



Demand Side Financing Maternal Health Voucher Scheme in Bangladesh

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Background & Maternal Health Scenario in Bangladesh

- MMR in Bangladesh is 290– 300/100,000 live birth
- 88% of births are delivered at home
- Skilled birth attendants attend only 18% of births
- 80% Death occur at attempted home delivery
- 69 % of the poor households do not access to any ANC
- Improvement of services through supply side financing has not yet proved very successful
- Access of poor and vulnerable people is not satisfactory

National Safe Motherhood Program (under HNPSP)

Strengthening of health facilities to provide EmONC services

Community-based Skilled Birth Attendant Programme

Reduce Maternal Mortality & Morbidity

IEC

and

Others:

- Accelerating MNH Program
- MNCS
- MNCH

Demand Side Financing (DSF):
Maternal Health Voucher Scheme



BARRIERS OF HEALTH ACCESS

- Poverty or low socioeconomic condition
- Lack of awareness about the services
- Geographical situation
- Attitude of the providers



What is Demand Side Financing?

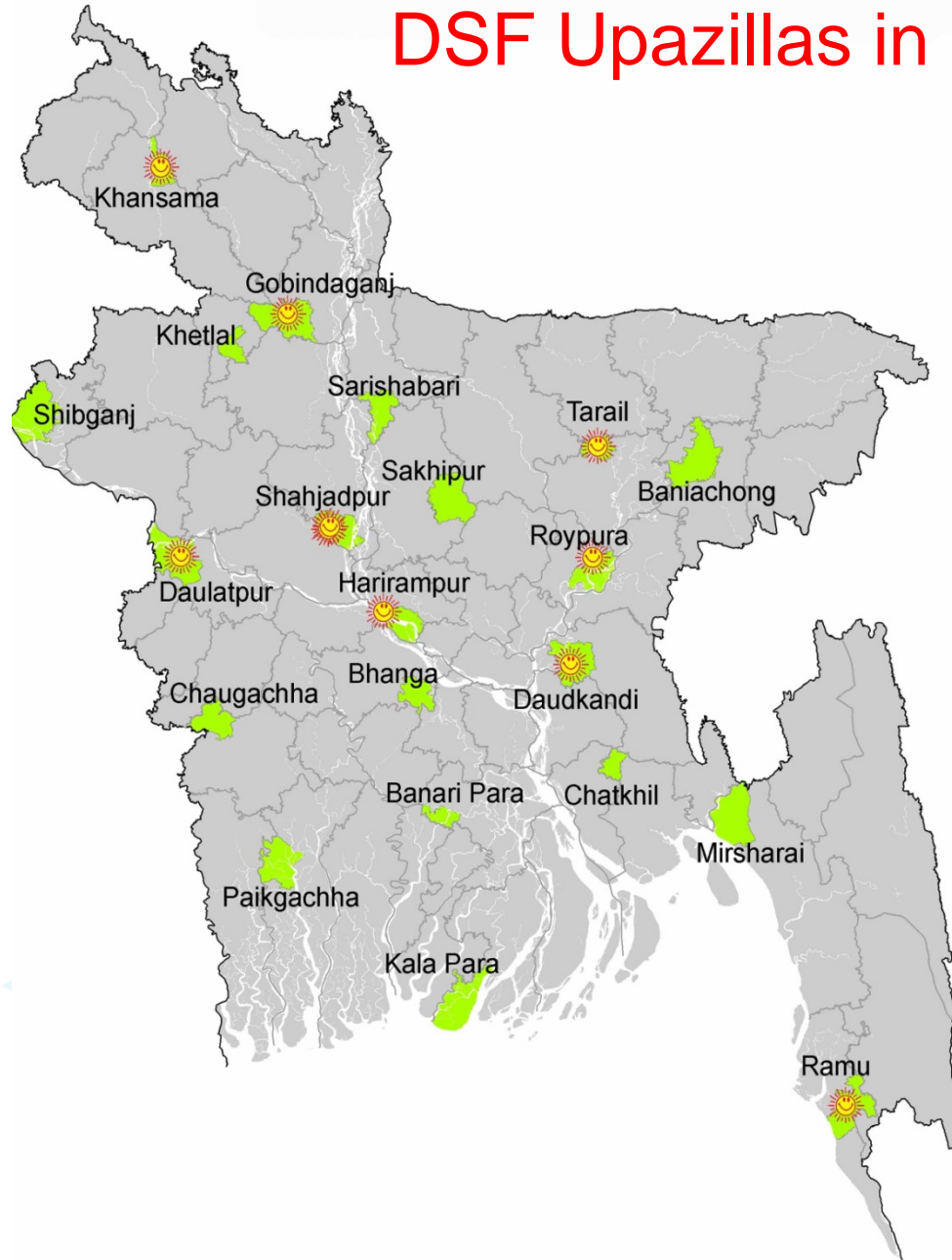
- Demand side financing directs subsidies to the target group to enable them to purchase specific services
- Voucher is a form of demand side financing
- Voucher is “a subsidy that grants limited purchasing power to an individual to choose among a assigned set of goods and services”.



Objectives of Maternal Health Voucher Scheme

- Maternal Health Voucher Scheme is a tool that will address Maternal & Neonatal mortality
- Aware & increase the demand for maternal health services among poor pregnant women
- Increase institutional delivery.
- Reduce the MMR & NMR

DSF Upazillas in Bangladesh



TARGET BENEFICIARIES

- Poor and vulnerable Pregnant Women.
 - Resident of the union
 - Functionally landless (owning less than 0.15 acres (607 sq. m) of land)
 - Extremely low and irregular income less than Tk. 2500 (about \$ 40) per house hold per month
 - Lack of productive assets

Entitlement of a Voucher Holder

- **Maternal healthcare package :**
 - **3 ANC**
 - **Safe delivery**
 - **1 PNC within 6 weeks of delivery**
- **Services for Obstetric Complications**
- **Subsidy**
 - **Taka 500 (\$ 7.00) for transport cost to voucher holders for institutional services**
 - **Taka up to 500 (\$7.00) for referral to District Hospital**
- **Gift to mother: costing Tk. 500 (\$7.00)**
- **Cash to mother: Tk.2000 (\$ 29.00)**



Providers of Services

- **Specified service package will be provided by Designated Providers & facilities.**
 - **from both Public, NGO and Private sector**
 - **include Doctors, Nurses, FWVs, CSBAs, Government health facilities, NGO health facilities, Private clinics and hospitals**

Reimbursement through Sonali Bank

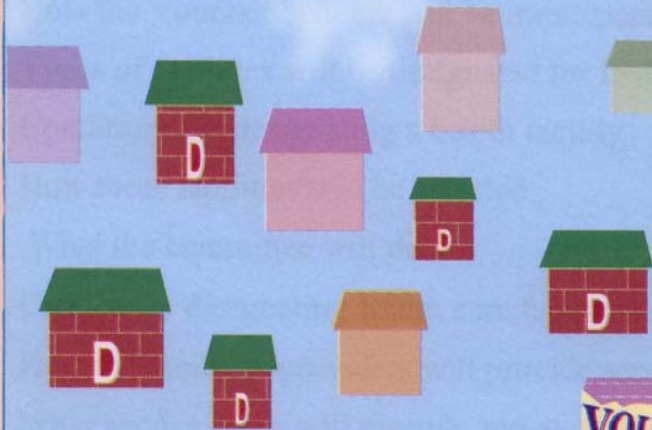
Price structure

Normal Obstetric Care & Care in Obstetrics Complications

Registration	Tk. 10.00 (\$ 0.15)
Lab tests for 3 ANCs (2 Blood and 2 Urine tests)	140.00 (\$ 2)
Consultation fees for 3 ANCs and 1 PNC	200.00 (\$ 3)
Safe Delivery	300.00 (\$ 4.3)
Medicines	100.00 (\$ 1.5)
Total	750 (\$ 10.8)

Type of Complications	Taka (\$)
Forceps/ Manual Removal of Placenta/ DE&C/ Vacuum extraction	1000 (\$14.5)
Management of Eclampsia	1000 (\$14.5)
C-Section	6000 (\$ 87)

PROVIDER SIDE
Health Facilities in Upazila
(Designated and non designated)



BARRIER

BARRIER

Package of services

- 3 ANC
- 1 Normal delivery
- PNC
- If complication occurs e.g. retained placenta, Forceps delivery, caesarian section.

Providers get reimbursement from Sonali Bank.

DEMAND SIDE



POOR

Per House hold income
<Tk.2500/month

Pregnant

PREGNANT

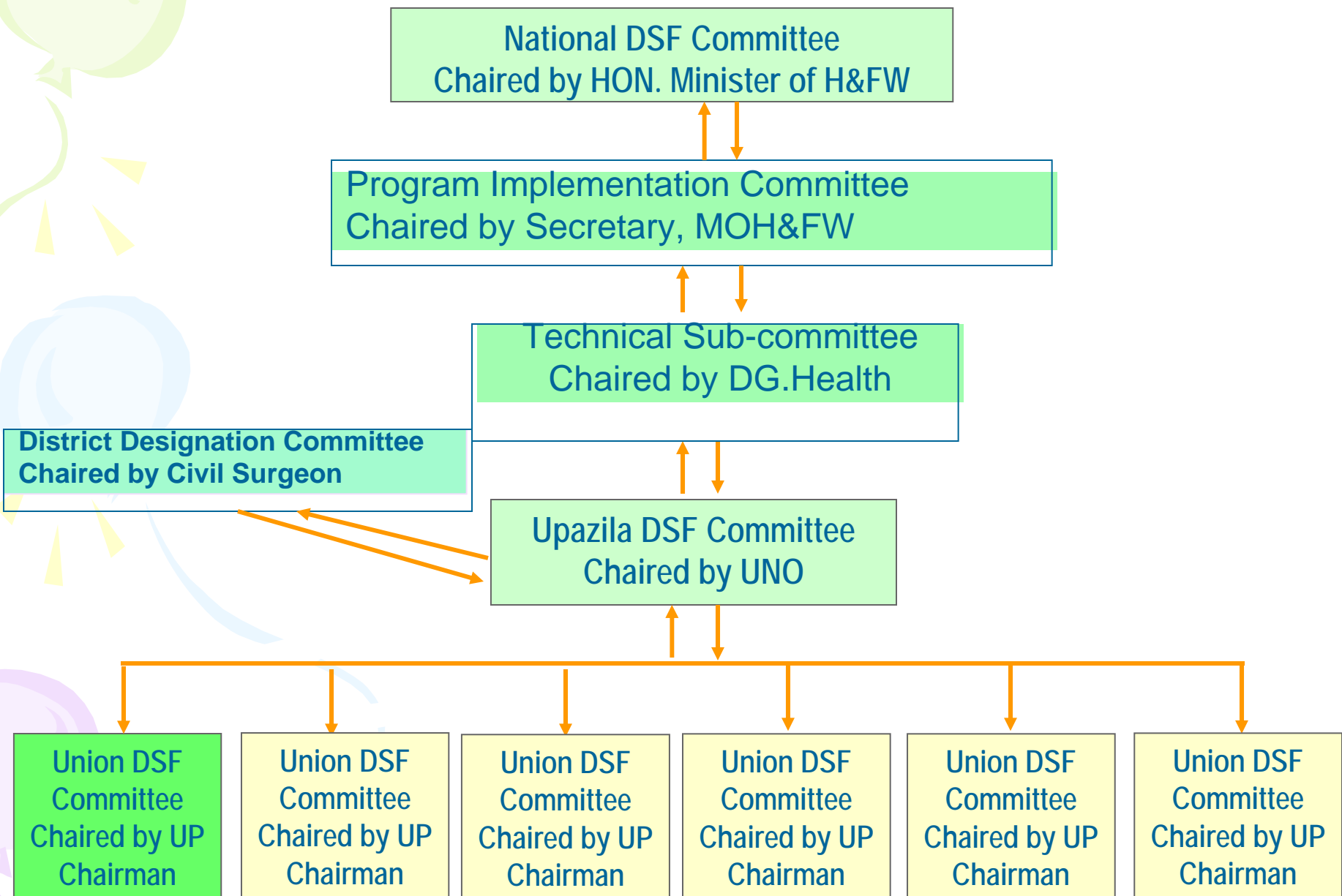
- 1st pregnancy
- If 2nd pregnancy – evidence of FP use.

POWERLESS

- No access to maternal care
- Minimal access to Basic Minimum Needs (BMN)



Organization and Management





Selection of Intervention Sites

- Selection criteria (food security, literacy, population density, CSBA)
- 21 Upazila (sub-district) in 21 old districts
- Extended to 33 Upazila

Project Cost and support

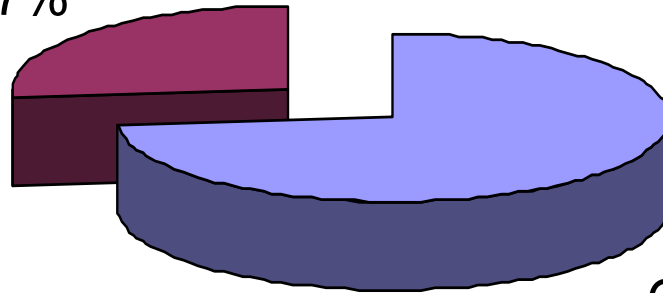
- Voucher costs (100% coverage): 11.5 million \$ (MOHFW / Pooled funds)
- Support & Supervision: 1.4 million \$ (WHO, DFID)
- Total 174,000 pregnant women per year (3.8 million \$)

Technical & financial support

- DFID
- World Bank
- UNFPA
- WHO

Voucher coverage ratio, April 2007-April 2008

Uncovered,
19375, 27%

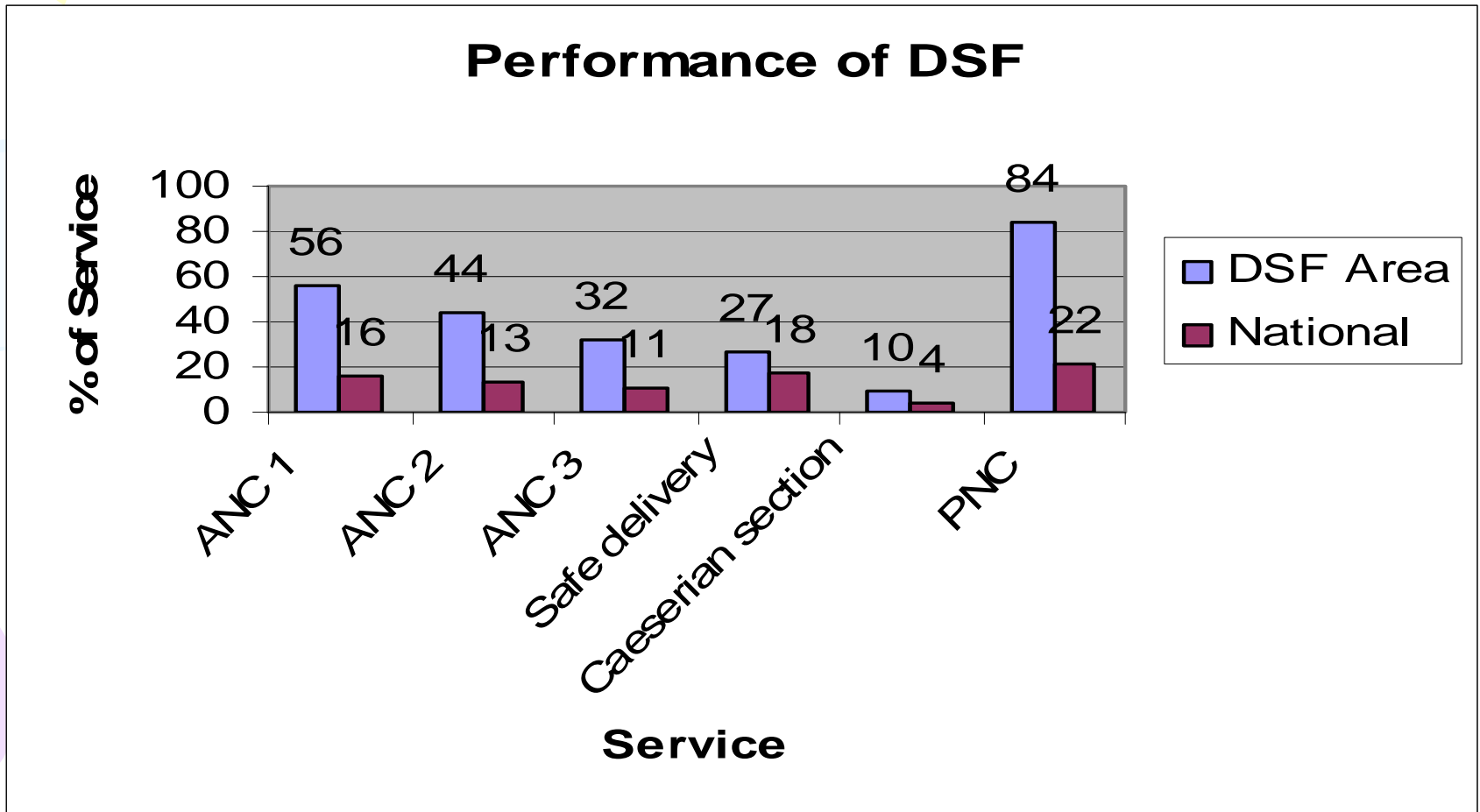


Covered,
53341, 73%

■ Covered ■ Uncovered

Preliminary findings

73% of targeted beneficiaries have received voucher since April'07 – April'08

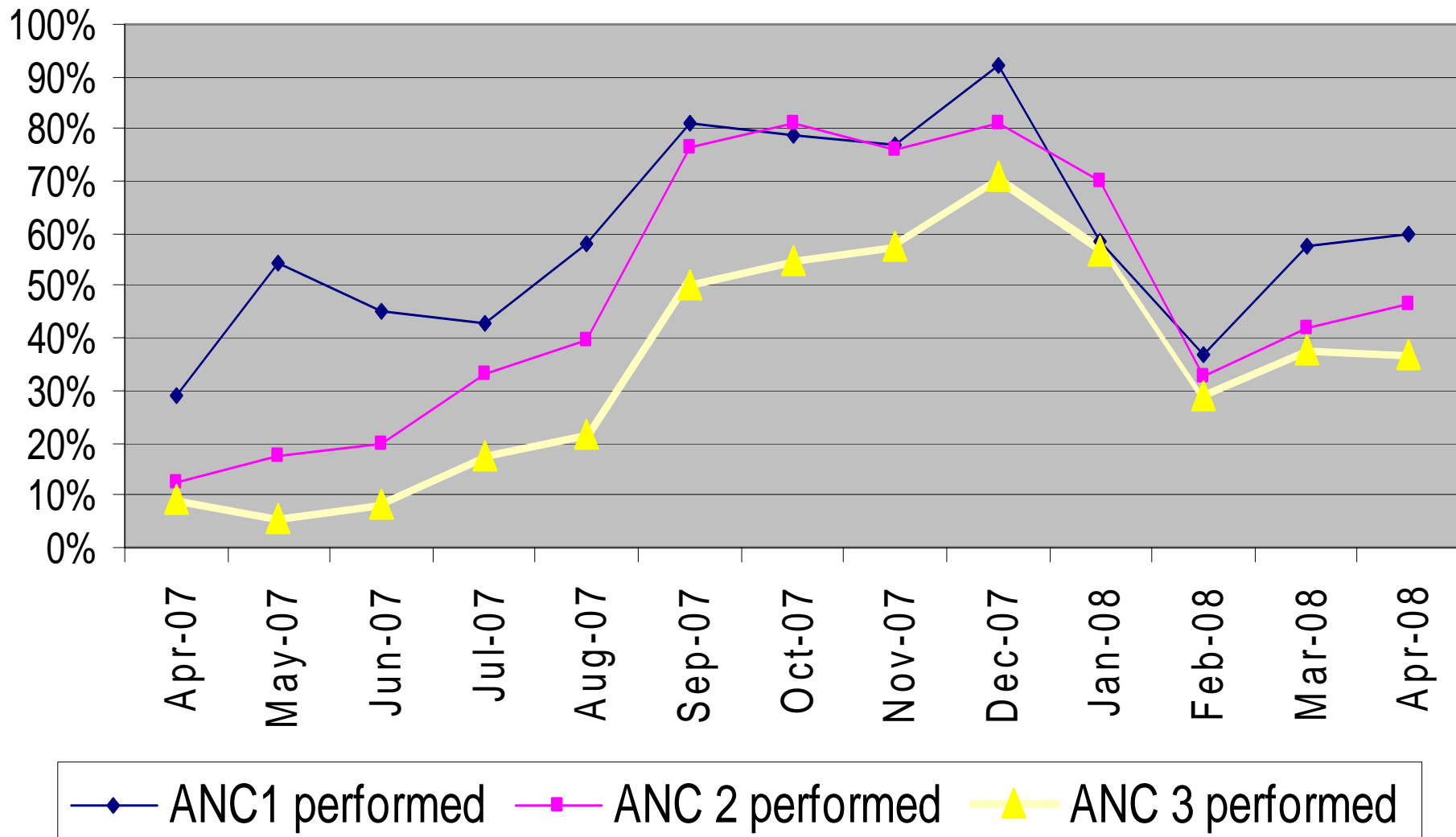




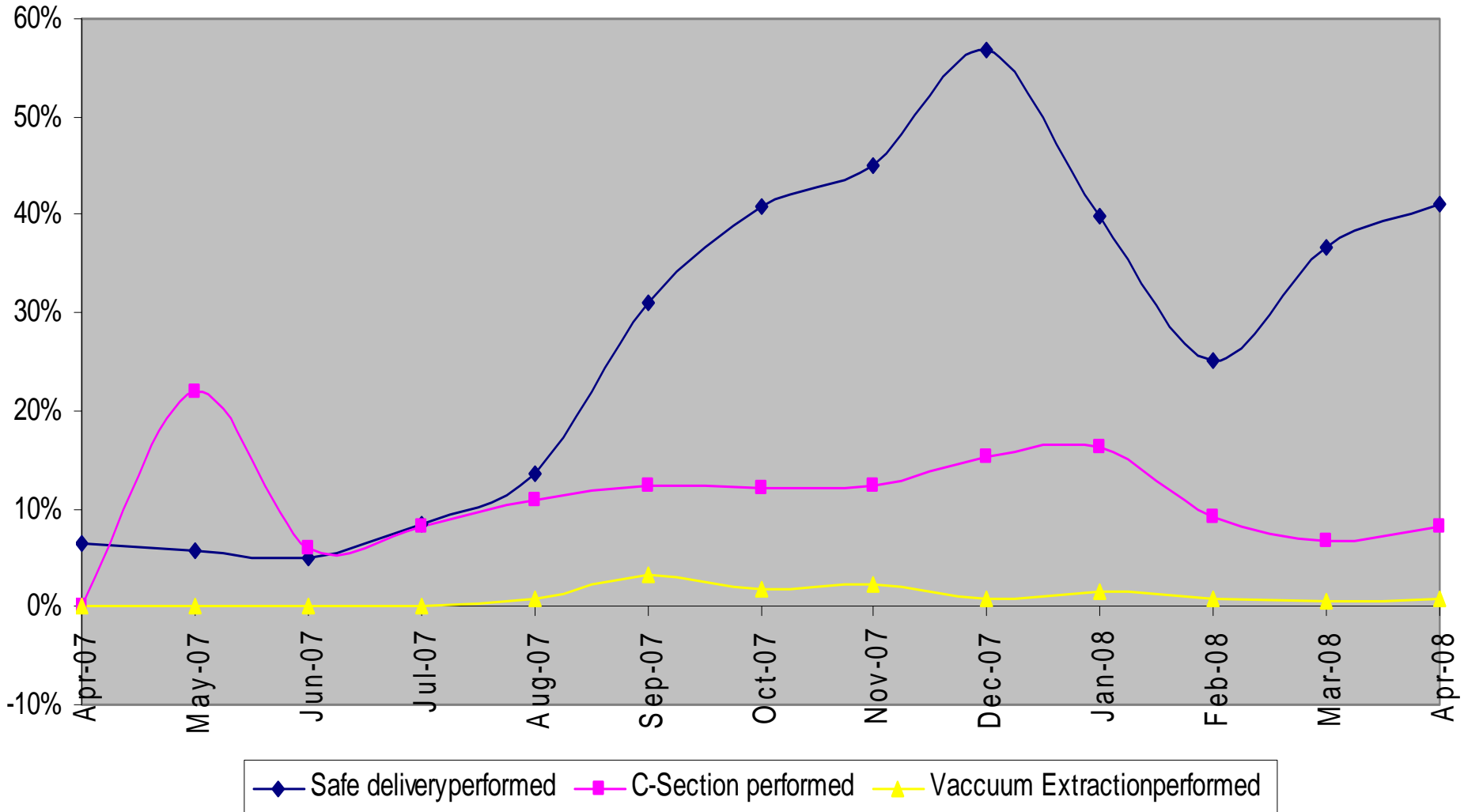
Preliminary findings (2)

- Increase in service provision at public facilities
- Good local political (Union Council) and administrative support for the scheme
- Good MOHFW stewardship

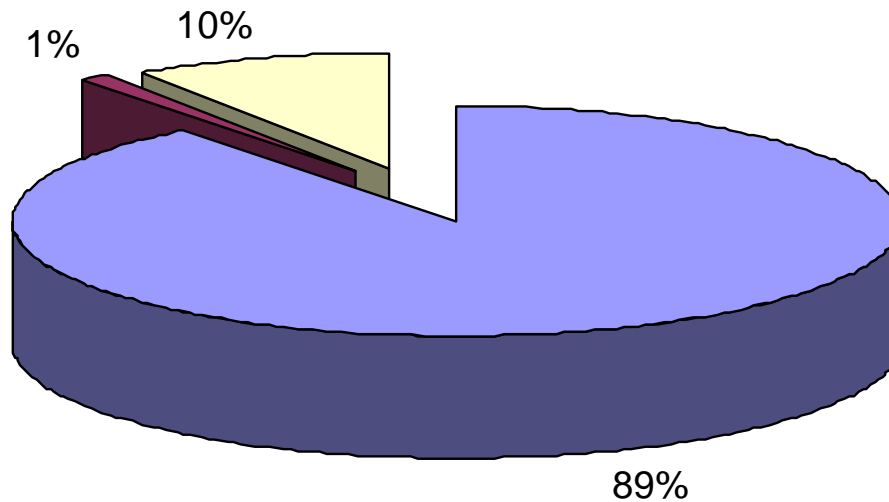
ANC 1, ANC 2 and ANC 3 service utilisation trend by voucher holder, April 2007 to April 2008



Delivery trend, April 2007 to April 2008



Delivery service ratio April 2007 - April 2008



■ Normal delivery ■ Vaccuum Extraction ■ C-Section



ISSUES

- Selecting right reimbursement fee structure (for private sector to engage)
- Ensuring availability of comprehensive EOC at upazila level (including public & private)
- Patient safety concern (blood safety for C-Section , Quality of care, at Upazilla Health Complex)



ISSUES

- CSBA program in upazilla
- Place and retain Consultants Gynae-Obs. + Anesthesia at upazilla
- Lack of trained MO (Gyn-Obs. & anesthesia)



Issues

- Complete EmOC coverage of pilot Upazilas
- Slows start-up of voucher reimbursement arrangement
- Different interpretation of meaning of universal coverage
- Developing evidence to justify scale-up of pilot into national program



EXPERIENCES

- Increased access and utilization of maternal health services by poor pregnant women and hard to reach area
- Empowered poor pregnant women to procure maternal health services from service providers of their choice
- Ensured multisectoral collaboration. It brings together administrators, elected local community leaders, NGOs & private service providers.
- Positive attitude (public providers)
- Increased awareness/demand of Pregnant women for ANC & delivery at the facility level
- Complication management at UHC



EXPERIENCES (continued).....

- Increased collaboration between Govt., NGOs and private service providers
- Customer flow is increased after implementation of the DSF program
- The program income increased about 30% which is helpful for NGO clinic sustainability
- Before DSF program, NGO clinic opened for limited hours but at present clinic opens for 24 hours
- ANC and PNC service increase in the static clinic
- 50% ANC customers had safe institutional deliveries



THANK
YOU