Policy Brief
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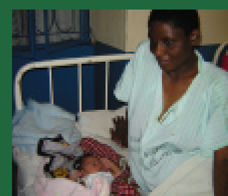
An Output-Based Approach to Reproductive Health: *Vouchers for Health in Kenya*

For years, the Government of Kenya and development partners have pumped a substantial amount of inputs into the health sector to try to reverse the worrying trends in the country's health outcomes. "Reversing the trends" was in fact the theme of the National Health Sector Strategic Plan for 2005–2010. But it is the poor in Kenya who contribute most to maternal and child deaths, as well as to the high proportion of women who receive unskilled attendance during delivery. Thus ever greater efforts and innovative approaches are needed to reach the poor so as to ensure the achievement of the Millennium Development Goals on maternal and child health by the year 2015.



This policy brief summarizes the concepts and achievements of a pilot project using the output-based approach to improve access to reproductive health services by Kenya's poor.

The Concept

One such innovation is a pilot voucher project introduced in three rural districts (Kisumu, Kiambu and Kitui) and two urban slums (Korogocho and Viwandani in Nairobi). Taking what is called an output-based approach (OBA), the project enables poor clients to access highly subsidized safe motherhood, family planning and gender-based violence recovery services. Clients receive vouchers from designated voucher distributors. They go to their chosen health facility for the desired service and "pay" for the service with the vouchers. The facilities are reimbursed only for satisfactory services (i.e., outputs) provided to the voucher clients. The clients are free to choose from 54 accredited health facilities representing a mix of public and private, non-government and faith-based management. The target population is about 140,000 poor

Facts on Kenya:

- Out of every 10 pregnant women, only 4 receive skilled attendance at delivery
- In every 1,000 live births, about 115 children will die before reaching the age of 5 years
- It is estimated that for every 100,000 live births, about 400 women die of complications related to pregnancy and childbirth
- The poverty level is about 46%

Figure 1: RH-OBA project structure

Donor (KfW)
Advisory Board
Ministry of Planning
National Coordinating Agency for Population and Development
Steering Committee
Disposition Fund
PricewaterhouseCoopers/Population Council
Internal M&E
Claims & Payments
Accreditation & Quality Assurance (NHIF)
Marketing Agency
Voucher Distributors
Providers: MOH/NGOs/FBOs/Private
Services
Clients

women of reproductive age (i.e., 15–49 years)

This pilot project is a joint venture between the governments of Kenya and Germany with a total funding of €6.58 million over a period of three years (Phase I = 2005–2008). The German Development Bank (KfW) is disbursing the funds from the German government, while the National Coordinating Agency for Population and Development (NCAPD) is responsible for project execution on behalf of the Kenya government.

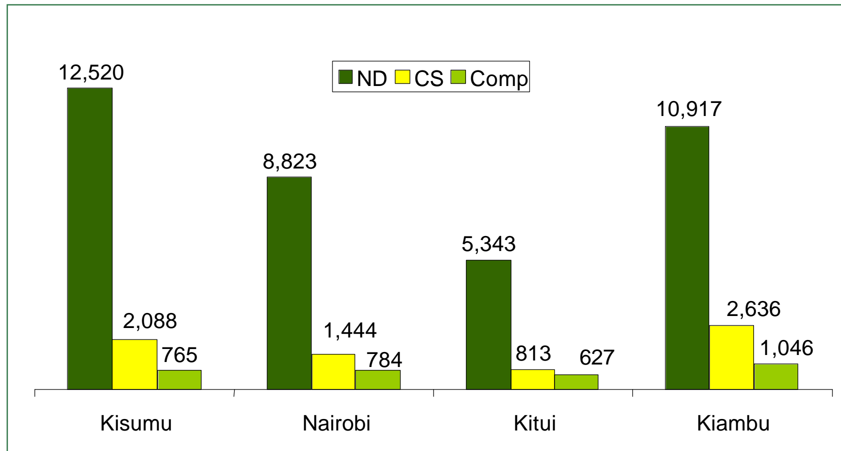
Clients receive vouchers from designated distributors. They go to their chosen health facility for the desired service and "pay" for the service with the vouchers. The facilities are reimbursed for satisfactory services.

Components of the Voucher Scheme

The RH-OBA Project has the following main components:

- ***Accreditation of service providers and quality control***: An accreditation standard for participating facilities was developed and is used to enrol health facilities into the project. This same standard is used to ensure quality and to measure

Figure 2: RH-OBA project services (June 2006–March 2008): Safe motherhood



Key: ND = Normal delivery; CS = Caesarean section; Comp = Complications

> In all the project sites except Kitui, over 10,000 safe motherhood clients were served by the end of March 2008.

improvements in accredited facilities.

- ***Claims processing and reimbursement:*** Compilation of claims begins at the health facility after a voucher client has received services. These claims, with all the necessary documentation, are then forwarded to the Voucher Management Agency (VMA) for processing and payment.
- ***Marketing and voucher distribution:*** This component of the project intends to enlighten the target population on the services provided by the project and how they can be accessed.

Project Structure

Figure 1 illustrates the structure of the project. The figure shows the flow of action and responsibility among the implementing partners.

As noted, NCAPD is responsible for the management of the project. The other organizations shown in the diagram have the following roles:

- ***Advisory Board:*** Provides advice to the project on various emerging issues.
- ***Steering Committee:*** Approves plans and budgets for the project.
- ***KfW:*** Supplies funding to Phase I of the project to the tune of €6.579 million over three years.
- ***PricewaterhouseCoopers/ Population Council:*** Implement the project as a consortium under contract to NCAPD.
- ***National Hospital Insurance Fund (NHIF):*** Under subcontract to PwC/ PC, implements the accreditation of service providers and quality assurance for the project.

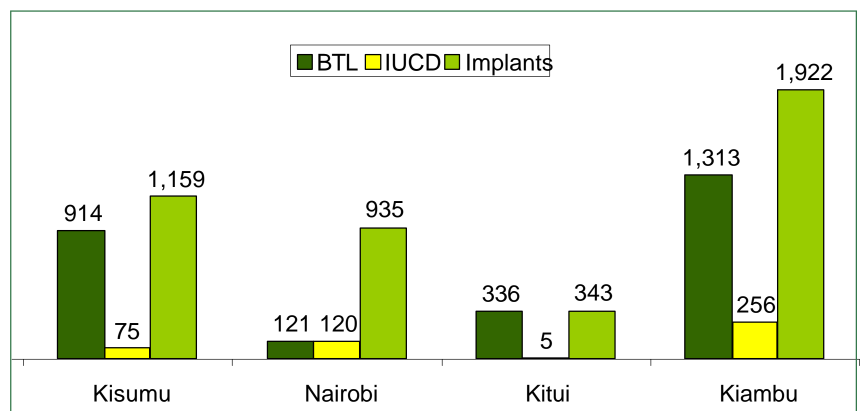
Achievements

Since the project began in June 2006, over 52,000 poor clients have benefited from the services through the 54 accredited health facilities. In all the project sites except Kitui, over 10,000 safe motherhood clients were served by the end of March 2008 (Figure 2). Kisumu District had the highest number.

The slower uptake in Kitui is attributable to the poor road network and distribution of

Mums and babies attend clinic

Figure 3: RH-OBA project serv ices (June 2006–March 2008): Family planning



Key: BTL = Bilateral tubal ligation; IUCD = Intrauterine contraceptive device

health facilities, which make access difficult. An independent review of the project in December 2007 ascribed the impressive safe motherhood figures largely to the removal of the cost barrier for the poor.

Far fewer women accessed family planning services (Figure 3). At all the sites, the most preferred family planning methods among the voucher clients are implants, followed by bilateral tubal ligation (BTL). Intrauterine contraceptive devices (IUCDs) are least preferred by the voucher clients. Except in Nairobi, about equal numbers of women wanted BTLs and implants, but generally, the uptake of the long-term family planning methods offered under the project is low.

Only about 300 clients sought gender-based violence recovery services. Reviews of the project in 2007 suggested two possible causes of this: the existence of alternative specialized funding sources for such services and the unsuitability of this kind of service for a voucher scheme.

Challenges

The main challenges that have been faced by the project are:

- Keeping fraud under control at all times.
- Identifying truly eligible clients given that ineligible clients keeping trying to find ways of acquiring the vouchers.
- Finding innovative approaches to improve the uptake of both the long-term family planning methods and gender-based violence recovery services.

As the project progresses to Phase II, these challenges will continue to be addressed.

References

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Left, the German ambassador to Kenya cuddles one of the "outputs" of the project his country is funding, while, right, voucher distributors get ready for the job.

NCAPD Policy Brief No. 2, An Output-Based Approach to Reproductive Health: Vouchers for Health in Kenya

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NCAPD is a semi-autonomous government agency that promotes and coordinates population and development activities in Kenya.