



The Differences in Out-of-Pocket Expenditures on Reproductive Health Services Following Introduction of a Voucher Program in Kenya

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Background

- › Output-based approach (OBA) approaches seek to improve access to reproductive and maternal health services to poor women through vouchers
- › OBA approaches seek to improve the efficiency of health systems through reimbursing facilities for the costs of delivering services
- › The Kenyan Government is implementing OBA program to improve access to services among the poor
- › We examine facility and community-level associations of exposure to the program and out-of-pocket expenditures for RH services

Benefit Package

- Safe motherhood (\$2.5)

- ANC up to 4 visits
- delivery and complications
- PNC up to 6 weeks



- Family planning (\$1.25)

- implants
- IUCD
- surgical contraception



- Gender-based violence (free)

- medical exam, treatment, counseling, support services

Materials and Methods

- › Comparison of out-of-pocket expenditures on antenatal care, delivery, post-natal care, and family planning services among voucher users and non-users
- › Data drawn from the 2010 survey conducted at the facility and household levels within five kilometer radii of study facilities
- › 2,527 women were interviewed, 1,852 exit interviews of women seeking antenatal care (661), family planning (318), and post-natal care services (873)

Exiting Clients Who Paid for Services

Service	Voucher users	Non-users	All clients	p-value
	% (n)	% (n)	% (n)	
Family planning	15.6 (45)	68.7 (265)	61.0 (310)	p<0.01
ANC	5.5 (199)	73.4 (458)	52.8 (657)	p<0.01
Delivery	3.8 (430)	67.8 (621)	50.0 (860)	p<0.01
PNC	2.0 (201)	35.3 (558)	26.4 (761)	p<0.01

Odds of Paying for the Vouchers: Exit Survey

Service	Odds (users=1)	95% CI
Family planning	0.03** (N=302)	0.01 – 0.14
ANC	0.01** (N=608)	0.00 – 0.03
Delivery	0.01** (N=836)	0.01 – 0.03
PNC	0.01** (N=736)	0.00 – 0.05

Women Who Paid for Services: Last visit

Service	Exposed % (n)	Non-exposed % (n)	All women % (n)	p-value
Family planning	73.9 (414)	84.0 (704)	80.2 (1118)	p<0.01
ANC	61.5 (340)	77.1 (546)	71.1 (886)	p<0.01
Delivery	53.0 (315)	60.1 (474)	57.3 (789)	p<0.05
PNC	23.8 (214)	28.5 (263)	26.4 (477)	p=0.25

Women Who Paid for Services: Ever Use

Service	Ever used Voucher % (n)	Never used Voucher % (n)	p-value
Family planning	61.3 (93)	77.6 (321)	p<0.01
ANC	30.5 (95)	73.5 (245)	p<0.01
Delivery	18.1 (83)	65.5 (232)	p<0.01
PNC	5.6 (71)	33.1 (142)	p<0.01

Odds of Paying for the Vouchers: Exposure

Service	Odds (Exposed women=1)	95% CI
Family planning	0.5**	0.3 – 0.7
ANC	0.3**	0.2 – 0.7
Delivery	0.6**	0.4 – 0.9
PNC	0.7	0.4 – 1.3

Discussion and Reflections

- Voucher clients paid for services that are not covered
- Some providers made voucher clients pay additional amounts for services they regarded as not being part of the benefit package
- *“One person tells you to go the lab and the other asks you to pay for the service even with the voucher and sometime buy medicine”-client*
- One shortfall is the PNC component of the voucher is underutilized and not well understood

Conclusions

- › The RH vouchers program is associated with reduced likelihood of paying out-of-pocket for RH services at facility level and some services at population level
- › Provider and client understanding of benefit package contributed to the proportion of voucher clients that paid for services
- › Proper marketing and adequate communication strategies are key to effective programming

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