Results-based financing and family planning: Evidence from reproductive health vouchers programs

May 21, 2012
Ben Bellows, PhD
Overview

- Problem: Widening inequality generates greater need for targeted family planning services
- Proposed solution: Vouchers
- What is the current evidence on vouchers for family planning?
- In Kenya, how are vouchers designed and evaluated for family planning services?
- Moving forward
"Countries across Africa are becoming richer but whole sections of society are being left behind. The current pattern of trickle-down growth is leaving too many people in poverty, too many children hungry and too many young people without jobs."

- Africa Progress Panel, May 2012
FP 3rd most inequitable MNCH service in a review of 54 countries*

Solution: Vouchers to address equity

- Vouchers should be targeted to poor beneficiaries who would not have used the service if the voucher were not available, thus improving equity.
Solution cont.: Reasons for vouchers

- Vouchers are intended to influence the demand for and supply of health services
- Improve social protection coverage among the poor
- Trigger competition to improve services
- Generate greater efficiency for facilities seeing higher patient volumes.
- Build capacity, norms for social insurance
Current evidence: Number of active reproductive health voucher programs and services

<table>
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<tr>
<th>Year</th>
<th>SMH services</th>
<th>Family Planning</th>
<th>RTIs/STIs</th>
<th>Child Diseases</th>
<th>SRH care for youth</th>
<th>Safe Abortion</th>
<th>Cervical Cancer screening</th>
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Current evidence: Reproductive health voucher impact

- Robust evidence: increase utilization (13 RH studies, 0 FP studies)

- Modest evidence: improve health status (6 RH studies, 1 FP study)

- Modest evidence: effectively target specific populations (4 RH studies, 0 FP studies)

- Modest evidence: improve service quality (3 RH studies; 1 FP study)

- Insufficient evidence: determine efficiency (1 RH study, 0 FP studies)
Kenya program rationale and objectives

- Rationale: High levels of unmet need and low use of long term/permanent family planning methods (LAPMs), particularly among poor women

- FP voucher service objectives:
  - Increase access to LAPMs in Kenya
  - Improve the equity of access to contraceptives
  - Improve quality of FP service provision
Government of Kenya Vision 2030 flagship voucher program

- Safe motherhood
- Family planning

- Gender-based violence
  - medical exam, treatment, counseling, support services
Kenya Vouchers Design & Functions

Government stewardship & funding

Voucher management unit/s
(facility accreditation, contracts, claims)

Service implementation

Client

Facility
Kenya FP vouchers rollout

- Kenya Government contracts PriceWaterhouseCoopers to implement.

- Phase I: 2006-2008
  - Began in rural and urban communities
  - Contracted 54 private & public facilities

- Phase II: 2009-2011
  - Contracted 30 additional facilities from original districts

- Phase III: 2012-2015
  - New 3-4 districts to be added
  - FP service will integrate short term methods.
Kenya evaluation: Study design

- Design: Before-and-after with controls
- Outcomes: Assess change in access and inequities

- Exposure 1: interviewed at sampled households within 5 kilometers to either a contracted or a control facility
- Exposure 2: interviewed at exiting either a contracted or a control facility
Evaluation: Results chain for FP voucher

**Inputs**
- Budget for service delivery & demand generation activities

**Activities**
- Contract facilities.
- Engage community distributors.

**Outputs**
- Sell more than 50,000 vouchers

**Outcomes**
- Clients use voucher for long term family planning services

**Final outcomes**
- Population level use of long term methods increases; inequities decrease; access improves
Data and analysis

- **Data**
  - Baseline community survey in 2010 in voucher and control sites: 2,527 women (15-49), 658 men (15-54)
  - 1,823 client exit surveys for clients seeking voucher-related services

- **Analysis**
  - Cross-sectional, multivariate models
  - Equity estimated using concentration index, which measures level of use of each voucher service among poor and non-poor
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>
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<tr>
<td>Ever used vouchers</td>
<td>21%</td>
<td>0%</td>
<td>n/a</td>
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<td>Ever used LAPM</td>
<td>12%</td>
<td>10%</td>
<td>1.5* (1.0 –2.1)</td>
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<tr>
<td>Used LAPM past 12 months</td>
<td>8%</td>
<td>7%</td>
<td>1.4 (0.9 –2.2)</td>
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</table>

- No significant difference in use of LAPM in the past 12 months by exposure to the program
- However, there was a significant difference in “ever use” (12% vs 10%)
Lower inequality among vouchers

Absolute levels of inequity: facility level

Absolute levels of inequity: community

- Long-term method
- Facility delivery
- Skilled care

- Facility delivery
- Skilled care
- Post-natal care

Voucher clients - Non-voucher clients

Voucher sites - Non-voucher sites
Summary of Kenya Findings

- Kenya program associated with increased LAPMs use by voucher clients (new adopters)

- But there is little difference in community-level coverage of LAPMs between voucher and non-voucher catchment areas
  - Need for additional contracted providers
  - Provider and client norms on LAPMs are changing

- Equity is better among voucher populations, although there is still greater use among the better-off
Moving forward

- **Kenya family planning vouchers**
  - Expect that as program adds integrated voucher with greater method mix, that contraceptive prevalence will rise.
  - Expect that voucher providers will find LAPMs, particularly IUDs, more appealing with new reimbursement rates

- **Family planning vouchers**
  - Continued need for evaluation on the effectiveness of FP vouchers, particularly on equity.
  - High inequity in unmet need across low-income countries suggest targeted solutions, like vouchers, may be appropriate. Is there a “global fund” mechanism for FP vouchers?
Thank you

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Reimbursements: management costs
Summary of the Implementation Process

Planning and preparatory phase

- Planning and initial consultation
- Technical mission

Development phase

- Signing of formal agreement
- Set up
- Baseline
- Program Design
- Selection of VMA

Phase one

- Program launch
- Setting up of technical committee
- Bilateral talks for phase two
- Midterm review
- Reconstitution of technical committee
- No activity

Phase two

- Continuation of program under NCAPD
- Setting program management unit at the MoH

Planning and preparatory phase

- Fine tuning program and Preparation for phase two-commissioned study for transition

2003  2004  2005  2006  2007  2008  2009  2010  2011
Evaluating outcomes

Facility & Community levels
(before & after with controls design)

- Knowledge
- Quality
- Costs
- Utilization / Access
- Health status
Program sites

Distribution of Voucher and Control Facilities in Health Facility Evaluation

Legend
- Voucher Facility (33)
- Control Facility (17)
- Evaluation Facility Districts
- Districts
## Facility level: voucher clients

<table>
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<tr>
<th>Previously used LAPM</th>
<th>Obtained LAPM during visit</th>
<th>Obtained other methods</th>
<th>N</th>
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<tr>
<td>No</td>
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<tr>
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<td>36%</td>
<td>9%</td>
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<tr>
<td>Total</td>
<td>54%</td>
<td>23%</td>
<td>48</td>
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- Higher proportion of voucher clients who had not previously used LAPMs obtained the methods (60% vs
- Voucher clients who obtained other methods—mainly injectables (91%) and pills (9%)