

Voucher Schemes

Harnessing the private sector to serve the poor

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Why vouchers?

Remove barriers to access

- User fees
- Distance to clinic / transport costs
- Marginalisation/ discrimination
- Lack of information

MSU HealthyBaby Voucher

For women identified as poor

- A UGX 3,000 voucher, offering:
 - 4 antenatal visits
 - Transport to a health facility for delivery (2012)
 - A safe delivery, regardless of how complicated
 - Transportation between facilities in case of referral
 - Postnatal care



Programme Details

- Founded 2006 for STI treatment in 4 districts
- Expanded 2008 to include MH over 20 districts in Western Uganda and Mbarara
- Provided ANC, safe delivery and PNC to 80,000 women 2008-2011
- STI service seekers more than tripled from 2,800 to over 9,000 p.a. and approx 30,000 cases treated 2010-2011
- Budget of 6.5m euros from KfW and World Bank plus programme appraisal by Population Council

Diagram of a Voucher Scheme

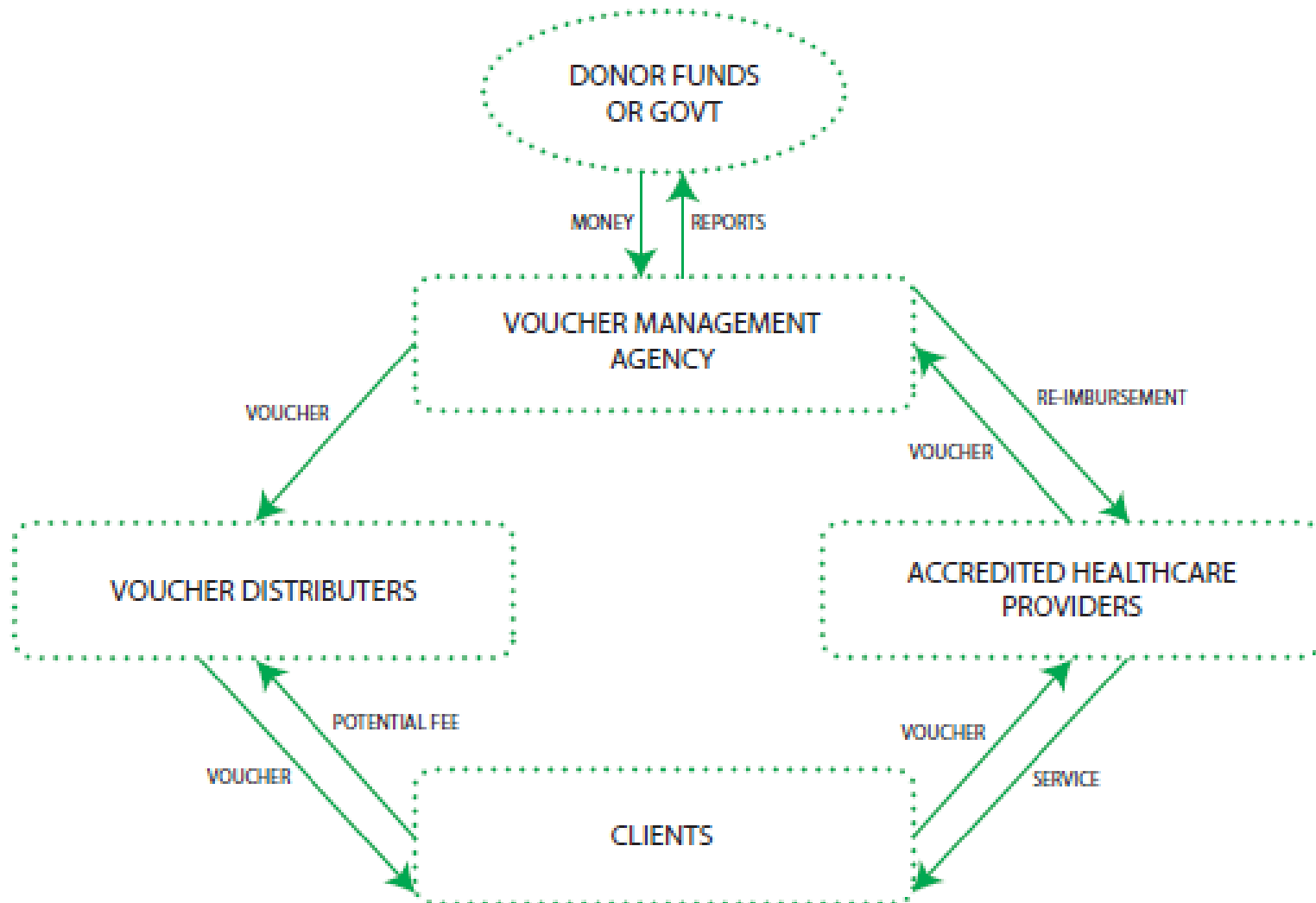


Image of voucher clinic



Voucher distributor



Voucher Management Agency

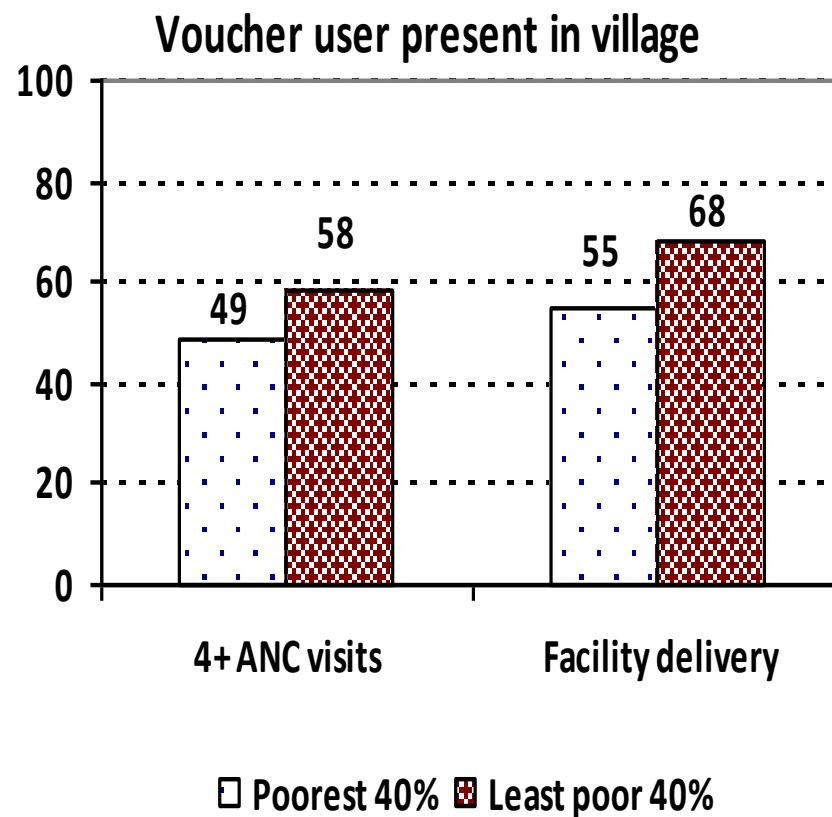
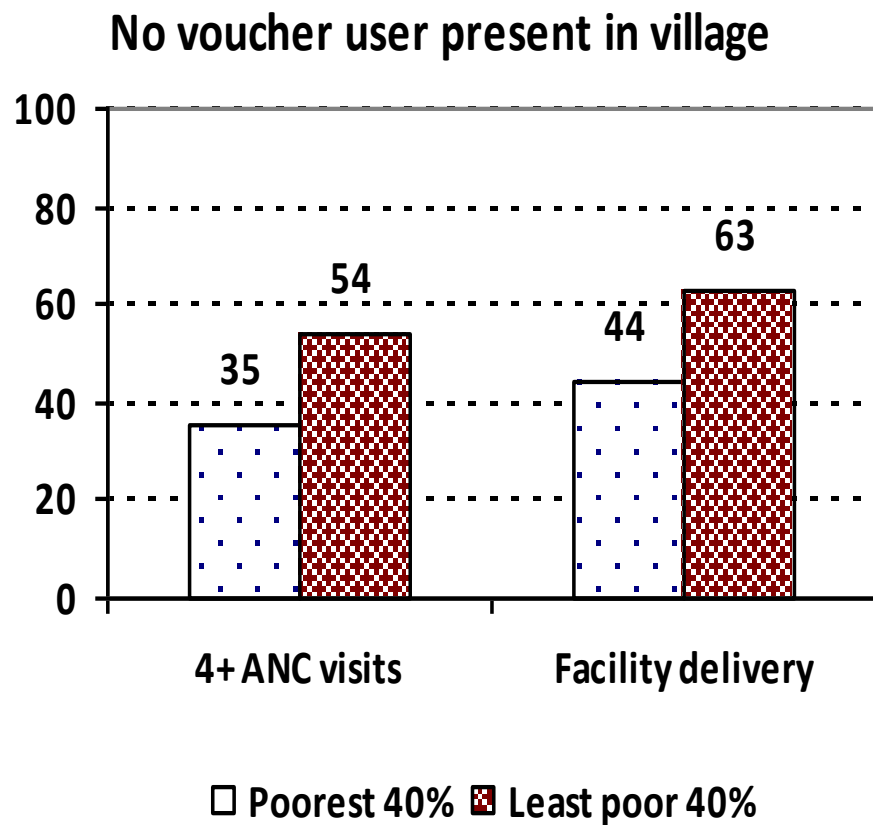


- Accreditation of providers
- Voucher distribution, CBD recruitment
- Voucher marketing and information
- Continual auditing of voucher providers for quality and fraud control
- Voucher reimbursements
- Poverty grading

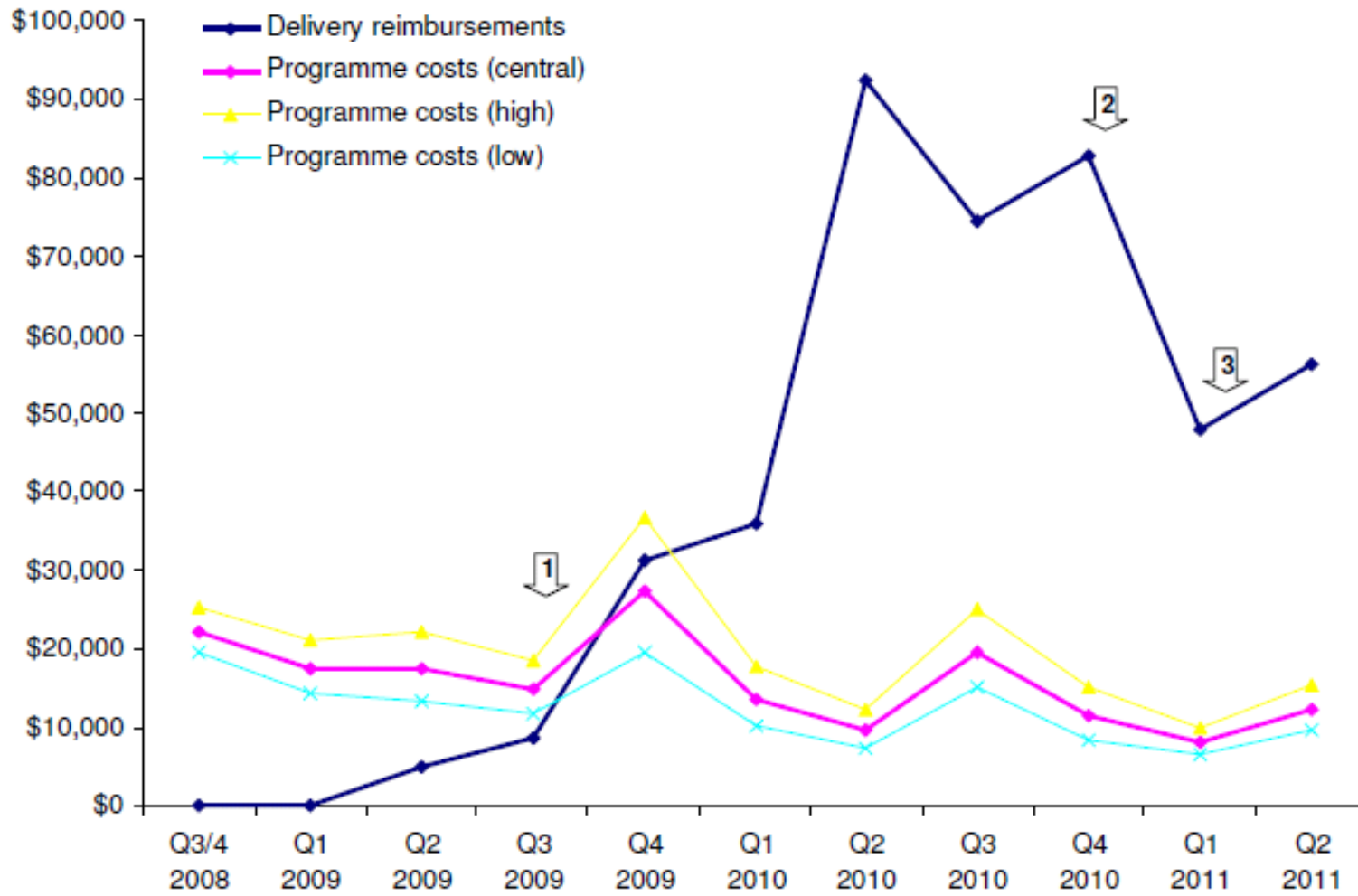
Voucher client



Relative impact on the poorest



Is it cost-effective?



Use of voucher revenue

- 27% on medicines and supplies
- 22% increased existing salaries
- 19% bought new equipment (microscopes, weighing scales)
- 11% hired new staff
- 9% expanded the facility
- 5% spent on infrastructure (water and power supplies)