

International Seminar on
Increasing Use of Reproductive Health Services through
Community-based and Health Care Financing Programmes:
Impact and Sustainability

23-25 August 2012

Imperial Queen's Park Hotel, Bangkok, Thailand

Organised by the International Union for the Scientific Study of Population
(IUSSP) Scientific Panel on Reproductive Health
and
Institute for Population and Social Research (IPSR), Mahidol University

REPORT

The IUSSP Scientific Panel on Reproductive Health, in collaboration with the IPSR, Mahidol University, held a Seminar on “Increasing Use of Reproductive Health Services through Community-based and Health Care Financing Programmes: Impact and Sustainability” in Bangkok, Thailand, 23-25 August 2012. The financial support for the Seminar was provided by the IUSSP, UNFPA, Wellcome Trust, and the Department of Reproductive Health and Research (RHR) of the World Health Organization (WHO). The Population Council and Marie Stopes International (MSI) supported several of their staff to attend the Seminar and present their papers. The Seminar was attended by 30 international participants, five national (Thai) participants and a Junior Demographer. Participants were mostly research scientists, but also included some policy makers, programme managers and representatives of two donor agencies.

Twenty papers were presented, including two papers systematically reviewing the evidence on reproductive health vouchers programmes and on the private sector engagement in sexual and reproductive health (SRH) and maternal and neonatal health. The other 18 papers covered the evidence on innovative programmes for expanding access to and utilization of SRH services in 12 countries (Ghana, Kenya, Sierra Leone, Tanzania, Uganda from sub-Saharan Africa and Bangladesh, Cambodia, India, Indonesia, Pakistan, Turkey and Viet Nam from Asia). The papers are available to IUSSP members on the IUSSP website (www.iussp.org) as “working papers”, and the agenda and list of participants are included in the appendices.

Achieving universal access to reproductive health is one of the targets set for realizing the Millennium Development Goal 5 (MDG 5) on improving maternal health. Greater emphasis on wide-scale implementation of proven, cost-effective measures is required to achieve universal access to reproductive health. The Seminar provided a forum for individuals and organizations to discuss the current evidence on the impact

and sustainability of community-based and health care financing programmes that seek to increase the use of SRH services and improve related outcomes in developing countries, and to identify gaps for future research. Specific questions that the Seminar addressed included:

- What factors facilitate or hinder the success of health care financing or community-based programmes that seek to improve sexual and reproductive health outcomes?
- What is the potential for sustainable scaling up of pilot programmes? What are the programme characteristics and expansion processes that lead to sustainability?
- What is the population health impact of scaled-up programmes?
- What are the best methodologies for measuring effectiveness and cost-effectiveness of these programmes?
- Are these programmes reaching the intended vulnerable and most-in-need groups?
- What are the implications for programmes and policies for scaling up community-based and health care financing programmes?

Five sessions were held to answer these questions, and four papers were presented in each session. Table 1 summarises the models and interventions covered, and the countries in which they were studied, in the 20 papers presented at the Seminar. Some categories are not mutually exclusive and therefore one paper might contribute to more than one model and appear more than once in the table.

Table 1: Models and interventions covered by the papers presented at the Seminar

Model/intervention	Countries studied in paper
Community-based distribution of services	Ghana, Bangladesh
Outreach services by community-based workers	Bangladesh, Pakistan, India, Tanzania, Ghana, Turkey
Community mobilization activities	Ghana, Kenya, Turkey
Private sector engagement	Review paper, Tanzania
Pay-for-performance	Bangladesh
Vouchers	Review paper, Cambodia, Sierra Leone, Kenya/Uganda, Pakistan, Viet Nam
Health insurance	India, Indonesia

Some of the outcomes of interest included: changes in total fertility rate (TFR), contraceptive prevalence and continuation rates, post-abortion care, health facility delivery, antenatal care (ANC) visits, use of post-natal care, knowledge of pregnancy/delivery complications, and use of other maternal and child health care services.

Following presentation of the four papers in each session, a discussant reviewed and commented on each paper, identifying both the strengths and limitations of the papers. The presenters responded to questions and comments from the discussant, and then there was an open discussion involving all participants.

Highlights and findings

Community-based distribution of services

A number of papers presented at the Seminar showed that community-based distribution of services, provision of services by community-based workers, and mobilization activities are associated with increases in access to and use of SRH and maternal health services, and other outcomes.

A paper by Phillips et al. describes how fertility decline in northern Ghana was associated with a combination of convenient services provided by community nurses, and social mobilization activities focused on men. However, when these interventions were scaled up, the social mobilization aspects were neglected, and so the long-term impact on fertility was concentrated in communities where social mobilization had already been introduced. Otherwise, fertility either increased, or, declines that were in progress stalled with time. Another paper from Ghana documented a case study of a community-based health planning and services initiative identifying the achievements but also raising concerns over the financial sustainability of such programmes (Hafoba et al.).

An impact evaluation of a community-based package of essential services (which included capacity development of community health workers, timely referrals, and community empowerment activities) in Dhaka urban slums (Alam et al.) found a number of positive outcomes, including a modest increase in women's knowledge of pregnancy complications, increased utilization of maternal health services, and improvements in maternity care.

Outreach services by community-based workers

Khan & Hazara's paper shows that – in addition to other components of India's Janani Suraksha Yojana – the counselling provided by Accredited Social Health Activists (ASHAs) motivates women to attend ANC and deliver at a health facility. Findings from The Willows Foundation Programme in Turkey suggest that customised home visits by field workers are an essential tool to empower women to identify and meet their family planning needs (Vekiloglu & Uguz).

Another study examines how cultural norms affect Pakistani Lady Health Workers' home-visits to provide women with reproductive health services (Mumtaz et al.). The authors show how Lady Health Workers (LHWs) are more likely to visit their *biradari* members (a *biradari* is a group of households with members related by blood). Moreover, the LHWs are usually poor low-caste women whose visits and services are mainly to women in their *biradari* belonging to the same poor socio-economic groups. Though unintentional, the *biradari* system in Pakistan may be contributing to a greater access to services by poor women.

Plans for a randomised controlled trial of the impact of a community-health worker reproductive health programme in Tanzania were presented by Baynes et al.

Community mobilization activities

The Phillips et al. paper described in the previous section demonstrated the importance of social mobilization activities focused on men, and Alam et al. explained that community empowerment through development of women's groups was a part of the community-based package of essential services which led to a number of positive outcomes.

More evidence on the importance of community mobilization activities come from Wahome et al.'s paper on post-abortion care in Kenya. The authors explain that community empowerment and participation combined with service-side improvements led to increased family planning use and health-seeking behaviour for post-abortion care services. They also explain that working through existing community structures is essential for the success of the project and for maximizing the chances of long-term sustainability of activities.

Private sector engagement

The role of public sector engagement in SRH and maternal and neonatal health, in the context of equity, quality and cost-effectiveness, was reviewed by Madhavan & Bishai. The authors explain there is strong evidence that the following private sector interventions expand access either for the poor or overall: conditional cash transfer for antenatal care and delivery, contracting for delivery care, social marketing, and community-based administration of misoprostol for the prevention and treatment of post-partum haemorrhage (PPH). Furthermore, strong evidence was found that the following interventions improve quality of care: training in family planning, vouchers, conditional cash transfers, social marketing and community-based administration of misoprostol for prevention of PPH. However, the authors of this paper find there is very little evidence on the cost-effectiveness of interventions, and this was a reoccurring theme and topic of discussion throughout the Seminar.

A case study from Tanzania describes the experiences of a new public-private partnership model, where local government authorities use donor funds to contract Marie Stopes Tanzania to deliver through outreach an integrated package of SRH services (Brown et al). The paper identifies challenges as well as key lessons learned from the project.

Pay-for-performance

Pay-for-performance (P4P) models, where a financial incentive rewards service providers for meeting certain performance targets, were found to be associated with positive outcomes. Maternal, newborn and child health service volumes increased and quality of services improved in government health facilities in Bangladesh, where a P4P approach had been implemented (Rob et al.).

Khan et al.'s paper also explains that P4P where ASHAs are paid according to the work they have performed, is another component of the Janani Suraksha Yojana, and this, along with increased contacts and counselling, might also contribute to an increase in ANC use and institutional delivery.

Vouchers

Studies and evaluations of voucher programmes presented at the Seminar came from Population Council (Obare et al., Chhorvann et al., Bajracharya et al.) and Marie Stopes (Eva et al., Azmat et al., Nguyen et al.) programmes, often through social franchises. Lessons from SRH voucher programmes were reviewed in a paper by Gorter et al. It was found that voucher programmes – where subsidized or free vouchers are redeemable at accredited health facilities – increase utilization of health services among poor, underserved, less educated, or vulnerable populations. Vouchers can work at both demand-side and the supply side, so both the consumer and provider are influenced by the incentive.

Some findings suggest that voucher programmes are associated with improvements in quality of services (e.g. Nguyen et al.), although this is not always the case (e.g. Eva et al.). It was noted that voucher programmes at their current size are too small to address national need among the poor, and scalability remains an issue.

Health insurance

Two papers – one each from India and Indonesia – examined the role of health insurance schemes, and identified facilitating factors and challenges to the success of such programmes (Hazra, and Ardiana & Rachmad). The social health insurance scheme in India is found to have a positive impact on health care utilization, and reduces out-of-pocket expenses.

Methodological issues

A number of methodological issues were identified and discussed. Noting these methodological issues served as a guide for future research efforts.

In some papers, comparison or control study groups were missing, which limited the possibility to draw conclusions on efficacy and impact of interventions. It was argued to be difficult to find “true” control groups in some situations, where there are a large number of on-going intervention efforts by various organizations.

None of the papers presented findings from randomised control trials (RCTs), although one paper presented plans for the RCT of a community-based reproductive health program in Tanzania (Baynes et al.). RCTs tend to be expensive and rare in the field of testing programme interventions. However, without an RCT to demonstrate the impact of an intervention, it leaves some questions about the robustness of the findings. It was debated whether or not impact can be judged by the gold standard of RCTs only, or whether quasi-experimental designs are sufficient.

Some of the papers are works-in-progress, and present baseline data only. For the majority of the remaining papers, end-line data presented tend to be short-term, and so only immediate and direct impacts from the programmes can be assessed. Evidence for long-term and population-level impact, for example on health outcomes and the sustainability of these approaches remains mostly ambiguous, in the absence of longer-

term studies. However, some studies discussed the longer-term impact of interventions (e.g. Vekiloglu et al).

Current evaluations of holistic and multifaceted programmes tend not to identify which *aspects* of the programme are successful components, nor whether it is the whole programme in its entirety that is necessary for impacting on outcomes. This may be important with regards to scaling up. If it is not feasible for programmes to be scaled up in their entirety, a handful of components to the programme could be scaled up instead, which may have some beneficial outcomes. Identifying the impact of the different components of multifaceted programmes is therefore important, to determine which aspects to scale up.

Costs and cost-effectiveness of programmes were noted as the glaring omission in most papers, especially because of their high relevance to sustainability of interventions.

Summary and Conclusions

As part of the final session of the Seminar, highlights of key findings and implications for programmes and policies as well as remaining gaps in research were presented. An interactive discussion ensued to recap broad themes that had emerged over the three days.

Papers presented at the Seminar provided valuable information and the discussions resulted in sharing important insights. Yet, the questions that the Seminar set out to answer were not fully resolved. Evaluation of programme interventions such as those covered in the papers is a relatively underdeveloped area of research. Seminar participants also pointed out that establishing impact and scaling up of interventions is complex and fraught with methodological challenges. The studies presented have contributed “pieces to an unfinished puzzle”, enhanced the understanding of some very difficult issues, and tackled topics for which little or no information was previously available. Nevertheless, several issues remain unresolved where consensus was not reached, including:

- Identification of proven measures to increase use of sexual and reproductive health services and improve related outcomes.
- Identification of models that conclusively demonstrate population-level impact.
- Questions remain over the sustainability of models and interventions.
- Questions remain over the realistic potential for scale-up of models and interventions.
- It is still unclear which models (or components of a model) are most effective at reaching the poor.

In summary, key themes and issues that arose from the Seminar are:

- 1) Without comparison groups, it is not possible to draw conclusions on the efficacy and impact of interventions. Therefore, it is important to have comparison or control groups.

- 2) There is need for more long-term evaluations. Although findings from baseline and short-term end-line are important, there is need for longer-term evaluations to assess sustainability of changes observed in short-term studies.
- 3) Lessons learned from one site may not be generalizable to others sites, given programmes are often context-specific.
- 4) In times of increasing constraints for funding, there is need for improved cost-effectiveness estimates. There is still need for identification of the best methodologies for measuring cost-effectiveness of these programmes.
- 5) Where a “successful” programme has multiple aspects to it (e.g. if it is holistic or multifaceted), it is important to know whether it is the programme in its entirety that led to its success, or if there are a handful of “winning” aspects of the programme that were successful, and that could be scaled up.

In conclusion, the Seminar brought together evidence and experiences from a wide range of programmes aiming to expand access to and utilization of sexual and reproductive health services in a number of developing countries. The papers addressed the complex issues of measuring the impact and sustainability of programme interventions. The Seminar recorded significant advances in sharing the knowledge and experience and in identifying the methodological and substantive issues. The seminar participants gained a better understanding of the issues on measuring and evaluating the impact of community-based and health financing programmes to increase the use of reproductive health services.

Acknowledgements:

Financial support for the Seminar was provided by the IUSSP, UNFPA, Wellcome Trust, and the Department of Reproductive Health and Research (RHR) of the World Health Organization (WHO), as well as by the Population Council and Marie Stopes International (MSI), who supported several of their staff to attend the Seminar and present their papers.

This report was developed by Ms Aisha Dasgupta, the recipient of the Junior Demographer award by IUSSP, with inputs from the Panel.

IUSSP Scientific Panel on Reproductive Health
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Chair: Iqbal H. Shah

Members: John G. Cleland, Sarah Harbison, Ondina Fachel Leal, K. G. Santhya and Eliya M. Zulu.
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AGENDA

Thursday, 23 August 2012

08:30	Registration	
Session 1:	Opening of the Seminar	
Chair:	John Cleland	
09:00-09:20	Opening remarks and Introductions	Sureeporn Punpuing Shireen Jejeebhoy
09:20-09:30	Background and agenda	Iqbal H. Shah
09:30-09:35	Logistics	Saowapak Suksinchai
Session 2:	Sustaining and scaling-up community-based reproductive health programmes	
Chair:	Iqbal H. Shah	
Discussant:	John Cleland	
09:35-10:00	A statistical appraisal of the fidelity of the local and national scale up of the Navrongo Project in Northern Ghana to its original operational design	<u>Ayaga A. Bawah</u> and James F. Phillips
10:00-10:25	Community engagement leads to sustainable postabortion care in Kenya	<u>Mercy Wahome</u> and Lynn Van Lith
10:25-10:45	<i>Coffee/tea</i>	



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Population Council



11:10-11:35	BRAC community-based interventions and use of maternal health services in Dhaka urban slums Nurul Alam
11:35-12:00	Sustaining community-based outreach in achieving universal access to reproductive health: The Willows Foundation Behaviour Change for Reproductive Health and Family Planning Program in Turkey Fulya Vekiloglu
12:00-12:25	Discussant remarks
12:25-12:40	Discussion
12:40-14:00	<i>Lunch</i>
Session 3:	Community health workers and community interventions
Chair:	Baochang Gu
Discussant:	Minki Chatterji
14:00-14:25	The role of social geography on Lady Health Workers' mobility and effectiveness in Pakistan Zubia Mumtaz
14:25-14:50	Impact of Janani Suraksha Yojana and role of community health workers in promoting maternal and child health care M. E. Khan
14:50-15:15	Examining implementation variation and effects within a randomized cluster trial of a community-based reproductive health program: method and findings from the Connect Project in Tanzania Colin Baynes
15:15-15:40	An evaluation of Ghana community-based health planning and services initiative on maternal and child health care: a case study of Obura-Aseeibu-Kwaamankese district <u>Emmanuel Edum-Fotwe</u> and Kwabena Barima Antwi
15:40-16:00	<i>Coffee/Tea</i>
16:00-16:30	Discussant comments
16:30-17:00	Discussion
19:00	Group dinner (all participants)

Friday, 24 August

Session 4: Private sector participation and public-private partnership in reproductive health services

Chair: Ondina Fachel Leal

Discussant: Shireen Jejeebhoy

09:00-09:25 Private sector engagement in sexual and reproductive health and maternal and neonatal health: A review of the evidence
Supriya Madhavan

09:25-09:50 Delivering integrated reproductive and child health and HIV services through public-private partnership in rural Tanzania
Heidi Brown

09:50-10:15 Out of pocket expenditure among women using reproductive health services at public health facilities in Cambodia
Chhorvann Chhea, Saphonn Vonthanak, Ashish Bajracharya, Antonia Dingle, Ben Bellows

10:15-10:40 Evaluating the impact of vouchers as a demand-side financing mechanism for Marie Stopes Sierra Leone
Gillian Eva

10:40-11:10 *Coffee/tea*

11:10-11:35 Discussant comments

11:35-12:15 Discussion

12:15-13:45 *Lunch*

Session 5: Models of health care financing

Chair: K.G. Santhya

Discussant: Eliya Zulu

13:45-14:10 Can community based health insurance be a viable solution to reduce inequality in health care utilization in Rural India?
Avishek Hazra

14:10-14:35 Family planning financing scheme in Indonesia: how far it helps reduce the unmet need for family planning?
Irma Ardiana and Sri Hartini Rachmad

14:35-15:00 Determinants of Facility Deliveries and Use of Antenatal Care in Cambodia: Implications for Universal versus Targeted Finance Strategy
Ashish Bajracharya, Antonia Dingle and Ben Bellows

15:00-15:25 Performance-based incentive works to increase utilization of maternal, newborn and child health services in Bangladesh
Ubaidur Rob, Md. Noorunnabi Talukder, Laila Rahman, Ismat Ara Hena

15:25-16:00 *Coffee/tea*

16:00-16:25 Discussant comments
16:25-17:00 Discussion

Saturday, 25 August

Session 6: Increasing utilization of reproductive health services through voucher schemes

Chair: David Kline
Discussant: Sarah Harbison

09:00-09:25 A systematic review: What are optimal reproductive health voucher program designs?
Ben Bellows, Jerry Okal, Corinne Grainger, Anna Gorter

09:25-09:50 Improving access to health facility delivery for poor women through the use of targeted vouchers: Evidence from Kenya and Uganda
Francis Obare

09:50-10:15 Findings of an 18-month assessment of the effectiveness of a rural-based social franchising programme using vouchers for long-term family planning services in Pakistan
Syed Khurram Azmat

10:15:10-40 Increasing uptake of reproductive health services in the rural Vietnam through innovative voucher program and social franchising
Linh Nguyen

10:40-11:00 *Coffee/tea*

11:00-11:25 Discussant comments
11:25-11:50 Discussion

11:50-12:45 Closing session
Chair: Iqbal H. Shah

 Highlights of key findings and of implications for programmes and policies
 Aisha Dasgupta
 Plans for publication and dissemination
 Any other matter

12:45 *Lunch*

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Note: For papers with more than one author, the name of the presenter is underlined.

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