

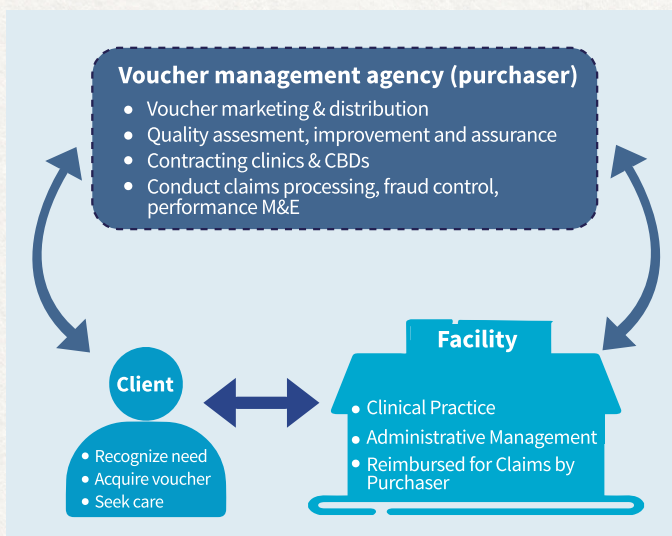
Vouchers for Rights-based, Voluntary Family Planning

Introduction

Family planning is unique among health interventions in the breadth of its potential benefits, which include reduced burden of unintended pregnancies, lower maternal and child mortality, empowerment of women, poverty reduction, and enhanced environmental sustainability through stabilization of trends in population growth.¹ However, inequitable access, skewed method mix, and unmet need are persistent and pervasive challenges in family planning (FP) services in many low and middle-income countries (LMICs), particularly in sub-Saharan Africa.^{2,3,4}

To combat inequities in access to health services, vouchers have emerged as a strategy for both demand- and supply-side financing as part of sexual and reproductive health interventions, including family planning.⁵ A key feature of voucher programs is that they directly link the demand-side voucher subsidy to the intended beneficiary and the anticipated supply-side output.⁶ Although specific modalities vary, certain broad principles are common across voucher programs. Beneficiaries from disadvantaged or marginalized groups are given vouchers that they can redeem at contracted public or private health facilities for services.⁷ The facilities then submit claims for reimbursement to the voucher management agency. Voucher programs thus improve financial and non-financial access to care.

Figure 1: Responsibilities of key actors in family planning voucher programs



Evidence of Public Health Impact

Evidence from more than 20 studies of family planning voucher programs in Asia, Africa, and Latin America confirms that such programs can improve equitable access to health services.

- Increased Contraceptive Use
- Enhanced Equity and Increased Choice
- Alignment with Rights-based Programming

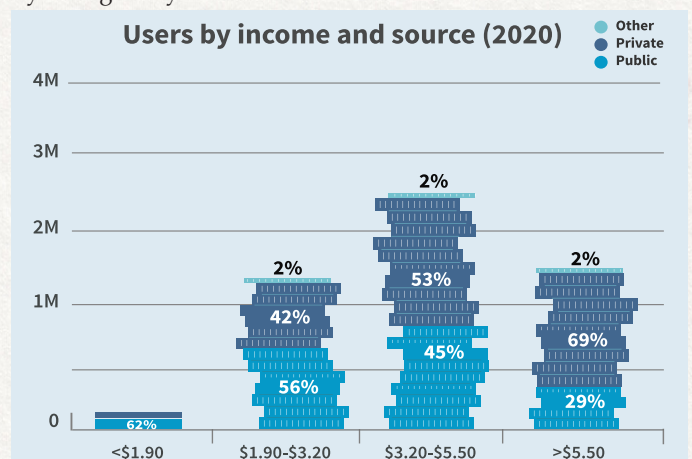
The Case for Using Vouchers in Family Planning Programming in Pakistan

Pakistan's unique combination of high socio-economic inequality, skewing of contraceptive use along that socio-economic gradient, and significant private sector role in provision of FP methods to the poor underscore the value of an FP voucher strategy to drive progress toward universality in voluntary, informed uptake and continued use of contraceptives. There are also significant differences in modern contraceptive use between the richest and poorest wealth quintiles (Figure 2). Thus far, small-scale voucher programs have been implemented in the country to reach underserved segments of the population with unmet contraceptive needs. Unlike other countries, these voucher initiatives were incorporated in pre-existing social marketing initiatives looking to improve financial access to private sector family planning services.

The two principal FP voucher initiatives in the country were initiated by Population Services International (PSI), under the Greenstar brand (GSM), and by the Marie Stopes Society (MSS).

- The GSM detected a 20% increase in the modern contraceptive prevalence rate compared to baseline in the intervention district and noted that the intervention positively impacted equity. The model's integrated approach, combining contraception with child immunization, also led to an increase in immunization coverage.
- Through social franchised services enhanced by the voucher program, MSS reached out to underserved women in selected areas in Punjab province to increase access to modern contraceptive methods, with a special focus on long-acting reversible contraceptives (LARCs). The results showed that, compared to the baseline, awareness of contraceptives increased by 30 percentage points in the population in the intervention area. Vouchers also resulted in a net increase of 16 percentage points in current contraceptive use and 26 percentage points in modern methods use. In fact, the underserved population demonstrated better knowledge and higher utilization of modern methods than its affluent counterparts.

Figure 2: Number of users of any modern family planning method, by average daily income and source



Source: Family Planning Market Analyzer, <http://fpmarketanalyzer.org>

Recommendations – The Way Forward

Going forward, the option of embedding voucher schemes within existing social welfare support initiatives could be explored. One example of such embedding is a voucher scheme being implemented by the Population Council in cooperation with the Benazir Income Support Program (BISP). The initiative seeks to increase access to FP services among low-income women with FP need. The voucher is offered to BISP beneficiaries and covers both transportation costs and provider fees. It is critical to take into account the ongoing COVID-19 pandemic in the planning of voucher programs. Therefore, to the extent possible, voucher programs should incorporate mobile solutions for beneficiary identification, pre-counseling (priming), referral (e-pharmacy), and post-service accountability.

Conclusion

- To meet the FP2030 and Sustainable Development Goals (SDGs), significant investments are required by countries and donors in priority areas, including sustainable financing, reaching all adolescents, expanding availability of services to the poorest and hard-to-reach populations, and improving the quality and increasing the range of methods available.⁸
- Studies have shown that vouchers can substantially contribute to the SDGs by expanding contraceptive access and choice among the underserved populations. Vouchers can be a good financing tool to enhance equity, increase access, and improve the quality of FP services available to underserved populations within the country.

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