

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

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# Overview

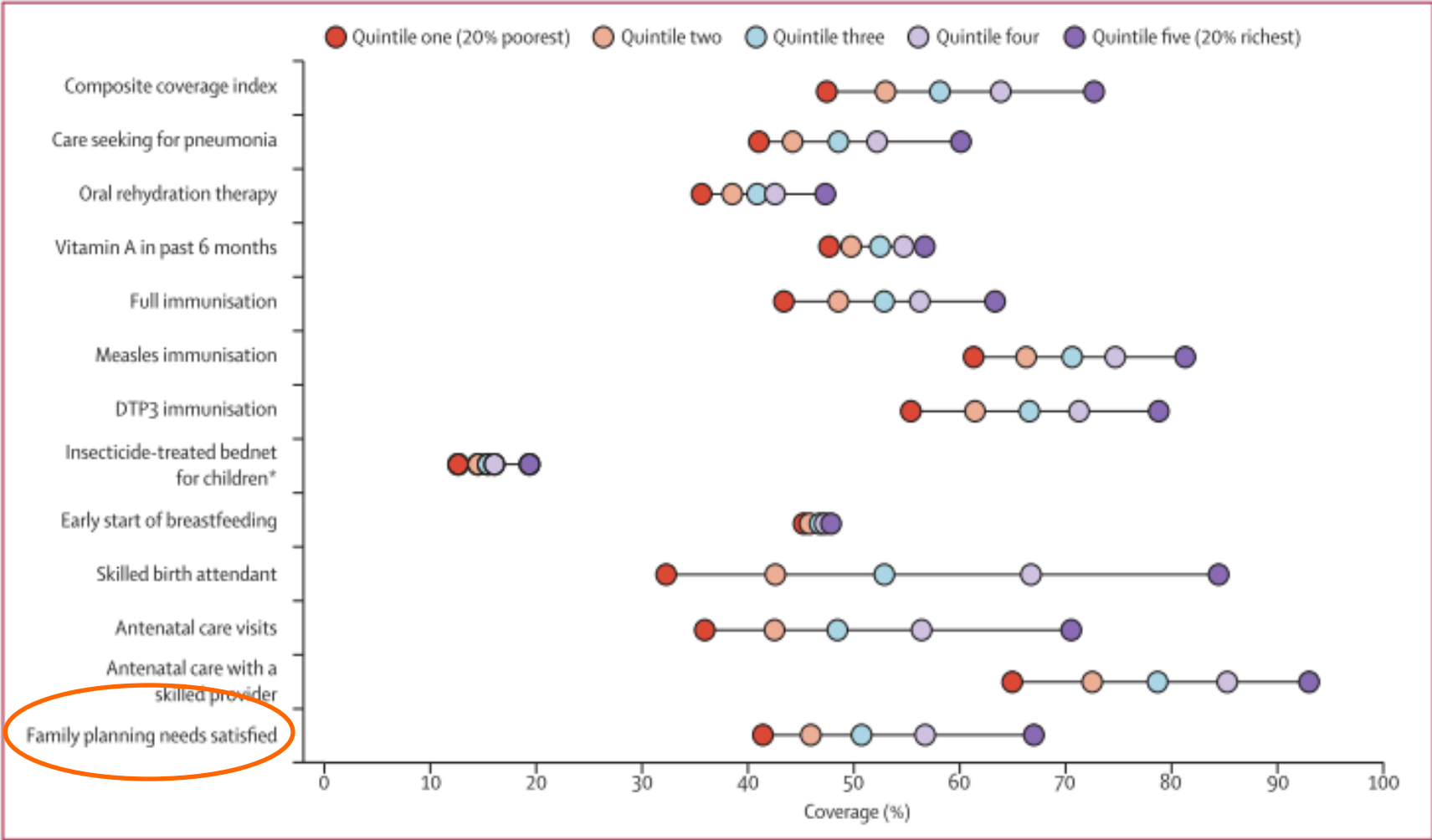
- Problem: Widening inequality generates greater need for targeted family planning services
- Proposed solution: Vouchers
- What is the current evidence on vouchers for family planning?
- In Kenya, how are vouchers designed and evaluated for family planning services?
- Moving forward

# Problem: Growing inequality within countries

"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 3<sup>rd</sup> most inequitable MNCH service in a review of 54 countries\**



**Figure 1: Mean coverage in each wealth quintile for the studied interventions in 54 Countdown countries**  
Coloured dots show the average coverage in each wealth quintile. Q1 is the 20% poorest wealth quintile; Q5 is the 20% richest. The distance between quintiles 1 and 5 represents absolute inequality. \* Appendix p 1 specifies age ranges of children.

\*Barros, A. J. D., Ronsmans, C., et al. (2012). “Equity in maternal, newborn, and child health interventions in Countdown to 2015: a retrospective review of survey data from 54 countries”. *Lancet*, 379(9822), 1225-33.

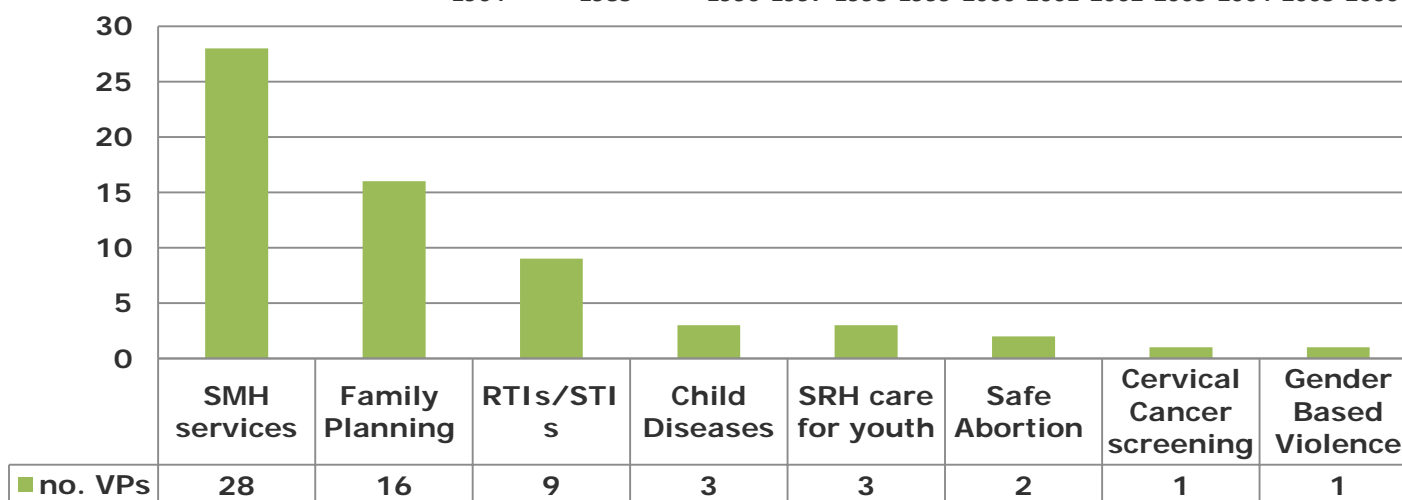
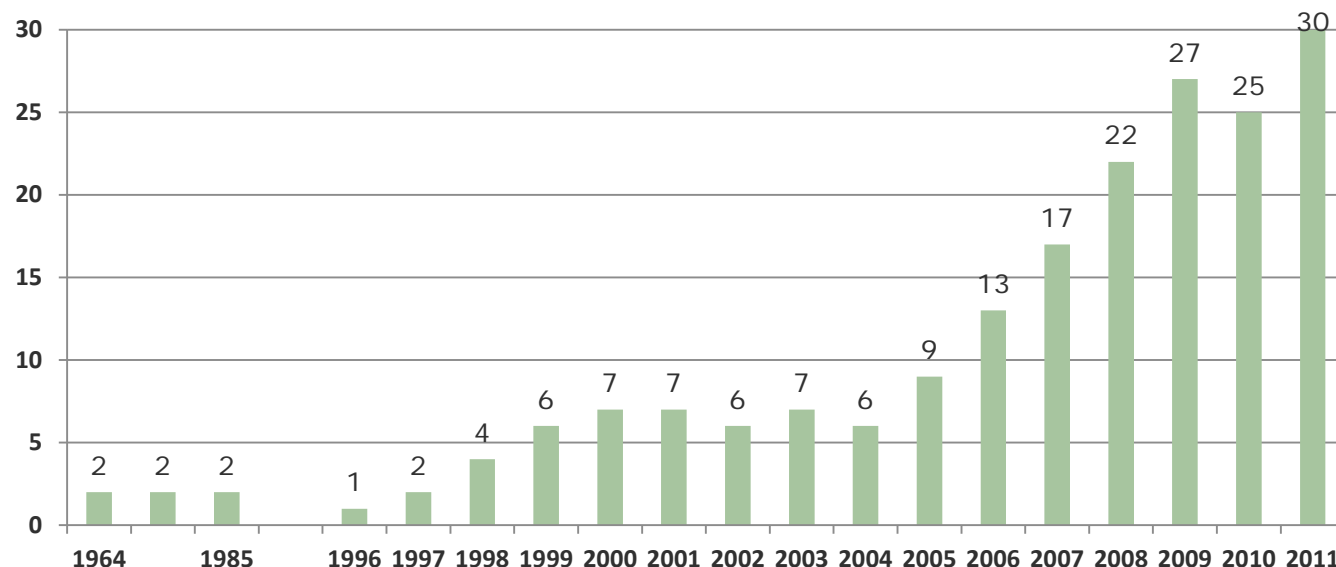
## Solution: Vouchers to address equity

- 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



# 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

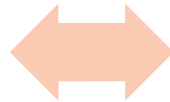
**Government stewardship & funding**

**Service implementation**

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

**Client**

**Facility**



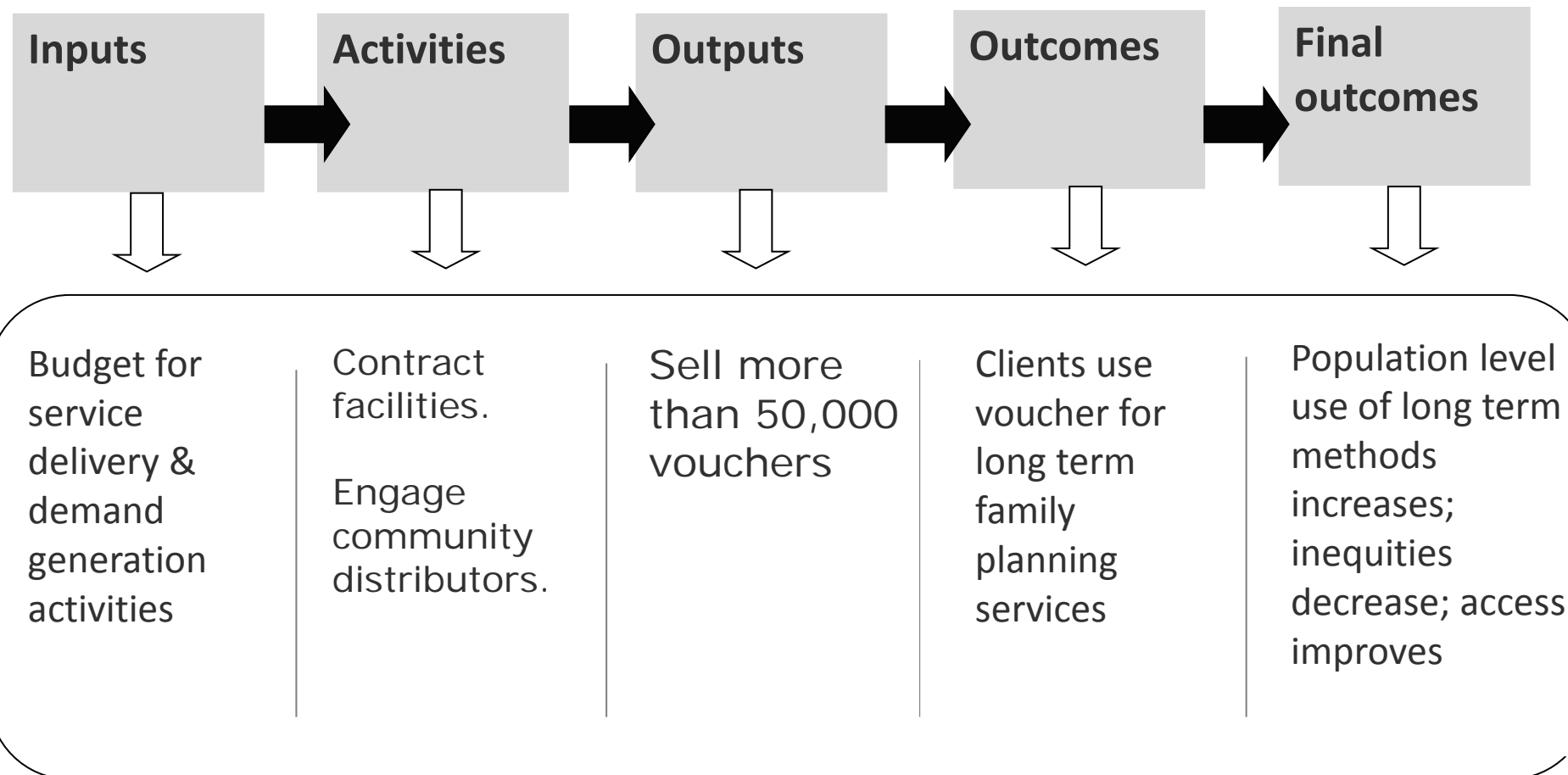
# Kenya FP vouchers rollout

- 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



# 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

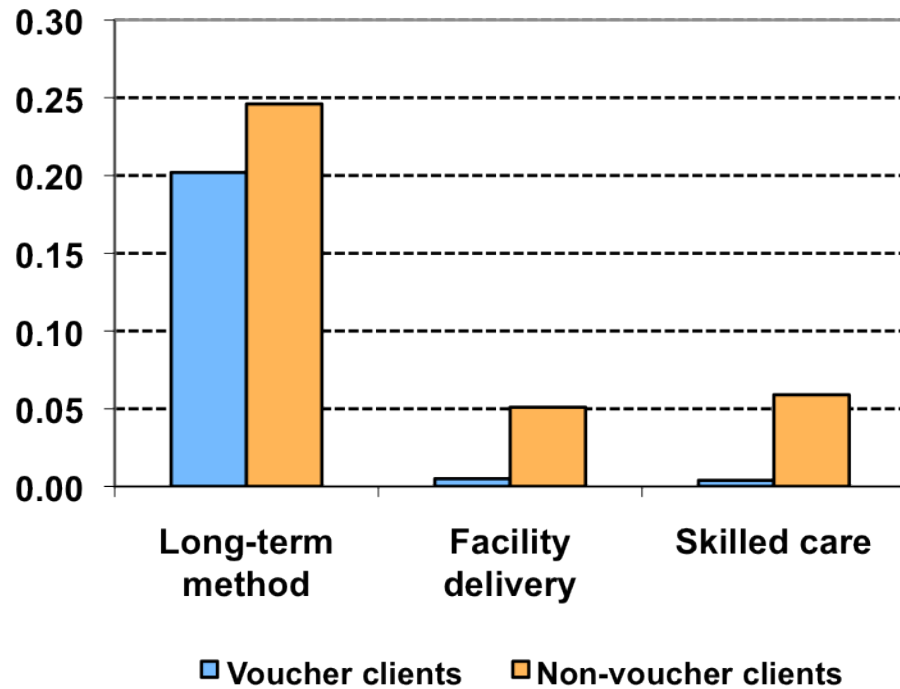
Indicator of service use	Exposed to program since 2006	Comparison site	Adjusted odds ratio (95% CI)
Ever used vouchers	21%	0%	n/a
Ever used LAPM	12%	10%	1.5* (1.0 –2.1)
Used LAPM past 12 months	8%	7%	1.4 (0.9 –2.2)

- 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%)

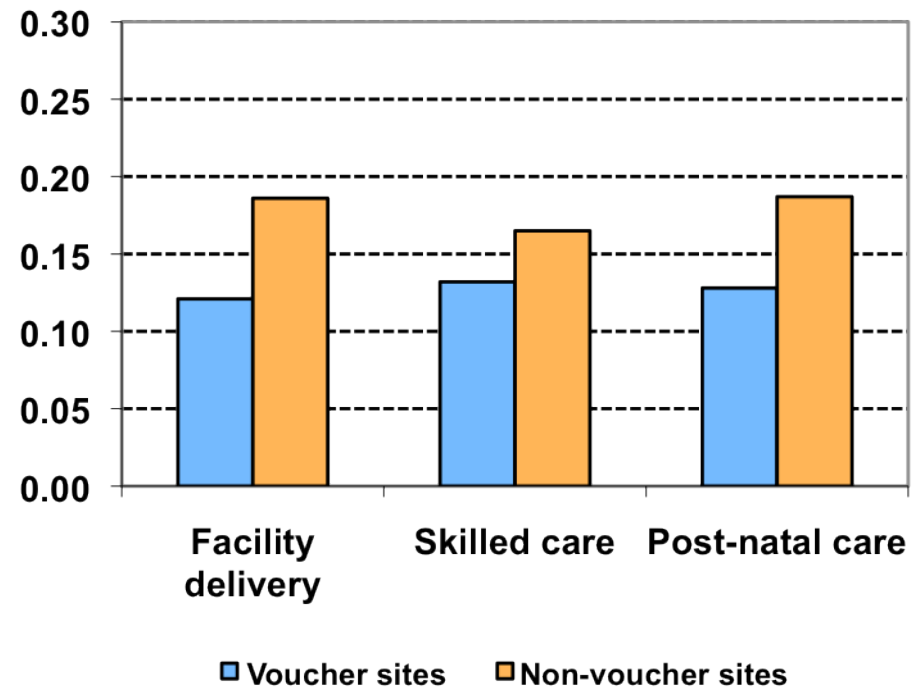


# Lower inequality among vouchers

Absolute levels of inequity: facility level



Absolute levels of inequity: community



# 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?

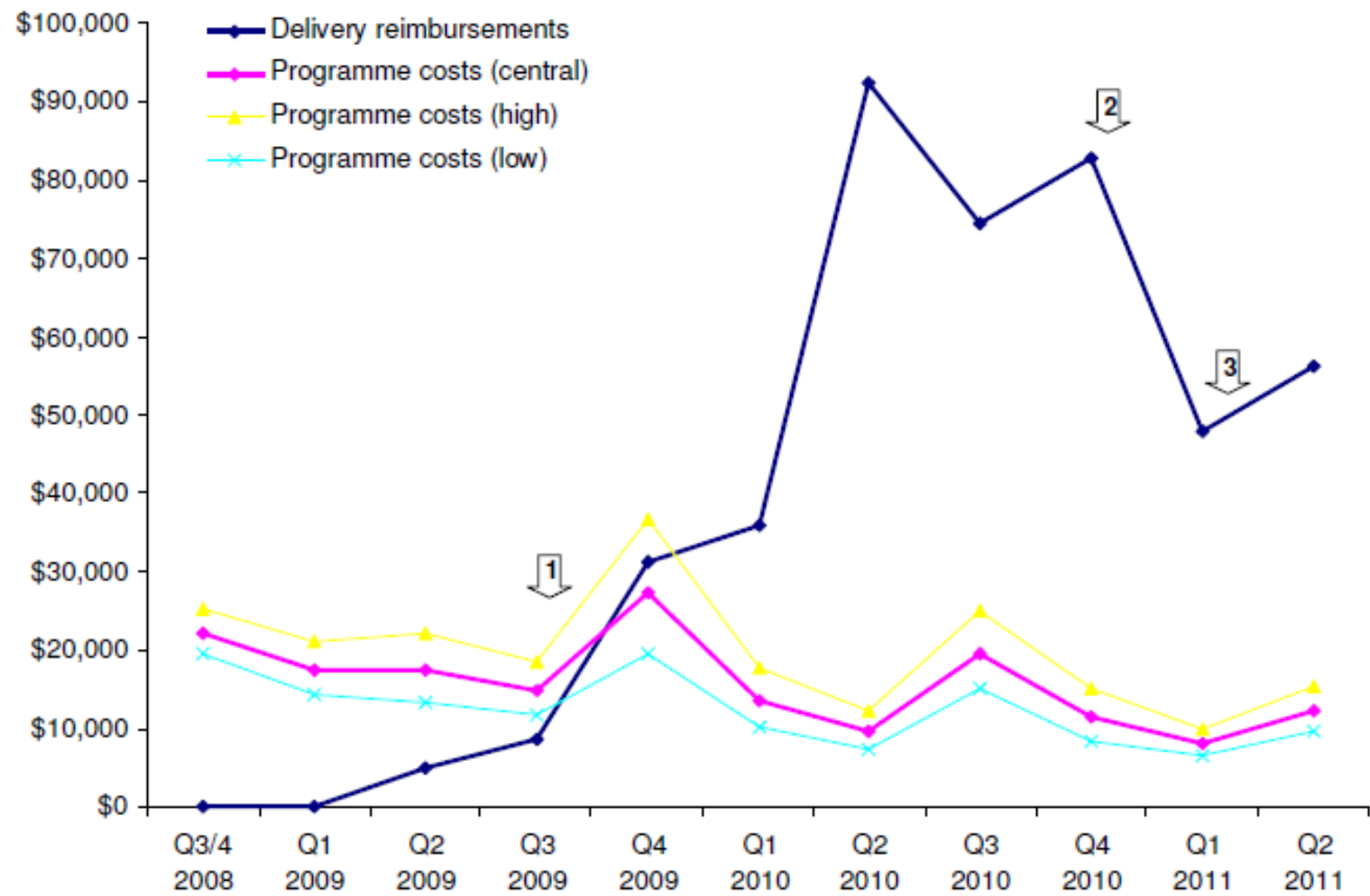
**Thank you**

**Ben Bellows, PhD**

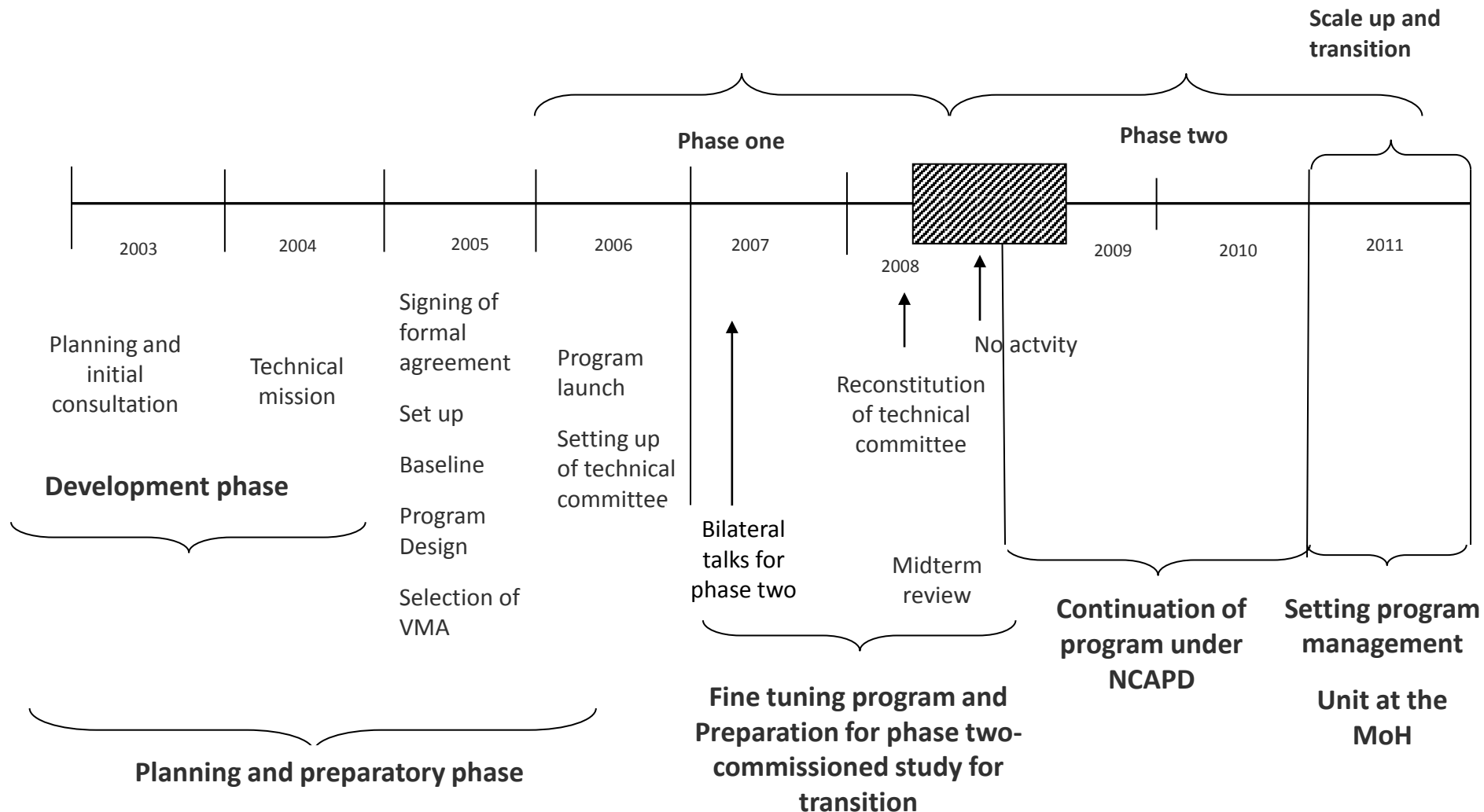
**[bbellows@popcouncil.org](mailto:bbellows@popcouncil.org)**

**[www.rhvouchers.org](http://www.rhvouchers.org)**

# Reimbursements : management costs



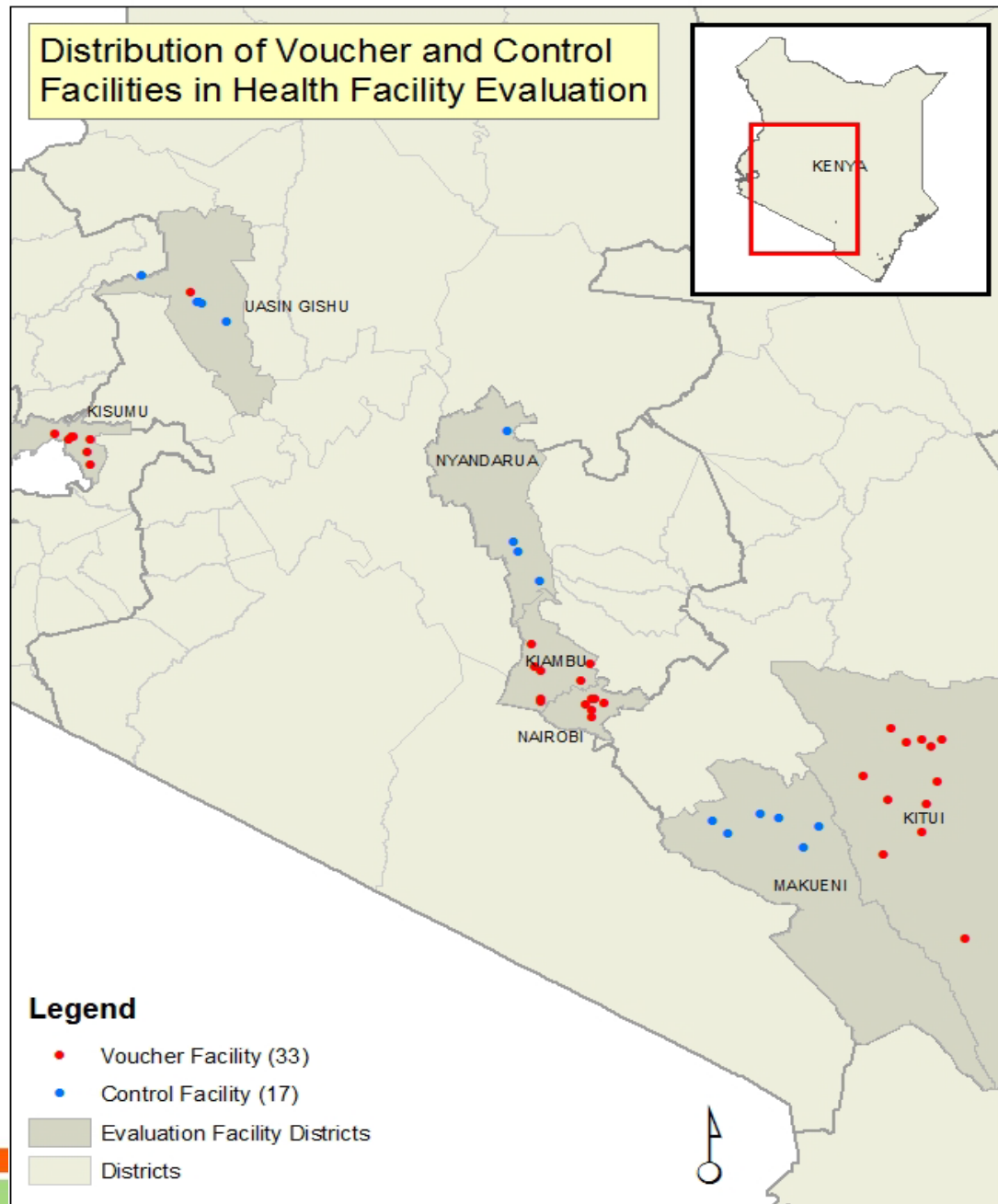
# Summary of the Implementation Process



# Evaluating outcomes



# Program sites





# Facility level: voucher clients

	Obtained LAPM during visit	Obtained other methods	<i>N</i>
Previously used LAPM			
No	60%	27%	37
Yes	36%	9%	11
Total	54%	23%	48

- 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%)