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

State Innovation in Family Planning Services Project Agency

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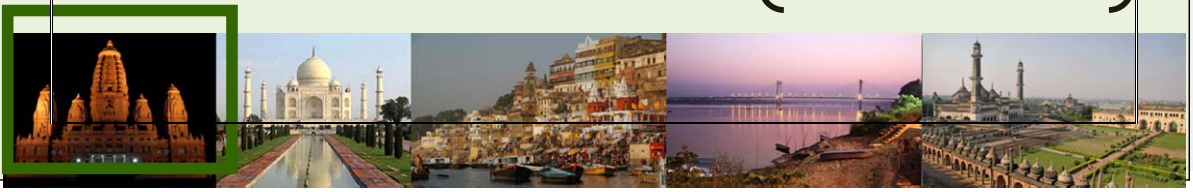

ACKNOWLEDGEMENT

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

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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

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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, 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.

[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

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

[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

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.

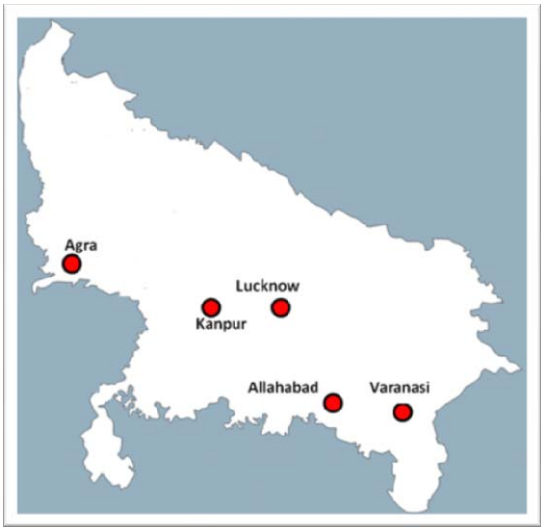
Women beneficiaries were interviewed to get the feedback from the demand perspective.

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 423 randomly selected eligible women in the city of Kanpur. The beneficiary survey broadly consists of the following covered areas:

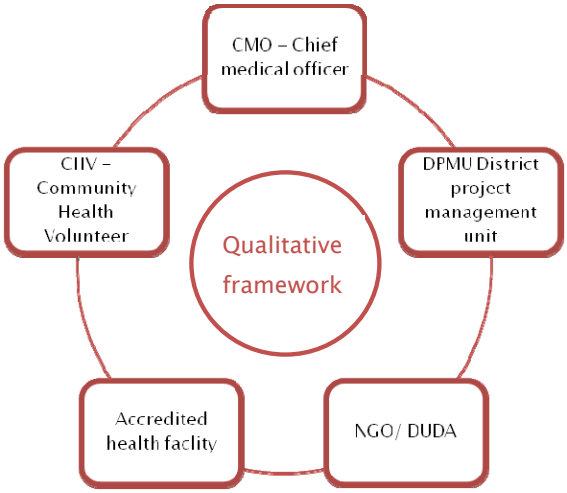
- Socio economic profile of eligible women
- Ante- Natal care services - Comparison of behavior during and before the project period
- Delivery and Post natal care - Checkups availed, Motivators for PNC and Advice given during PNC
- Family planning methods – awareness, source of information and usage
- 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,** which heads the voucher management unit at Kanpur
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, identify beneficiaries, and distribute vouchers of the Sambhav scheme.



4.1.1 Planning and preparation

The CMO of Kanpur 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), Kanpur manages the day-to day operations involved in the implementation of voucher scheme. The NGO associated with the DPMU, Award, manages the distribution of vouchers and training of the CHV's. These are the key players 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 17 health facilities which are presently accredited with the Sambhav voucher scheme in Kanpur. The facility managers mentioned that they came to know about this scheme through representatives from the sambhav scheme. 3 out of 5 facilities mentioned that they were already a part of the Merigold hospital scheme and so they became a part of this scheme as

well. A team from Lucknow visited their hospital for inspections and audits before they were empanelled.

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, Quarterly meetings with all the stakeholders of the system (DPMU, NGO, hospital representatives) help in sharing information about the challenges faced in the implementation of the scheme on ground.

The decisions related to scheme are taken after detailed meetings with the DPMU which happen every month. The CMO interacts with the DPMU representatives who maintain all the records such as cash book, ledger book and financial details. Crucial decisions like selection of the NGO were taken after consultation and recommendations from the DPMU at the beginning of the scheme.

4.1.2 Implementation – Roles and responsibilities,

The CMO being the strategic head provides supervisory guidance in effective implementation of the scheme. Head of the DPMU mentioned that their main responsibilities involve Analysis of fund processes, fund releases and budgeting. Apart from that, he is also involved in managing DPMU team, which coordinates with implementing partners, establish quality assurance systems, distributing the vouchers, facilitate communication efforts, promote continued participation of private service providers, reimburse the providers, and collect and analyze data for monitoring and evaluation purposes.

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.

The head of the DUDA, 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 recruitment and payments of the CHV's and beneficiary verification on the field. When asked about the recruitment criteria it was mentioned that they encourage volunteers who show inclination to be part of such a scheme. With

proper orientation and group training they maintain a cadre of competent CHV's. They organize events in the slums like saas-bahu show, community rallies and put up banners and pamphlets to assist the CHV to increase the awareness about the scheme.

The facility heads expressed that their main role is to provide the stated health facility services enlisted in the voucher scheme. The major reason why they consented for accreditation was increase in the publicity of the hospital/ nursing homes. The message will be propagated that the hospital is for public service. All 5 hospitals mentioned that this way they got a chance to do public service and help the poor and downtrodden

On interaction with the CHV's, it was observed that they were well informed about their duties and responsibilities and mentioned going to about 50-60 households per week.

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 cesarean section and normal delivery is currently at the same rate which should not be the case. This in-turn leads to decrease in motivation from the facilities.

The DPMU expressed that the Major challenges were faced at the time when they reported cases of misuse of the general voucher and the RTI/ STI vouchers. The beneficiaries started using the voucher for general health checkup for mere weight checks. After such cases the RTI/STI vouchers were discontinued in Kanpur.

When asked about challenges, The NGO (Award) pointed out there are no vouchers for children. The voucher specifies the facilities only towards the mother. In case of deliveries where the child faces a complication after birth he needs to be rushed to a govt. hospital as facilities are not free in the accredited hospital.

At the accredited facility level the challenges were more managerial in nature. They mentioned that patient load was too low in the beginning but was revived soon as the scheme picked up awareness. Also they mentioned that there is too much paper work associated with the scheme. A software can be developed to combat the same.

On meeting the CHV's, it was brought up that without transportation facility the patients feel reluctant to spend money on their own. This invariably leads to refusals and it becomes difficult for the CHV's to counsel them. 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 CHV's and the accredited facilities can be increased. Also it was mentioned that immunization services can also be made a part of the voucher scheme.

As mentioned by the DPMU, there should be vouchers for children as well. These vouchers can be introduced or facilities for the child can be associated with the delivery voucher.

The NGO Award expressed their support towards the scheme to continue and wished that the payments for CHV's are increased as they work very hard to increase the awareness in their slums. They also pointed out that it would be good if facilities or children are added in the voucher.

The facilities expressed the need to increase the rates for each service. They mentioned that the rates are low and increment will be a good thing. They emphasized on the need for more training of the CHV's so that they can work more effectively. Also there were no complaints about reimbursements. They said that the payments happened in time and they were satisfied with the present payment cycle.

17 out of 20 CHV's mentioned that they expect increase in their salary. They also suggested adding transportation facilities and child care in the vouchers so that it becomes easy for them to earn patient's trust. 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 Kanpur , Banners was the only effective medium .

4.2 Socio Economic profile of the eligible women

In Kanpur, a total of 423 women in the age group of 15-44 years were interviewed. The mean age of the respondents is 27.3 years. A majority of the women were from the age group of 25-29 years that is 35.7 percent. There was mere 0.2 percent in the age group of 15-19 years. A good 30 percent women were in the age group of 20-24 years.

Socio demographic spread of the respondents	
Age	Kanpur (%) N= 423
15-19 years	0.24
20-24 years	30.5
25-29 years	35.7
30-34 years	19.39

35-39 years	12.06	
40-44 years	2.13	
45-49 years	0	
Mean age	27.32 years	
Education	**Self**	**Husband**
Illiterate/ No formal Education	27.19	19.62
School up to 4th class	2.13	5.2
School: 5th to 9th class	35.46	36.17
School: 9th to 12th class	24.35	32.39
Graduate	8.75	4.96
Post Graduate	2.13	1.65
Occupation	**Self**	**Husband**
Business/Shop/Office	0.24	18.2
Domestic work	6.86	1.42
Selling in street/market	0	4.73
House wife	87.71	0.24
Skilled worker	1.18	30.73
Daily Wage Earner	2.84	41.13
Monthly Household income	**N=423**	
0-2000	2.6	
2001-5000	74.47	
5001-10,000	20.09	
10,001 - 15,000	2.84	

About 27 percent of the women did not receive any formal education while 19.6 percent of the husbands were illiterate. The percentage of those respondents who have attended upper primary classes was 35.46 and their husbands were 36 percent. Among the women 24.3 percent of them attended secondary and senior secondary classes. But 32.3 percent of the respondent's husband has received secondary and senior secondary education.

Majority of the respondents (87.7%) do not work and stays at home. Only 6.8 percent of them work as domestic helper. Generally, the respondent's husbands were daily wage earner (41.1%) and skilled worker (30.7%). About 18 percent of them were involved in business, shops or office

The household income of majority of the respondents was Rs.2001-5000 that is 74.4 percent. About 20 percent of household earn about Rs.5001-10,000 per month. Only 2.8 percent of them have a monthly household income of Rs.10,001-15,000.

4.3 Ante – Natal care

From a total of 423 respondents, 294 availed ANC services during the project period while 258 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.

It is significant that 90.8 percent of the respondent registered during the project which increased from 74 percent before the project phase. ~~From the table, it shows that before the project was initiated 49.6 percent did not avail any physical examination service. After the project was implemented, it reduced to 29.5 percent. Similarly,~~ Aavailing the 3 physical examination increased from 28.2 percent to 46.6 percent.

There was also an increase in availing services like TT injection and IFA tablets during the project. 80.2 percent availed 2 injections after the project as compared to 63.9 percent before the project started. Though a lot of beneficiaries mentioned IFA tablets not being available in AHCs. There was also an enormous increase in availing the counseling services related to pregnancy. It increased from 18.9 percent to 49.3 percent. Similarly, 46.6 percent advice was sought on institutional delivery which was only 198 percent before the project started. There was also an increase in availing other services of ANCs like ultrasound, blood test and urine test after the scheme was launched.

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It was found that there was an increase in availing ANC services by the respondent during the project. The scheme has a positive impact in access to quality health services among the urban slum poor. Consequently, this will improve the mother and child health in the area.

ANC services	(N=258)	(N=294)
	Before Project Period	During Project Period
Registration	74	91
	Physical examination	
1 examination availed	4	7

2 examinations availed	18	17
3 examinations availed	28	47
TT Injection		
1 injection	9	10
2 injection	64	80
IFA tablets		
Less than 100	43	56
100	11	19
Counseling related to pregnancy	19	49
Advice on institutional delivery	19	47
Ultrasound	45	67
Blood test	61	82
Urine test	57	77

Percentage distribution of women availing ANC services during the program and before the programme period		
ANC services	Kanpur % (N=294)	Kanpur % (N=258)
	DURING PROJECT PERIOD	BEFORE PROJECT PERIOD
	Registration	
Availed	90.82	74.22
	Physical examination	

Not availed any examination	29.59	49.61
1 examination availed	7.14	3.88
2 examinations availed	16.67	18.22
3 examinations availed	46.6	28.29
TT Injection		
Not availed	10.2	27.13
1 injection	9.52	8.91
2 injection	80.27	63.95
IFA tablets		
Not availed	25.17	45.74
Less than 100	55.78	43.02
100	19.05	11.24
Counseling related to pregnancy		
Availed	49.32	18.99
Not availed	50.68	81.01
Advice on institutional delivery		
Availed	46.6	18.6
Not availed	53.4	81.4
Ultrasound		
Availed	67.35	45.35
Not availed	32.65	54.65
Blood test		
Availed	81.97	61.24
Not availed	18.03	38.76
Urine test		
Availed	76.87	57.36
Not availed	23.13	42.64

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4.3.1 Place of availing ANC services

1. Registration, Physical examination, TT injection and IFA tablets

Services availed from	Registration		Physical examination		TT Injections		IFA Tablets	
	During	Before	During	Before	During	Before	During	Before
	N=267	N=192	N=207	N=130	N=264	N=188	N=220	N=140
Govt hospital	28.46	60.94	23.19	55.38	25.76	58.51	24.55	57.86
Private doctor/ nursing home	1.87	3.13	0.97	6.15	1.14	3.19	1.82	2.86

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Private hospital	17.23	34.9	15.94	36.92	18.56	32.45	15.91	29.29
Accredited health facility	51.69	0	59.9	0	53.79	0	55	0
Anganwadi/ ANM	0	1.04	5.31	0.77	0	5.32	0	8.57

In the pre project period, the number of women who availed ANC services like registration, physical examination, TT injections and IFA tablets were 192, 130, 118 and 140 respectively. Whereas during the project period 267 has done registration, 207 undertook physical examination, 264 took TT injections and 220 took IFA tablets. This shows that there is an increasing trend in availing ANC services among the women. During the project, 51.6 percent registered, 59.9 percent undertook physical examination, 53.7 percent took TT injections and 55 percent took IFA tablets from the accredited health facility. In Kanpur, private hospitals were not the most preferred place to avail ANC services in the before the project started. Here, the government hospitals were the most common place to get ANC services done. Availing registration, TT injections and IFA tablets from anganwadi/ANM was 0 during the project. But in case of physical examination, it increased from 0.7 percent to 5.3 percent during the project.

2. Counseling related to pregnancy and Institutional Delivery

Services availed from	Counseling related to pregnancy		Counseling related to Institutional delivery	
	During	Before	During	Before
	N=145	N=49	N=137	N=48
Govt hospital	20	46.94	19.71	43.75
Private doctor / nursing home	0.69	8.16	1.46	6.25
Private hospital	17.24	42.86	13.14	47.92
Accredited health facility	62.07	0	64.96	0
Anganwadi/ ANM	0	2.04	0	2.08

Counseling related to pregnancy as well as institutional delivery is of critical importance as far as ANC is concerned. In counseling related to pregnancy 49 women who availed this service before the project was interviewed and 145 during the project. To understand the same 48 women who were

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pregnant before the project were quizzed and 137 were observed during the project. In both the cases, respondents did not visit any of the accredited health facility before the project and after the project started the number increased to 62 percent for pregnancy and 64.9 percent institutional related counseling. Before the project, for counseling for pregnancy and institutional related issues, most of the women preferred government hospital. However, the percentage reduced to 20 percent and 19.7 percent for pregnancy counseling and institutional counseling respectively. Likewise the number of women visiting private hospital for such counseling reduced to 17.2 percent and 13.1 percent for pregnancy and institutional counseling.

3. Tests- Ultrasound, Blood test and Urine test

Services availed from-	Ultrasound		Blood tests		Urine test	
	During	Before	During	Before	During	Before
	N=198	N=117	N=241	N=158	N=226	N=148
Govt hospital	16.16	29.91	22.82	48.1	23.45	47.3
Private doctor / nursing home	1.52	4.27	2.49	3.8	1.77	3.38
Private hospital	31.31	65.81	19.5	48.1	19.03	45.95
Accredited health facility	48.99	0	54.77	0	53.98	0
Anganwadi/ ANM	0	0	0	0	0	0

About 117 of the women got ultrasound test; 158 got blood test and 148 got their urine tested before the project started. During the project, 198 of them availed ultrasound test; 241got blood test and 226 got urine test done. Majority of the women went to either private hospital or government hospital for getting their ANC test done before the project initiated. However the percentage reduced during the project period. The project also encouraged the women to avail testing services from the accredited health facility. About 48.9 percent availed ultrasound service, 54.7 percent got their blood tests and 53.9 percent got their urine test from accredited health facility. None of the women went to anganwadi/ANM for getting any kind of test done before or after the project started.

4.4 Delivery and Post natal care (PNC)

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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. It is evident from the table that PNC checkups are not taken seriously by the women from the urban slum. More than 60 percent of the total women interviewed did not get their PNC checkups availed. However, 21 percent of them got their PNC checkups once. Only 2.3 percent paid three visits for their PNC checkups.

Number of PNC checkups availed	Kanpur (%)
	N=423
No Visit	65.01
1 Visit	21.04
2 Visits	10.64
3 Visits	2.36
More Than 3 Visits	0.94

Natal Care	Percent (End Line)
Place of delivery	N =300
Government Institutions	17.67
Private Institutions	61.34
Home	19
Other	

79.0%

40% from Vouchers.

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Private Institutions account for maximum deliveries i.e. a little over 60 percent . Out of those 601 percent , 40 percent come from Vouchers .

4.4.1 Motivators for PNC

Out of the total 423, 148 women responded to the question on motivation for PNC checkups. It was found that 35.8 percent of the women were motivated by their husband to get their PNC checkups

done. Government health worker have been an important source of motivation with 354.4 percent of them getting motivated.

	Kanpur (%)
	N = 148
Husband	36N=148
Relative/family member Husband	1835.81
Govt health worker Chemist	350.68
MediaRelative / friend/ family member	517.57
One who delivered the baby Govt health worker	934.46
CHVMedia(TV/radio/ newspaper)	74.73
Private DoctorThe one who delivered the baby	09.46
Self motivatedCommunity health volunteer	76.76
Self motivated	0.68

About 17.5 percent were also motivated by relative, friend and family member. Here, the women were not very much motivated by the CHV. Only 6.7 percent of the women were motivated by CHV. CHV are an important stakeholder in the project and are expected to play a positive role in the implementation of the project.

4.4.2 Advice given during PNC

Out of 423, only 148 of the respondents who got a PNC done were given advice. The mothers were given advice on various aspects which include breast feeding, immunization, baby care, mother care, etc. The advice for breast feeding up to 6 months was given to 87.8 percent while 89.1 percent were advised on immunization. More than 80 percent of the women were given advice on baby care, birth spacing and timely immunization mother care.

	Kanpur (%)
	N = 399
Women who availed PNC services within two months	34.98N=148
Type of PNC servicesBreast feeding up to 6 months	87.84
Advice for proper baby careImmunization advice	86.4989.19
Advice for timely immunizationTimely immunization	88.5188.51
Advice for spacing between child birthBaby care advice	85.8186.41
Advice to give top feed after 6 months	84.46
Advice on birth spacing	85.81
Mother care	83.11

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4.5 Family Planning

Family planning is of utmost important for the government of India. Through family planning, the government has been trying to control the rapidly increasing population in India. Various family planning methods have been devised so that a proper family planning can be done. About 99 percent of the respondents were aware about oral contraceptive and male condom. ~~A good 97.6 percent of them were aware about female sterilization and~~ 91 percent were aware about IUD/copper T. ~~But only 2.3 percent were aware about female condom.~~ The method of injectables was also known to 69.7 percent of the total 423.

Awareness about the family planning methods	~~N=423~~
~~Oral contraceptive~~	N=423~~99.29~~
Oral contraceptive~~Male condom~~	**99**~~99.29~~
Male condom~~Female condom~~	**99**~~2.36~~
IUD/copper T~~IUD/copper T~~	**91**~~91.25~~
Male sterilization~~Male sterilization~~	**90**~~89.83~~
Injectable~~Female sterilization~~	**70**~~97.64~~
~~Injectables~~	~~69.74~~

Despite the high awareness level among the respondents, the percentage of respondents who are currently using family planning method is low. About 19 percent of them are using condom to prevent pregnancy. IUD/Copper T is also found to be adopted by 3.3~~8.2~~ percent of the women. ~~But none of them are using female condom for family planning.~~

FP Method	Current Users (%) Base Line	Current Users (%) End Line
Condom	16.2	19.0

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Oral pill	4.3	4.3
IUD	2.6	3.3
Male Sterilization	0.1	0.53
Female Sterilization	14.7	14.9
CPR	387.59	42.10

4.5.1 Source of information for Family Planning

Relatives and friends has been an important source of information regarding family planning methods. Through relatives and friends, 69.9 percent got information about IUD/copper T; 67.1 percent about male sterilization; 66.5 percent about female sterilization and 59.3 percent about injectables. Media is another important source of information for oral contraceptive (68.3%), IUD/copper T (61.9%), male sterilization(61.8%), female sterilization(66.5%) and injectables (55.93%). Around 74 percent of them got information regarding male condom from their husband and 60 percent about female condom.

Source of information about the family planning methods

	Oral Contraceptive	Male Condom	Female Condom	IUD/Copper T	Male Sterilization	Female Sterilization	Injectible
	N=420	**N=420**	**N=10**	**N=386**	**N=380**	**N=413**	**N=295**
Husband	48.81	74.05	60	39.64	46.58	40.92	28.47
Chemist	5.95	5	0	1.81	0.26	0.97	1.02
Relative/Friend	66.9	63.33	50	69.95	67.11	66.59	59.32
Govt health worker	55	41.19	30	60.36	56.84	55.45	48.47
Media	68.33	57.62	30	61.92	61.84	55.93	55.93
Project Staff	0.48	0.48	0	0.78	0.79	0.24	0.68
CHV	24.29	21.43	20	20.73	21.58	19.37	18.98

It can be seen in the table that government health worker has also spread the knowledge about IUD/copper T, male/female sterilization and injectables. Only small number women got information from CHV about various family planning methods.

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

The awareness about RTI/STI was fairly high among the respondents. About 55 percent of the women were aware about RTI/STI. However, 44.6 percent of the total women were not aware about these kinds of infections.

	N= 423
Aware	55.32
Not aware	44.68

The percentage of women suffering from various symptoms of RTI/STI differs. Around 15.1 percent suffered from white discharge, 8.9 percent complained of pain in lower abdomen, 5.9 suffered from burning sensation during urination and 3 percent complained of itching. Only 1 percent of them reported of pain during intercourse, open sores, boils and secretion from partner's genitals.

Percentage of women who reported suffering from RTI/STI symptoms	N= 423
White discharge	15.1
Burning sensation during urination	5.9

Itching	3.0
Open sores	1.4
Boils	1.4
Pain in lower abdomen	8.9
Secretion from partners genitals	1.4
Pain during intercourse	1.8

About 26.4 percent of the total sample of 405 was diagnosed with RTI/STI symptoms. Yet a large percentage of 62.6 percent of the women did not avail checkup for the symptoms related to RTI/STI.

Symptoms of diseases	Awareness	Suffered	Undergone treatment
White-discharge	96.4	15.4	76.4
Pain during urination	88.9	11.5	71.2
Itching	87.2	20.9	45.6
Open sores	83.4	8.9	54.3
Pain in Lower Abdomen	79.3	34.4	38.9
Secretion from Partners Genitals	97.0	1.3	43.4
Pain during Intercourse	92.5	3.4	71.3

	N= 405
Diagnosed with symptoms	26.42
Availed checkup for the symptoms related to RTI/STI	
N= 107	
Yes	37.38
No	62.62

High levels of awareness is seen in all symptoms i.e. close to 90 percent . In some aspects it is much above 90 percent also . Levels of awareness are comparatively lower in 'Pain in Lower Abdomen' & Open Sores' which is close to 80 percent .

Suffering is highest in "Pain in Lower Abdomen' followed by 'Itching' and then White Discharge . Close to 55 percent people who suffered 'Open Sores' have undergone treatment followed by 45 percent for 'Itching'.

4.6 Sambhav Voucher related information

The table shows percentage of each voucher used by 174 women. About 90 percent of the women availed ANC servives which appears to be the most availed service under the voucher scheme. 97.0878.7 percent availed institutional delivery service and 97.6749.4 percent availed PNC services. The number of RTI/STI treatment and FP services used was ~~less with 25.2 percent and 28.7 percent respectively.~~95.45 percent and 96 percent respectively .

Voucher for service:	~~N= 174~~
ANC	98.730.23
Institutional delivery	97.0878.74
PNC	97.6749.43
RTI/ STI treatment	95.4525.29
FP services	9628.7

4.6.1 Source of information

The respondents were aware about the initiative called Sambhav Voucher Scheme. 18674 out of 423 were aware about the voucher scheme. CHV who are working at the grassroot level was the main

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source of information about the scheme. About 52.8 percent of the respondents got the information about the voucher scheme from CHV. Other than CHV, ANM has been an important source of information.

	Kanpur
Base: All Aware	*186*
C H V	52.87
ANM	27.01
Neighbor	10.34
Others	9.77

~~Source of information regarding the voucher:~~	~~N=174~~
~~C H V~~	~~52.8~~
~~ANM~~	~~27.0~~
~~Neighbor~~	~~10.3~~
~~Health worker~~	~~9.2~~

4.6.2 What was the information received

The most common information which the women received about the voucher scheme were free checkup during pregnancy(32.1 %); get free delivery(26.4%); free treatment(25.8%) and free tests(12.6%). Around 7.4 percent of the respondents were informed about free health services as well as 6.3 percent received the information about free medicine. But only 3.4 percent were aware about free immunization services which are essential for a healthy child. Only nominal 0.5 percent was informed about free family planning services.

Information received	N=174
Free checkup during pregnancy	32.1
Get free delivery	26.4
Free treatment	25.8
Free Tests	12.6
Free Health services	7.4
Free medicine	6.3
All facility is free	5.7

Free immunization services	3.4
Free family planning services	0.5

4.6.3 Did anyone visit for verification?

More than half of the respondents i.e. ~~About~~ 58.6 percent out of 174 responded positively that officials visited them for verification for the voucher scheme. But, 41.3 percent said that nobody visited them for any kind of verification related to the voucher scheme. About 90 percent of the women claimed that verification was done once. Only ~~About~~ 6.8 said twice and a mere 0.9 said thrice. None of them said that verification was done more than thrice.

Did anyone visit for verification	Kanpur (%)
	N=174
Yes	58.6
No	41.3
Number of times verification done	**N=90**
Once	90.2
Twice	6.8
Thrice	0.9
More than 3 times	0

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

Overall satisfaction with accredited facility	~~N=174~~
~~Extremely Satisfied~~	~~75.8~~
~~Somewhat Satisfied~~	~~18.9~~
Used ANY Vouchers~~Not Sure~~	*1720*
Top 2 Box Satisfaction~~Not So Much Satisfied~~	95.342.8
Top Box (Extremely Satisfied)~~Not at all satisfied~~	76.742.3
Did you recommend the voucher to someone	N=174
Yes	843.3
No	156.6
Should the voucher scheme continue	**N=174**
Yes	93.6

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No	6.3

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 Kanpur, 95% 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.

Out of 174, 76.745.8 percent were extremely satisfied with the accredited facility. About 18.9 percent were somewhat satisfied. Only 2.3 were not at all satisfied. About 8443.3 percent of 174 respondents would recommend the voucher scheme to people around. They were content about the scheme and would help others to avail the facilities provided under the scheme.

The voucher scheme has a positive impact on the quality of health services among the urban slum dwellers. So 93.6 percent of them would like the scheme to be continued.

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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. 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 Kanpur 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 Kanpur.

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

1. Increase the rates for essential services provided by the accredited health facilities like Ultrasound, C- sections, delivery etc.
2. Incorporate facilities for new borns and infants in the voucher for institutional delivery.
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

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