END-LINE REPORT FOR EVALUATION OF SAMBHAV VOUCHER SCHEME – ALLAHABAD

State Innovation in Family Planning Services Project Agency

Ipsos Research Pvt. Ltd.
C-1 First floor
Opposite Indian oil building
Green park extension
New Delhi – 110016

ACKNOWLEDGEMENT

The present Endline Study in the slums of KAVAL Cities of Uttar Pradesh has been assigned to Ipsos Research Private Ltd, New Delhi. We are thankful to Shri.Amit Kumar Ghosh , Executive Director , Shri B.K Jain, General Manager (R&E/ FPIS), SIFPSA, Ms.Savita Chauhan , General Manager (Private Sector) for providing us the opportunity to undertake this study .

We take this opportunity to thank Mr. SP Khare- Consultant (R&E) and Ms. Seema L. George PC (R&E), Mr.Kaushal Bisht - Divisional Project Manager (R&E), Ms.Suman Chandrabhan - Project Manager and Mr.Digvijay Trivedi - Programme Officer, Private Sector and Ms.Mamta Verma, Secretary (R&E) for providing all necessary support and guidance for the study.

We are also thankful to all the Household heads and women respondents for giving their precious time during the data collection.

We would also like to thank all district coordinators and district monitoring officers who supported in the execution and analysis of the study by all means.

Ipsos Study Team

~~ACKNOWLEDGEMENT~~

~~The present Endline Study in the slums of KAVAL Cities of Uttar Pradesh has been assigned to Ipsos Research Private Ltd, New Delhi. We are thankful to Shri B.K Jain, General Manager (R&E/ FPIS), SIFPSA, for providing us the opportunity to undertake this study.~~

We take this opportunity to thank Mr. SP Khare, Consultant – Research & Evaluation and Ms. Seema George PC (R&E) for providing all necessary support and guidance for the study.
We are also thankful to all the Household heads and women respondents for giving their precious time during the data collection.

We would also like to thank all district coordinators and district monitoring officers who supported in the execution and analysis of the study by all means.

Ipsos Study Team

ABBREVIATION

1. ANC - Antenatal Care
2. ANM - Auxiliary Nurse Midwife
3. ASHA - Accredited Social Health Activist
4. BPL - Below Poverty Line
5. CHV - Community Health Volunteer
6. CMO - Chief Medical Officer
7. DIFPSA - District Innovations in Family Planning Services Agency
8. DLHS - District-Level Household Survey
9. DPMU - District Project Management Unit
10. GoI - Government of India
11. FP - Family Planning
12. HLFFPT - Hindustan Latex Family Planning Promotion Trust
13. IFA - Iron-Folic Acid
14. IUCD - Intrauterine Contraceptive Device
15. MCH – Mother and Child Health
16. NFHS - National Family Health Survey
17. NGO - Non-Governmental Organization
18. PMU - Project Management Unit
19. PNC - Postnatal Care
20. PPP - Public-Private Partnership
21. RCH - Reproductive and Child Health
22. RTI - Reproductive Tract Infection
23. RSBY - Rashtriya Swasthya Bima Yojana
24. SIFPSA - State Innovations in Family Planning Services Agency
25. STI - Sexually Transmitted Infection
26. TT - Tetanus Toxoid
27. VMU - Voucher Management Unit

CONTENTS

1

INTRODUCTION

1.1. State Innovations Family Planning Services Project Agency(SIFPSPA) – An Overview

SIFPSPA is a registered society in Uttar Pradesh which was set up to implement and manage projects undertaken through Innovations in Family Planning Services (IFPS) Project Agreement. The IFPS Project Agreement came into being as a joint endeavour of Government of India and the United States Agency for International Development (USAID) on 30th September, 1992. The IFPS project was designed to serve as a catalyst for the Government of India in reorienting and revitalizing the country's family planning. The project structure envisaged that all activities would be implemented by SIFPSA. This society would help in the flow of funds from Government of India and help in involving both Government agencies as well as non-governmental sector in family planning service delivery. It would have flexibility to recruit experts from the private sector and also obtain Government officers on deputation. The society would be responsible for the day to day coordination and management of all project activities.

The main objective of SIFPSA is to facilitate, through innovative means and partnerships with government and other agencies, the goal of health for all by improving the quality, demand, access and delivery of family planning and Mother and Child Health (MCH) services and also improvement related to quality of life which includes the status of women.

The primary goal of the IFPS project is to assist the state of Uttar Pradesh in reducing the rate of population growth to a level consistent with its social and economic objectives. In 1992, when this project was conceived, the population of Uttar Pradesh was 140 million making it the largest state in India. Uttar Pradesh also had one of the poorer demographic social and economic profiles in India. In order to achieve the goal of reducing population, the way out was to make access to

family planning services. It would be very effective if couples accept and use contraception on a broad scale in Uttar Pradesh.

Apart from it, the other goals were to increase the percentage of pregnant women receiving ante natal care (ANC) from 30 to 40 percent and the percentage of deliveries assisted by trained providers from 17 to 30 percent. It also aimed to expand immunization coverage of children.

In fact, population stabilization coupled with greater attention to reproductive and child health is the most challenging task before the state of Uttar Pradesh. In this context, SIFPSA has been playing a crucial and significant role to improve the quality and availability of Reproductive and Child Health (RCH) services both as a catalyst and as a funding agency.

Since 1994, SIFPSA has developed innovative models, piloting and replicating them and pioneering the involvement of the private sector in family planning in Uttar Pradesh. The major successful innovations of SIFPSA have been partnerships with private sector including NGOs, dairy cooperatives, Indigenous System of Medicine Practitioners (ISMPs), corporate sector, decentralized planning and implementation of RCH activities through District Action Plans (DAPs). It also developed a unique approach called Performance Based Disbursement System (PBDS).

Today, SIFPSA has gained an international acclaim for its innovative interventions and has set standards for working in the field of social development and RCH in particular.

1.2. Sambhav Voucher Scheme

According to the Census of India 2011[1], there has been an increase of 17.64 percent of population in the past decade. The state of Uttar Pradesh is found to be the most populated state with 16.49 percent of the total population of India. India is one of the countries of the world which agreed to achieve the United Nations Millennium Development Goals (MDGs) in 2000. The eight goals include improving maternal health and reduce child mortality. With the maternal mortality rate (MMR) of 212 [2]and Infant mortality rate (IMR) of 50[3] and increasing population,

[1] Government of India(2011) "Census of India"; Office of Registrar General, India
[2] Government of India(2011) "Maternal and Child Mortality and Total Fertility Rates"; Sample Registration System ,Office of Registrar General, India

India is still lagging behind to achieve the goals of MDGs. It will not be able to achieve the goal by 2015 unless, it improves the health of the poor in the country.

To overcome this hurdle, the Indian government has adopted many initiatives to improve the access of poor to quality. One of the initiatives is the voucher scheme to increase access to reproductive, maternal, and child health services. The scheme is implemented through public private partnership approach. It is a collaborative effort between the public and private sectors with clear, mutually agreed on roles, shared objectives, and specified performance indicators[4].

On September 28, 2007, SIFPSA in collaboration with Hindustan Latex Family Planning Promotion Trust (HLFPT) initiated the pilot project of "Sambhav Voucher Scheme" in Kanpur. "Sambhav" is a Hindi term which means it is possible. It signifies that the poor families can also have access to high quality health services. The scheme is executed through PPP mode with funding support from USAID. The scheme is an initiative to provide health care services to below poverty line (BPL) families in slum areas as well as to control the rapidly growing population. Based on the positive outcomes in Kanpur, the scheme was further launched in Allahabad, Varanasi, Agra and Lucknow.

The targeted population of the scheme is urban slum women in the age group of 15-49 years who are married and living with their husbands having children (in the age group 0-2 years) or are currently pregnant. The main objectives of the scheme are:

- Expand service coverage and meet individual, family and community level demand.
- Improve quality of and access to RCH services.
- Accreditation of private facilities for providing quality RCH and family planning services to the BPL families of urban slums.
- Expand service coverage and create Health Seeking Behaviour.
- Providing a choice of service providers available to the people for accessing services.
- Create and manage a voucher system for availing predetermined RCH services.

[4] IFPS technical Assistance Project(ITAP)(2012) "Sambhav: Vouchers Make High-Quality reproductive Health Services Possible for India's Poor", Report prepared for USAID India, Futures Group, Gurgaon, Haryana

- Documenting and disseminating the process, lessons and learning.
  To identify linkages with other agencies for replicating and scaling-up this PPP model.

Under the scheme, six vouchers for six different facilities were provided: ante-natal care — including three ANC checkups, iron tablets, TT injections, nutrition counselling and pathological services for pregnant women; delivery facilities — normal as well as caesarean; post-natal care, two checkups, including breastfeeding as well as family planning counselling; family planning facilities including male and female sterilisation and intra-uterine contraceptive device; checkups and treatment of reproductive tract and sexually transmitted infection including counselling of partner; and one general health check-up for any member of the family in a year.

The accredited hospitals and nursing homes provided free services to voucher holders, and then got their reimbursement through the implementing authority in each district. The scheme is implemented in each of the districts under the District Innovations Family Planning Services Project Agency (DIFPSA), which chose another implementation agency for the programme.

For Lucknow, Agra and Varanasi, the respective DIFPSA had chosen the District Urban Development Agency (DUDA) for the programme implementation; an NGO was chosen for Allahabad.

The implementing agencies, like DUDA, further employed Community Health Volunteers (CHV) for each slum, who were the field workers with the responsibility to track the beneficiaries and provide them the vouchers. They assisted them to the hospitals and private nursing homes. The volunteers got an incentive for each case they refer to the hospitals. For each case of ante-natal care, they got Rs 60 for each delivery and Rs 50 for family planning.

2

BACKGROUND AND CONTEXT TO RESEARCH

2.1 Research objectives

The voucher scheme was one form of public private partnership being initiated to increase coverage of RCH services by improving access of the economically poor households to the service delivery system. The scheme allowed targeting individuals for providing health subsidies directly. Vouchers were provided directly to poor families in slums through an NGO in each city.

2.1.1 The baseline study findings:

The baseline study was carried out in 4 cities of Uttar Pradesh namely Agra, Allahabad Lucknow and Varanasi, to estimate the baseline indicators related to the reproductive health among the slum dwellers. A sample survey among the slum dwellers was carried out in all four cities. The survey also included house-listing operation in the entire slum areas of the city to identify the beneficiaries.

During the baseline phase, house-listing operation was carried out in about 209 slums of Agra and 42 slums were randomly selected for sample survey using a statistical sampling design. All the households with an eligible woman were identified and about 20 households with an eligible woman were randomly selected from each of the selected slums. One woman from each household was interviewed in detail using the structured questionnaire. In case there was more than one eligible woman in the household, the youngest woman was interviewed during the main

survey. The questionnaire contained the information related to the family planning and maternal and child health.

2.1.2 Expected outcome of the Voucher Scheme project:

Following were the expected outcome of the project to be measured during end line:

1. Increase in CPR by 4 percentage points annually by distributing sterilisation and IUCD voucher
2. ANC Services: Complete ANC services covering 3 check ups, 2 TT and 100 IFA for at-least 75% pregnant women
3. Delivery Services: ensuring 50% institutional delivery in the project area through voucher.
4. PNC Services: provide to at least 60% of delivery clients
5. RTI/STI: treatment of 10 percent infected eligible women.
6. Health check up: Free health consultation from qualified medical practitioner

2.2 Research Design

The primary research aimed at evaluating Sambhav voucher scheme across the beneficiaries and key stakeholders, in the selected 5 cities. The research techniques involved the use of both qualitative and quantitative method of data collection and analysis.

An iterative approach was followed for primary data collection where qualitative data collection and quantitative methods were used. Combination of these two methods and an iterative approach helped generate a richer data and understanding of preferences that emerge.

For instance the fieldwork was initiated with in-depth discussions and structured interviews pilot rounds for a day, which gave inputs for main qualitative and quantitative survey. Similarly the

main research fieldwork was initiated with qualitative interactions with CMO, DPMU, NGO heads, accredited facility owners/ managers and CHV's in each city followed by administering the structured questionnaire to women beneficiaries residing in the slums.

The qualitative methods used for collecting the data included in-depth interviews with key stakeholders like CMO, DPMU, NGO heads, Accredited facility owners/ managers and CHV's in each city .

Quantitative Methods helped to obtain the viewpoints of Women Beneficiaries on their current practices and reactions to all important aspects of the scheme.

Triangulation of findings from both approaches helped to get a holistic understanding and assessment of the scheme.

2.2.1 Target Groups:

The target group comprised of the key officials involved in the scheme at all levels of administration. For instance, officials at different hierarchy for instance (CMO) Chief Medical officer, Head of the District Project management unit (DPMU), Head of the NGO and Heads of the accredited facilities. Ground level workers (CHV's) were interviewed to obtain a holistic understanding and feedback on the scheme.

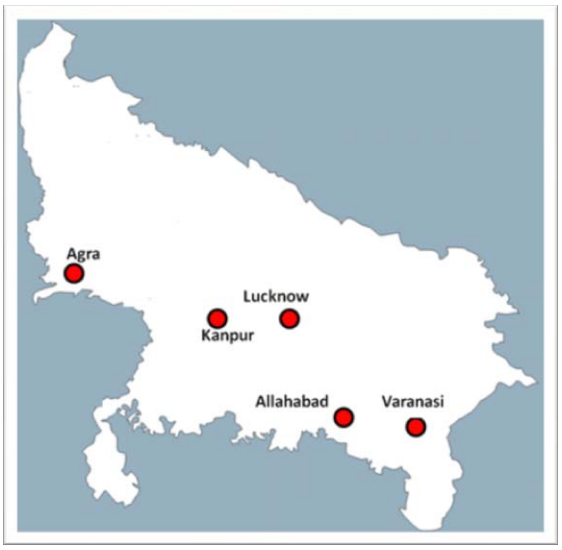
Women beneficiaries were interviewed to get the feedback from the demand perspective.

WOMEN BENEFICIARIES:

Women beneficiary, from project perspective were defined as those eligible women who were:

- In the age group 15-49 years ,
- Married,
- Living with husband ,
- Having a 0-5 years child.

2.2.2 Geographical Coverage



20 urban slums in each of the 5 KAVAL (Kanpur, Agra, Varanasi, Allahabad and Lucknow) cities were visited for the end-line round to meet the women beneficiaries. The slums were selected in consultation with the SIFPSA team.

2.2.3 Programme Delivery indicators for the End-line survey

The indicators used in the end-line stage were kept in line with the baseline outcomes to have a clear comparison between the two time frames. The measureable indicators which were obtained from the baseline phase were:

- ANC services to pregnant women
  - % of pregnant women got registered
  - % of currently pregnant women checked up
  - % of currently pregnant women received TT
  - % Of CPW received IFA
- Natal care to pregnant women
  - % Of pregnant women got delivered at different institutions
- Post natal care services availed by new mothers
  - % Of women availed PNC
  - Advice for colostrum feeding
  - Advice for proper baby care
  - Advice for timely immunization
  - Immunization of children
  - Advice for spacing between child birth
- Awareness of RTI and STI symptoms
- Prevalence of RTI and STI

The information areas of the End-line study were:

1. HH details
2. Address
3. Head of the Household
4. Any women in the age group of 15-49 years
5. Number of children in age group 0-12 months
6. Number of children in age group 13-60 months

Beneficiary Interview

1. Demographic details- age, education, occupation, monthly HH income
2. For information related to all live births during project period (July 2011-June 2013)

a. Information related to ANC registration, physical examination, counseling, TT injection, IFA tablets, advice on institutional delivery

3. Institutional delivery and PNC

    a. Counseling received on issues- breast feeding, immunization, family planning, etc.

    b. Number of PNC checkups availed

    c. Who advised to get a PNC checkup done

4. Family Planning

    a. Awareness of FP methods

    b. Source of information of the FP methods

    c. Are you or your husband currently using any FP method?

5. RTI/STI

    a. Awareness of symptoms

    b. Did they suffer from any of these symptoms

6. Awareness about voucher

    a. Source of awareness of any scheme where they can pay for health services through vouchers?

    b. What information was given to them regarding the voucher

    c. Did anyone visit their home for verification?

    d. Did anyone visit your home for confirmation once you had received the services?

    e. How would you rate the services received at the facility

    f. Were you satisfied with the services

    g. In your opinion should this service continue

    h. Any health care need that should be covered by this voucher?

3

SAMPLING METHODOLOGY

3.1 Sample size

As per the research design a sample of 2000 women and 100 CHV's formed the part of quantitative survey. In addition to this, formal discussion with 5 CMO's, one in each district, 5 DPMU heads and 5 NGO heads and 20 facility managers/owners, were completed as a part of qualitative interactions.

The grid below lists the total sample size achieved across segments.

Target Group	Spread	Target	Achieved
Women beneficiaries interviews	400 * 5	2000	2030
CMO	1 * 5	5	5
DPMU	1 * 5	5	5
NGO	1 * 5	5	5
Facility Heads	5 * 5	25	25
CHV's	20 * 5	100	100
Total		**2140**	**2170**

For CMO, DPMU, NGO and facility interviews, repeated attempts were made to schedule the interviews. The interviews were completed with cooperation of the Voucher management unit at each city. The interviews were conducted by experienced researchers of Ipsos.

3.2 Sampling Methodology

The sampling methodology for the selection of respondent in slums is explained below:

3.2.1 House listing – Contact sheet

For the purpose of selecting household in the slum; all the households in each slum were listed and numbered systematically. This was critical in identifying the eligible target audience and ascertain the proportion of eligible respondent's in the total population of the slum.

For selection of households, listing of all the dwelling units were carried out in following the steps as specified below:

(1) Correct identification of the boundaries of the slums,

(2) Preparation of the sketch maps of the slums,

(3) Numbering of all the structures within the four boundaries of the slums,

(4) Listing of dwelling units and

(5) Listing of all the households within each dwelling units in the slum.

The list of all the households in the slum thus constituted the sampling frame for the main survey for that specific slum. The listing operation consists of visiting the selected slum, recording of a description of every structure together with the names of heads of the households found in the structure and drawing of a location map as well as the lay out map of the structures in the slum.

The details that were recorded during the listing exercise were:

1. HH serial number
2. Name of the head of the household
3. Door number
4. Whether the HH has a women aged 15-49 years
5. Whether the women in the HH delivered a child between July 2011 and June 2013.
6. Whether there is any 0-5 years child in the HH
7. New serial number of the HH with eligible women beneficiary

At the listing stage, all the married women in the age group 15-49 years were listed and eligible women were bucketed. 20 eligible women respondents were asked to give their responses on a structured questionnaire which was prepared in consultation with the SIFPSA team.

3.2.2 Qualitative interactions

A total of 140 qualitative interactions were carried out in each city. The interview with the Chief Medical Officer, (CMO) of the district was scheduled with the help of the assistant Voucher coordinator of that district. The interviews with the DPMU and NGO head were also scheduled with the help of the voucher management unit of the district.

A list of all accredited facilities in the city was prepared with inputs from the divisional voucher management units in each city. The facilities were selected on the basis of number of vouchers redeemed by the beneficiaries. The facility list was aligned in a manner that the facility with maximum number of vouchers redeemed was at the top and the facility with the least number of vouchers redeemed was at the bottom of the list. Top 2 and Bottom 2 facilities were selected from the list. The remaining one facility was selected from the middle.

A total of 20 CHV interactions were completed in each city. 4 CHV's associated with each of the 5 selected accredited facilities were selected. In-depth discussions with the CHV's were conducted to understand the implementation of the scheme at the ground level.

The Qualitative interactions were helpful in understanding the following:

- Understanding of the processes adopted in selection of accredited nursing homes in the district;
- Measures taken to improve the quality of services provided in the accredited nursing homes;
- Satisfaction of accredited nursing homes providing the services through voucher scheme.
- Financial performance of the accredited nursing homes and assess the existing client load; and
- Responses from the accredited nursing homes on how to improve the functioning of voucher scheme.

4

FINDINGS OF THE END-LINE SURVEY

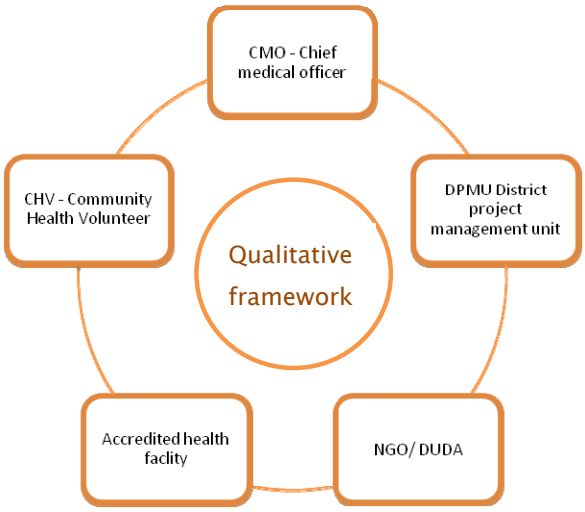
The findings of the survey are based on qualitative interactions with 28 participants and quantitative interviews with 403 randomly selected eligible women in the city of Allahabad. The beneficiary survey broadly consists of the following covered areas:

- Socio economic profile of eligible women
- Ante- Natal care services - Comparison of behavior during and before the project period
- Delivery and Post natal care - Checkups availed, Motivators for PNC and Advice given during PNC
- Family planning methods – awareness, source of information and usage
- RTI / STI- awareness and prevalence
- "Sambhav" Voucher related information

4.1 Qualitative findings

The qualitative interactions were spread across the following target groups:

1. **The CMO of the district**, who is involved at the level of supportive supervision towards the Sambhav voucher scheme.
2. **The DPMU (District project management unit) head,** who is heads the voucher management unit at Allahabad.
3. **The NGO head,** who is responsible for training and distribution of vouchers among the CHV's
4. **The Accredited facility owners/managers,** who are responsible for redeeming and providing the health services against the vouchers.
5. **The CHV's,** who visit door to door to create awareness and distribute the vouchers of the Sambhav scheme.



4.1.1 Planning and preparation

The CMO of Allahabad district is one of the key figures of the Sambhav voucher scheme. The involvement of the CMO is at the strategic level; where the responsibility is effective programme monitoring of the scheme. To assist the CMO, the DPMU (District Project Management Unit), Allahabad manages the day-to day operations involved in the implementation of voucher scheme. The NGO associated with the DPMU, IIDSR (Indian institute of development and research), manages the distribution of vouchers and training of the CHV's. These are the key stakeholders in the scheme who are responsible for planning and preparatory activities.

At the implementation level, the accredited facility staff and the CHV's (Community health volunteers) are the major players. There are 9 health facilities which are presently accredited with the Sambhav voucher scheme in Allahabad. The facility managers mentioned that they came to know about this scheme through the Media and some through the personal recommendation by SIFPSA.

The CHV's are the backbone of the scheme at the ground level. They are closely associated with the beneficiaries as well as the staff of voucher management system and act as an interface

between them. They map all households in their slums and go house to house to identify beneficiaries of this scheme.

As mentioned by the CMO, their office maintains adequate supply of vaccines and IUCD's to the facilities. It was also mentioned that they call upon meetings every time something goes off track, to immediately take action.

The decisions related to scheme are taken after detailed meetings with the DPMU which happen every month. The CMO constantly interacts with the DPMU representatives who maintain all the records such as cash book, ledger book and financial details.

4.1.2 Implementation – Roles and responsibilities,

With the CMO playing more of a strategic role and providing supervisory guidance, major part of the implementation happens from the DPMU office. Their role is of a prime importance as they are involved in project implementation, approval from DIPSA and coordination with head office, provide support to NGO and facilitate communication about new things on the project to other. Not to forget overall supervision of the work done.

Voucher distribution as mentioned by the DPMU, is according to the demand from the NGO. The NGO obtains the demand from the CHV's who weekly report the number of vouchers distribute and redeemed. It was noted that the AVM (Assistant voucher manager) made regular visits to the NGO to collect the data related to supply and demand. In addition, monthly meetings with the NGO help the DPMU to be informed about activities taking place on field.

The head of the IIDSR, expressed that they got associated with the scheme by applying through the newspaper advertisement floated by SIFPSA. It was mentioned that their role is to ensure that the CHV's are adequately trained and receive sufficient vouchers for distribution by constantly informing the DPMU about the demand of vouchers. They mentioned that their major responsibilities include managing the awareness programmes going on the field, assessing the beneficiary responses towards the counseling by CHV's, awareness programmes and hospitals staff. They mentioned that recruitment of CHV is based on her popularity in the community and her past associations with other projects

The facility heads expressed that their main role is to provide the health facilities enlisted in the voucher scheme. The two major reasons why they consented for accreditation were:

- Regular influx of patients. One of the hospitals mentioned that they have recently started functioning and regular patient load will help them gain popularity among other clients also.
- Charity and public service opportunity. 4 out of 5 hospitals mentioned that this way they got a chance to do public service and help the poor and downtrodden.

The facility managers mentioned that they have found CHV's to be highly motivated and sincere. In fact they mentioned that they awarded some CHV's with gifts to encourage their good efforts.

On interaction with the CHV's, it was observed that they were all well informed about their duties and responsibilities and mentioned going to about 40-50 households per week. They expressed that initially they were hesitant and had doubts as to why any private health facility would give out services for free. But later as they were trained they understood the scheme better.

4.1.3 Challenges

When asked about the challenges faced for effective implementation of the scheme, the CMO mentioned that Nursing homes which are accredited are working on low rates. The hospitals do a cesarean section and a normal delivery on a same rate and it has been brought up that they call for increment in the rates.

The DPMU expressed that Allahabad beneficiaries were mostly getting dropped out after ANC. They are under the impression that the hospital will charge them a huge amount if there is any complication. They are afraid of referrals to other hospitals. It was pointed out that there is still lack of awareness of the scheme and the extremely poor and needy are not getting the benefits.

When asked about challenges, The NGO (IIDSR) pointed out that the budget allocated for the project is low and there is a lot of expenditure on awareness campaigns.

At the accredited facility level the challenges were managing too many patients together. They mentioned that there are no issues with reimbursements. Some days the patient load is too high.

On meeting the CHV's, it was found that the beneficiaries are not comfortable with the idea of payment in case of referral. They mentioned that in some cases the patients are referred to other hospitals at night and it becomes difficult to take the patient in that condition without transportation allowances. Another challenge quoted by the CHV's is that some women in the slums are vary of the scheme and assured benefits and they find it difficult to gain their trust.

4.1.4 Suggestions:

When asked about possible solutions and suggestions to these challenges, the CMO suggested that the present rate for accredited facilities can be increased. It was also suggested that the manpower on the ground needs to be increased to attain maximum awareness.

As mentioned by the DPMU, the CHV's are not getting enough paid. It was suggested that there should be a reward mechanism for the CHV's who are performing exceptionally good. This is necessary since at this moment a non-performer is getting equally paid as a good performer and this makes the good performer quit de-motivated.

The IIDSR expressed their support towards the scheme to continue and wished that the budget allocated to them should be increased.

The facilities expressed the need to increase the rates for each service. They mentioned that low rates do not allow them to give the patient good quality antibiotics or calcium supplements. If the rates are increased then they can accommodate more and provide the patients with better care. Also there were no complaints about reimbursements. They said that the payments happened in time and they were satisfied with the present payment cycle.

Almost all CHV's mentioned that they expect increase in their salary. They also suggested that there should be less referral to other hospitals. They said that they were satisfied with the scheme as they receive more respect and admiration from their community and they expressed their wish to be associated with it longer.

4.1.5 IEC Material Effectiveness

	All	Lucknow	Kanpur	Agra	Allahabad	Varanasi
Banners/Posters	30%	56%	100%	14%	33%	21%
Pamphlets	37%	6%	0%	44%	45%	41%
Brochures	17%	25%	0%	42%	0%	0%
Wall Paintings	2%	13%	0%	0%	3%	0%
Nautanki	14%	0%	0%	0%	18%	38%
Puppet Show	0%	0%	0%	0%	0%	0%
Audio/Video	0%	0%	0%	0%	0%	0%

Overall, Pamphlets followed by Banners and Brochures were relatively more effective medium as per CHVs. Though Nautankis and Wall Paintings were also useful to an extent but their zone of effectiveness was highly limited.

In Allahabad , Pamphlets followed by Banners and Nautanki were the only effective mediums .

4.2 Socio Economic profile of the eligible women

A total of 403 women in the age group of 15-49 years were interviewed in Allahabad. The mean age of the respondents is 26 years. A large percentage (48.6%) of the respondents was in the age group of 25-29 years. Around 28 percent of the women were in the age group of 20-24 years. The number of women in the age group of 40-44 and 45-49 years were same at 0.2 percent.

Socio demographic spread of the respondents		
Age	**(%) N= 403**	
15-19 years	2.4	
20-24 years	28.2	
25-29 years	48.6	
30-34 years	15.8	
35-39 years	4.2	
40-44 years	0.2	
45-49 years	0.2	
Mean age	26.0 years	
Education	**Self**	**Husband**
Illiterate/ No formal Education	35.73	25.0
School up to 4th class	6.45	7.4
School: 5th to 9th class	26.05	26.8
School: 9th to 12th class	20.84	28.2

Graduate	8.44	10.1
Post Graduate	2.48	2.2
Occupation	**Self**	**Husband**
Business/Shop/Office	0.9	23.5
Domestic work	1.9	0.2
Selling in street/market	0.5	8.4
House wife	92.8	0.0
Skilled worker	1.7	23.3
Daily Wage Earner	1.2	36.7
Monthly Household income	**N=403**	
0-2000	22.58	
2001-5000	65.26	
5001-10,000	8.68	
10,001 - 15,000	3.47	

The illiteracy rate among women in Allahabad was less as compared to other cities like Agra. About 35.7 percent of the respondents did not receive any formal education. Just about 26 percent of the respondents have attended upper primary classes while 20.8 percent have secondary and higher secondary education. The percentage of graduates and post graduates among the women was 8.4 and 2.4 respectively. One fourth of the respondent's husbands were illiterate and did not receive any formal education. Among the respondent's husbands, 26.8 percent have received formal education till the upper primary classes. Similarly with the respondents, the percentage of post graduates among the husbands was around 2 percent. The table shows that majority of the respondent's husband have formal education upto secondary and senior secondary level.

The above table shows that 92.8 percent of the respondents are housewives which mean that they are economically dependent on their husband. 1.9 percent of the respondents are working as domestic help and 1.7 percent of them are working as skilled worker. The respondent's husbands are mostly daily wage earner with 36.7 percent of them. Around 23 percent of the respondent's husbands are skilled worker and 23.5 percent of them are involved in business, shops or office.

A large percentage (65.2%) of the sample earned monthly household income of Rs. 2001-5000. The monthly household income of 22.5% of the respondents starts from 0-2000. Around 8 percent of the total respondents have Rs. 5001-10000 as monthly household income and 3.4

percent gets from Rs.10001-15000 per month. The socio-economic condition of the respondents in Allahabad is not so good.

4.3 Ante – Natal care

Out of 403 respondents who were interviewed, 289(i.e.87.5%) availed ANC services during the project period while 279 (i.e.70.9%) availed the same before the project was launched. This shows that there is an increasing in availing ANC services by pregnant women after the voucher scheme started in the area.

From the below table, ~~it shows that before the project was initiated 33.6 percent did not avail any physical examination service~~it can be seen that a~~. A~~fter the project was implemented,~~ it reduced to 17.9 percent . Similarly,~~ availing the 3 physical examination increased from 49.4 percent to 56.4 percent. ~~But in case of TT injection, there was a decrease in availing the injection service from 12.9 percent to 5.1 percent after the project has been implemented.~~ However, 87.8 percent availed 2 injections after the project as compared to 81.3 percent before the project started.

ANC services	(N=279)	(N=289)
	Before Project Period	During Project Period
Registration	71	88
Physical examination		
1 examination availed	5	9
2 examinations availed	11	16
3 examinations availed	49	56
TT Injection		
1 injection	6	5

2 injection	81	88
IFA tablets		
Less than 100	44	56
100	17	20
Counseling related to pregnancy	40	60
Advice on institutional delivery	43	58
Ultrasound	53	79
Blood test	59	78
Urine test	59	80

Percentage distribution of women availing ANC services during the program and before the programme period		
ANC services	Allahabad % (N=289)	Allahabad % (N=279)
	DURING PROJECT PERIOD	BEFORE PROJECT PERIOD
Registration		
Availed	87.5	70.9
Physical examination		
Not availed any examination	17.9	33.6
1 examination availed	9.3	5.3
2 examinations availed	15.9	11.4
3 examinations availed	56.4	49.4
TT Injection		
Not availed	5.1	12.9
1 injection	4.8	5.7
2 injection	87.8	81.3
IFA tablets		
Not availed	22.8	38.7

Less than 100	56.4	44.0
100	20.4	17.2
Counseling related to pregnancy		
Availed	59.8	39.7
Not availed	39.7	60.2
Advice on institutional delivery		
Availed	58.1	42.6
Not availed	41.5	57.3
Ultrasound		
Availed	79.2	53.0
Not availed	20.4	46.9
Blood test		
Availed	77.5	58.7
Not availed	22.1	41.2
Urine test		
Availed	79.5	59.1
Not availed	20.0	40.8

After the scheme was started, there was a increase~~decrease~~ in the usage of IFA tablets by the respondents. Though a lot of beneficiaries mentioned IFA tablets not being available in AHCs. ~~Earlier, 38.7 percent of the respondents used IFA tablets but after the project 22.8 percent of them are using it.~~

Formatted: Not Highlight

There was also an enormous increase in availing the counseling services related to pregnancy. It increased from 39.7 percent to 59.8 percent. Likewise, advice was sought from experts on institutional delivery. Around 58 percent of the women sought advice under the services provided by the scheme which was 42.6 percent before the initiative took place. There was also an increase in availing other services of ANCs like ultrasound, blood test and urine test after the scheme was launched.

From the above table we can say the voucher scheme has improved the ANC services. This can have manifold impact on the quality of health services provided to the urban slum dwellers. They know that they have access to better health facilities which in turn will help in improving MCH in Allahabad.

4.3.1 Place of availing ANC services

0. ANC Services

Services availed from	Registration		Physical examination		TT Injections		IFA Tablets	
	During	Before	During	Before	During	Before	During	Before
	N=253	N=198	N=236	N=185	N=268	N=243	N=222	N=171
Govt hospital	24.9	43.9	21.6	37.3	23.1	28.4	25.2	32.1
Private doctor/ nursing home	1.1	0.5	2.1	3.2	2.6	3.2	1.8	2.3
Private hospital	26.4	47.4	30	57.3	28.7	51	24.3	40.9
Accredited health facility	42.2	0	45.3	0	36.5	0	40	1.1
Anganwadi/ ANM	0	7	4.2	1	0	16.4	0	21.6

The number of women who availed ANC services before the project were 198 for registration; 185 for physical examination; 243 for TT injections and 171 for IFA tablets. During the project, 253 availed registration services, 236 physical examination, 268 TT injections and 222 availed IFA tablets. For availing all the above services private hospital appears to be the preferred place in the pre-project phase. There is a substantive reduction in availing the services from private hospital during the project. Availing the service from accredited health facility increased after the project initiated. There was a marginal decrease in using these facilities in government hospital during the project period. Earlier, 43.9 percent registered; 37.3 conducted physical examination; 28.4 percent got TT injections and 32.1 percent took IFA tablets from government hospitals. About 4.2 percent of the women visited Anganwadi/ANM for physical examination during the project while for other services none of them visited Anganwadi/ANM.

0. Counseling

Services availed from	Counseling related to pregnancy		Counseling related to Institutional delivery	
	During	Before	During	Before
	N=173	N=111	N=168	N=119
Govt hospital	21.9	40.5	24.4	34.4
Private doctor / nursing home	1.1	4.5	1.1	2
Private hospital	28.9	49.5	29.1	57.9
Accredited health facility	45	0	44.6	0.8

Anganwadi/ ANM	0	3.6	0	4.2

Counseling related to pregnancy as well as institutional delivery is of critical importance as far as ANC is concerned. In counseling related to pregnancy 111 women who availed this service before the project was interviewed and 173 during the project. To understand the same in case if institutional delivery, 119 people who were pregnant before the project and 168 during the project were quizzed. In both the cases, when the project started the number increased to 45 percent for pregnancy and 44.6 percent for institutional related counseling. For counseling related to pregnancy and institutional delivery, most of the women preferred private hospital. It is evident from the high percentage of 49.5 percent for pregnancy and 57.9 percent for institutional delivery counselling. However, the percentage reduced to 28.9 percent and 29.1 percent for pregnancy counseling and institutional counseling respectively. Before the project, around 40 percent and 34 percent visited government hospital for pregnancy and institutional counselling respectively. The percentage for the same reduced after during the project to 21.9 percent for pregnancy counseling and 24.4 percent for institutional counselling.

0. Tests

Services availed from	Ultrasound		Blood tests		Urine test	
	During	Before	During	Before	During	Before
	N=229	N=148	N=224	N=164	N=230	N=165
Govt hospital	11.7	20.2	17.4	30.4	19.13	29.09
Private doctor / nursing home	3	4.7	2.2	4.8	1.74	2.42
Private hospital	45.4	75	35.7	64.6	34.35	67.88
Accredited health facility	39.7	0	44.2	0	43.91	0
Anganwadi/ ANM	0	0	0	0	0	0.61

~~Prior to the project, 148 women availed ultrasound services, 164 of them got their blood test done and 165 examined their urine when they were pregnant. During the project, ultrasound was done by 229; blood test by 224 and urine test by 230. Like other ANC services, majority of the women preferred to visit private hospitals to get their test done before the implementation of the project. It can be seen in the table that there is fall in the number of women visiting private hospitals for teats during the project. Consequently, the percentage of women availing the test services in accredited health facility rose from 0 to 39.7 percent for ultrasound, 44.2 percent for blood tests and 43.9 percent for urine test during the project. Government hospital was also preferred for such tests before the project. Yet, a decrease in availing such services in the government can also be seen. Anganwadi/ANM was never a chosen place for availing ANC services before or during the project.~~

4.4 Delivery and Post natal care (PNC)

Post natal care covers the core care that every healthy woman and healthy baby should be offered during the first 6-8 weeks after the birth. Although for most women and babies the postnatal period is uncomplicated, care during this period needs to address any deviation from expected recovery after birth. ~~The table above depicts a different story which shows that 57.3 percent of the women did not visit anywhere for PNC checkups. Only 22.5 percent of them visited only once for their PNC checkups and 17.3 percent visited twice. A small proportion of the total sample went thrice for PNC checkups but none of them went for more than three times. It is clear from the table that PNC checkups were not taken up by the respondents which is an important regime after delivery.~~

Natal Care	Percent (End Line)
Place of delivery	N = 303
Government Institutions	19.8
Private Institutions	52.8
Home	27.06

72.1%

44% fro... Vouchers.

Formatted: Font: Times New Roman

Formatted: Font: 16 pt, Complex Script Font: 16 pt

Formatted: Font: Times New Roman

Formatted: Font: 14 pt, Complex Script Font: 14 pt

About 20 percent of the deliveries happened in Government Institutions and more than 50 percent happened in Private Institutions.

Number of PNC checkups availed	Allahabad (%)
	N=403
No Visit	57.32
1 Visit	22.58
2 Visits	17.37
3 Visits	2.73
More Than 3 Visits	0

4.4.1 Motivators for PNC

In Allahabad, the motivation for PNC came mostly from relative or friend or family member and husband. Around 343 percent were inspired by relatives or friend or family member and 332.5 by their husband. 20 percent 18.6 were found to be motivated by government health worker while 11.6 percent were motivated by the one who delivered the baby. It was found that 139.3 percent of them were encouraged by CHV who played a significant role in the implementation of the scheme. Only 5.8 percent were self-motivated and around 104 percent were motivated by private doctor. A nominal percent of 1.1 percent were found to be motivated by chemist for PNC checkups.

	Allahabad (%)
	N=172
Husband Husband	3332.56
Relative/family member Chemist	341.16
Govt health worker Relative / friend/ family member	2033.14
MediaGovt health worker	318.6
One who delivered the baby Media(TV/radio/ newspaper)	122.91
CHVThe one who delivered the baby	1311.63
Private DoctorCommunity health volunteer	109.3
Self motivatedPrivate Doctor	64.07
Husband Self-motivated	335.81

4.4.2 Advice given during PNC

Formatted: Font: 12 pt, Complex Script Font: 12 pt
Formatted: Font: 12 pt, Complex Script Font: 12 pt
Formatted: Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt
Formatted Table
Formatted: Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt
Formatted: Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt
Formatted ... [1]
Formatted ... [2]
Formatted ... [3]
Formatted ... [4]
Formatted ... [5]
Formatted ... [6]
Formatted ... [7]
Formatted ... [8]
Formatted ... [9]
Formatted ... [10]
Formatted ... [11]
Formatted ... [12]
Formatted ... [13]
Formatted ... [14]
Formatted ... [15]
Formatted ... [16]
Formatted ... [17]
Formatted ... [18]
Formatted ... [19]
Formatted ... [20]
Formatted ... [21]
Formatted ... [22]
Formatted ... [23]
Formatted ... [24]
Formatted ... [25]
Formatted ... [26]
Formatted ... [27]
Formatted ... [28]
Formatted ... [29]
Formatted ... [30]
Formatted ... [31]
Formatted ... [32]
Formatted ... [33]

During the PNC checkups, the mother were given advice on various aspects which include breast feeding, immunization, baby care, mother care, etc. Out of 4035, only 172 of the respondents went for PNC checkups. 87.2 percent were advice to breast feed for 6 months and 70.9 percent of top feed after 6 months. Around 87.2 percent were given advice to on immunization and 86.63 percent were advised for timely immunization which is essential. A good percentage of 72.6 were advised on how to take care of their baby. Similarly, 70.9 percent were advised on birth spacing.

	Allahabad (%)
	N=403 172
Women who availed PNC services within two months	42.6887.21
Breast feeding up to 6 months	
Type of PNC services Immunization advice	87.21
Advice for proper baby care Timely immunization	72.6786.63
Advice for timely immunization Baby care advice	86.6372.67
Advice for spacing between child birth Advice to give top feed after 6 months	70.9370.93
Advice on birth spacing	70.93
Mother care	45.93

4.5 Family Planning

Awareness about the family planning methods	N=403
Oral contraceptive	N=40398.26
Oral contraceptiveMale condom	9896.53
Male condomFemale condom	977.44
IUD/copper TIUD/copper T	9494.29
Male sterilizationMale sterilisation	9494.04
InjectableFemale sterilisation	9197.52
Injectable	90.82

Rapid population growth has been one of the main concerns of the planners of independent India. Since independence, the government of India has been constantly trying to formulate and execute policies related to family planning. The various family planning methods which is being used in

Formatted: Font: 12 pt, Complex Script Font: 12 pt
Formatted: Font: 12 pt, Complex Script Font: 12 pt
Formatted: Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt
Formatted Table
Formatted ... [34]
Formatted: Font: 12 pt, Complex Script Font: 12 pt
Formatted ... [35]
Formatted ... [36]
Formatted ... [37]
Formatted ... [38]
Formatted ... [39]
Formatted ... [40]
Formatted ... [41]
Formatted: Font: 12 pt, Complex Script Font: 12 pt
Formatted: Font: 12 pt, Complex Script Font: 12 pt
Formatted: Font: 12 pt, Complex Script Font: 12 pt
Formatted: Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt
Formatted ... [42]
Formatted ... [43]
Formatted ... [44]
Formatted ... [45]
Formatted ... [46]
Formatted ... [47]
Formatted ... [48]
Formatted ... [49]
Formatted ... [50]
Formatted ... [51]
Formatted ... [52]
Formatted: Font: 12 pt, Complex Script Font: 12 pt

India includes oral contraceptive, male condom, female condom, IUD/Copper T, male and female sterilisation and injectables. From the above table, it is evident that more than 90 percent of the women were aware about oral contraceptive, male condom, IUD/Copper T, female sterilisation, male sterilisation and injectable. But only a small number (i.e.7.4%) of the women were aware of about female condom.

~~Despite the~~ With high awareness level among the respondents, the percentage of respondents who are currently using family planning method is ~~low~~also high. Those who are at presently using family planning methods prefer ~~male~~ Female Sterilization & condom. About 22.1~~14.6~~ percent of them are using condom to prevent pregnancy. Female sterilisation is ~~also~~ found to be adopted by ~~8.9~~27.8 percent of the women. But none of them are using male sterilisation and female condom for family planning.

FP Method	Current Users (%) Base Line	Current Users (%) End Line
Condom	15.7	22.1
Oral pill	3.0	3.8
IUD	3.1	6.3
Male Sterilization	0.9	0
Female Sterilization	31.1	27.8~~9.0~~
CPR	**53.8**	**60.0**

4.5.1 Source of information for Family Planning

Media was the main source of information regarding all the family planning methods. Next to media it is relatives and friends who play a significant role in sharing the information regarding family planning. From them, the respondents got the information regarding oral contraceptive (65.9%); male condom (49.8%); IUD/copper T (60.7%); male sterilisation (52.7%) and female sterilisation (58%). Government health worker is also another important source of information about family planning methods. Around 60 percent of them got information regarding female condom and 55.7 percent about injectable from government health worker. Husband has been an important source of information regarding female condom (50%) while 35.7 percent got the information about male condom from their husband. CHV has been an important source of information for 46.6 percent of the respondent regarding female condom and 30.3 percent about oral contraceptive.

Source of information about the FP methods	Oral Contraceptive	Male Condom	Female Condom	IUD/Copper T	Male Sterilisation	Female Sterilisation	Injectable
	N=396	N=389	N=30	N=403	N=379	N=393	N=366
Husband	27.78	35.73	50	17.11	17.15	14.76	16.67
Chemist	1.26	0.26	0	1.05	0.53	0.76	1.37
Relative/Friend	65.91	49.87	26.67	60.79	52.77	58.02	54.1
Govt health worker	58.33	41.9	60	53.16	49.87	48.09	55.74
Media	82.07	73.26	80	68.42	74.67	72.77	61.2
Project Staff	0.76	0.77	0	0.26	0.53	0.76	2.19
CHV	30.3	24.42	46.67	27.11	26.39	26.72	25.14

4.6 RTI/ STI (Reproductive tract infections and sexually transmitted infections)

The awareness about RTI/STI was high among the women. It was found that 76.4 percent of the women were aware about sufferings from RTI/STI. But, 23.5 percent remain naive about the sufferings from RTI/STI.

	N= 403
Aware	76.43
Not aware	23.57

There are variations in the percentage of women suffering from RTI/STI symptoms. Like, 19.3 percent were suffering from white discharge, 16.3 percent from pain in lower abdomen, 12.9 percent from burning sensation during urination and 12.6 percent from itching. 5.4 percent of the women reported pain during intercourse. Only 1.9 suffered from boils and 1.2 percent reported symptoms of secretion from partner's genitals. A nominal 0.5 percent suffered from open sores.

Percentage of women who reported suffering from RTI/STI symptoms	N= 403
White discharge	19.35
Burning sensation during urination	12.9
Itching	12.66
Open sores	0.5
Boils	1.99
Pain in lower abdomen	16.38
Secretion from partners genitals	1.24
Pain during intercourse	5.46

Symptoms of diseases	Awareness	Suffered (percent)	Undergone treatment
White-discharge	98.7	19.35	46
Pain during urination	99.2	12.9	31

Itching	94.5	12.66	18
Open sores	89.7	0.5	5
Pain in Lower Abdomen	93.2	16.38	21
Secretion from Partners Genitals	81.2	1.24	12.4
Pain during Intercourse	94.2	5.46	14

Awareness levels are close to 90 percent in most of the symptoms and even more than 90 percent in some . However , 'Secretion from Partners Genitals' has awareness levels which are just a little above 80 percent . High levels of suffering were seen in 'White Discharge' ,'Pain in lower Abdomen ' , 'Pain During Urination' & 'Itching' . Comparatively, higher number of people underwent treatment for 'White Discharge' followed by 'Pain During Urination' & 'Pain in lower Abdomen ' . ~~Out of the total sample of 403, 24.3 percent of the women were diagnosed with RTI/STI symptoms. More than 50 percent of them did not avail checkup for the symptoms related to RTI/STI.~~

	~~N= 403~~
~~**Diagnosed with symptoms**~~	~~24.32~~
~~**Availed checkup for the symptoms related to RTI/STI**~~ ~~N= 98~~	
~~**Yes**~~	~~46.94~~
~~**No**~~	~~53.06~~

4.6 Sambhav Voucher related information

Out of total 403 women respondents in Allahabad city, 118 women were such who delivered a child during the project period and had availed the Sambhav voucher for one or other services provided under the scheme. These women were quizzed about their feedback on the scheme and related information . The following table gives information on usage of vouchers .

Almost all people used vouchers in ANC followed by Institutional Delivery where the usage was close to 80 percent and Family Planning where the usage was just above 60 percent .

~~Source of information regarding the voucher:~~	~~N=118~~
ANC	99.07~~1.53~~
Institutional delivery	81.58~~64.41~~
PNC	75~~47.46~~
Family Planning	61.54~~22.03~~
RTI/STI	64~~21.19~~

.4.6.1 Source of information

Source of information regarding the voucher:	~~N=118~~
Base: All Aware~~C H V~~	258~~94.07~~
C H V ~~ANM~~	94.07~~0.85~~
ANM ~~Neighbor~~	0.85~~0~~
Neighbor ~~Health worker~~	0~~3.39~~
Others~~Relative~~	5.09~~0.85~~
~~Sister~~	~~0.85~~

The respondents were aware about the initiative called Sambhav Voucher Scheme. The main source of information about the scheme is the CHV who are working at the grassroot level. About 94 percent of the respondents got the information about the voucher scheme from CHV. Neighbor ~~and health worker~~ were also helpful in spreading awareness about the scheme. ANM, ~~relative and sister~~others played only a nominal role in spreading information regarding the voucher.

4.6.2 What was the information received

- **Formatted:** Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt
- **Formatted:** Font: (Default) Times New Roman, Not Bold, Font color: Auto, Complex Script Font: Times New Roman, 12 pt
- **Formatted:** Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt
- **Formatted Table**
- **Formatted:** Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt
- **Formatted:** Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt
- **Formatted:** Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt
- **Formatted:** Font: (Default) Times New Roman, 12 pt, Not Bold, Font color: Auto, Complex Script Font: Times New Roman, 12 pt
- **Formatted:** Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt
- **Formatted:** Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt
- **Formatted:** Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt
- **Formatted:** Font: (Default) Times New Roman, 12 pt, Not Bold, Font color: Auto, Complex Script Font: Times New Roman, 12 pt
- **Formatted:** Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt
- **Formatted:** Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt
- **Formatted:** Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt
- **Formatted:** Font: (Default) Times New Roman, 12 pt, Not Bold, Font color: Auto, Complex Script Font: Times New Roman, 12 pt
- **Formatted:** Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt
- **Formatted:** Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt
- **Formatted:** Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt
- **Formatted:** Font: (Default) Times New Roman, 12 pt, Not Bold, Font color: Auto, Complex Script Font: Times New Roman, 12 pt
- **Formatted:** Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt

The women were mostly informed about free checkups during pregnancy (35.5%), free treatment (30.5%), free delivery (28.8%) and free tests (16.9%) which are provided through the voucher scheme. Around 9 percent of the respondents were informed about free health services as well as 5 percent received the information that all the facility for pregnancy will be free of cost. But, only 1.6 percent was aware about free medicine, good treatment and free family planning services.

Information received	N=118
Free checkup during pregnancy	35.59
Free treatment	30.51
Get free delivery	28.81
Free Tests	16.95
Free health services	9.32
All facility is free	5.08
Free immunization services	2.54
Free Medicine	1.69
Good treatment	1.69
Free family planning services	1.69

4.6.3 Did anyone visit for verification?

When the project started, 67.8 percent of the respondents said that officials implementing the scheme visited for their verification but 32.2 percent denied that anybody has visited them for verification of the scheme. Out of 118 respondents, 76.2 percent responded that verification was done only once while 21.2 percent says that it was done twice. Only 1.2 percent said that verification was done thrice or more than thrice.

Did anyone visit for verification		Allahabad (%)
		N=118
	Yes	67.8
	No	32.2
Number of times verification done		**N=80**
	Once	76.25
	Twice	21.25

Thrice	1.25
More than 3 times	1.25

4.6.4 Overall satisfaction with the services provided at the accredited health facility

The overall satisfaction among the respondents regarding the services provided at the accredited health facility was quite high. About 79 percent were extremely satisfied with the accredited health facility. Only 2.5 percent of them were not satisfied with the accredited health facility. About 50.8 percent of the respondents said that they will recommend the voucher to someone while 49.1 percent denied that they will not recommend it to anybody.

Overall satisfaction with accredited facility	~~N=118~~
Used ANY Vouchers~~Extremely Satisfied~~	118~~79.66~~
Top 2 Box Satisfaction~~Somewhat Satisfied~~	93.22~~13.56~~
Top Box (Extremely Satisfied)~~Not Sure~~	79.66~~0.85~~
~~**Not So Much Satisfied**~~	~~3.39~~
~~**Not at all satisfied**~~	~~2.54~~
Did you recommend the voucher to someone	**N=118**
Yes	50.85
No	49.15
Should the voucher scheme continue	N=118
Yes	88.98
No	11.02

~~The overall satisfaction among the respondents regarding the services provided at the accredited health facility was quite high. About 79 percent were extremely satisfied with the accredited health facility. Only 2.5 percent of them were not satisfied with the accredited health facility. About 50.8 percent of the respondents said that they will recommend the voucher to someone while 49.1 percent denied that they will not recommend it to anybody.~~

Formatted: Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Formatted: Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Formatted Table

Formatted: Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt

Formatted: Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt

Formatted: Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Formatted: Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt

Formatted: Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Formatted: Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt

Formatted: Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Formatted: Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt

Formatted: Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Formatted: Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt

The opinion of 118 women was sought whether the voucher scheme should be continued. A whopping 88.9 percent opined that that the scheme should continue. Only 11 percent said that the scheme should not continue.

In terms of satisfaction, scheme has come a long way from where it started. CHVs mentioned that initially beneficiaries used to suspect the scheme motives and also veracity of the scheme objectives. It was hard to believe for most urban slum based women and their relatives that facilities could be availed without incurring any cost. Also, beneficiaries were reluctant to enter private clinics as most beneficiaries felt that these facilities charged a lot for their services. There was also reluctance among beneficiaries from entering these facilities as these facilities were in past in-accessible to most of the slum dwellers and beneficiaries mentioned being self-conscious in entering these facilities.

In Allahabad, 93% of beneficiaries we met mentioned being satisfied by the facilities provided by the accredited health facilities.

In retrospect, beneficiary satisfaction is a function of CHV involvement in the treatment process. The more involved a CHV is in day to day correspondence between accredited health facilities; especially during initial days; more chances of beneficiary feeling secure and confident in availing benefits from health facility.

Those who were dissatisfied mentioned their dissatisfaction stemming from the fact that accredited health facilities referred Caesarian to other hospitals which essentially did not treat patients with same level of sensitivity as in case of accredited health facility. Another source of dissatisfaction rooted from the fact that cost of medicines were not covered and also among those who availed RTI/STI counseling mentioned that medicines for only first 2-3 days was covered in the scheme and thereafter when they visited AHF, In charge referred them to a chemist who charged for the medicines.

Formatted: Not Highlight

Formatted: Not Highlight

Formatted: Not Highlight

Formatted: No bullets or numbering

Formatted: Font: Not Bold

Formatted: Space After: 0 pt, Line spacing: single

5

SUMMARY AND CONCLUSION

SIFPSA had taken an initiative of providing quality RCH services to the urban slum dwellers by introducing voucher Project Scheme in five cities of Uttar Pradesh. The present end-line survey was aimed to evaluate the scheme to see if the programme objectives were met and if the activities conducted achieve project outcomes. .

The stakeholders at various facets of the scheme were met and the scheme was understood at implementation level. At the ground level, beneficiaries of the scheme were met their responses were captured.

After the quantitative interactions it can be concluded that at the ground level the scheme has received a good response. The average number of women, who availed any ANC service before the project started, had increased during the project period. The number of women who availed any checkup has increased considerably as compared to figures obtained during the baseline survey. Women are now more informed about the need for Institutional delivery, PNC, RTI/STI and family planning. It was also observed that they have recommended the voucher scheme to their relatives and friends.

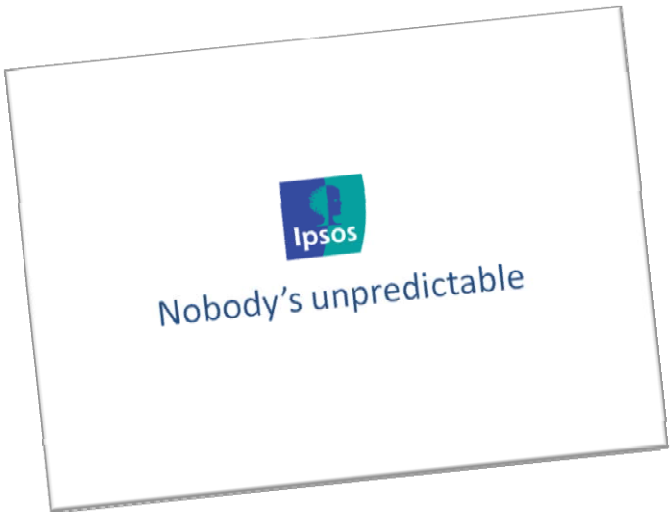
At the implementation level, all the processes involved for the smooth functioning of the scheme have been followed. It was observed that rights from the CMO to the CHV, each stakeholder/s were clear about their roles and responsibilities. They were outspoken and open about the challenges faced during the project period and how these challenges can be met in future. The CHV's who are the backbone of the system at the ground have expressed that they have noticed change in the mindset of people from what it was two years ago. The health facilities have mentioned that the patient load had been increasing since the initial phase of the programme.

The scheme in all respects has benefitted the city of Allahabad and its slum dwellers who have given a very good response for continuing the scheme further. We recommend the scheme should continue to improve the MCH level in the urban slums of Allahabad.

A few of the recommendations based on interaction with stakeholders are as follows,

1. Increase rates for essential services provided by the accredited health facilities like Ultrasound, C- sections, delivery etc.
2. Empanel more hospitals / nursing homes in the system
3. Salary increment for the CHV's can be considered for maintaining motivation in them.

Integrating the above in the implementation phase will further strengthen the scheme and help achieve desired outcomes.



Thanks,

Ipsos Public Affairs Team

Page 33: [1] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt

Page 33: [2] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 33: [3] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt

Page 33: [4] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 33: [5] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt

Page 33: [6] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 33: [7] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt

Page 33: [8] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 33: [9] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt

Page 33: [10] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 33: [11] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt

Page 33: [12] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 33: [13] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt

Page 33: [14] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 33: [15] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt

Page 33: [16] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 33: [17] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt

Page 33: [18] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 33: [19] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt

Page 33: [20] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 33: [21] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt

Page 33: [22] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 33: [23] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt

Page 33: [24] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 33: [25] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt

Page 33: [26] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 33: [27] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt

Page 33: [28] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 33: [29] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt

Page 33: [30] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 33: [31] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt

Page 33: [32] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 33: [33] Formatted **Stuti Bansal** **23/09/2013 15:40**

Font: 12 pt, Font color: Auto, Complex Script Font: 12 pt

Page 34: [34] Formatted **Stuti Bansal** **23/09/2013 15:42**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 34: [34] Formatted **Stuti Bansal** **23/09/2013 15:42**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 34: [35] Formatted **Stuti Bansal** **23/09/2013 15:42**

Font: (Default) Times New Roman, 12 pt, Complex Script Font: Times New Roman, 12 pt

Page 34: [35] Formatted **Stuti Bansal** **23/09/2013 15:42**

Font: (Default) Times New Roman, 12 pt, Complex Script Font: Times New Roman, 12 pt

Page 34: [36] Formatted **Stuti Bansal** **23/09/2013 15:42**

Font: (Default) Times New Roman, 12 pt, Complex Script Font: Times New Roman, 12 pt

Page 34: [36] Formatted **Stuti Bansal** **23/09/2013 15:42**

Font: (Default) Times New Roman, 12 pt, Complex Script Font: Times New Roman, 12 pt

Page 34: [37] Formatted **Stuti Bansal** **23/09/2013 15:42**

Font: (Default) Times New Roman, 12 pt, Complex Script Font: Times New Roman, 12 pt

Page 34: [37] Formatted **Stuti Bansal** **23/09/2013 15:42**

Font: (Default) Times New Roman, 12 pt, Complex Script Font: Times New Roman, 12 pt

Page 34: [38] Formatted **Stuti Bansal** **23/09/2013 15:42**

Font: (Default) Times New Roman, 12 pt, Complex Script Font: Times New Roman, 12 pt

Page 34: [38] Formatted **Stuti Bansal** **23/09/2013 15:42**

Font: (Default) Times New Roman, 12 pt, Complex Script Font: Times New Roman, 12 pt

Page 34: [39] Formatted **Stuti Bansal** **23/09/2013 15:42**

Font: (Default) Times New Roman, 12 pt, Complex Script Font: Times New Roman, 12 pt

Page 34: [39] Formatted **Stuti Bansal** **23/09/2013 15:42**

Font: (Default) Times New Roman, 12 pt, Complex Script Font: Times New Roman, 12 pt

Page 34: [40] Formatted **Stuti Bansal** **23/09/2013 15:42**

Font: (Default) Times New Roman, 12 pt, Complex Script Font: Times New Roman, 12 pt

Page 34: [40] Formatted **Stuti Bansal** **23/09/2013 15:42**

Font: (Default) Times New Roman, 12 pt, Complex Script Font: Times New Roman, 12 pt

Page 34: [41] Formatted **Stuti Bansal** **23/09/2013 15:42**

Font: (Default) Times New Roman, 12 pt, Complex Script Font: Times New Roman, 12 pt

Page 34: [41] Formatted **Stuti Bansal** **23/09/2013 15:42**

Font: (Default) Times New Roman, 12 pt, Complex Script Font: Times New Roman, 12 pt

Page 34: [42] Formatted **Stuti Bansal** **23/09/2013 15:43**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 34: [42] Formatted **Stuti Bansal** **23/09/2013 15:43**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 34: [43] Formatted **Stuti Bansal** **23/09/2013 15:43**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 34: [43] Formatted **Stuti Bansal** **23/09/2013 15:43**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 34: [44] Formatted **Stuti Bansal** **23/09/2013 15:43**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 34: [44] Formatted **Stuti Bansal** **23/09/2013 15:43**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 34: [45] Formatted **Stuti Bansal** **23/09/2013 15:43**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 34: [45] Formatted **Stuti Bansal** **23/09/2013 15:43**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 34: [46] Formatted **Stuti Bansal** **23/09/2013 15:43**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 34: [46] Formatted **Stuti Bansal** **23/09/2013 15:43**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 34: [47] Formatted **Stuti Bansal** **23/09/2013 15:43**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 34: [47] Formatted **Stuti Bansal** **23/09/2013 15:43**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 34: [48] Formatted **Stuti Bansal** **23/09/2013 15:43**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 34: [48] Formatted **Stuti Bansal** **23/09/2013 15:43**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 34: [49] Formatted **Stuti Bansal** **23/09/2013 15:43**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 34: [49] Formatted **Stuti Bansal** **23/09/2013 15:43**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 34: [50] Formatted **Stuti Bansal** **23/09/2013 15:43**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 34: [50] Formatted **Stuti Bansal** **23/09/2013 15:43**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 34: [51] Formatted **Stuti Bansal** **23/09/2013 15:43**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 34: [51] Formatted **Stuti Bansal** **23/09/2013 15:43**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 34: [52] Formatted **Stuti Bansal** **23/09/2013 15:43**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt

Page 34: [52] Formatted **Stuti Bansal** **23/09/2013 15:43**

Font: (Default) Times New Roman, 12 pt, Font color: Auto, Complex Script Font: Times New Roman, 12 pt