Vouchers for health

Increasing access, equity and quality

Chiranjivi - Gujarat

Using vouchers to reduce maternal mortality

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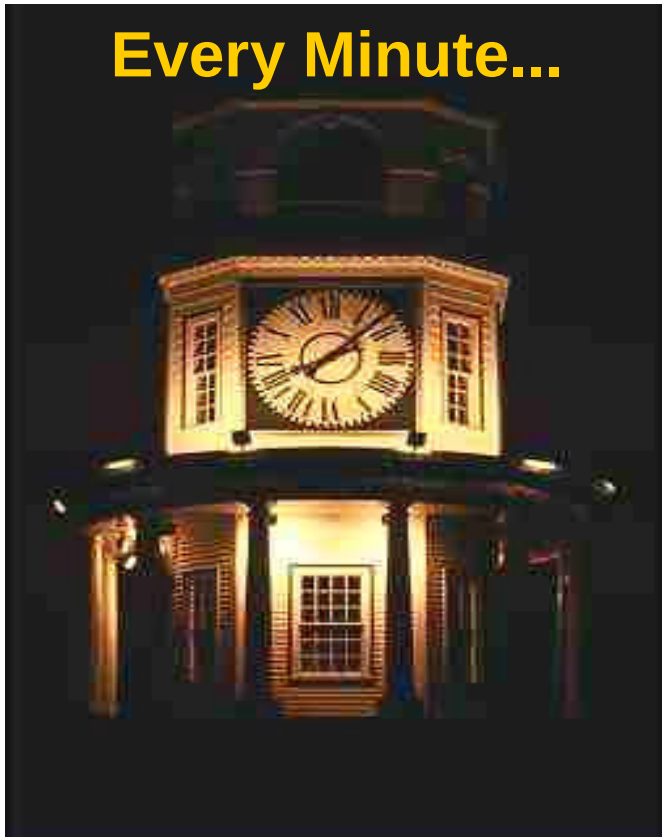
Gurgaon, India

Gujarat – A Profile

Overview		
Area	196,000 km	6% of India
Population	50.5 million	5% of India
Urbanization	37%	India avg. 28%
SDP (2003-04)	Rs 1,425.60 billion (€ 26.40 bill.)	6.33% of India
Per Capita Income (2003-04)	Rs 26,979 (€ 496.24)	India average -Rs. 20,989 (€ 388.69)

Recognizing Gujarat potential the Planning Commission set a target growth rate of 10% per annum for Gujarat

Maternal Death Watch-
Global



- 380 women become pregnant
- 190 women face unplanned or unwanted pregnancy
- 110 women experience a pregnancy related complication
- 40 women have unsafe abortions
- 1 woman dies from a pregnancy-related complication

State of Maternal Health

- 5.29 lacs maternal deaths
- Out of this, 1.36 lacs (25.7%) in India, the highest burden in any country
- Variations between region & States as well as socio-economy groups
- MMR higher in SCs & Tribal communities and among those living in less developed villages.

Variations amongst states

Gujarat	389
Kerala	262
Tamil Nadu	284
India	466

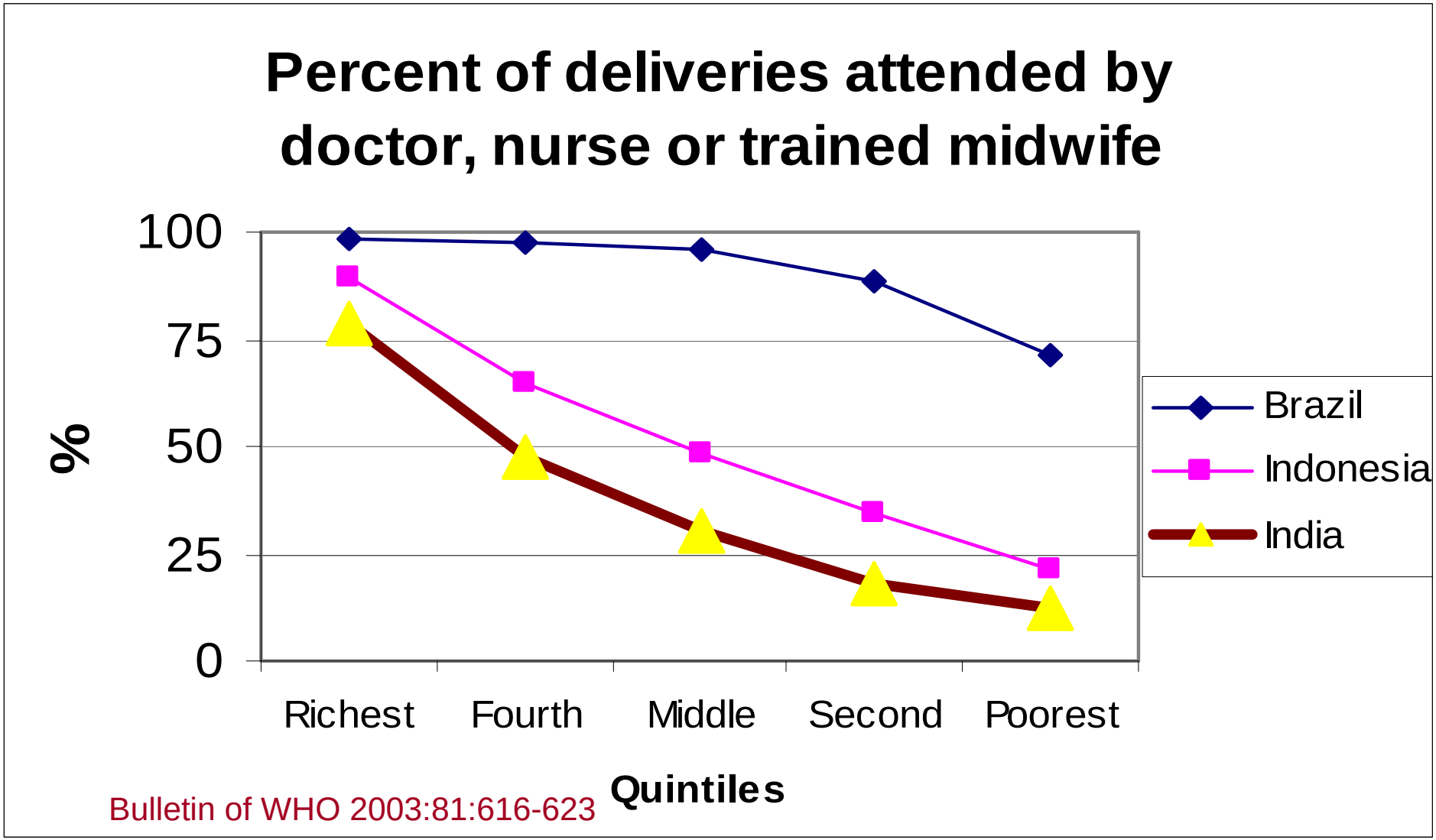
Socio-Economic Variation in MMR

Caste	
SC	584
ST	652
Socio-Economic Status	
Poor	555
Non-Poor	484
Village Development	
Low	646
High	488

MMR Over Time

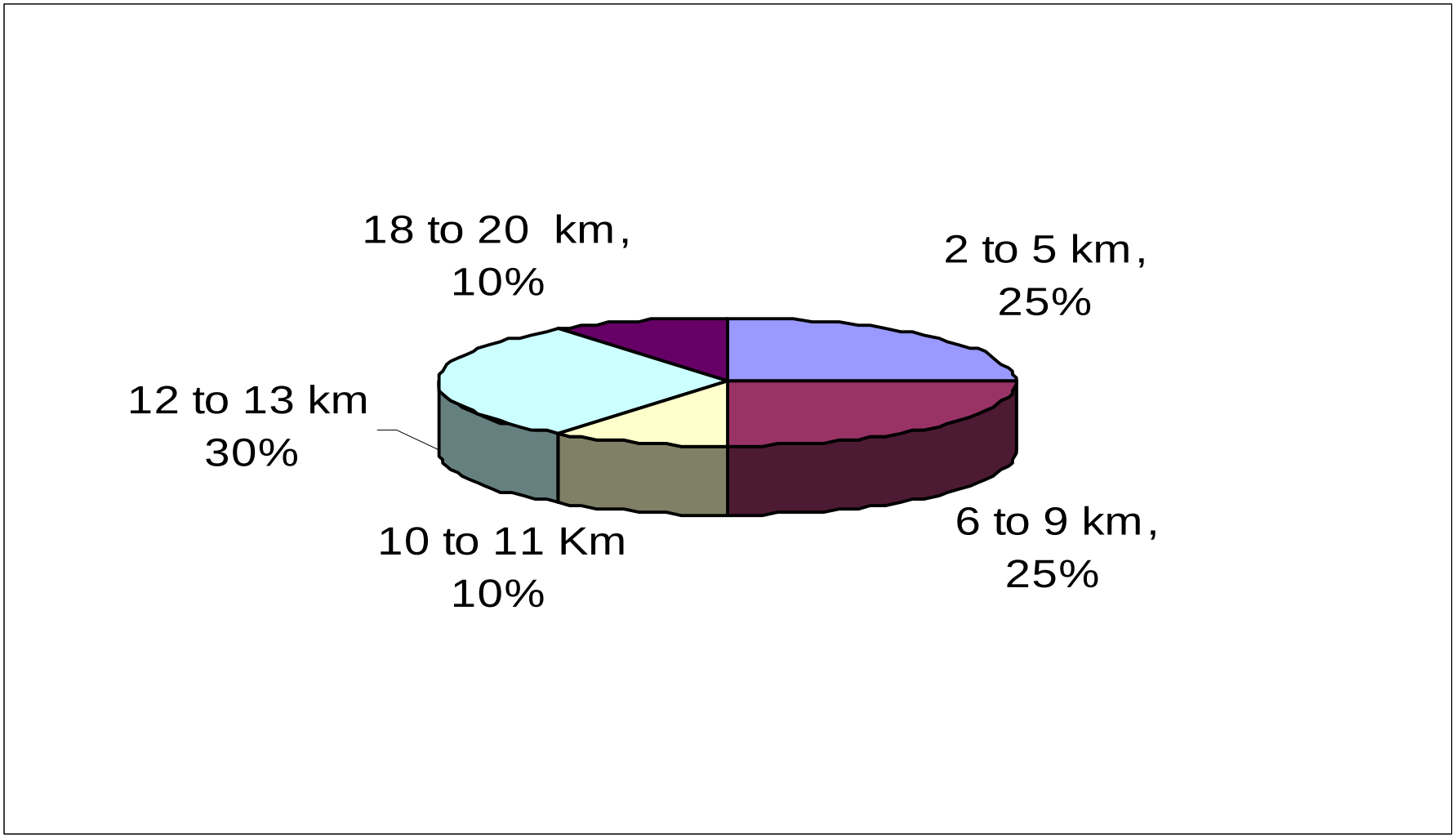
Source	Time Period	Urban	Rural
NFHS	1992-93 (424)	397	448
NFHS - 2	1998-99 (540)	267	619

Strengthen service delivery: Reaching the poor

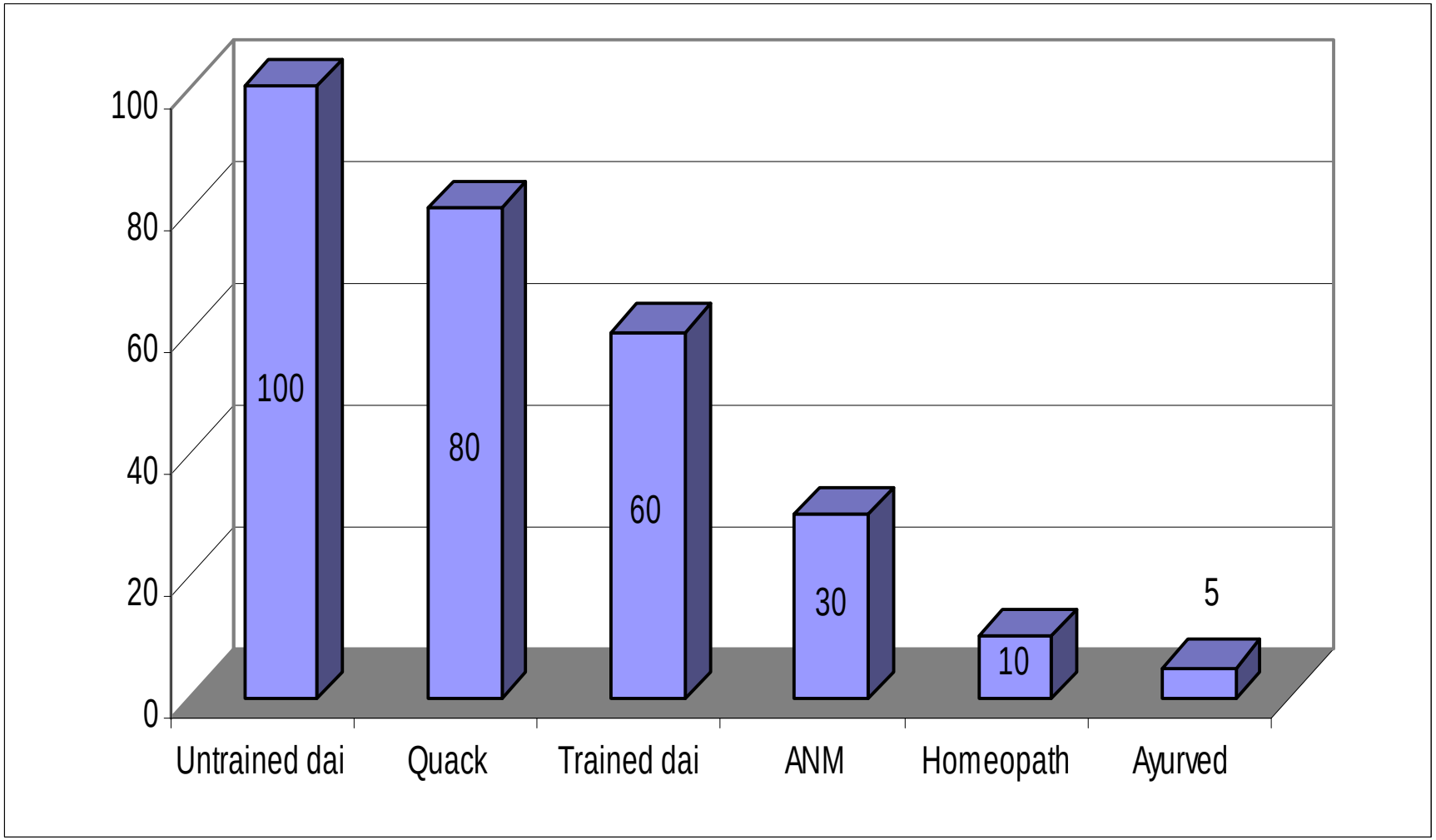


Bulletin of WHO 2003:81:616-623

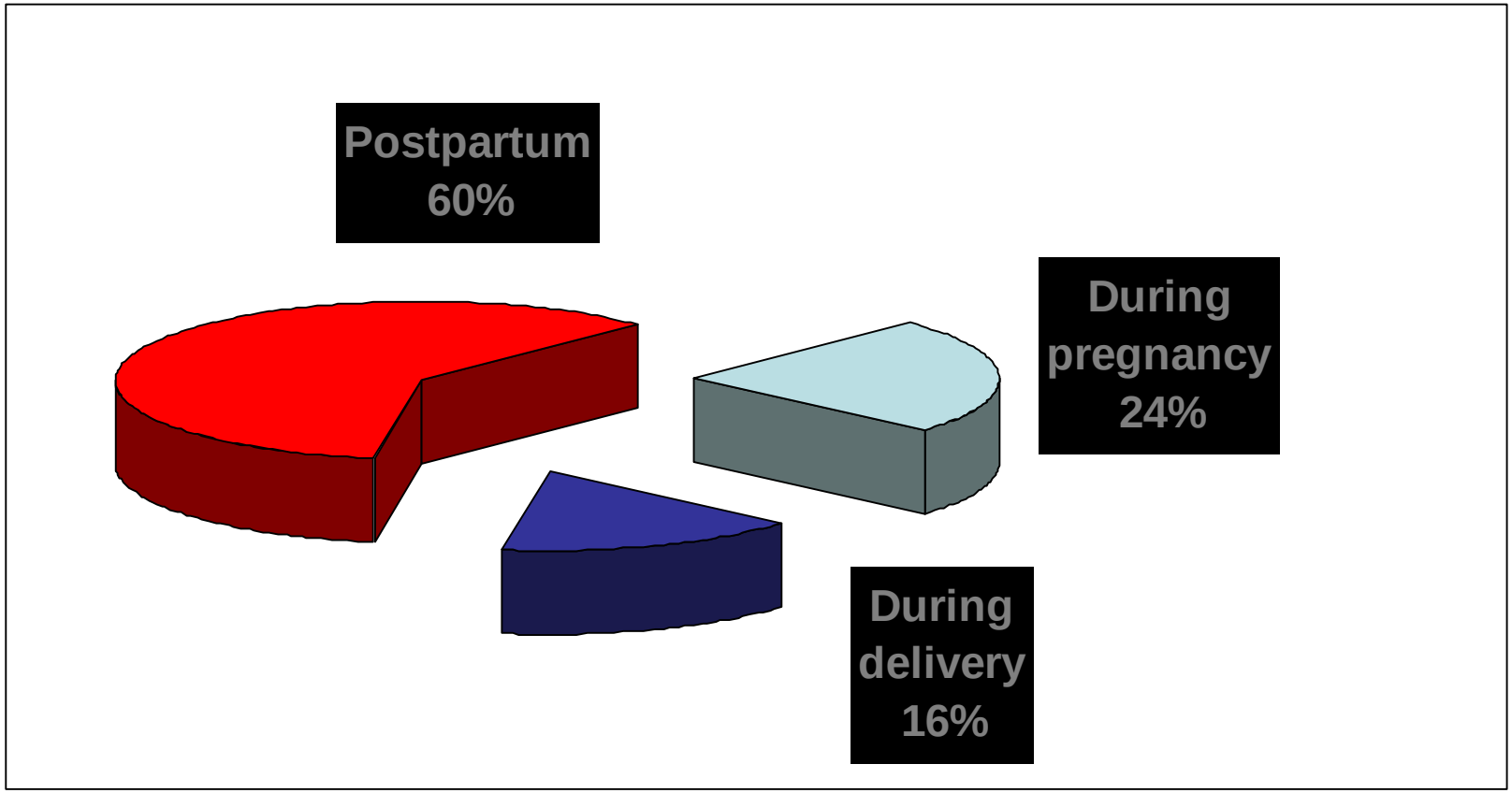
Distance from the nearest PHC



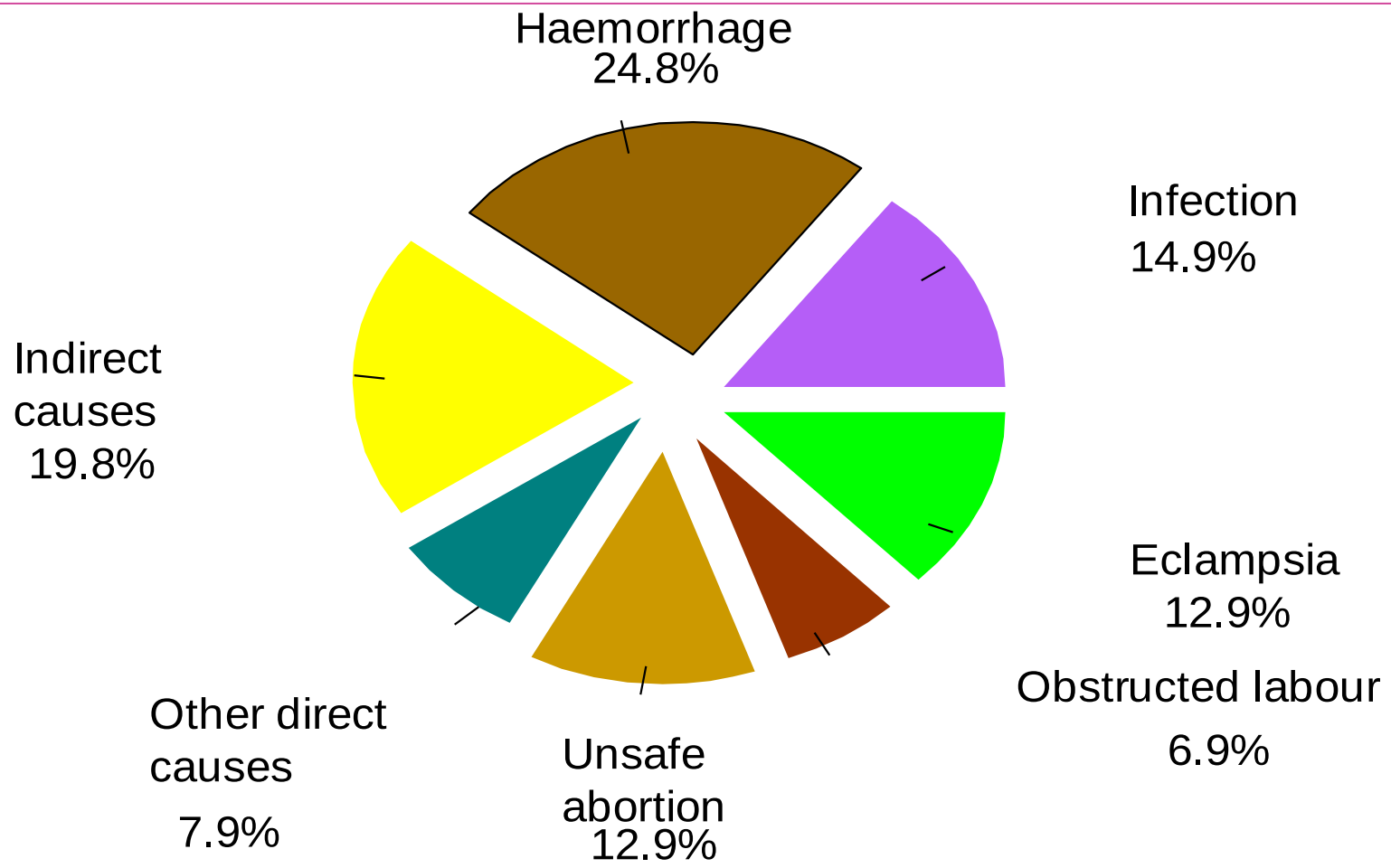
Health care facilities available



Timing of maternal deaths-
General Conditions



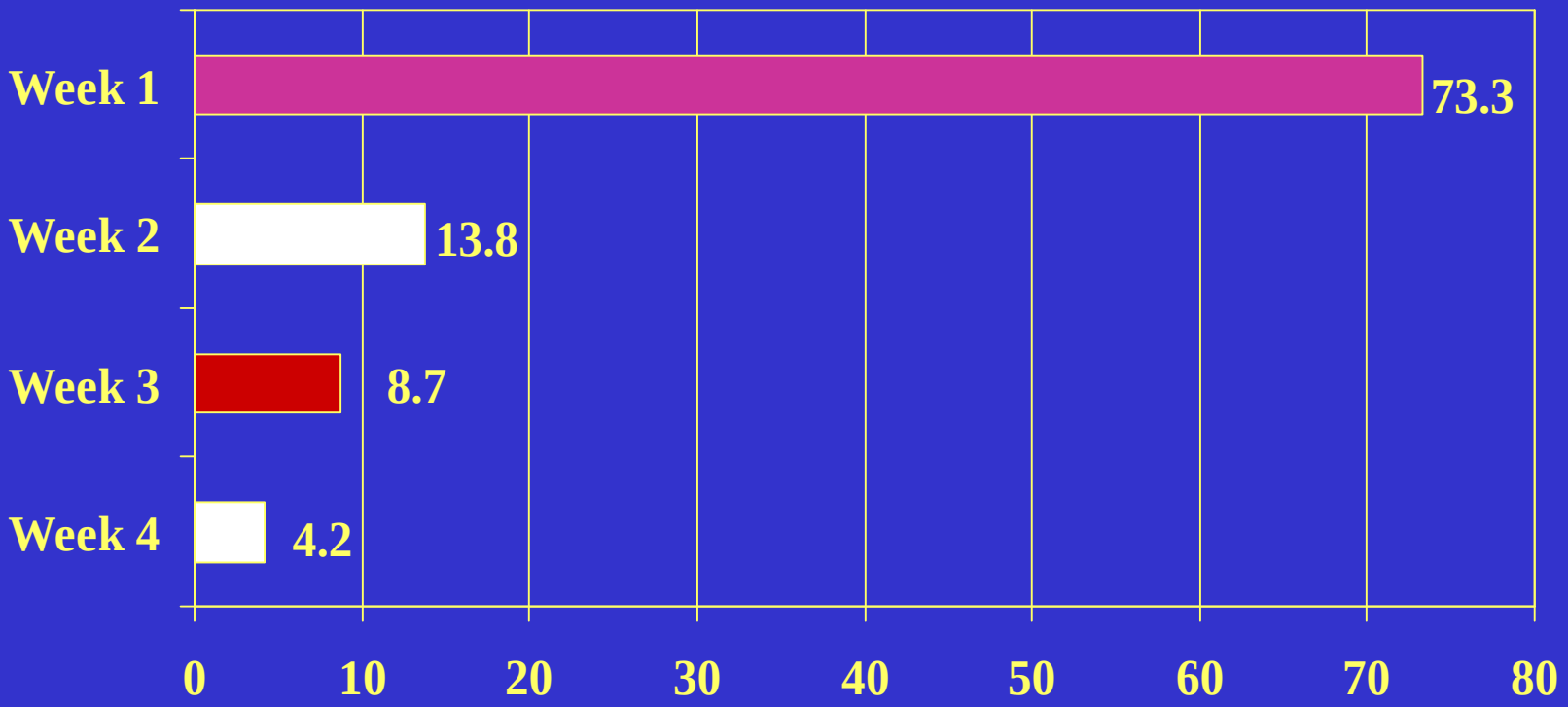
Causes of Maternal Death



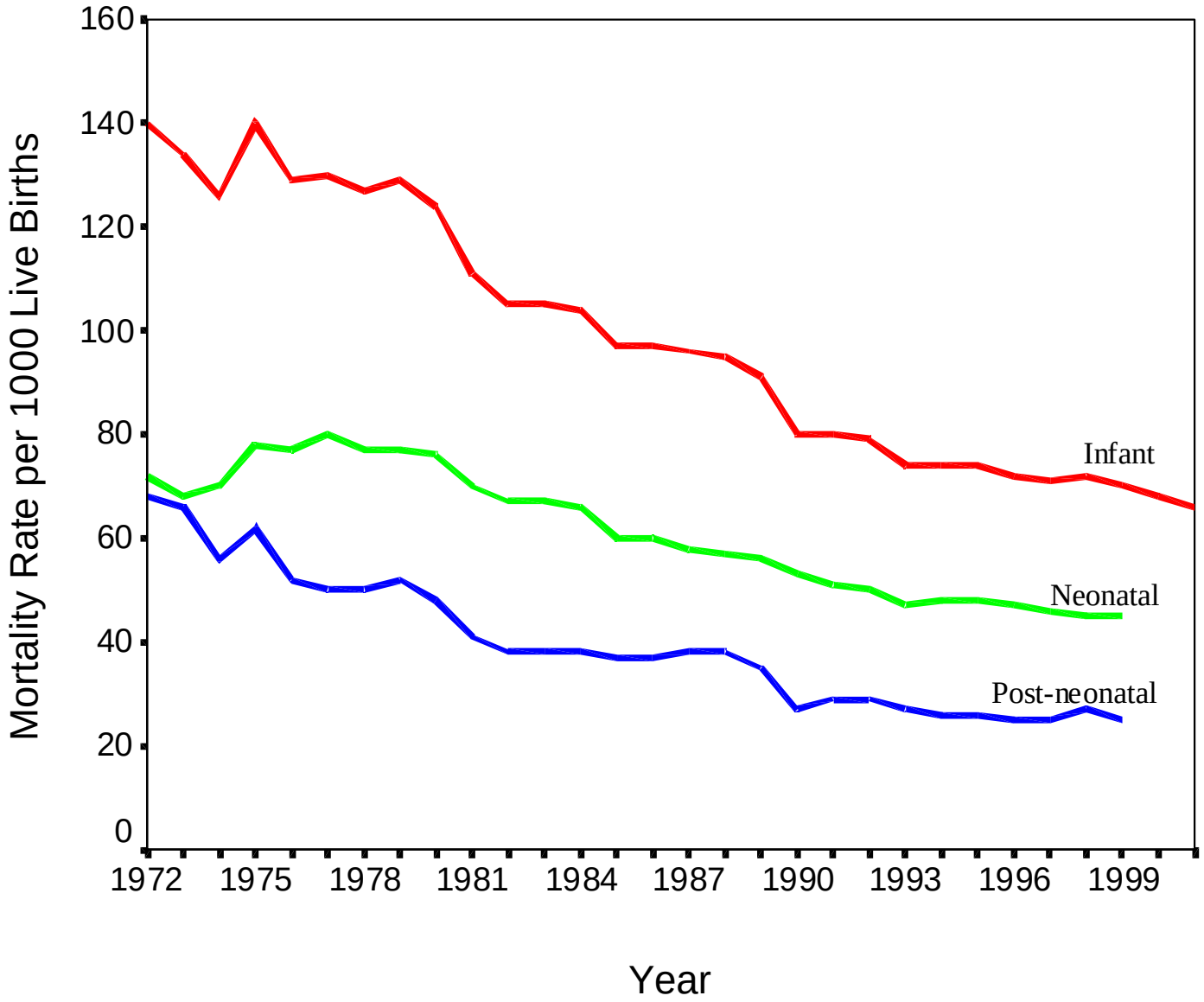
Time from onset of complication to death

• PPH	2 hour
• APH	12 hour
• Ruptured uterus	1 day
• Eclampsia	2 days
• Obstructed labor	1 day
• Sepsis	6 days

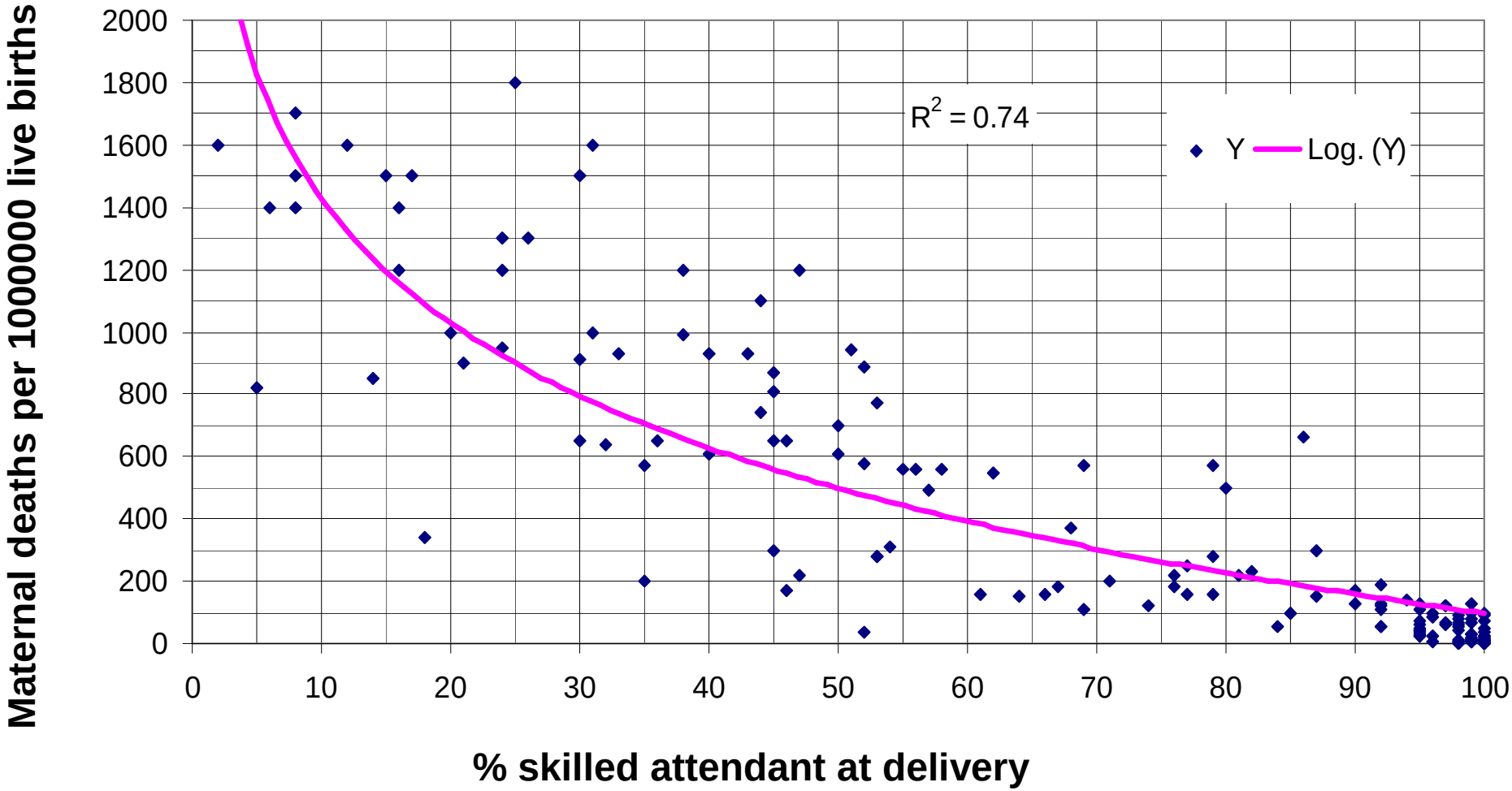
When do babies die



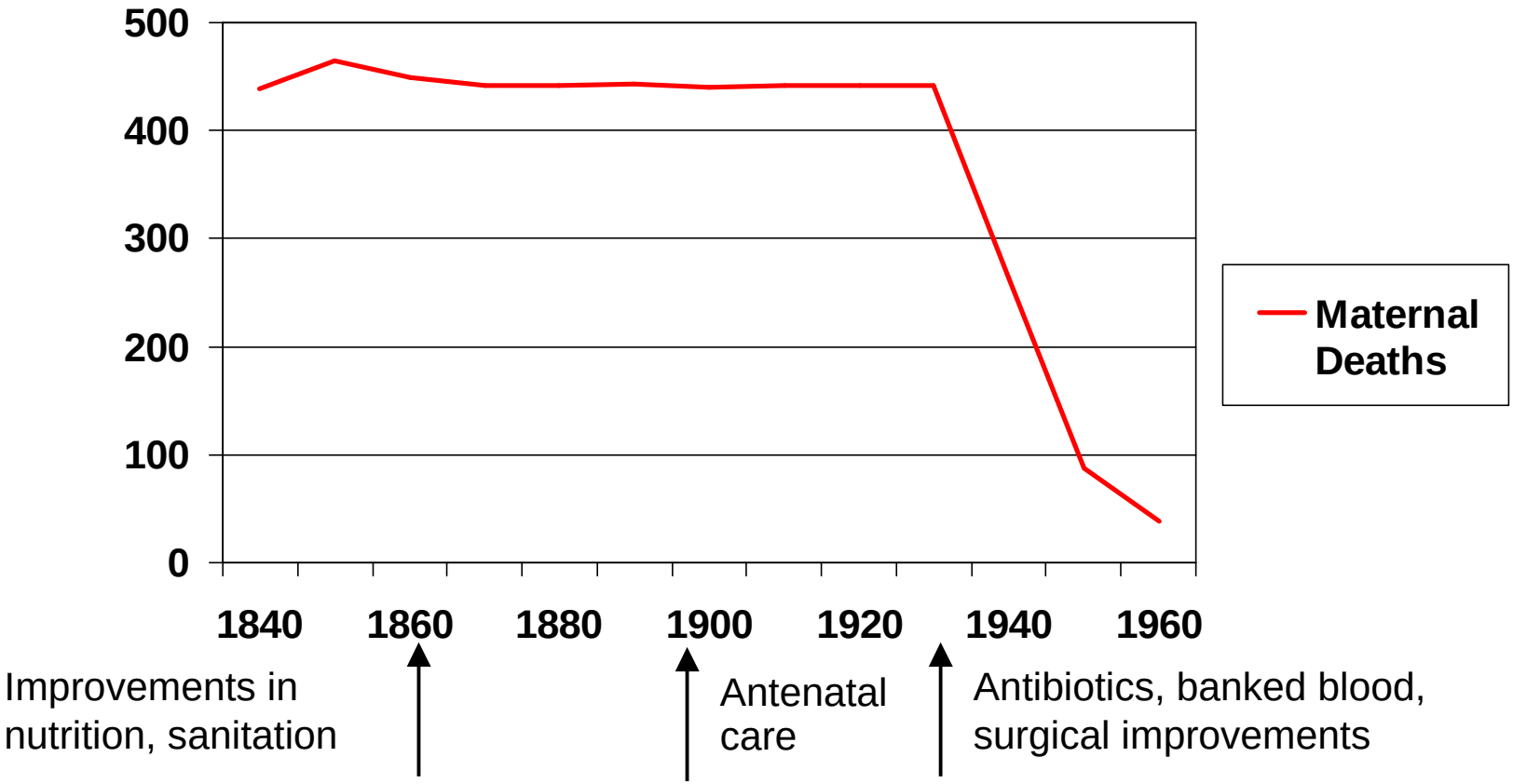
Trends in Infant Mortality Components



Higher the proportion of deliveries attended by SBA, lower the country's MMR

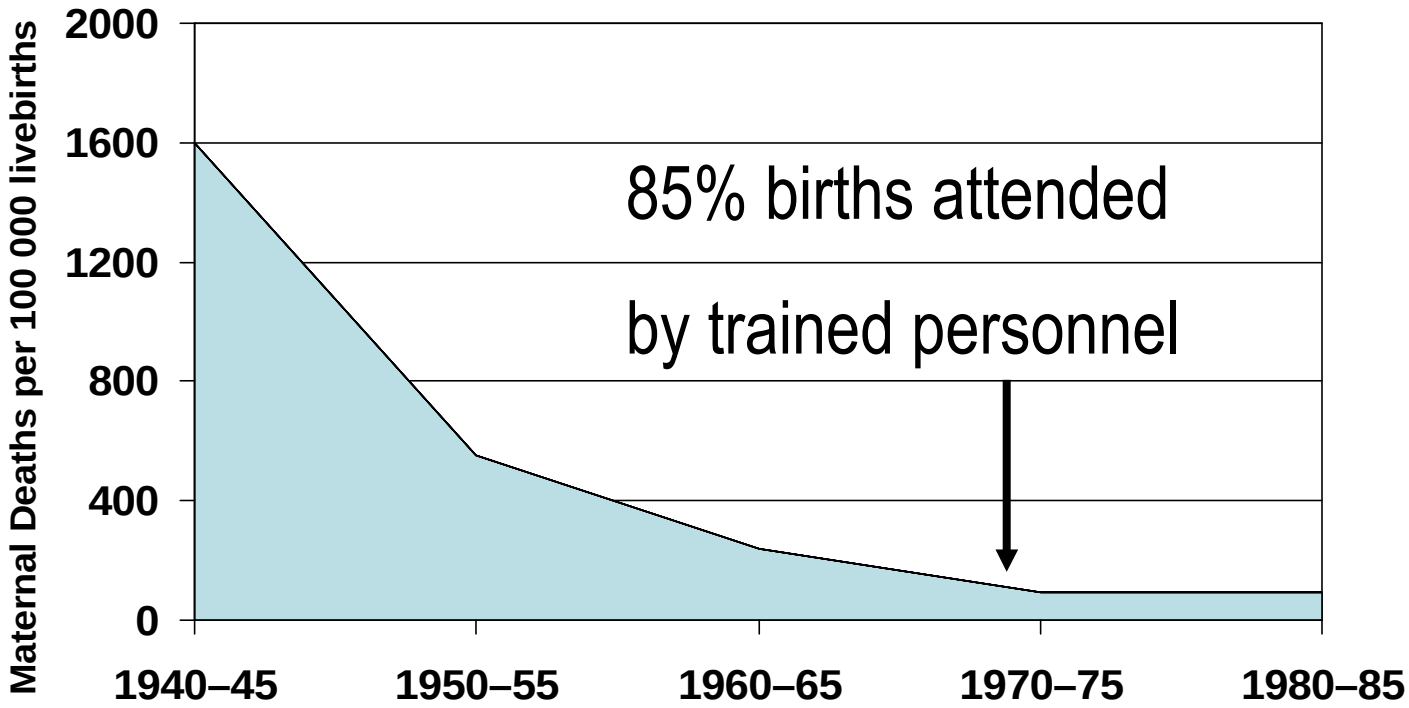


Maternal Mortality: UK 1840–1960



Maine 1999.

Maternal Mortality Reduction
Sri Lanka 1940–1985



New Global Understanding of
MMR Reduction

- Once major obstetric complication develops- even a trained TBA or a nurse cannot do much at home

- These complications require
  - surgical interventions
  - injections of antibiotic
  - blood transfusion
  - aggressive treatments

Three Delays Responsible for Maternal Deaths

1. **Delay in deciding to seek care** (Individual & family)
   - Lack of understanding of complications
   - Gender issues, Low status of women
   - Socio-cultural barriers to seeking care
   - Poor economic conditions of the family
2. **Delay in reaching care** (Community & System)
   - Lack or underutilization of transport funds
   - Non availability of referral transport in remote places
   - Lack of communication network
3. **Delay in receiving care** (System)
   - Poor facilities, personnel and Supplies
   - Poorly trained personnel with indifferent attitude

Current Status

Indicator	India	Gujarat
Maternal Mortality Ratio	453	389
Infant Mortality Rate	63	57
Maternal Deaths in one year	1,20,000	5000
Infant Deaths in one year	25,00,000	72000

OBJECTIVES-

Vision 2010, Population Policy & RCH II

- Reduce MMR from 389 (in 1998) to 100 per 100,000 live births by 2010
- Reduce IMR from 60 to 30 by 2010
- Stabilize population by reducing TFR from 3.0 to 2.1 by 2010

Options

- Improve Government Health Service
  - Competent staff
  - Adequate infrastructural facilities
  - User friendly, good quality Competitive Services
    Marketing of services
- Public Private Partnership
  - Outsourcing- Curative services
- Health Insurance

Service Charges

Normal delivery	85	800	68000
Complicated cases			
Eclampsia		1000	
Forceps/vacuum/breech	3	1000	3000
Episiotomy		800	
Septicemia	2	3000	6000
Blood transfusion	3	1000	3000
Cesarean (7%)	7	5000	35000
Predelivery visit	100	100	10000
Investigation	100	50	5000
Sonography	30	150	4500
Dai	100	50	5000
Transport	100	200	20000
			179500

Package Rates for Chiranjivi

for Private Institutions (Dollars)

Service	No. of cases	Rate Per Case	Cost
Normal delivery	85	17.8	1511
Complicated cases		0.0	
Eclampsia		22.2	
Forceps/vacuum/breech	3	22.2	66
Episiotomy		17.8	
Septicemia	2	66.7	133
Blood transfusion	3	22.2	66
Cesarean (7%)	7	111.1	777
Predelivery visit	100	2.2	222
Investigation	100	1.1	111
Sonography	30	3.3	100
NICU support	10	22.2	222
Food	100	2.2	222
Dai	100	1.1	111
Transport	100	4.4	444
Total	100		3988

Service Charges

Normal delivery	85	200	17000
Complicated cases			
Eclampsia		300	
Forceps/vacuum/breech	3	300	900
Episiotomy		300	
Septicemia	2	300	600
Blood transfusion	3	300	900
Cesarean (7%)	7	1000	7000
Predelivery visit	100	100	10000
Investigation			
Sonography	30	150	4500
Dai	100	50	5000
Transport	100	200	20000
			65900

Chiranjivi Scheme--5 Pilot Districts

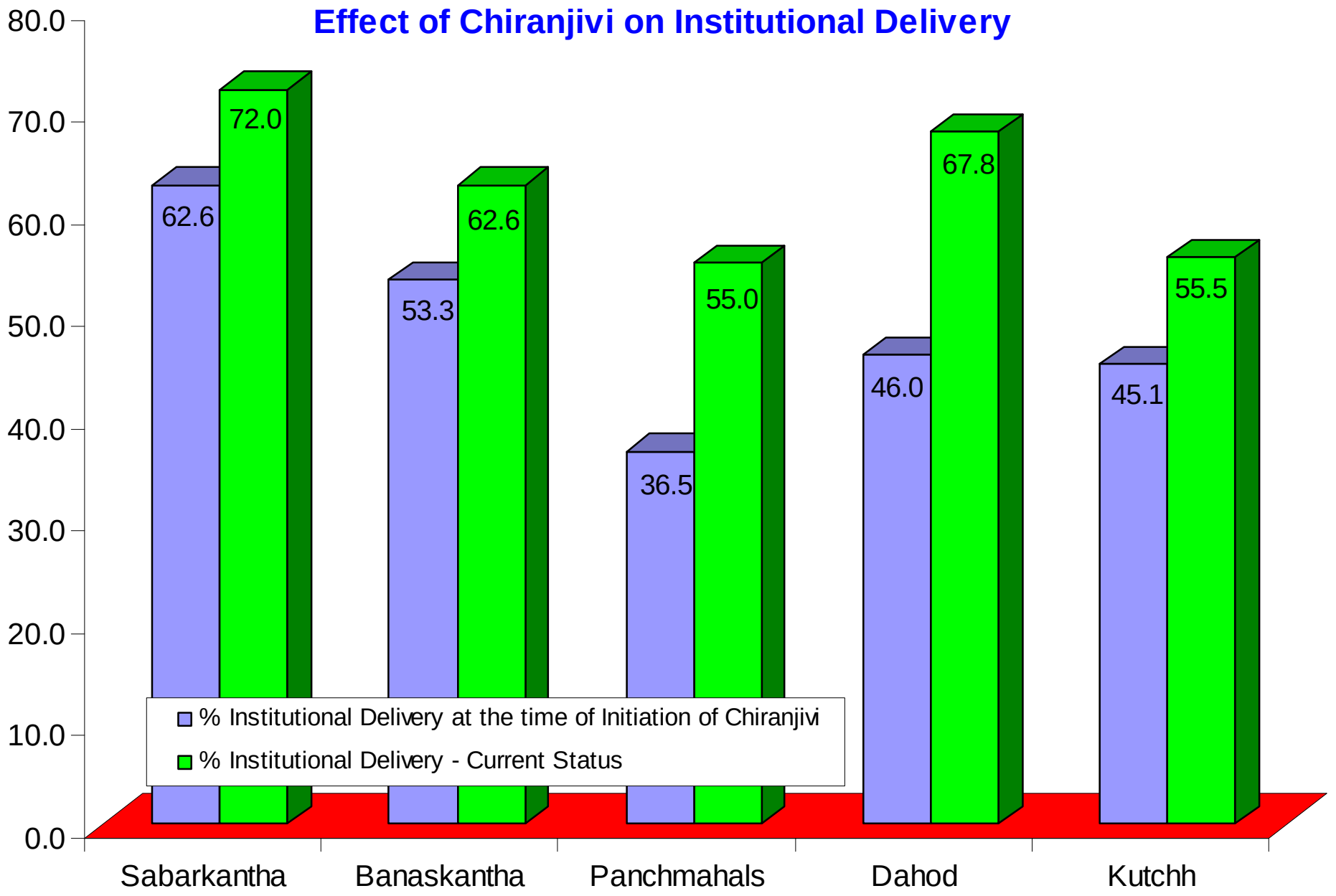
Performance January 2006 - March 2007

District	***Nature of Deliveries***				
	Normal	***LSCS***	***Complicated***	***Total***	***% LSCS***
BK	6595	463	553	7611	6.1
Dahod	7486	399	2085	9970	4.0
Kutch	4010	237	1260	5507	4.3
P'mahal	12815	422	223	13460	3.1
SK	5674	643	105	6422	10.0
Total	**36580**	**2164**	**4226**	**42970**	**5.0**


Gujarat
(District Map)
N
PAKISTAN
RAJASTHAN
MADHYA PRADESH
MAHARASHTRA
ARABIAN SEA
Gulf of Kuchchh
Gulf of Khambhat
Diu (Daman & Diu)
Daman (Daman & Diu)
DADRA & NAGAR HAVELI
Banas Kantha
Rann Of Kachchh
Patan
Mehsana
Little Rann Of Kachchh
Kachchh
Sabar Kantha
Gandhi Nagar
Ahmedabad
Surendranagar
Kheda
Panchmahal
Dahod
Anand
Vadodara
Jamnagar
Rajkot
Porbander
Junagadh
Amreli
Bhavnagar
Bharuch
Narmada
Surat
Navsari
The Dangs
Valsad
CDHO
MOH
Medical College
Map not to Scale
State Boundry
District Boundry
State Headquarter
District Headquarter
Creek

Gynecologist involvement in Chiranjivi

District	*Total OBGY Specialists in the district*	*# enlisted under Chiranjivi scheme*	*Total # of deliveries Performed*	*Average delivery per doctor*	*Average Compensation per Doctor Rs in Million*
BK	**50**	**58**	**7611**	**131**	**0.24**
Dahod	**18**	**15**	**9970**	**665**	**1.19**
Kutch	**47**	**22**	**5507**	**250**	**0.44**
P'mahal	**29**	**29**	**13460**	**464**	**0.83**
SK	**73**	**44**	**6422**	**146**	**0.26**
Total	**217**	**168**	**42970**	**256**	**0.46**

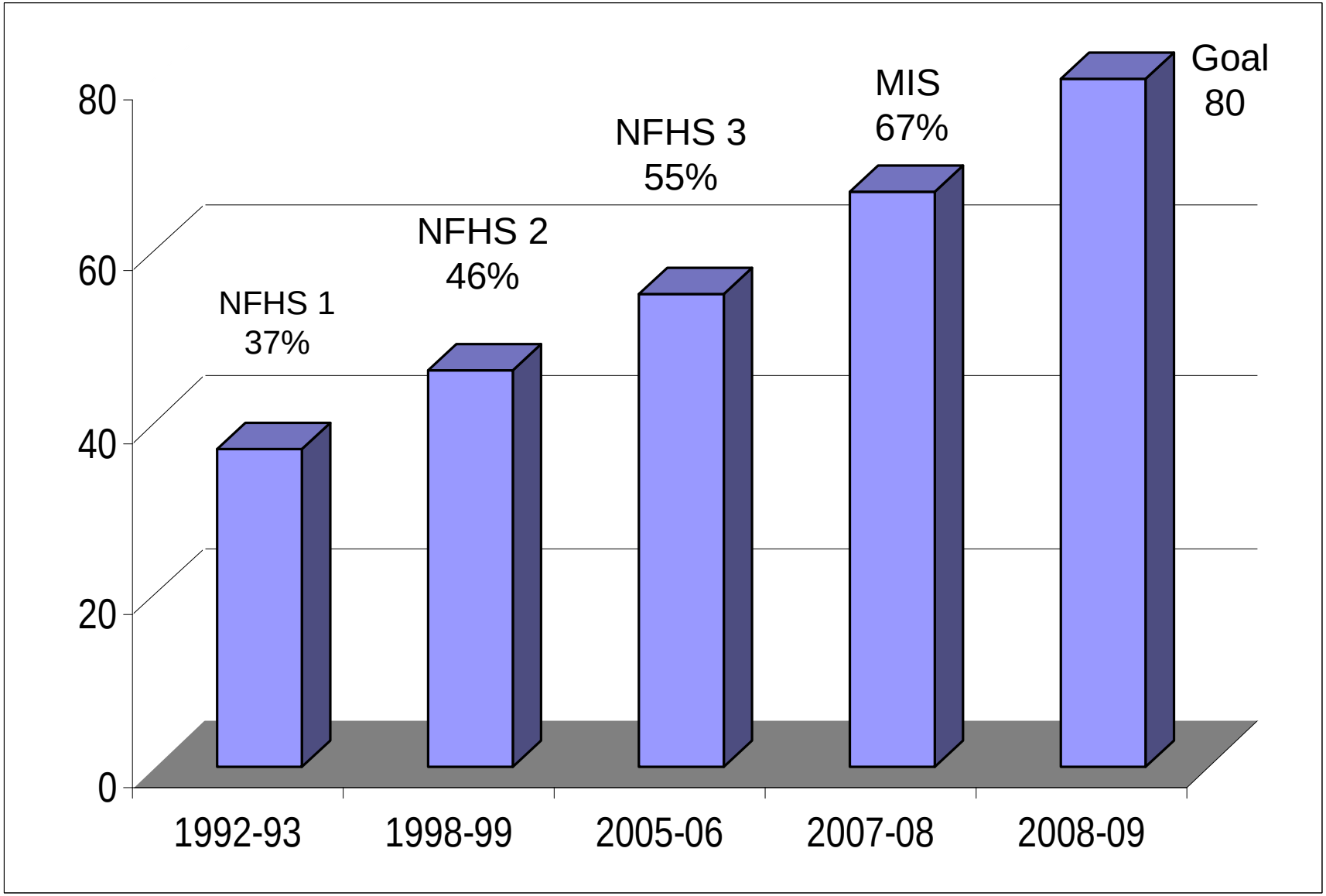

Effect of Chiranjivi on Institutional Delivery
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
62.6
72.0
53.3
62.6
36.5
55.0
46.0
67.8
45.1
55.5
% Institutional Delivery at the time of Initiation of Chiranjivi
% Institutional Delivery - Current Status
Sabarkantha
Banaskantha
Panchmahals
Dahod
Kutchh

Chiranjivi performance for the state

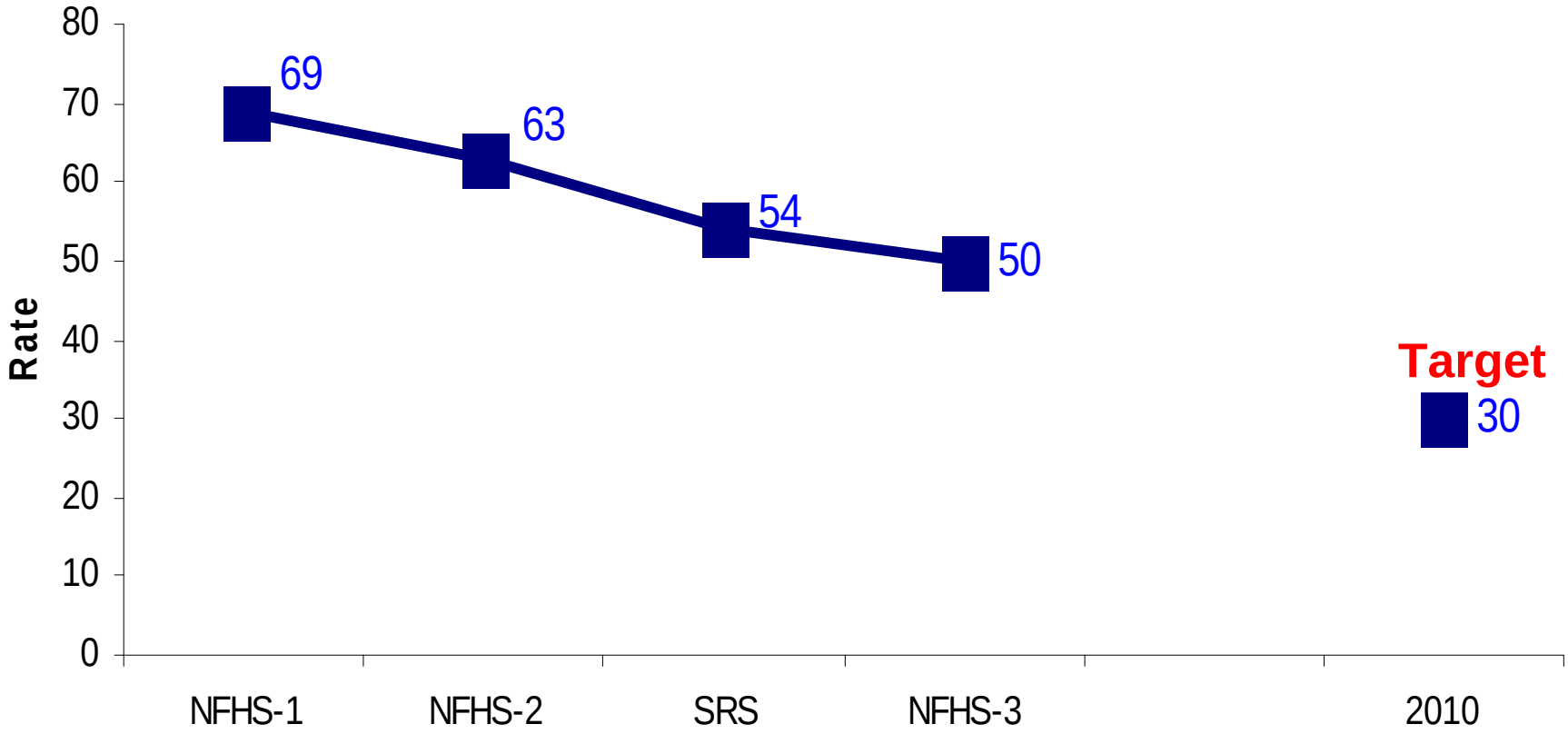
March 2007 Ending

Normal Deliveries	47518
C sections	3276
Complicated Deliveries	4547
Total Delivery	55341
C sections Percentage	5.9%
Private specialist enrolled	742
Maternal Deaths Reported	6

Institutional deliveries Gujarat trends

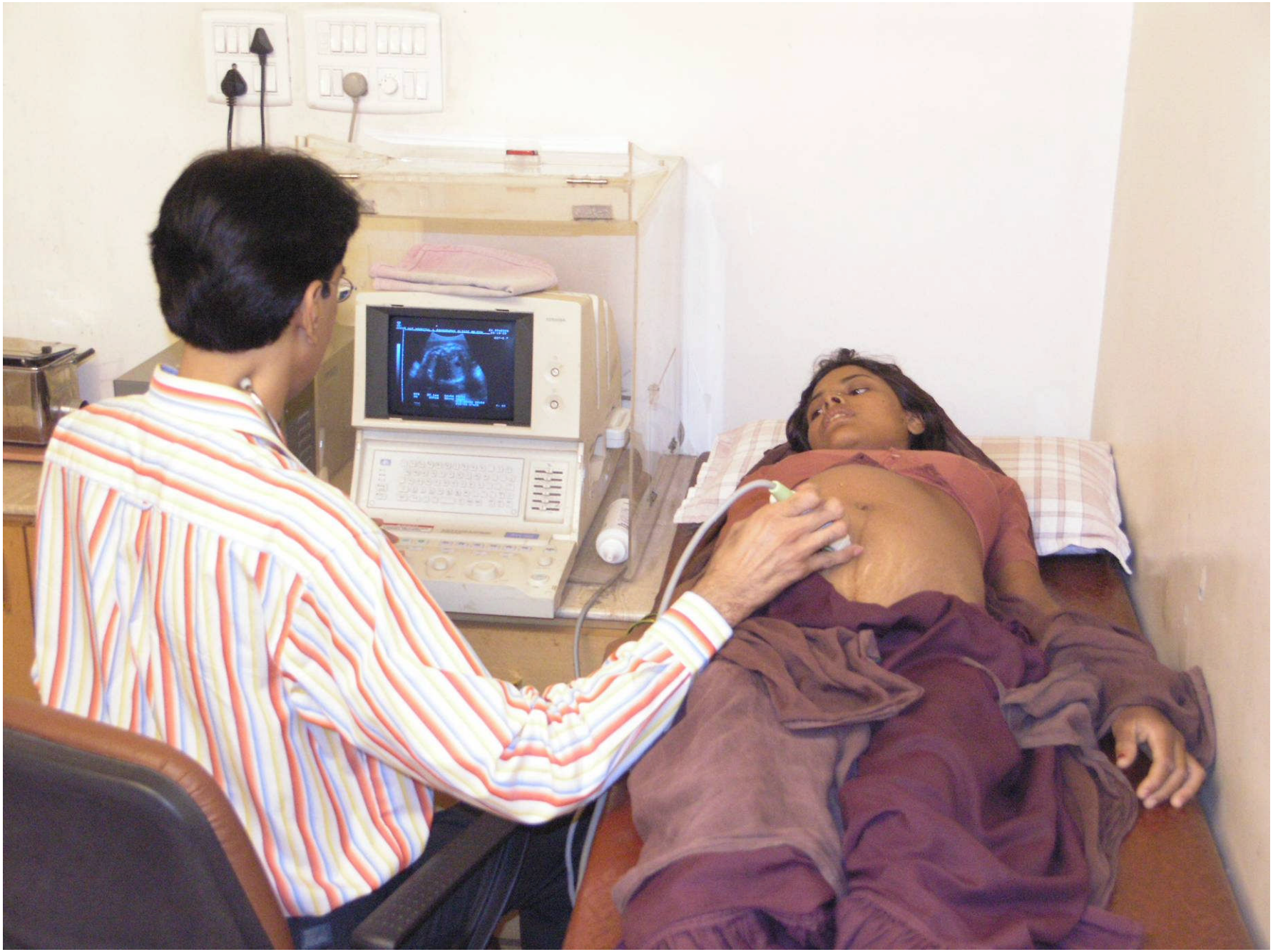


Infant Mortality Rate - Gujarat



NFHS-1:1992-93 NFHS-2:1998-99 SRS: 2005

NFHS-3:2006




Victoria

Costs

BPL in 5 worst districts	Rs	10.5 Crs
All BPL Gujarat	Rs 54	Crs
All BPL in India	1000 crs	

Issues

- Surge of demand - boon to the poor
- Unprecedented support from the private practitioners
- Unindicated C-section in check
- Availability of blood
- Still asking for additional funds from the BPL
- Non-BPL beneficiaries also being attended
- Demand side effort
- Under utilisation of Public facilities

Additional Incentives for Government Institutional Deliveries

Category	Normal	BEMOC	CoEmOC
RKS	**75**	**175**	**250**
Doctors	**100**	**200**	**500**
Staff Nurse	**50**	**75**	**150**
Class IV	**25**	**50**	**100**
Total	**250**	**500**	**1000**

Conditions:

1. At PHC minmum delivery per month 30. Incentives will given from 31 st delivery
2. At CHC/Subdistrict Hospital minimum deliveries 50, Incentives will be given from 51st delivery

Lessons

- Country wide problem country wide effort - Involvement of all stakeholders
- Political commitment
- Evidence based
- Keep it simple – use existing mechanisms

- Trust the private partners, they want to contribute
- Advance payment and prompt payment of dues, no incentives for caesarian surgeries
- Responsibility for complications deaths

- Monitoring quality and feedback to OBGYs & CDHOs
- Recognise and reward contribution of OBGY partners

- Demand side?
- Coverage of non BPL card holders

- Incentives for government facilities

- Opportunity to link FP, HIV AIDs, Cervix cancer screening

- Care of neonates?

- **It works**

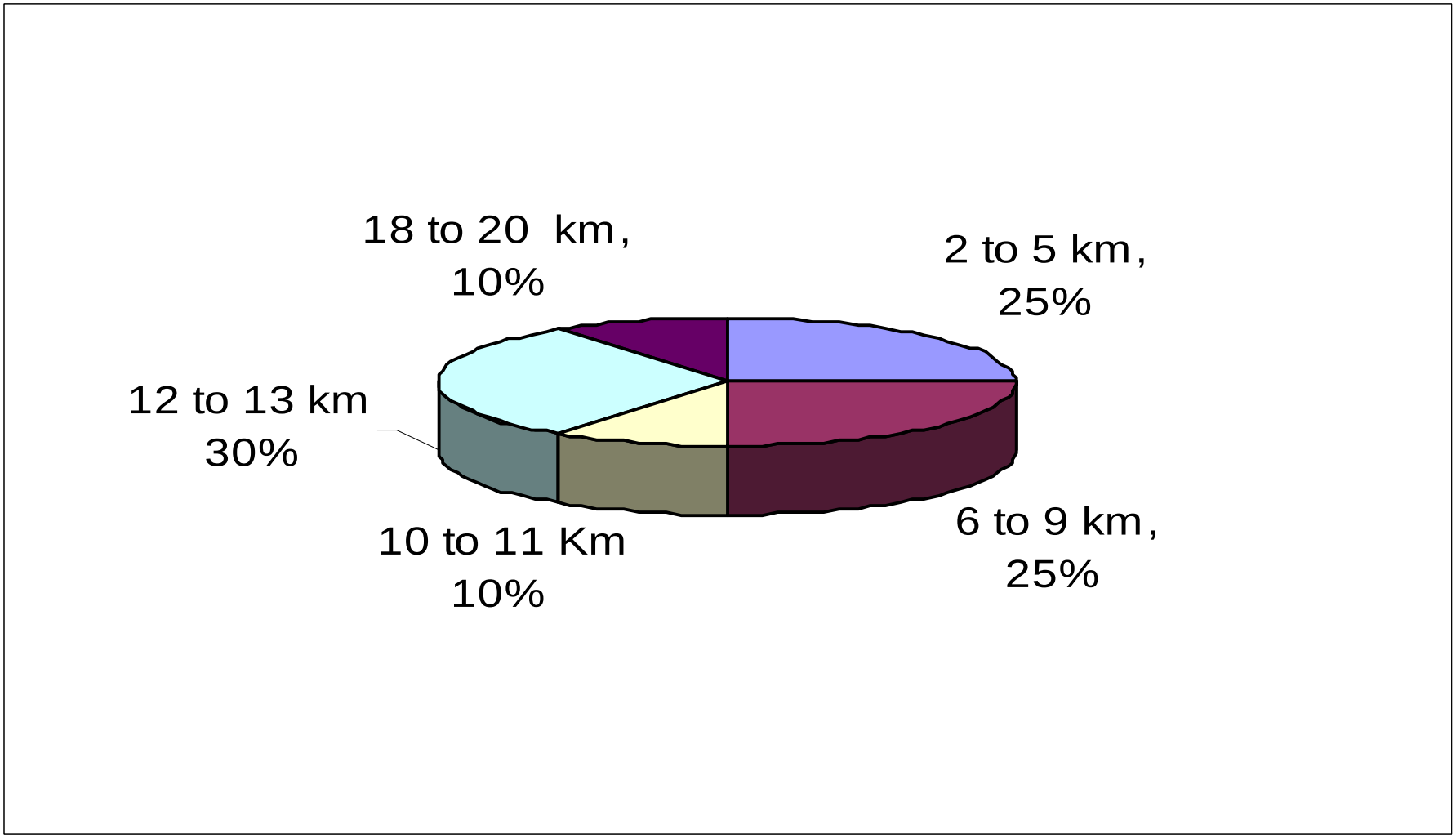
Let us join hands to save our mothers and children.

We make a living by what we get;

we make a life by what we give!

Dr Amarjit Singh
Secretary, Department of Health & FW
Government of Gujarat, Gandhinagar,
Gujarat

Distance from the nearest PHC



Health care facilities available