The impact of the reproductive health vouchers program in Kenya on the use of long-term family planning methods

Francis Obare
Charlotte Warren
Rebecca Njuki
Timothy Abuya
Joseph Sunday
Ian Askew
Benjamin Bellows

2011 International Conference on Family Planning, Dakar, Senegal, November 29 – October 2, 2011
Background

- Use of vouchers- part of interventions aimed at influencing demand for services
  - conditional cash transfers, social health insurance
  - approaches referred to as output-based aid (OBA)

- Combined with results-based contracting with providers, its ultimate aims are to
  - stimulate demand- increase service utilization
  - improve service quality- competition among providers
  - target services to high priority populations e.g. poor
  - contain service costs- negotiated reimbursements
Kenya RH vouchers program

- Implemented by Kenya Govt since 2006

- Phase I: 2006-2008
  - Kisumu, Kitui, Kiambu districts
  - Nairobi- Korogocho, Viwandani
  - 54 health facilities- public, private, FBO, NGO

- Phase II: 2008-2011
  - 25 more facilities- same locations
  - 14 facilities in Kilifi/Kaloleni- added in mid 2011
Kenya voucher program (cont’d)

- Vouchers distributed by VMA
  - safe motherhood ($2.50)
  - family planning ($1.25)
  - gender-based violence (free)

- Poverty grading tool used to identify clients for SM and FP vouchers
  - 8 items on household assets, amenities, expenditure, income, health services
  - score of 8-16 points on the grading tool qualifies for vouchers
Services covered by the program

- **Safe motherhood**
  - ANC up to 4 visits
  - delivery and complications
  - PNC up to 6 weeks

- **Family planning**
  - implants
  - IUCD
  - surgical contraception

- **Gender-based violence recovery services**
  - medical exam, treatment, counseling

---

Population Council

Vouchers
Evaluating reproductive health voucher programs globally
Rationale- use of LAPMs remains low in Kenya
  o IUCD- 2%; implants- 2%; BTL- 5%
  o misconceptions and service delivery constraints

Objective- examine impact on use of LAPMs
  o community-level association between exposure and use
  o use among voucher clients at facility level

Community-level exposure to program
  o *exposure*: living in sub-location within 5km radius to a facility implementing the program since 2006
  o *non-exposure*: living within 5km radius to similar facility from non-voucher (comparison) sites
Data and analysis

- Household survey conducted in 2010 in voucher and comparable non-voucher sites
  - voucher sites: Kisumu, Kiambu, Kitui
  - non-voucher sites: Uasin Gishu, Nyandarua, Makueni
  - 2,527 women aged 15-49 years

- 1,823 client exit interviews in 55 voucher and non-voucher health facilities
  - 35 voucher and 20 non-voucher facilities
  - 313 family planning clients (voucher clients: 15%)

- Analysis
  - cross-tabulations with Chi-square tests
  - multilevel logit models (household data)
## Use of LAPM: community level

<table>
<thead>
<tr>
<th>Indicator of service use</th>
<th>Exposed to program since 2006</th>
<th>Comparison site</th>
<th>Adjusted odds ratio (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever used vouchers</td>
<td>21%</td>
<td>0%</td>
<td>n/a</td>
</tr>
<tr>
<td>Ever used LAPM</td>
<td>12%</td>
<td>10%</td>
<td>1.5* (1.0 – 2.1)</td>
</tr>
<tr>
<td>Used LAPM past 12 months</td>
<td>8%</td>
<td>7%</td>
<td>1.4 (0.9 – 2.2)</td>
</tr>
</tbody>
</table>

- No significant difference in use of LAPM in the past 12 months by exposure to the program
- Significant difference in ever use may be due to use before the voucher program
### Facility level: voucher clients

<table>
<thead>
<tr>
<th>Previously used LAPM</th>
<th>Obtained LAPM during visit</th>
<th>Obtained other methods</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>60%</td>
<td>27%</td>
<td>37</td>
</tr>
<tr>
<td>Yes</td>
<td>36%</td>
<td>9%</td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>54%</td>
<td>23%</td>
<td>48</td>
</tr>
</tbody>
</table>

- Higher proportion of voucher clients who had not previously used LAPMs obtained the methods
- Voucher clients who obtained other methods—mainly injectables (91%) and pills (9%)
Reasons for not obtaining LAPM

- 82% of voucher clients who obtained other methods preferred them
  - convenient to use
  - safe/no side effects
  - recommended by someone

- Voucher clients who did not obtain a method during visit
  - method check-up
  - referred elsewhere
  - method given on a different date
Conclusions

- Kenya program is associated with increased utilization of LAPMs by voucher clients
  - higher proportion of new compared to previous users
  - small numbers could not allow for significant tests

- Limited community-level impact of the program on the use of LAPMs

- Overall uptake of LAPMs still remains low compared to other methods
  - among family planning clients from facilities participating in the program since 2006
    - 26% obtained LAPMs
    - 57% obtained other methods (injectables and pills)
## Acknowledgements

<table>
<thead>
<tr>
<th>Item</th>
<th>Voucher program</th>
<th>Evaluation project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding agencies</td>
<td>German Development Bank (KfW)</td>
<td>Bill and Melinda Gates Foundation</td>
</tr>
<tr>
<td>Implementing partners</td>
<td>NCAPD, PWC, MOH</td>
<td>Population Council, NCAPD, PWC</td>
</tr>
<tr>
<td>Ethical and research clearance</td>
<td>-</td>
<td>Population Council IRB, KEMRI, NCST, MOH</td>
</tr>
</tbody>
</table>

*Population Council*

*Evaluating reproductive health voucher programs globally*