



# The context for and development of a voucher program in rural Pakistan

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# Objectives

- Briefly describe the RH crisis and associated patterns of service utilization
- Describe a private provider network that has been established, its limitations and how a voucher program can help strengthen the network
- Describe a small voucher pilot that is being implemented within the network in one district, and some changes in design with a larger pilot that is about to be initiated in a second district

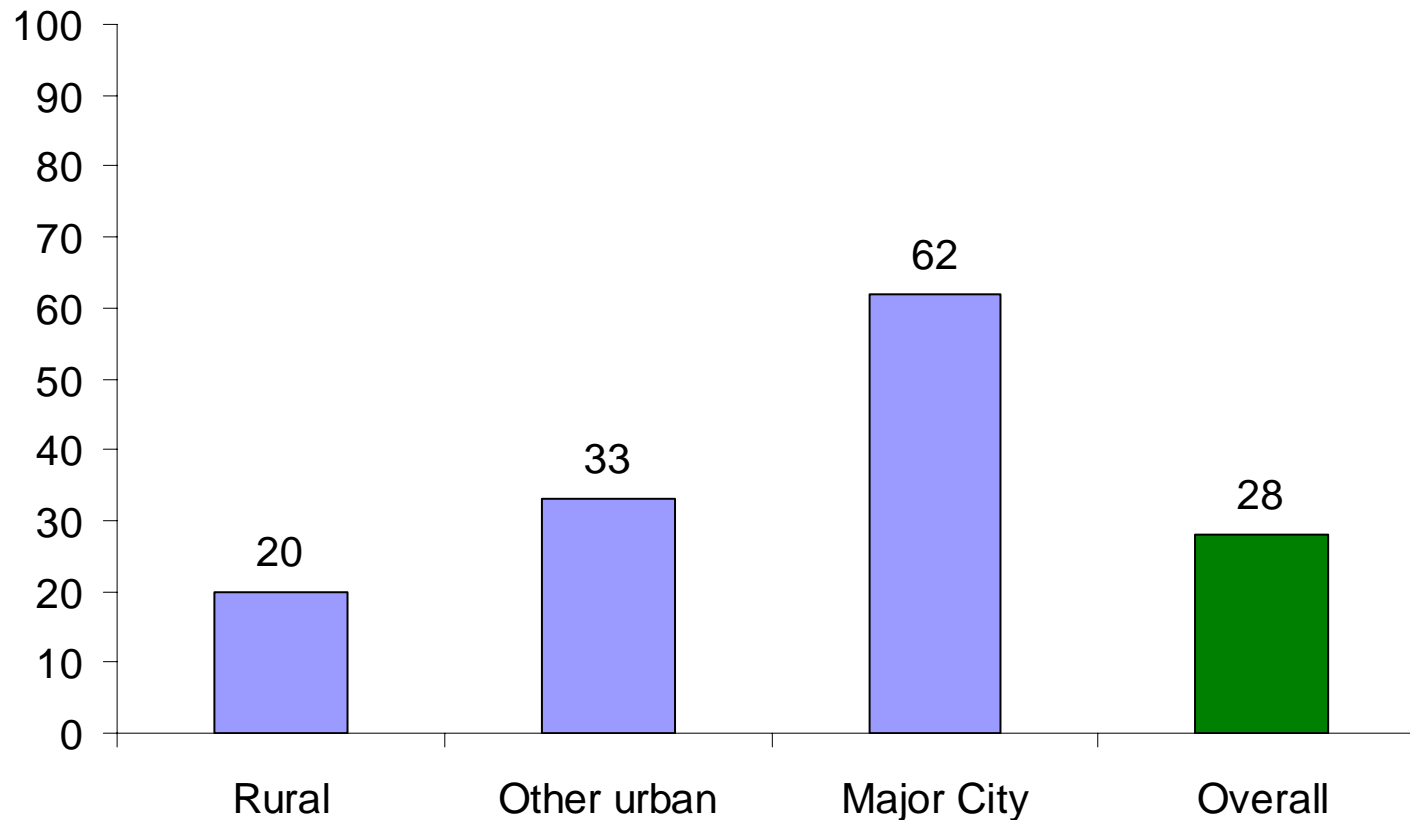


# Pakistan statistics

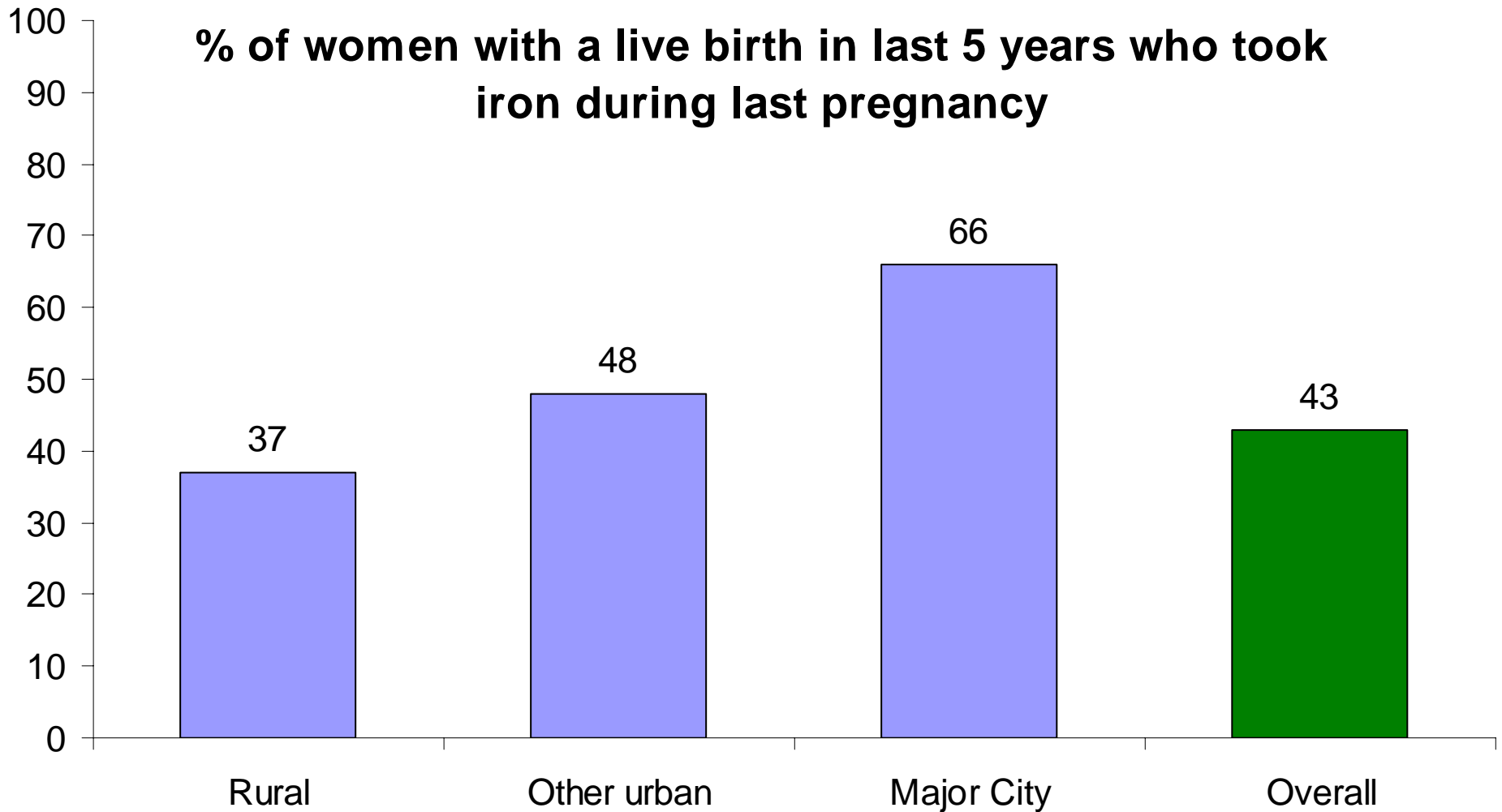
- Population of 165 million, doubling time 30 years, TFP 4.1
- Maternal mortality 279 per 100,000
- IMR 78 per 1,000 live births
- Large differentials in urban and rural, and regional mortality rates and in availability of health services

# Prenatal care visits are much less frequent in rural areas

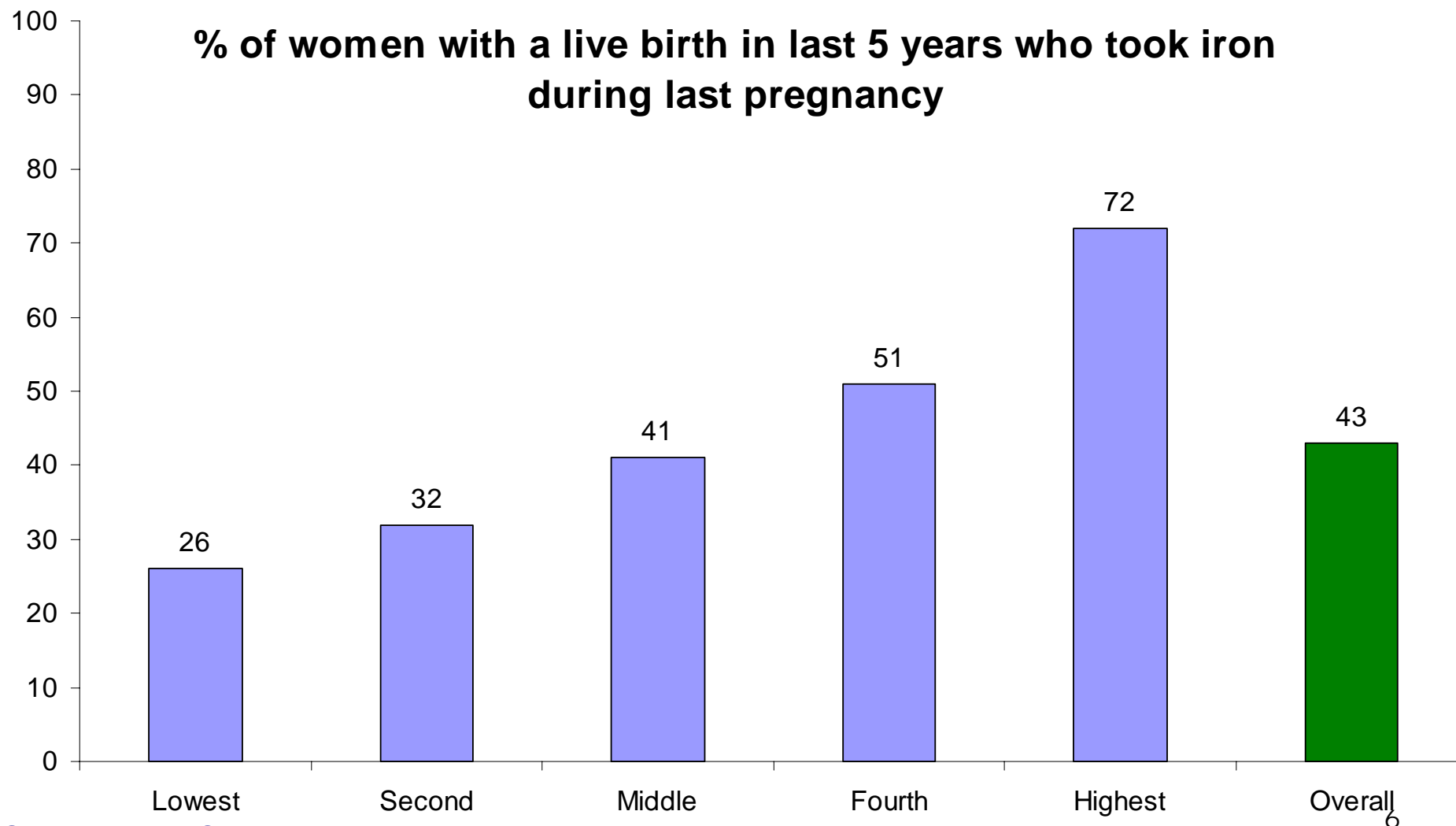
% of women with 4 or more prenatal visits



# Only one-third of rural women take iron during their pregnancy

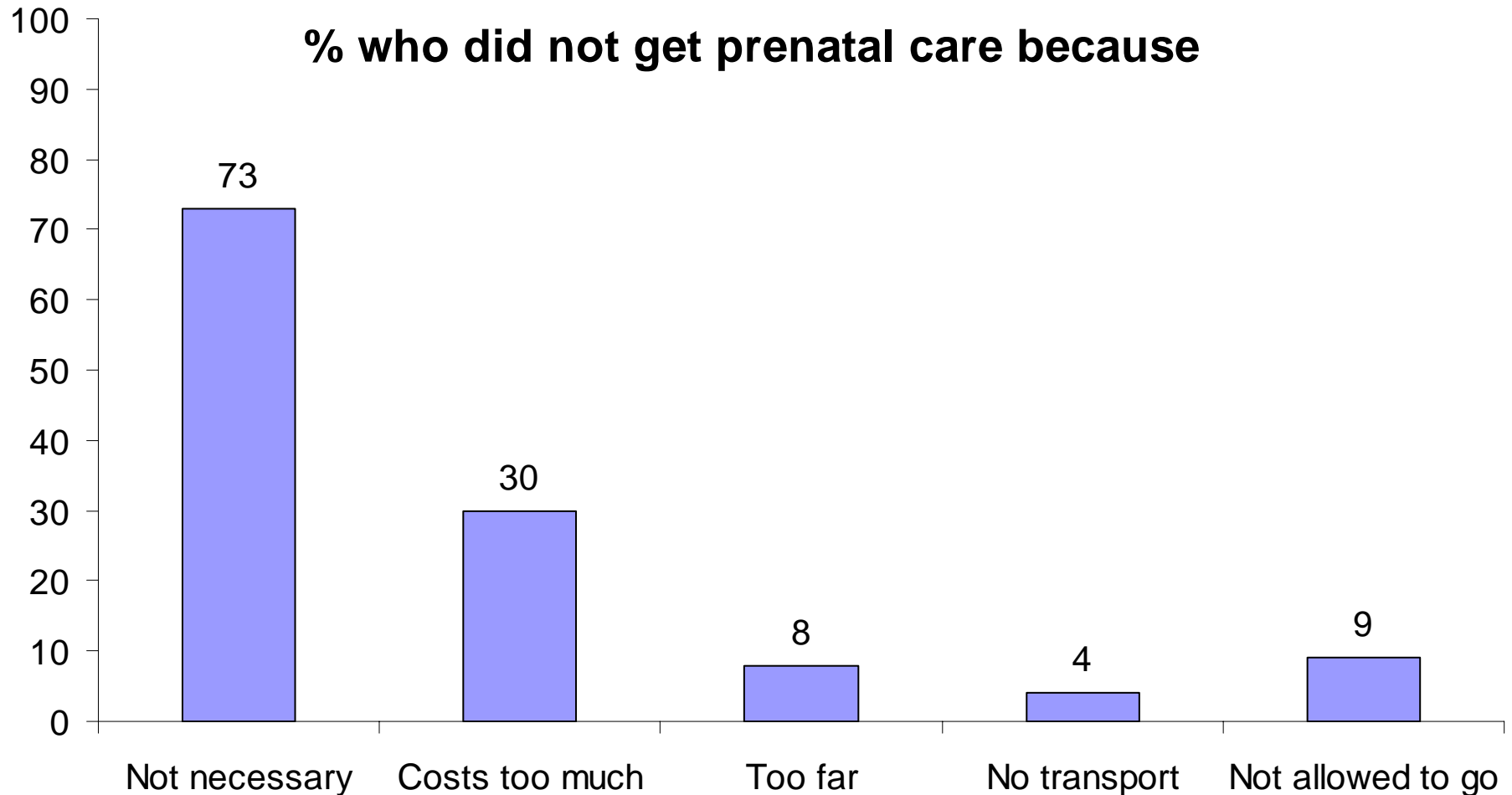


# Only a quarter of the poorest women take iron during pregnancy



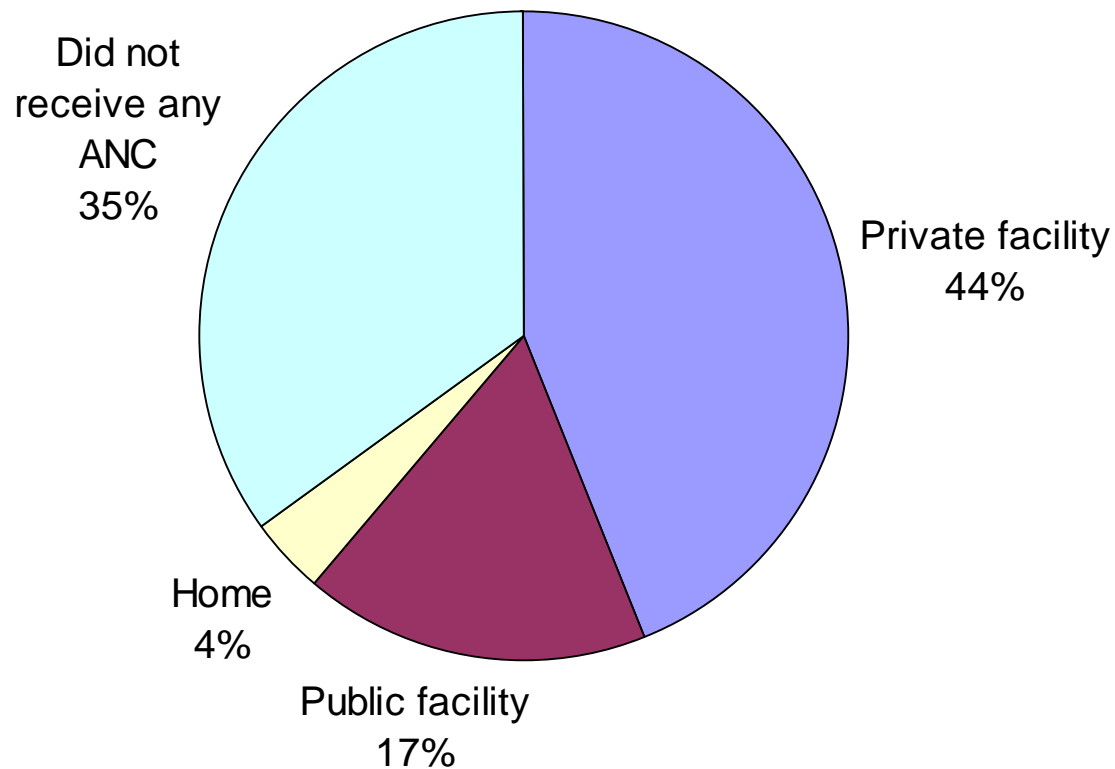
Source: PDHS 2006-07

# Women do not seek prenatal care because they are not aware of its benefits and are concerned about its monetary costs

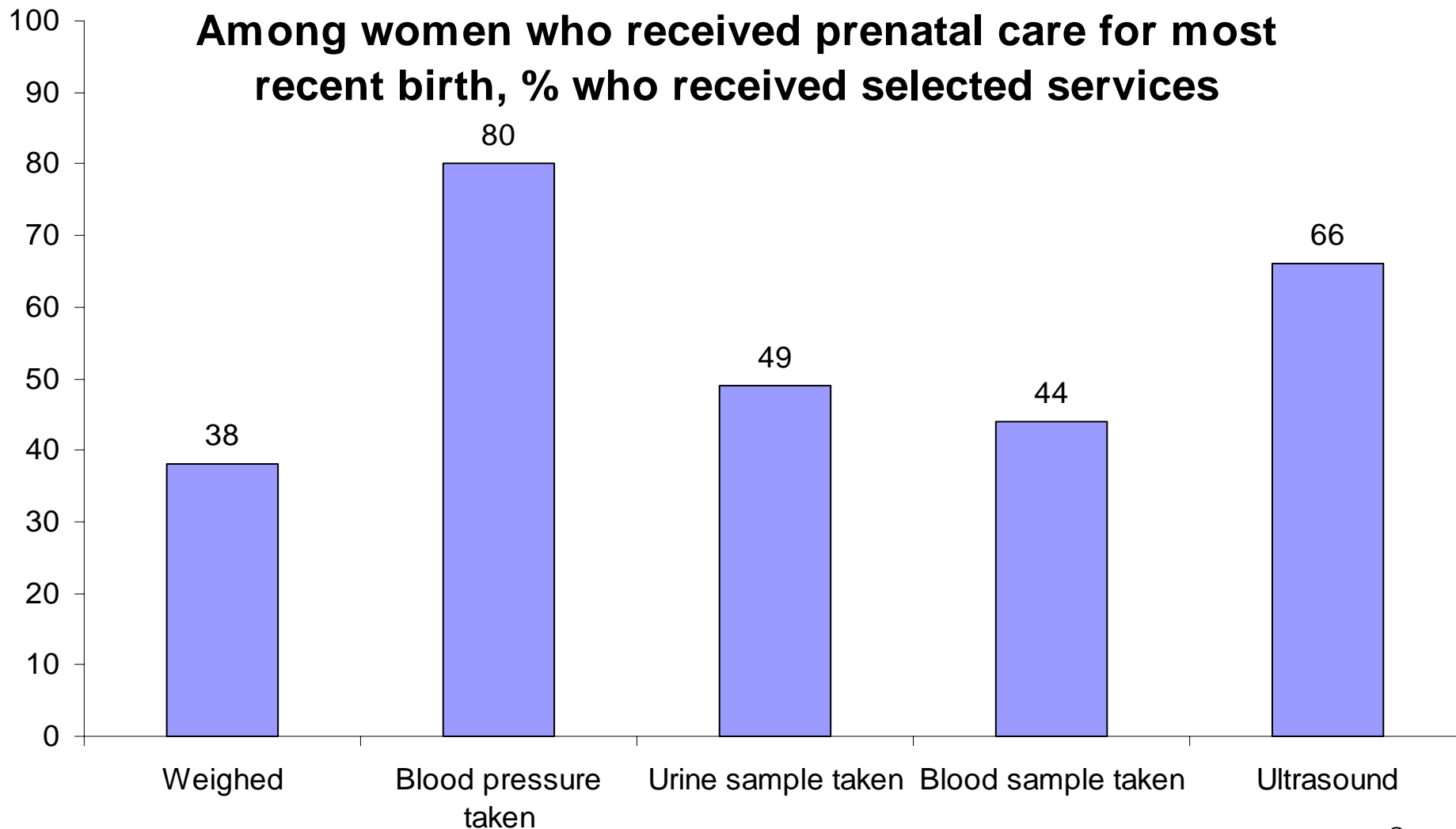


# The private sector provides 68% of prenatal care in Pakistan

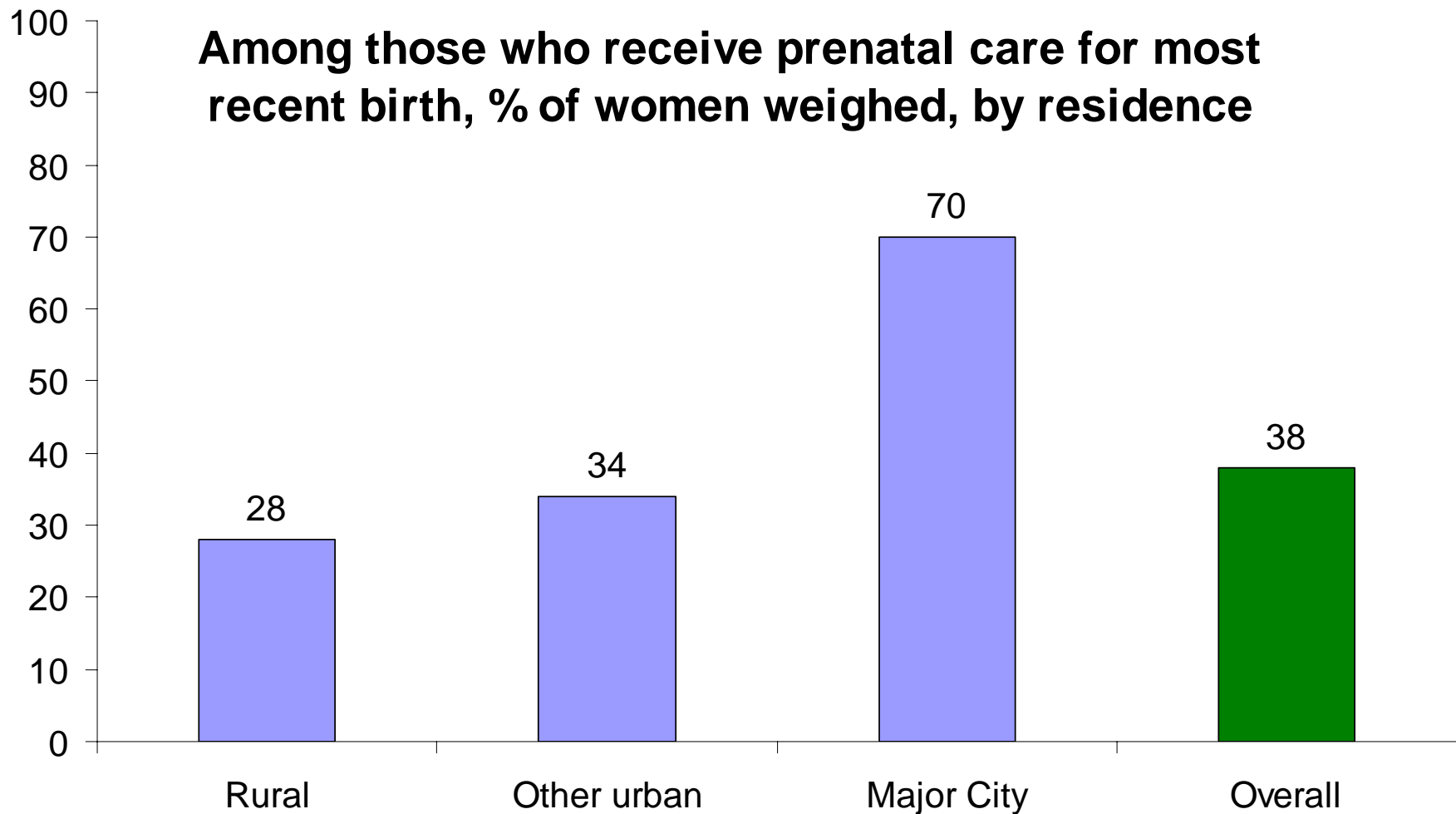
Source of (any) antenatal care for last pregnancy



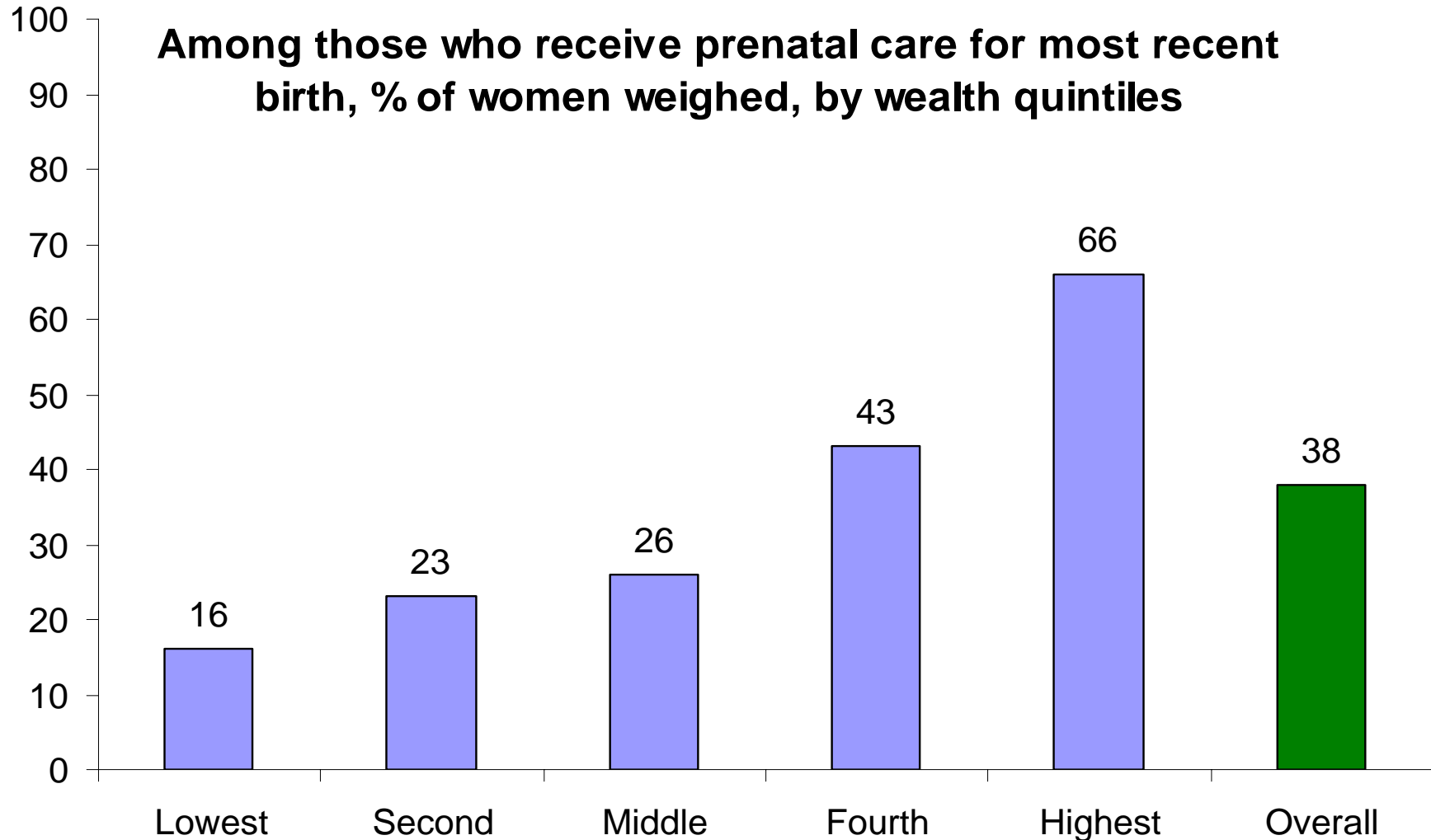
# Women who receive prenatal care receive care of uneven quality



# The quality of prenatal care provided is very poor outside major cities

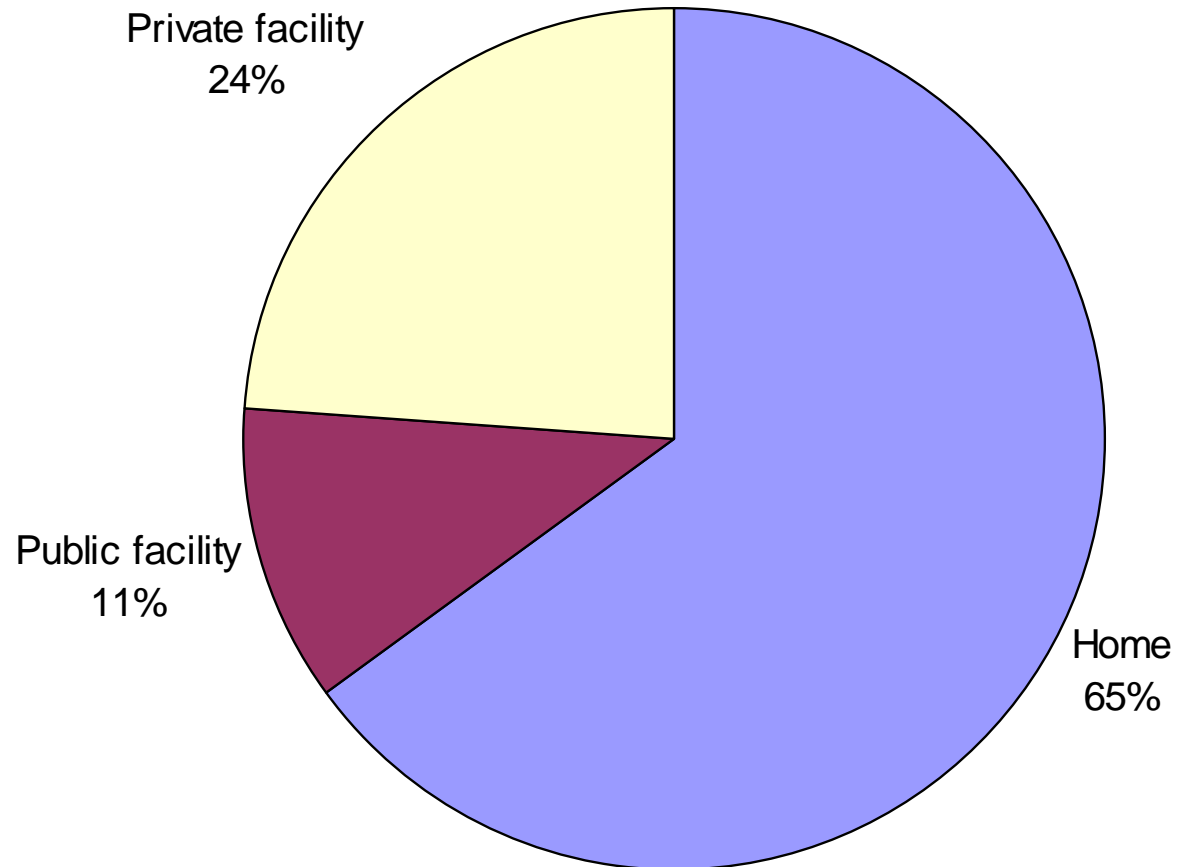


# The quality of prenatal care provided rises sharply with income



# 69% of births that occur at a facility occur at a private facility

**% of live births in last 5 years by place of delivery**



# Women do not deliver in a health facility because of lack of awareness of benefits and concerns about costs





# Barriers to receiving better care

- Low demand
  - Lack of awareness of benefits
  - Inability to pay
- Substantial variation in quality of care
- Can the private sector contribute towards a solution?



# Private provider networks

- The Sabz Sitara FP network was started in 1995  
- now 8,000 providers – doctors and LHVs
- The Goodlife MCNH network was started in 2005 – now 5,000 providers
- Overlapping clinics
- **What's in it for the providers?**
  - Provision of training by Greenstar
  - Interpersonal comm./demand creation activities in catchment areas of clinics to increase business
  - Quality assurance – visits by quality assurance team

# Training

- Family Planning
  - Counseling
  - Hormonal methods
  - IUD insertion
- Emergency Obstetric care
  - Partograph for progress of labor
  - Active management of third stage of labor
  - Management of pregnancy induced Hypertension
  - Management of APH, PPH
  - Management of puerperal sepsis

- Antenatal/Post Natal
  - WHO recommended Antenatal visit & their importance
  - Birth preparedness plan
  - Elements of Post Natal care
- Neonatal care
  - Immediate care of new born
  - Recognition of danger sign
  - Resuscitation
- Child care
  - Recognition of danger sign
  - Management of ARI, Diarrhoea, Fever
  - Immunization



# Interpersonal communication

- 2 weeks of IPC work in catchment area of new provider – repeated after 6 months
- Approximately 300 houses contacted during this period
- Women provided token for free consultation and discounted services on 3 “clinic sahoolat” days in these 2 weeks

# Token for free consultation

  
 خواتین کی بہتر صحت کے لیے

گڈ لائف کی جانب سے خواتین کے لئے  
**کلینک سہولت**  
**مفت مشورہ**







ریفر کئے گئے افراد کی تعداد لکھیے  
 زچہ \_\_\_\_\_ بچہ \_\_\_\_\_ فیملی پلاننگ \_\_\_\_\_

ماں اور بچے کی بہتر صحت کے لئے کلینک سہولت میں  
 تشریف لائیں۔ جس میں \_\_\_\_\_  
 اور گڈ لائف کی ماہر ڈاکٹر شرکت کریں گی۔

1- تاریخ:	1- وقت:
2- تاریخ:	2- وقت:
3- تاریخ:	3- وقت:

مقام:

کلائنٹ کا نام: \_\_\_\_\_

شوہر یا والد کا نام: \_\_\_\_\_

عمر: \_\_\_\_\_

مکمل پتہ: \_\_\_\_\_

ٹوکن دینے کی تاریخ: \_\_\_\_\_

ٹوکن دینے کی وجہ: \_\_\_\_\_

کلائنٹ کو دی گئی سروس: \_\_\_\_\_

ورکر کا نام:

FHO	FOW	MOW
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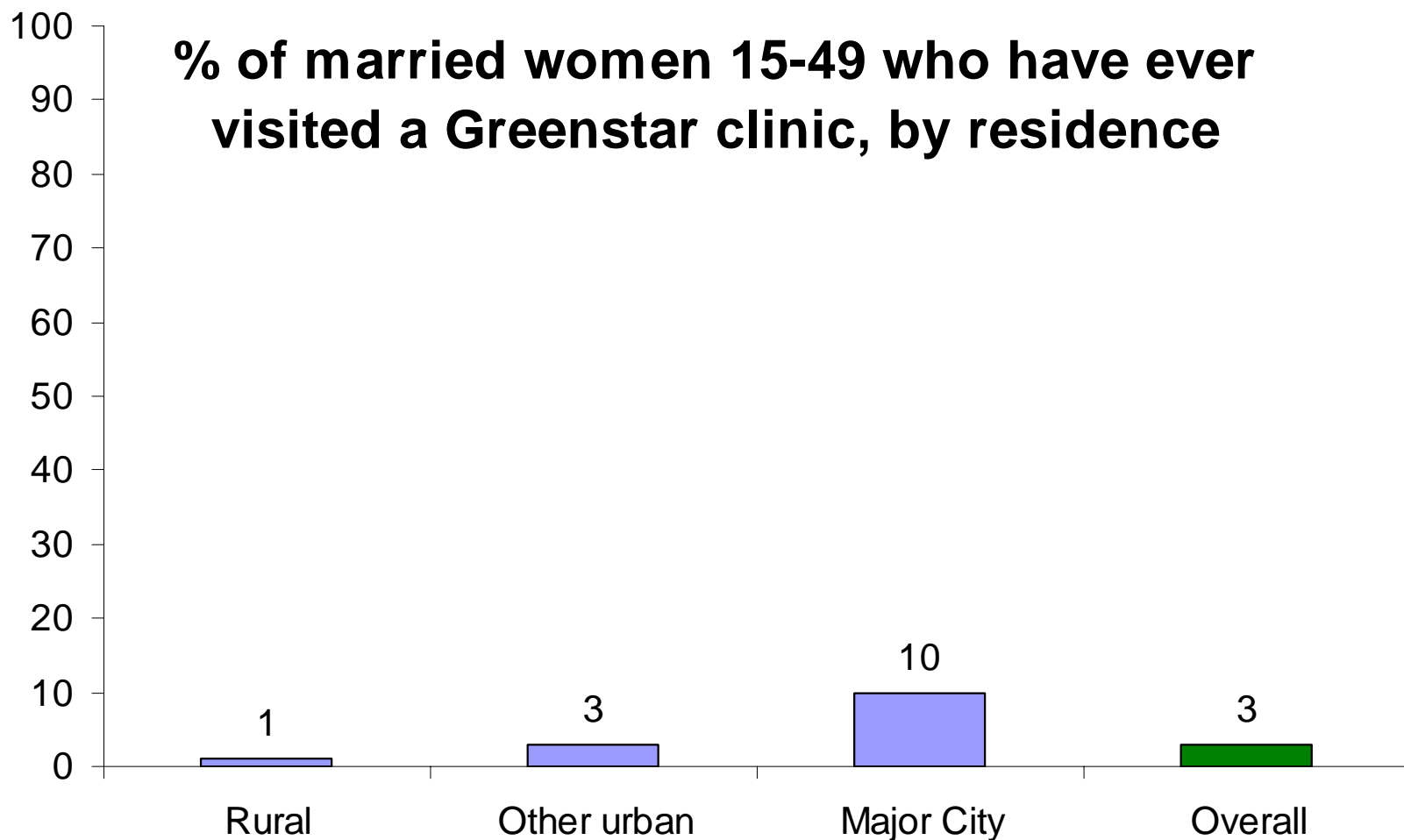
ورکر:



# Quality assurance

- About 50 medical doctors who serve as trainers to network providers make regular quality assurance visits
- Service provision is observed during these visits
- Every provider is visited quarterly
- Providers are also observed during “Clinic Sahoolats”
  - Particularly important for less frequent procedures such as IUD insertion

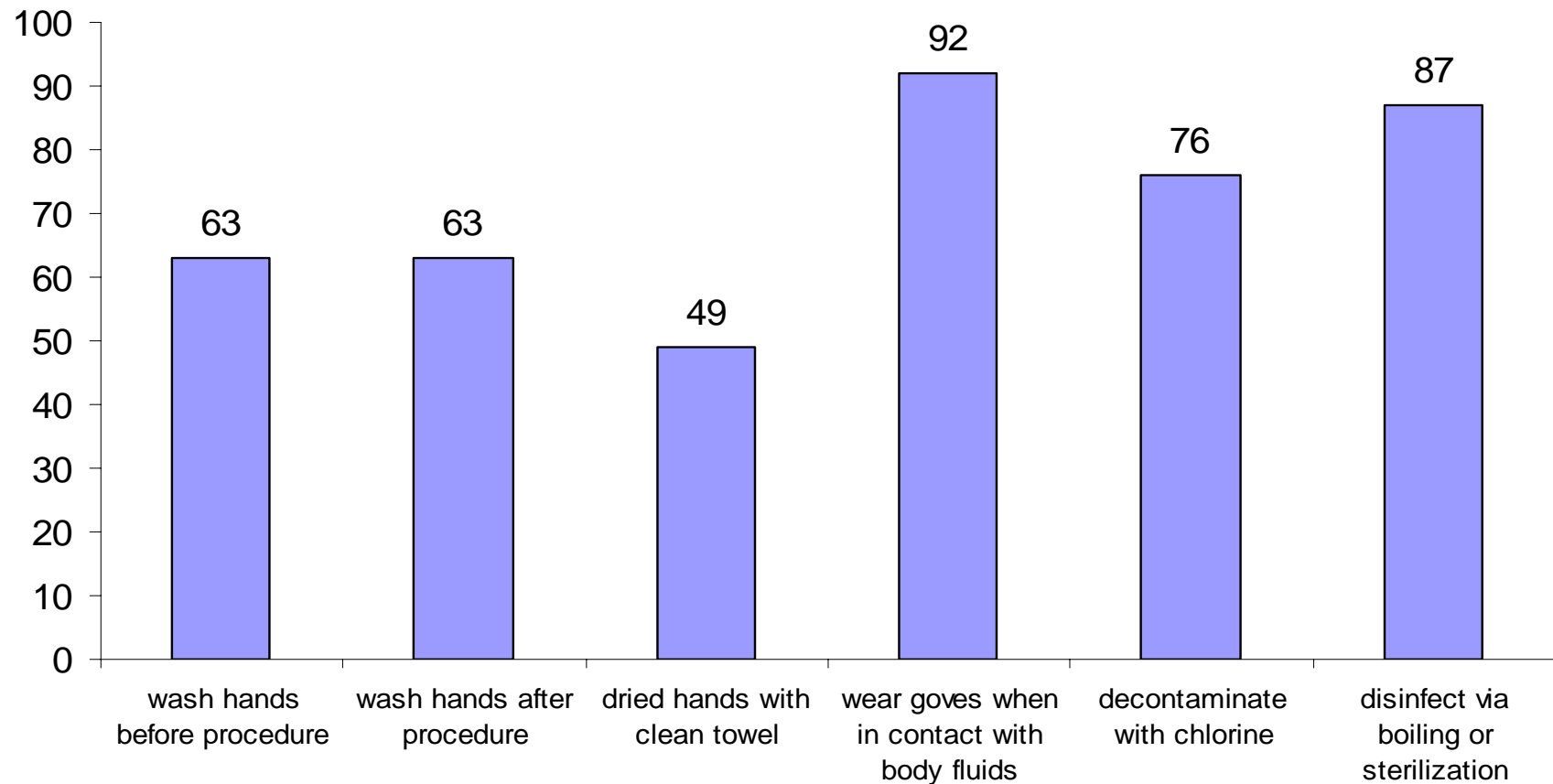
## About 10% of women in major urban areas report having visited a Sabz Sitaara clinic



Source: National Survey of Reproductive Age women, 2008 (ACNielsen)

# Infection prevention practices need improvement

**% of providers who followed various aspects of infection prevention**



# One small experiment has been conducted in low-income urban areas of one of the poorest districts in Pakistan – DG Khan

- Address social and cultural barriers to utilization of maternal health services
  - One female outreach worker (FOW) based in each union council. The total population of all 6 UCs is 219,641. Each UC has annual births of about 1,000.
  - One male supervisors supervising 6 FOWs
- Address supply barriers through improved quality of care
  - Providers have gone through training modules
- Address monetary costs through MNCH “vouchers”
  - Women receive voucher booklet worth Rs. 5,250 (or \$67).
  - Coupons for 3 prenatal visits, 1 postnatal visit, 1 FP visit. Women receives service for free and provider pays woman 50 Rs. (or 60 cents) for transportation for each visit. Provider reimbursed 100-200 Rs. per visit, plus reimbursed for transportation paid out.
  - Includes Rs. 3,450 (or \$44) coupon for normal delivery – provider pays woman Rs. 550 (or \$7) for transportation. Rs. 9450 (or \$121) for caesarian. Rs. 550 for transport.
  - Coupons also for 1 ultrasound (Rs. 150) and 1 laboratory test (Rs. 200)
  - Have to pay Rs. 100 (or \$1.2) to “purchase” the booklet

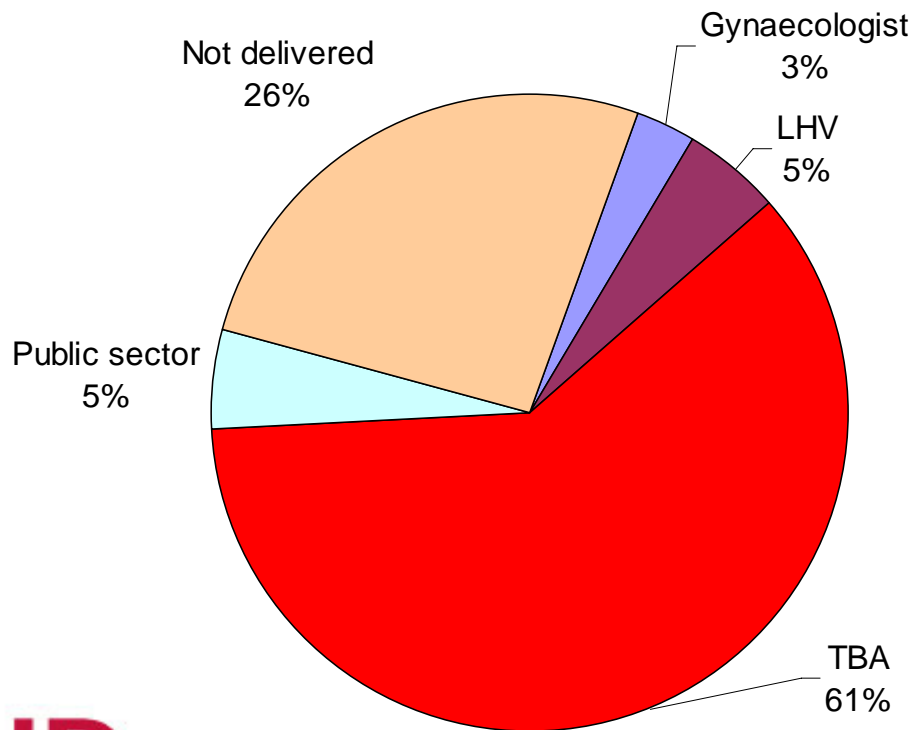


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# Targeting: DG Khan pilot (funded by PAIMAN) showed that for most recipients of vouchers the last delivery was attended by a TBA

% of pregnant women who received vouchers in 6 union councils of DG Khan by who conducted last delivery



Source: Project statistics

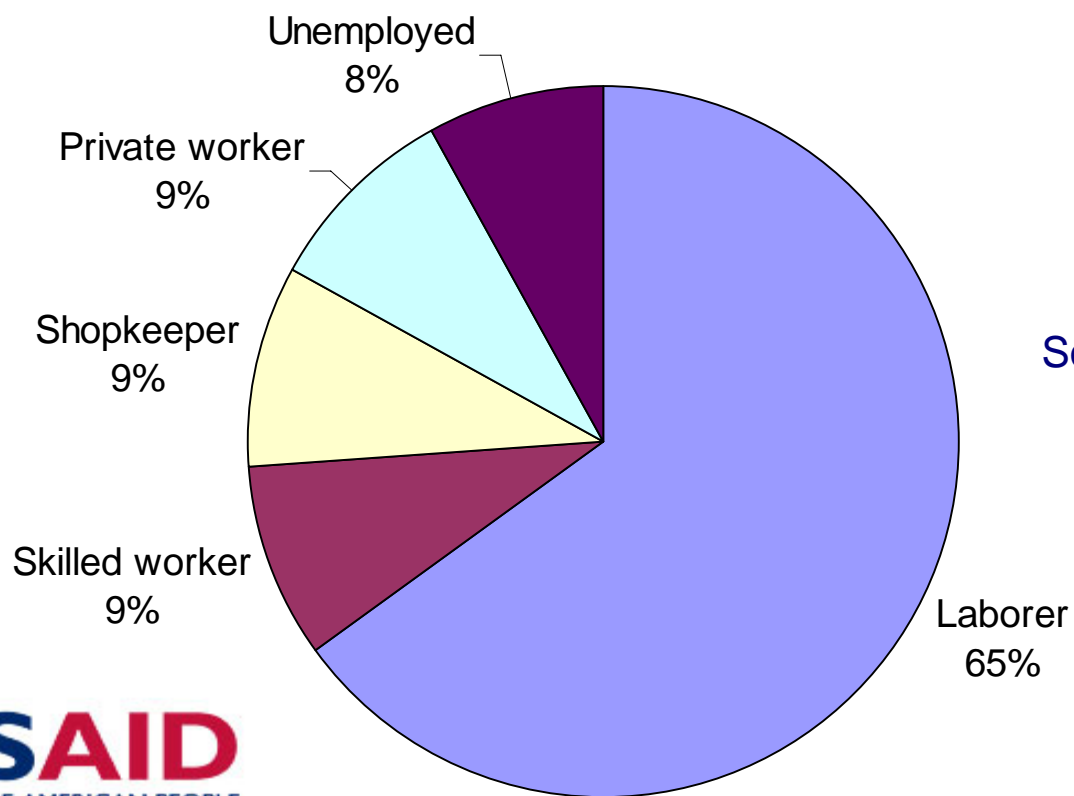


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# Targeting: DG Khan pilot showed that recipients had low socio-economic status

% of pregnant women who received vouchers in 6 UCs of DG Khan by husband's occupation



Source: Project statistics



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# How do we reach rural areas?

- A demand and supply side intervention is needed
- Address social, cultural and monetary barriers to utilization of maternal health services
- Increase availability of quality MCNH services



# Planned pilot in Jhang district

- Scale: pop. 720,000. No. of annual births: 19,400.
- No. of vouchers: 5,000
- Greater focus on quality:
  - baseline quality assessment of structural and process aspects of quality using a variety of tools, including observations of care; those not meeting quality standards not included (i.e. training not considered sufficient proxy for quality)
  - Introduce incentives to achieve quality
- Impact Evaluation:
  - Two naturally bounded voucher program areas and one comparison area
  - Quasi-experimental pre-test, post-test design
  - Assessment of changes in quality of service provision by facilities
  - Population level assessment of increased utilization of prenatal care, postnatal care, delivery with trained provider in facility



# Future plans

- Evaluate DG Khan voucher program through post-test only population-based survey
- Conduct impact evaluation of Jhang voucher program.
- Conduct a KfW funded voucher program in a second province – about half the resources needed to have scale of Jhang are available. Need \$300,000 to have Jhang scale. Need \$100,000 for evaluation.
- Develop advocacy strategy with donors based on current experience