33</td>
<td>43</td>
</tr>
<tr>
<td>Above Poverty Line</td>
<td>37</td>
<td>42</td>
</tr>
</tbody>
</table>

USAID | INDIA
FROM THE AMERICAN PEOPLE
Sustainable Financing and Scaling Up

USAID contribution in demonstration: USD 170,666 for 12 months

GoUK funds for scale up: USD 1,045,000 for 12 months
# Vouchers for Equity in Reproductive Health

<table>
<thead>
<tr>
<th>Area</th>
<th>Haridwar</th>
<th>Haridwar, Almora, USNagar, Nainital and Dehradun</th>
<th>All districts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage</td>
<td>2 blocks</td>
<td>38 blocks</td>
<td>95 blocks</td>
</tr>
<tr>
<td>Total Population</td>
<td>450,000</td>
<td>1606474</td>
<td>2543934</td>
</tr>
<tr>
<td>Targeted Beneficiaries</td>
<td>BPL</td>
<td>BPL</td>
<td>BPL</td>
</tr>
<tr>
<td>Providers</td>
<td>Private</td>
<td>Private</td>
<td>Private</td>
</tr>
<tr>
<td>Voucher Management</td>
<td>CMO and NGO</td>
<td>CMO and Voucher Management Unit</td>
<td>CMO and Voucher Management Unit</td>
</tr>
<tr>
<td>Voucher Distribution</td>
<td>HV thru NGOs</td>
<td>Health Volunteer (ASHA) and Private Nursing Homes</td>
<td>Health Volunteer (ASHA) and Private Nursing Homes</td>
</tr>
</tbody>
</table>
Scale up activities

- Revision of package
- Voucher Scheme available to BPL of all districts
- More PNH accredited
- Training and refresher- FP/IPC; MIS
- 360 campaign on demand generation and brand promotion
- Linkages with existing govt schemes
- Systems established within existing govt structures for Voucher Management.
- Quality Assurance and Monitoring strengthened
The Voucher System

Some Highlights

• Provided high-quality private sector services at deep discount rates
• Relieved pressure on Govt.
• 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
Thank You

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