

Voucher Scheme in Uttarakhand

Addressing Equity and Empowerment

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Voucher Scheme

- A public-private partnerships (PPPs) model –
 - Collaborative efforts between the public and private sectors
 - clear, mutually agreed on roles
 - shared objectives
 - specified performance indicators

“RH voucher programmes increased utilization of RH services, improved quality of care, and improved population health outcomes. The potential for RH voucher programmes appears positive; however, more research is needed to examine programme effectiveness using strong study designs.”

Bellows, Nicole M., Ben W. Bellows, and Charlotte Warren. 2011. “The Use of Vouchers for Reproductive Health Services in Developing Countries: Systematic Review.” *Tropical Medicine and International Health* 16 (1): 84–96.

Analysis of the problem

Challenges

- High maternal mortality, infant mortality, and total fertility rates
- 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 system imposes enormous barriers to the poor
- Health expenditure is one of the major causes of poverty
- Staff vacancies and lack of trained staff in public health system
- Difficult geographic terrain and sparsely populated areas

Opportunity

- Enabling environment under National Rural Health Mission
- Increased emphasis on reducing inequities and improving access to maternal health and family planning services
- Capitalize on market presence of viable private sector
- Private sector is preferred provider choice in both urban and rural areas
- Increased demand for high-quality health care services



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Voucher System: Demand-side Financing

To **reduce inequities** in reproductive health care by **enabling access** to services, while empowering the below poverty line population to **choose their own provider**



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Objectives

- Offer 'Free of Cost' Quality Services to BPL population at Private Facilities
- Enhance selective RCH services coverage among BPL
- Expand in geographical scope for improving access to services for BPL



Sambhav Voucher Scheme – Pilot phase



Area	Rural
Coverage	2 blocks (Imlikheda and Bahadrabad)
Population	0.51 million
Voucher Management Unit (VMU)	CMO, DPMU, NGO
Voucher distribution	Through ANMs to ASHAs
Services	Maternal health, neonatal health, clinical FP services
No. of accredited nursing homes/ hospitals	8
Timeframe for service delivery	May 2007–March 2009

क्या आपने संभव वॉउचर स्कीम के अंतर्गत सभी सेवाओं का फायदा लिया है?

अब प्राइवेट में मिलेगी मुफ्त सेवा, बी.पी.एल कार्ड धारकों को

कूपन लाओ
संभत पाओ



- * प्रसव पूर्व देखभाल
- * प्रसव और नवजात शिशु की देखभाल
- * प्रसव पश्चात जाँच
- * परिवार नियोजन से संबंधित सेवाएँ

मुफ्त! सिर्फ बी.पी.एल कार्ड धारकों के लिए

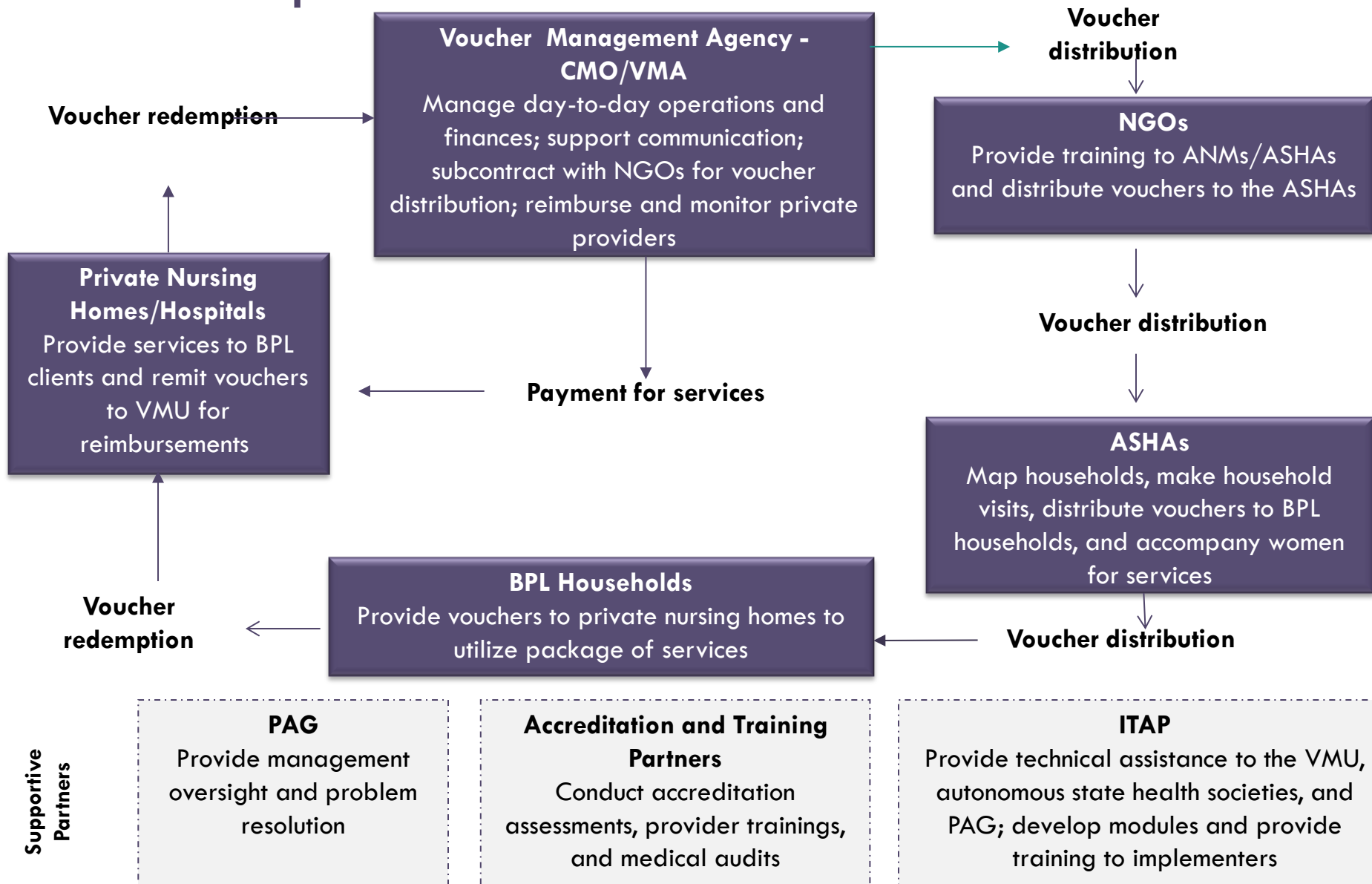
आशा को अपना बी. पी. एल. कार्ड दिखायें और उनसे संभव कूपन लें

इस कूपन से संभव प्राइवेट अस्पताल में आपको उच्च कोटि की स्वास्थ्य सेवाएँ मिलेंगी

अपने गाँव की आशा से मिलें, कूपन लें और सेवाएँ पायें।



Voucher Management System: Roles and Responsibilities



Voucher System: Implementation

IMPLEMENTATION SYSTEMS

- Design and conduct baseline survey
- Design, print and distribute vouchers
- Orient ASHAs and community members
- Develop guidelines for identification of BPL families
- Establish and build capacity of VMU
- Develop and implement MIS
- Create PNH network
- Develop contractual agreements between Society and VMU, and VMU and PNH
- Develop system for reimbursement for PNH
- Establish referral systems
- Design and conduct endline survey

DEMAND CREATION

- Conduct formative research
- Identify communication needs
- Design communication strategy
- Develop BCC/ IEC materials for PNH and clients

QUALITY ASSURANCE SYSTEMS

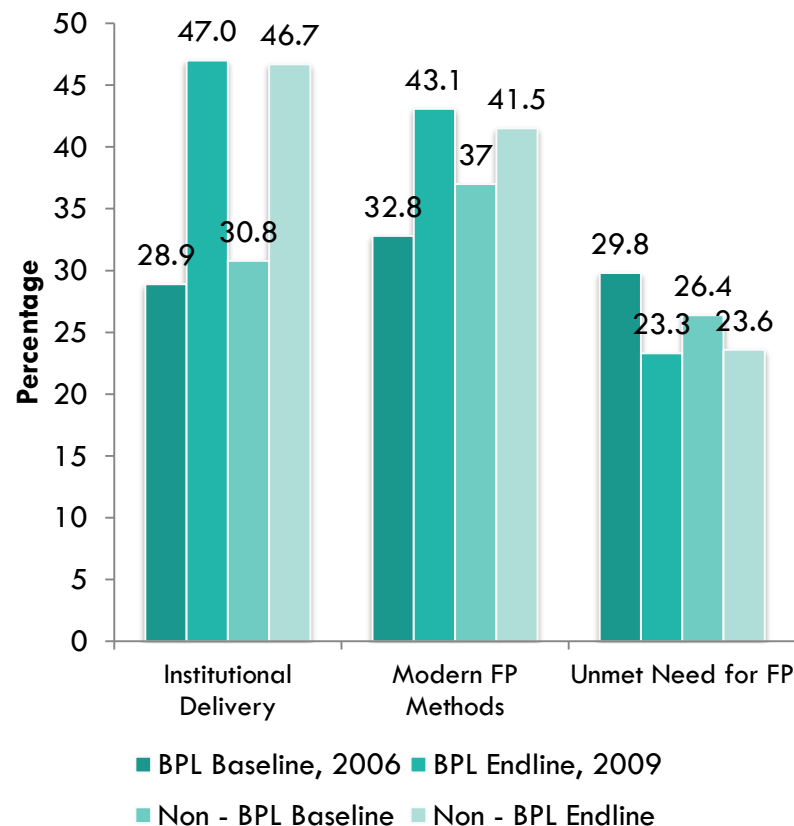
- Prepare quality standard guidelines for PNH
- Develop accreditation guidelines
- Assess and accredit PNH
- Design client verification system
- Conduct Medical Audit of PNHs
- Conduct Client Satisfaction Survey
- Provide Continuous Medical Education for PNH

Achievements: Pilot Phase

Service Statistics

Services	21 Months Goal	Actual Achievement	Percent Achieved
ANC	2,774	2,768	99.8
Institutional Delivery	2,086	3,341	160.1
PNC	793	1,036	130.6

Service Uptake among Currently Married Women in Haridwar



Cost Effectiveness Analysis for Haridwar Pilot

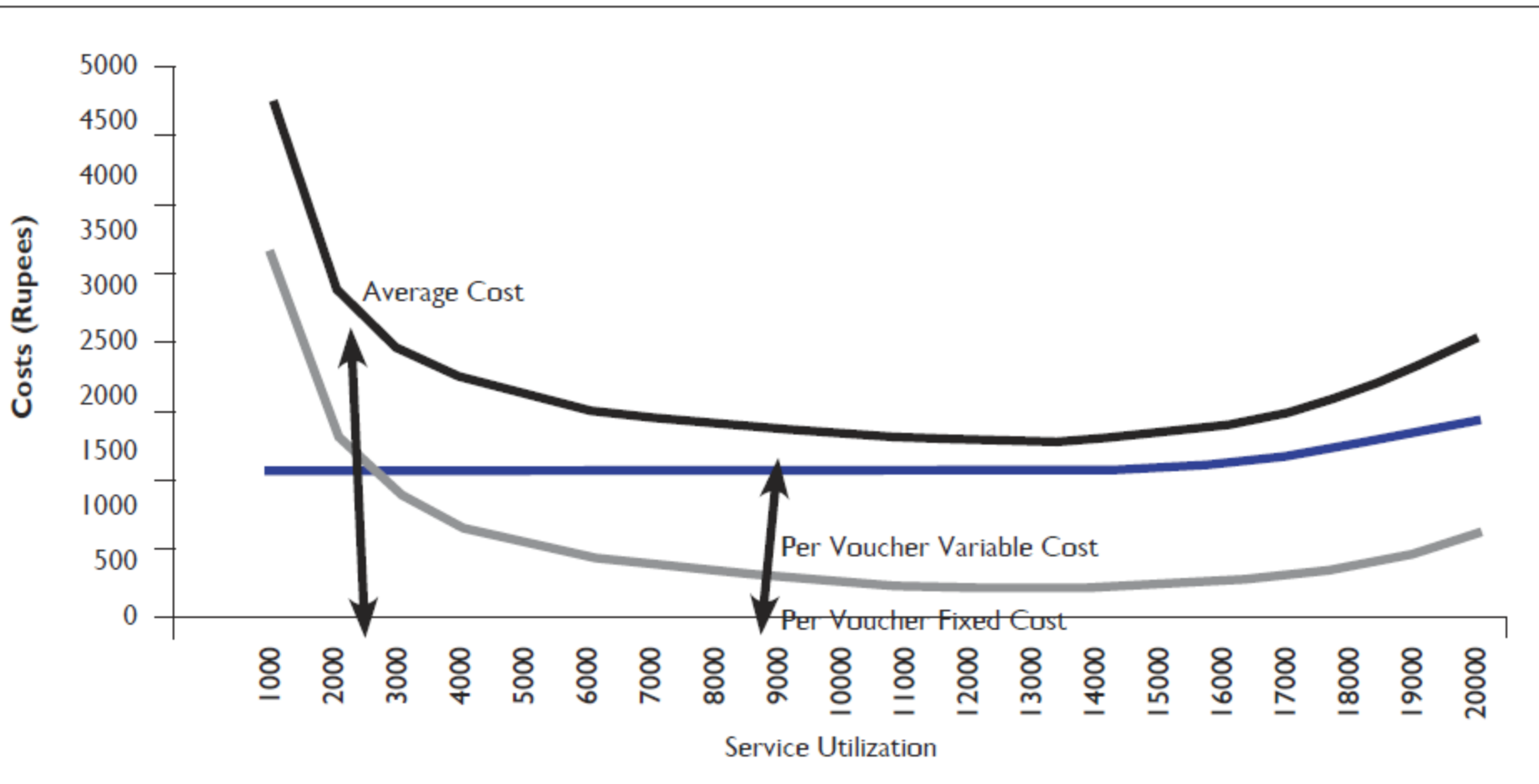


Weighted Average Costs of Services

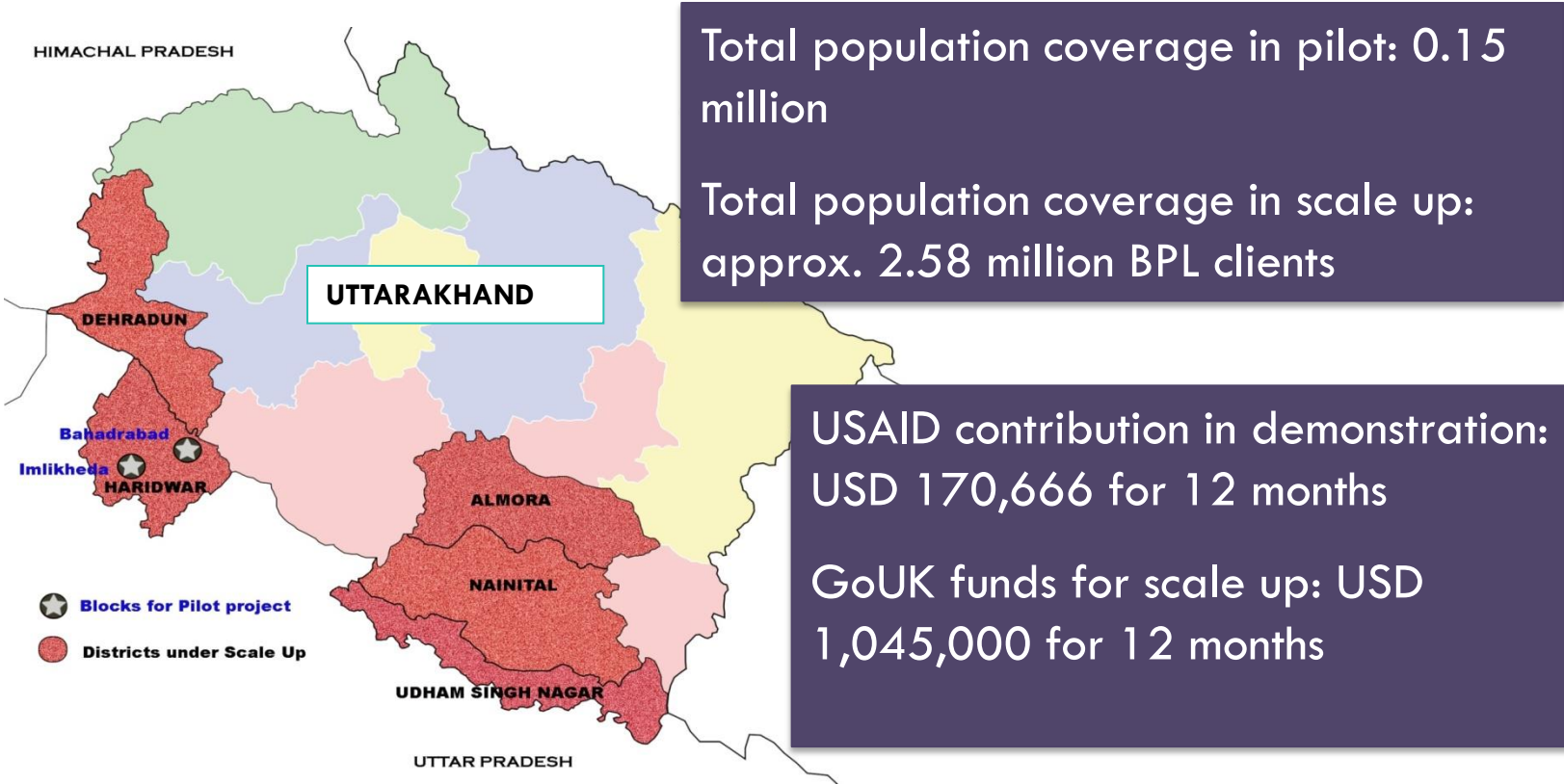
Type of Services	ANC	Delivery	PNC	FP	Total
Total utilization	8,407	3,359	2,082	219	14,067
Total cost (Rs)	2,319,386	11,867,203	360,888	418,838	14,966,315
Weighted average cost of services (Rs.)	276	3,533	173	1,913	1,064

Cost Effectiveness Analysis for Haridwar Pilot

Optimal Utilisation Graph



Sustainable Financing and Scaling Up



Total population coverage in pilot: 0.15 million

Total population coverage in scale up: approx. 2.58 million BPL clients

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

GoUK funds for scale up: USD 1,045,000 for 12 months

Pilot to Scale Up

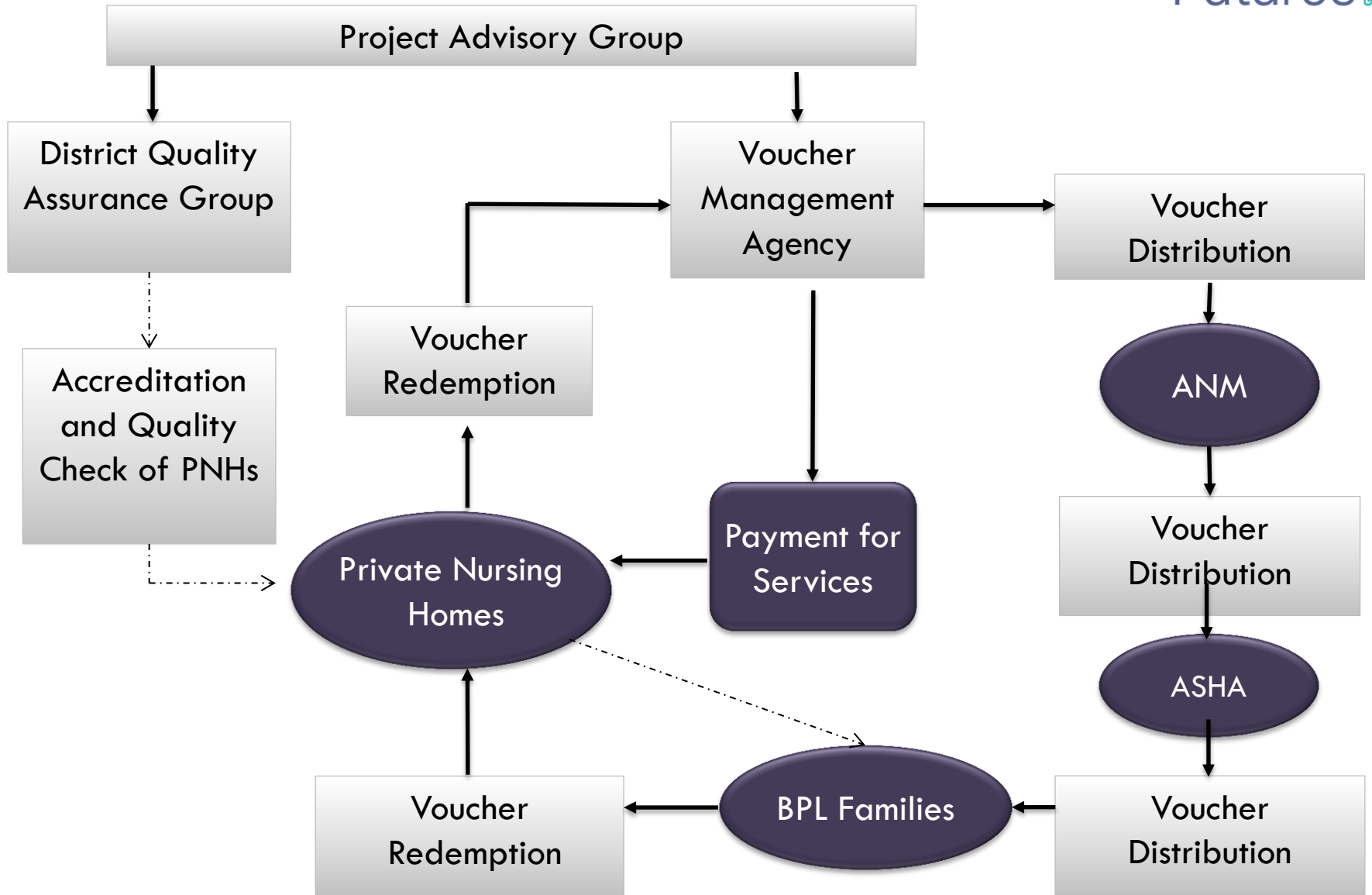


Districts	Haridwar	Haridwar, Almora, US Nagar, Nainital and Dehradun	All districts
Phase	Pilot	Scale Up	Revised
Duration	May'07 – Mar'09	Mar'09 – May'11	May11 – Date
Coverage	2 blocks	38 blocks	95 blocks
Total BPL Population	450,000	1,606,474	2,543,934
Voucher Management	CMO and NGO	CMO and Voucher Management Unit	CMO and Voucher Management Unit
Voucher Distribution	Health Volunteer thru NGOs	Health Volunteer (ASHA)	Health Volunteer (ASHA) and Private Nursing Homes

Scale up Phase

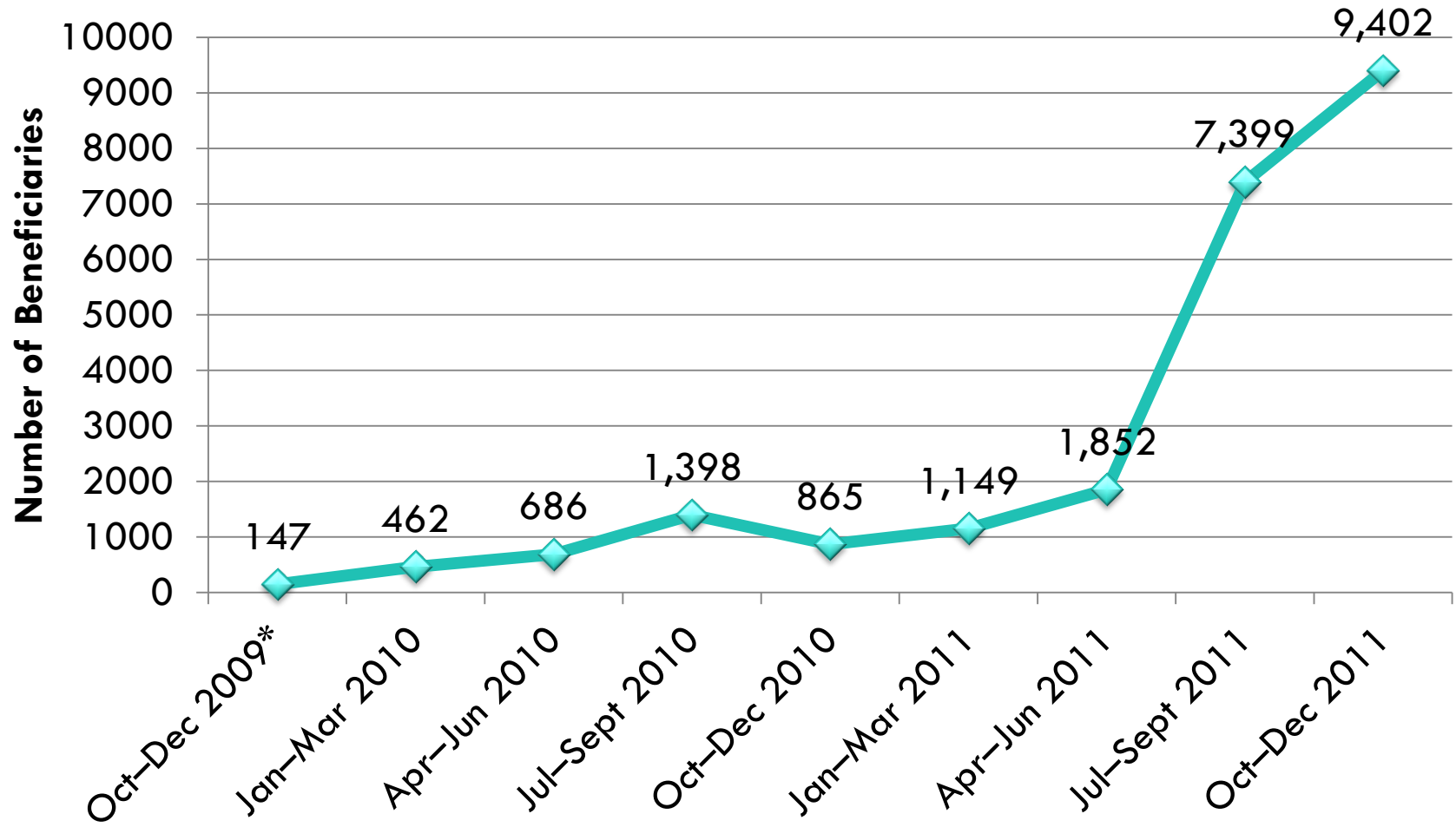
- Revised service package, pricing, and incentives
- Expanded reach to BPL population in all districts
- Increased number of accredited Private Nursing Homes
- Organized specialized trainings in family planning and counseling, MIS and Bio Waste management
- Intensified campaigns on demand generation and brand promotion
- Established linkages with existing government schemes
- Strengthened voucher management system
- Reinforced quality assurance and monitoring systems

Voucher Management System: Scale Up Phase

Voucher Utilization: Phase II and III

Voucher Uptake



Elements of Success

- Evidence-based process to inform design, and implementation and monitoring
- Strengthening of existing systems to foster sustainability and ownership for implementation and scale-up
- Steps to build trust among all stakeholders
- Clear contractual guidelines and predetermined pricing for package of benefits
- Targeting of subsidies
- Accreditation and monitoring for quality improvement and assurance
- Choice of providers for beneficiaries
- Multiple communication strategies to promote demand for services
- Engagement between community-level health workers and clients



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