



Targeting Resources and Efforts to the Poor

Applying the EQUITY Framework
A Case Study of Jharkhand, India



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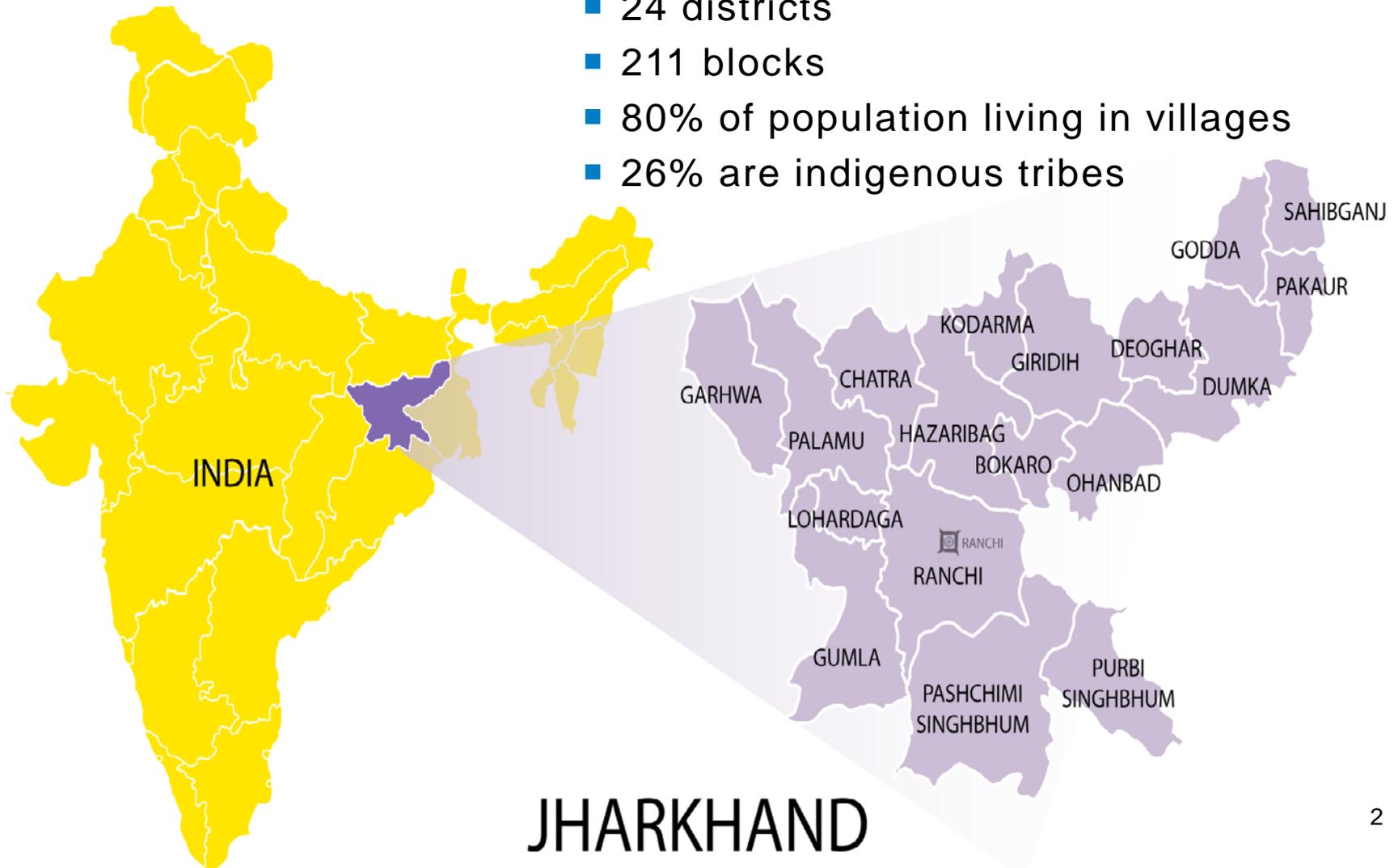
Dr. Rajna Mishra
Improving Financial Access to Health Services for the Poor
Calabar, Nigeria, November 2011



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Jharkhand: population of 33.97 million

- 24 districts
- 211 blocks
- 80% of population living in villages
- 26% are indigenous tribes



Context: reproductive health situation

- High maternal mortality ratio (278 per 100,000 live births as against 212, India)
- Infant mortality rate at 41 per 1,000 live births
- Total fertility rate is 3.2
- Contraceptive prevalence rate (CPR) low at 31% and use of modern spacing methods is only 6%
- Unmet need for FP is 35% (21% limiting) and (14% spacing)
- Only 9 % of women receive full antenatal care
- More than 80% of women deliver at home
- Only a little more than half the children receive full immunization

EQUITY Framework

Engaging and empowering the poor

Quantifying the level of inequality in healthcare use and health status

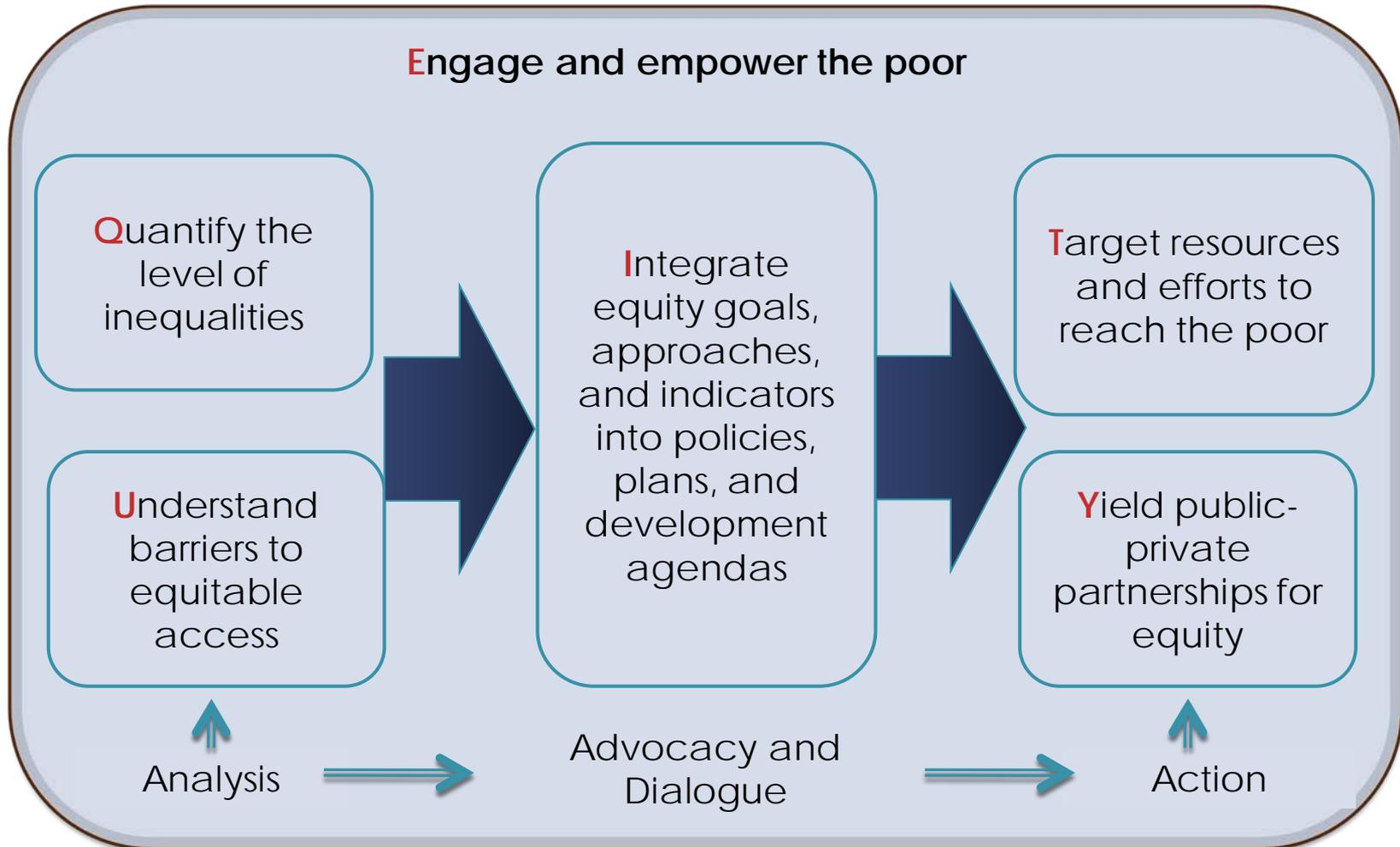
Understanding the barriers to access

Integrating equity goals, approaches, and indicators in policies, plans, and agendas

Targeting resources and efforts to the poor

Yielding public-private partnerships for equity

EQUITY Framework



E – Engaging and Empowering the Poor

Focus group discussions to engage the poor to

- Gather and understand evidence on operational and implementation aspects of services
- Understand the barriers in accessing FP/RH services
- Provide inputs on strategies to reduce the barriers

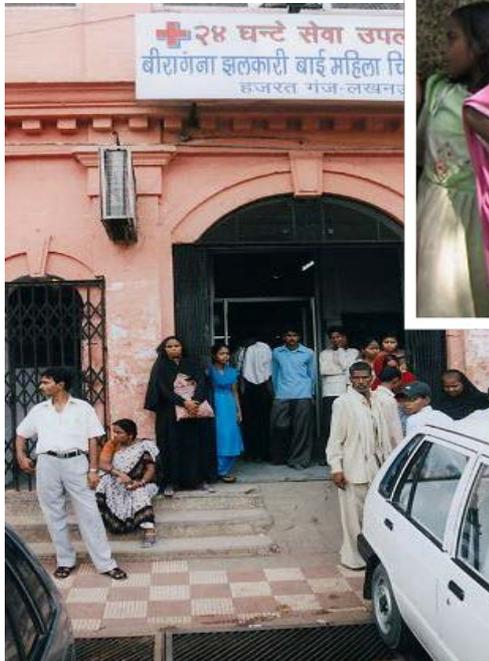


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Q- Quantifying the Level of Inequities

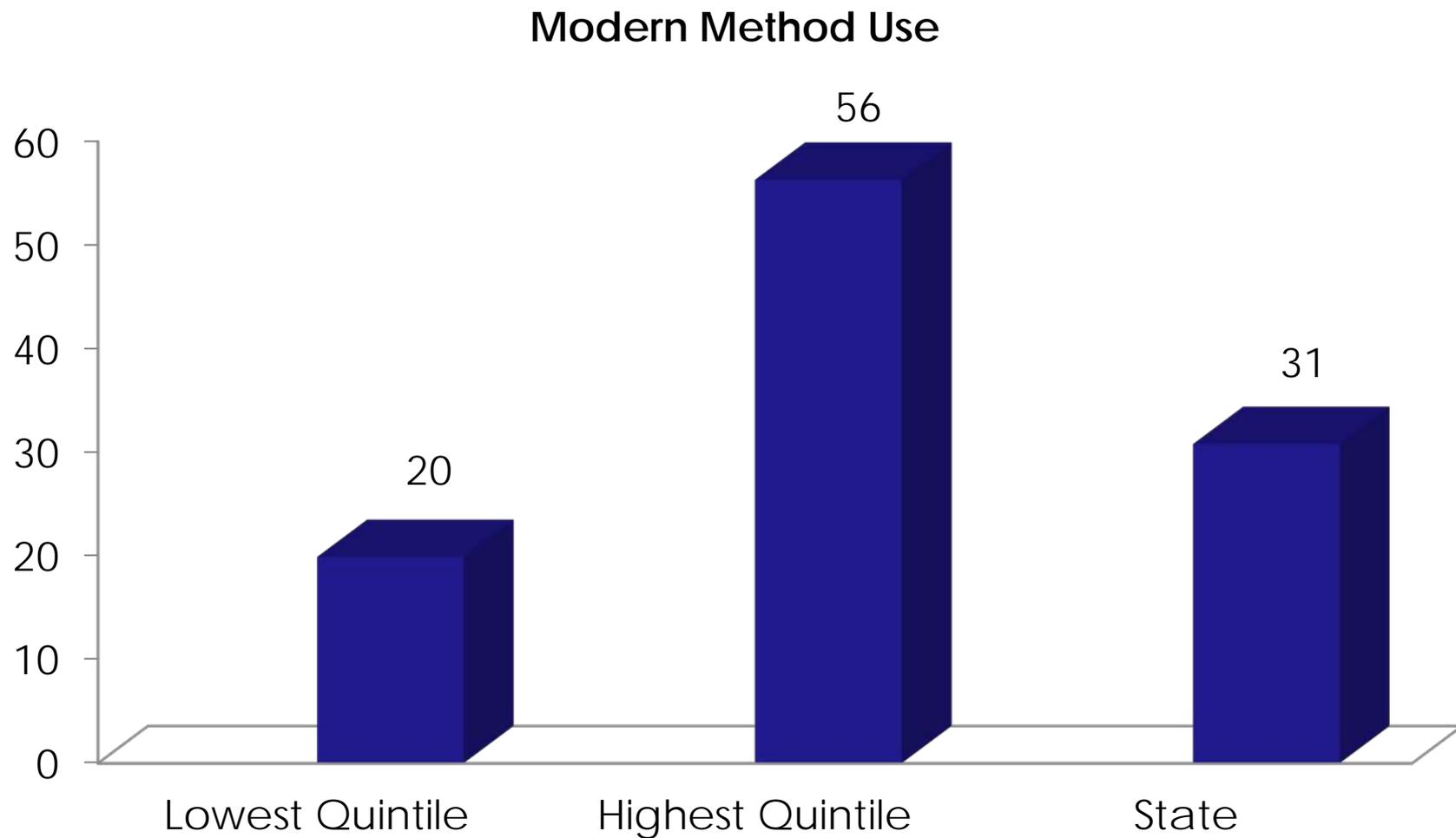
Poverty and Market Analysis for quantifying the levels of inequality in healthcare use and health status revealed:

- A strong connection between caste, class, and poverty
- Districts with large concentrations of vulnerable populations showed lower use of contraception
- Poor women showed unhealthy intervals (less than one year) between births in rural areas

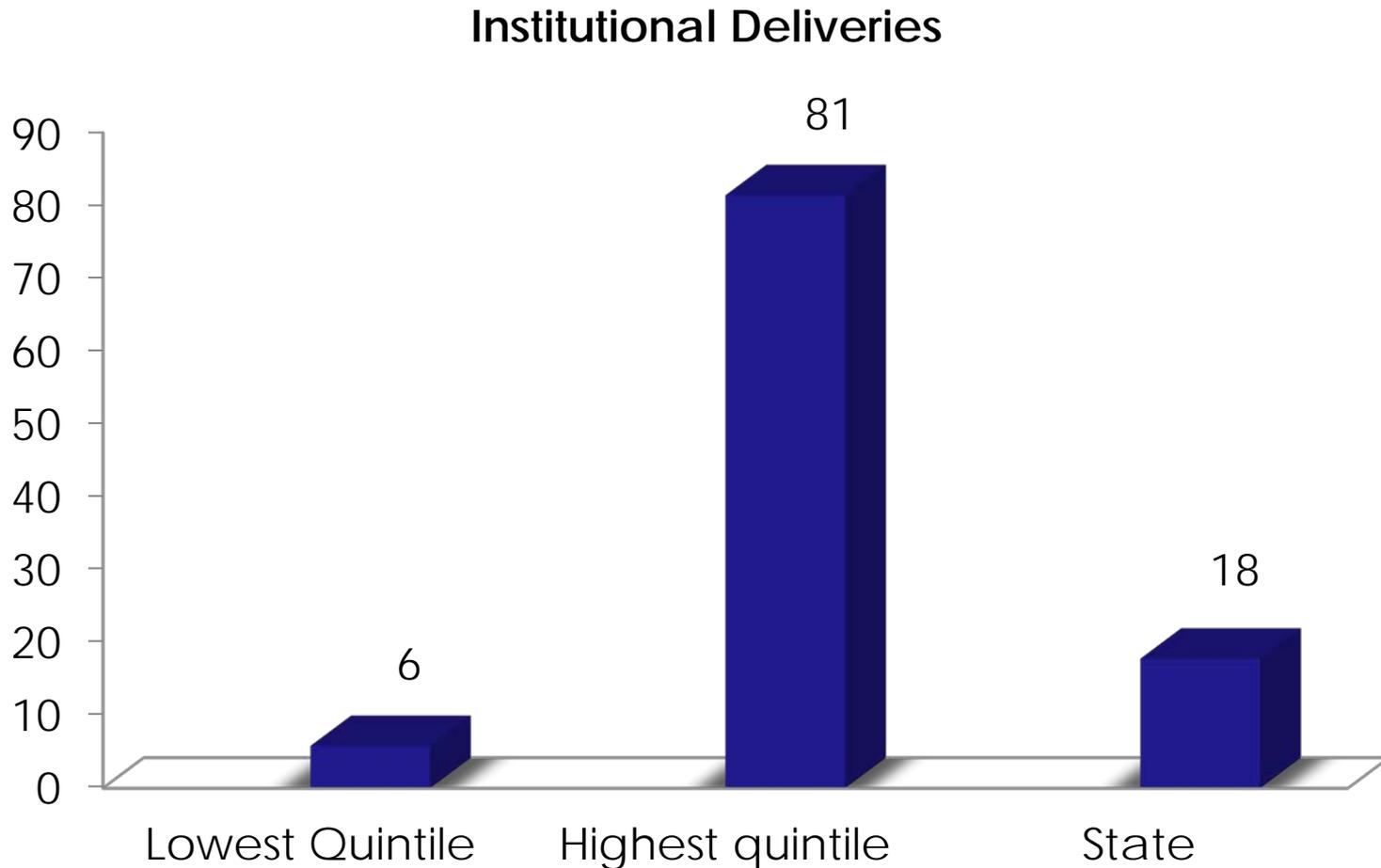


Photo credits: Health Policy Initiative, India

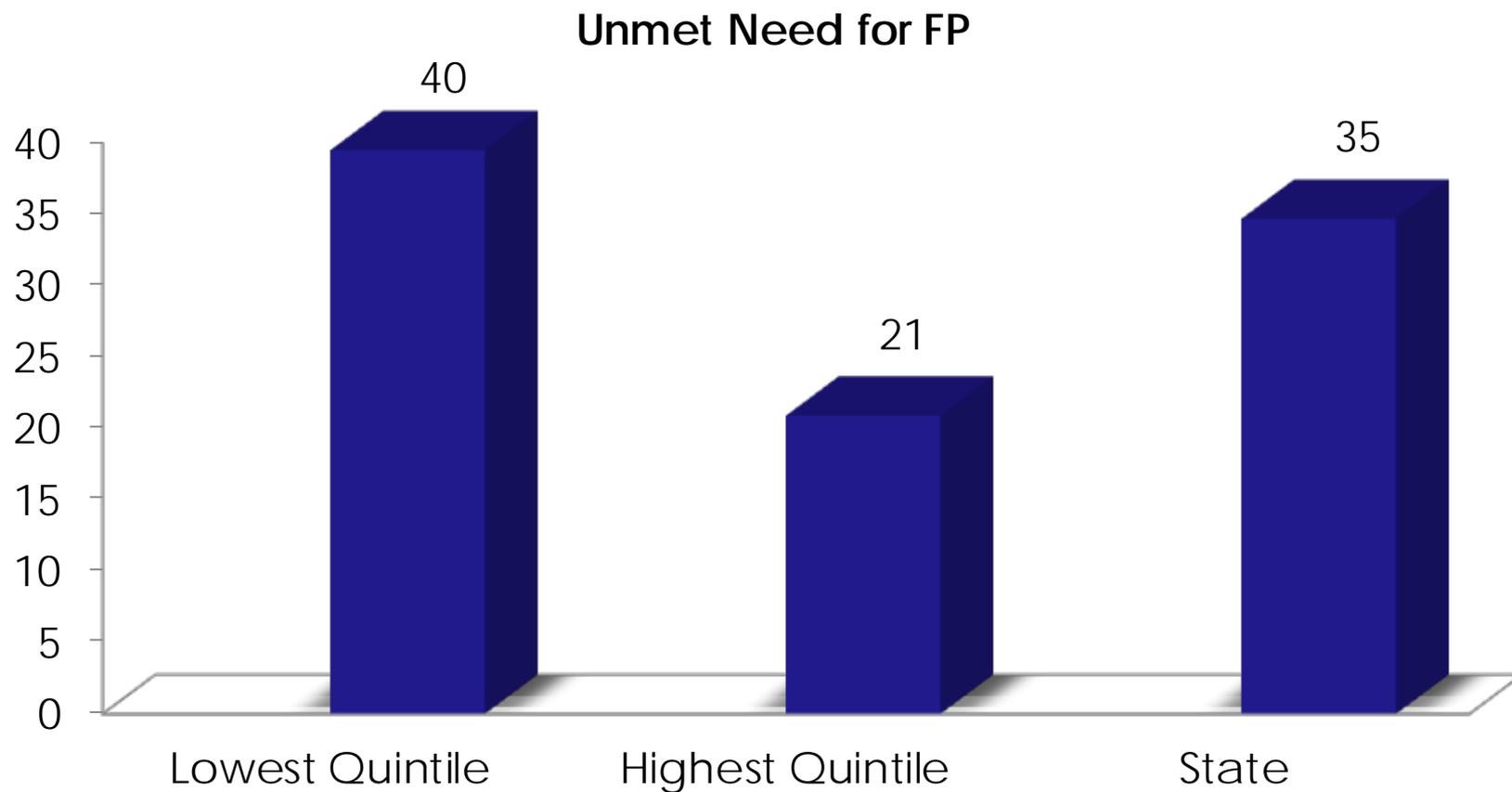
Modern method use is much lower among the poor in the state



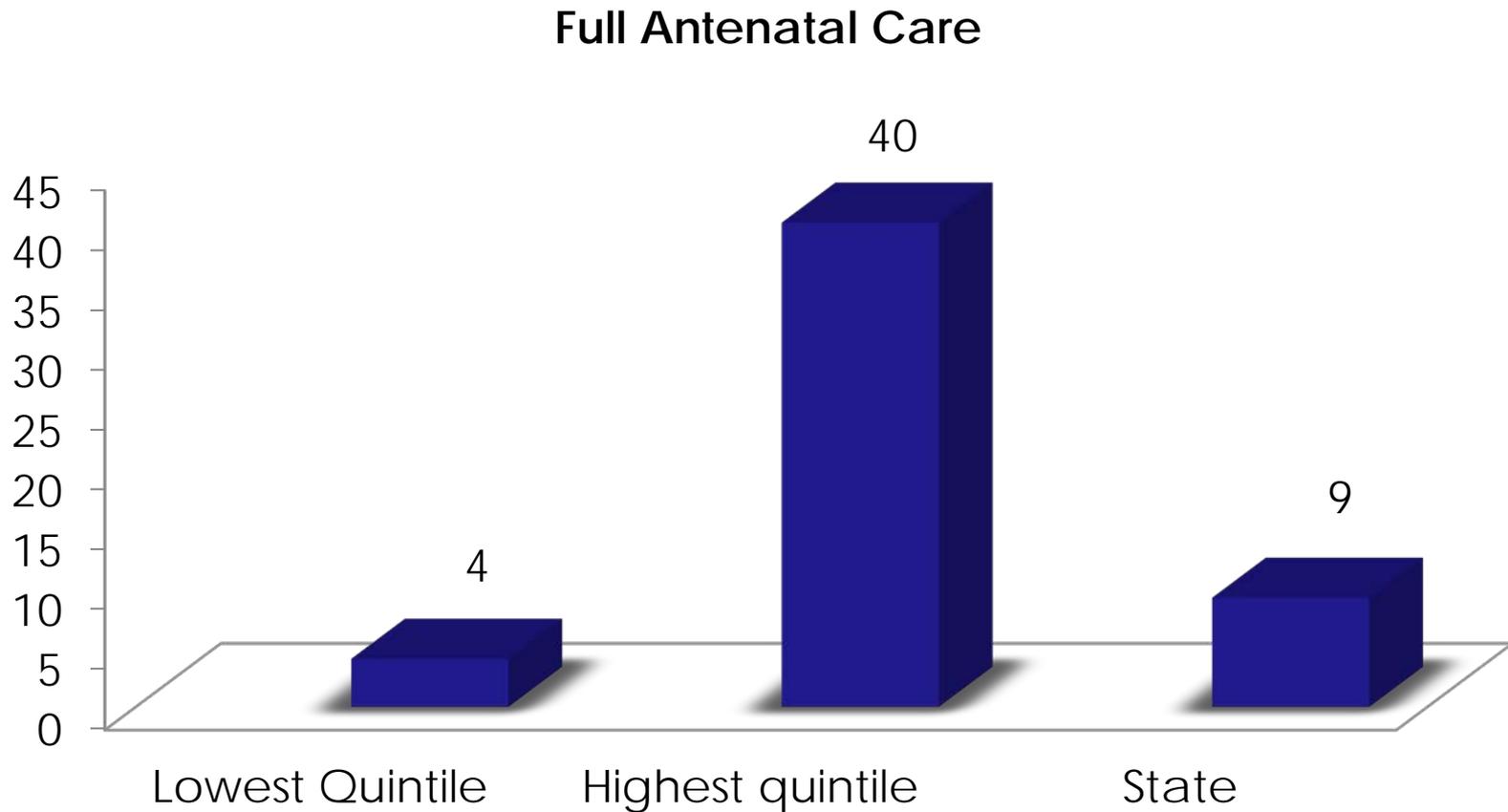
The poor tend to use institutional delivery services much less than the better-off



Similarly, the unmet need for family planning is much higher among poor



Very few women in the lowest quintile receive complete antenatal care



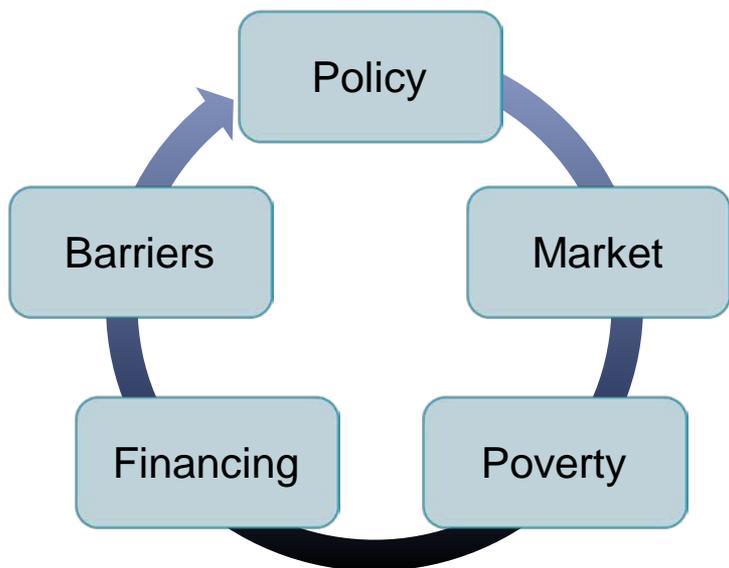
U– Understanding the Barriers

Key Barriers

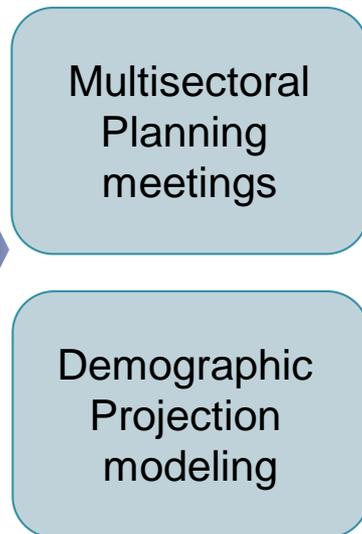
- Poverty, a barrier to accessing FP/RH services
- High illiteracy and lack of livelihood opportunities
- Socio-cultural and religious barriers
 - 38% women ages 15–19 years are married
 - 25% adolescents experience childbearing
- Inadequate health facilities and human resources
- Inaccessibility to facilities due to dense forests

I – Integrating Equity Goals in Policies and Plans

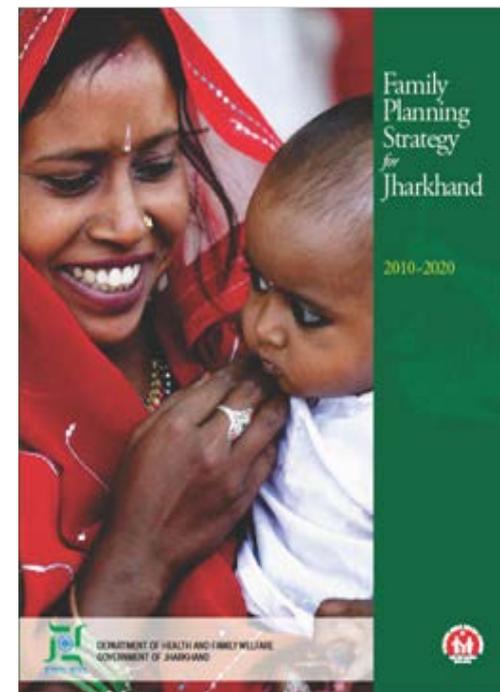
Analysis



Advocacy and Dialogue



Action



Equity goals as set in FP Strategy 2010

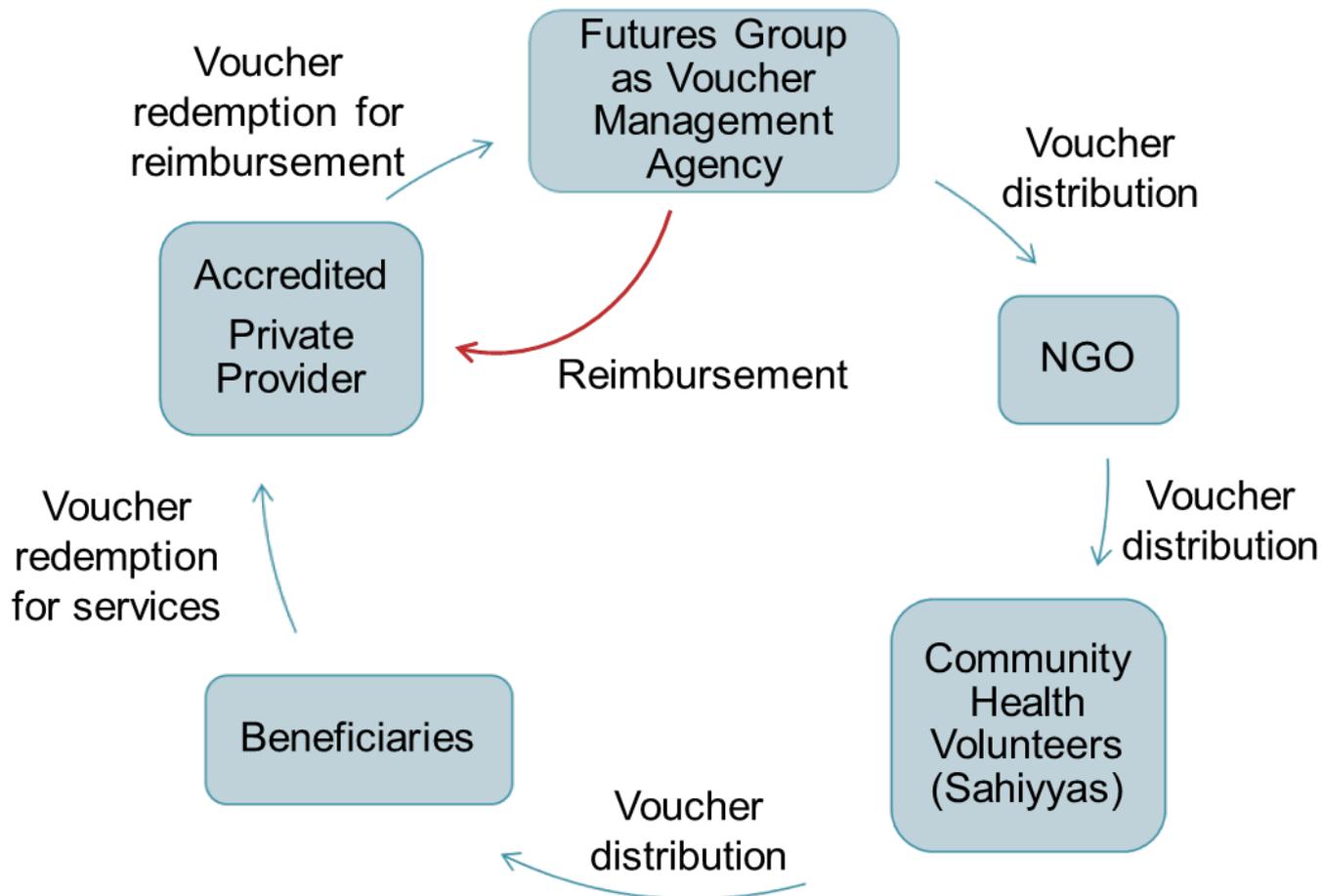
- Reduction in total fertility rates from 3.2 to 2.1 by 2020
- Increase in contraceptive prevalence rate from 32 to 54 percent
- Specific goals to reach the poor and underserved
- Indigenous population from 22 percent (2007–08) to 50 percent (2020)
- Poorest/Poor from 24 percent (2007–08) to 52 percent (2020)
- Rural population from 28 percent (2007–08) to 53 percent

T – Targeting Resources and Efforts for Poor

- Prioritization of districts with poor indicators and higher marginalized populations
- Implementation of demand-side financing mechanism such as **Voucher Scheme**, which aims to reduce inequities in reproductive healthcare by enabling access to services, while empowering the below poverty line population to choose their own provider



Voucher Management System



Advantages of Voucher Schemes

- Demonstrate potential to increase CPR through introduction of new contraceptive technologies
- Target below-the-poverty-line (BPL) population
- Improve service coverage and enhanced demand
- Improve quality of services
- Accredited private health facilities provide services to BPL families
- Provide a choice of service providers
- Create and manage a voucher system for availing predetermined RCH services
- Establish linkages with other stakeholders

Y – Yielding Public Private Partnerships

- Implementation of Mobile Medical Units (MMUs) in partnership with NGOs to improve the accessibility to RCH and family planning services in un-served and underserved areas
- 108 MMUs being operated by NGOs and reaching the poor



Photo courtesy of the Innovations in Family Planning Services Technical Assistance Project (ITAP)

Conclusion

EQUITY framework facilitated:

- A systematic and evidence-based effort to bring attention to improving FP access among the poor
- Government of Jharkhand's policy response to increase access to family planning services for the poor and target resources to reach the rural and urban poor



Thank You!

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