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Social Marketing

POLICY BRIEF NO.6

IMPACT OF MATERNAL HEALTH VOUCHER SCHEME ON FACILITY DELIVERY AMONG LOW INCOME WOMEN IN PAKISTAN

BACKGROUND

Performance-based financing (PBF) is the “transfer of money or material goods conditional on taking a measurable action or achieving a predetermined performance target”¹. PBF schemes are being used as a tool to improve health system performance and accountability in low and middle-income countries. There is, however, limited research on the effectiveness of PBF schemes. With funding from PSI’s Innovations Fund and Greenstar, a study was conducted to assess the impact of a demand-side financing voucher scheme implemented by Greenstar Social Marketing in Dera Ghazi Khan city, in order to increase facility delivery. The results of this study will add to the evidence base on the effects of demand-side financing schemes on the utilization of maternal health services.

STUDY APPROACH

D.G. Khan city is located in Southern Punjab, in one of the poorest districts of Pakistan and has an estimated population of 258,000. For a 12-month period from October 2008 to September 2009, maternal health service vouchers were marketed among low-income pregnant women in D.G.Khan, while services were provided by Greenstar-affiliated clinics in the area. The project’s implementation was funded by USAID through the PAIMAN project. Voucher booklets were sold at a price of Rs 100 (US\$ 1.25) to women who were identified as being extremely poor by outreach workers. Individual vouchers in the booklet could be redeemed for ANC facility, delivery and PNC. The redemption value of the vouchers in the booklet was Rs 4,500 (US\$ 56).

A pre-test/post-test non-experimental study design was used whereby household survey data was collected from a random sample of 681 women who delivered prior to the PBF intervention (from January 2008 to August 2008) and from a random sample of 741 women who delivered during the intervention period (from January 2009 to August 2009). The study was designed to compare the use of ANC, delivery at health facility, and the use of PNC between these two groups of women. Purchase of a voucher booklet was used as a measure of participation in the voucher scheme.

FINDINGS

About 13% of women who were pregnant during the period that the voucher intervention was implemented purchased vouchers. Figure 1 shows that purchase of vouchers was higher among women in the lowest socio-economic strata: 78% of voucher purchasers were from socio-economic groups D and E.

Figure 2 shows that participation in the voucher scheme was associated with a 16 percentage point increase in ANC use, a 20 percentage point increase in facility delivery and a 35 percentage point increase in PNC use between 2008 and 2009. The magnitude of the impact of the voucher scheme on facility delivery was comparable to the magnitude of the impact of women’s education on facility delivery. The impact on PNC was particularly large. There were no secular trends showing that facility delivery or PNC use would have increased in the absence of the voucher scheme. There was secular increase in ANC use. The study showed the persistent effect of socio-economic factors (such as mother’s age, education and autonomy, income level, type of neighborhood etc.), at individual, household and community levels, on the utilization of maternal health. The D.G. Khan intervention addressed barriers at all three levels by informing women of the benefits of facility delivery, providing households with financial assistance to cover out-of-pocket medical and transport costs and enabling the supply of services by private health professionals who were compensated for conducting deliveries of poor women.

¹ Eichler R, 2006. Can “Pay For Performance” Increase Utilization by the Poor and Improve Quality of Health Services. Discussion Paper. Centre For Global Development.

Figure 1. Socio-economic profile of pregnant women who purchased vouchers compared to other women

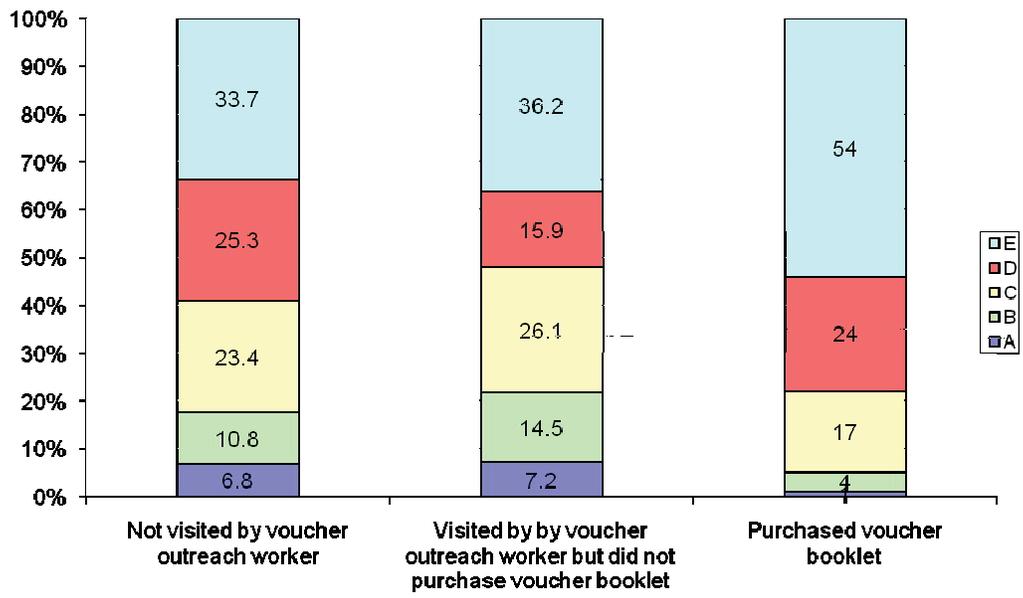
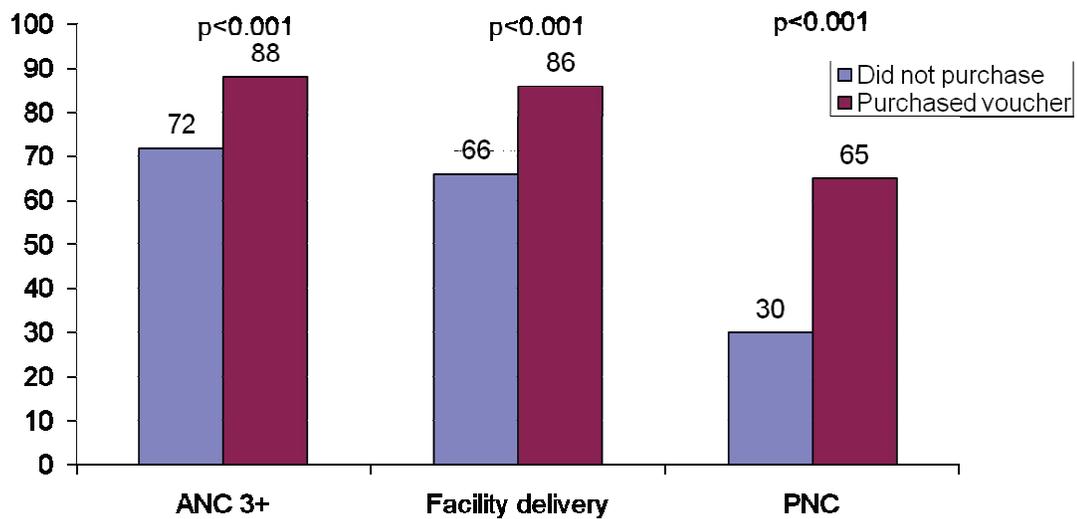


Figure 2. Adjusted effects of participation in voucher program on ANC Use, facility delivery and PNC Use



POLICY IMPLICATIONS

- The strong, persistent effects of socio-economic factors on facility delivery, and the lack of secular trends in facility delivery, highlight the need to implement interventions that eliminate financial obstacles to delivery at a health facility.
- Vouchers can be a powerful way of increasing PNC use.
- A demand-side intervention which directly targets poor, pregnant women with financial subsidies and provides them information through intensive outreach, can be very effective in increasing utilization of maternal health services.
- A Maternal, Neonatal and Child Health (MNCH) intervention should be accompanied by the provision of quality services within close proximity of the targeted community.
- A large-scale MNCH voucher intervention should be implemented in Pakistan to lower the maternal mortality ratio.