Subsidizing consumer cost for obstetrics and newborn care in Bangladesh: opportunities and challenges

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INTRODUCTION

Maternal and child health programs are yet to achieve desired impact on the utilization of obstetric and newborn care services from public-sector health facilities in Bangladesh. Home delivery and untrained providers during delivery largely contribute to the underutilization of the existing obstetric and newborn care services provided at facilities. Demand-side barriers particularly cost remains a key challenge to utilize skilled maternal newborn and child health (MNCH) care. The cultural and social belief system, social stigma associated with pregnancy and birth, distance of the facility, lack of information on sources of care, lack of awareness on the value of maternal health services, and high access costs (e.g., direct and indirect costs) are considered important demand-side barriers (Ensor 2004).

Cost concerns hinder seeking professional maternity care and emergency obstetric care, and contribute to maternal death (Koeing 2007; Rob et al. 2006). Poor families face resource constraints and other disincentives to make use of health facilities. High transportation cost due to distance to health facilities and other out-of-pocket costs contribute to limited access to health care by those who need it most (Glassman, Todd, and Gaarder 2007; Khan 2005).

The Population Council implemented Pay-for-Performance (P4P) for providers and financial assistance for clients to improve MNCH services by addressing supply and demand-side barriers in Bangladesh funding from UNICEF. This paper explore whether subsidized consumer cost increases utilization of obstetrics and newborn health service from facilities. Financial assistance in the form of coupon was provided to poor pregnant women to cover transportation, medical and incidental cost for receiving services from facilities.

METHODOLOGY

A rigorous process consisting of community assessment and use of poverty tool was employed to select eligible women from the six upazilas of two northern districts of Bangladesh. Information about coupon utilization was collected from the pregnant mother’s identification list, distribution list, and the service statistics. During the service provision period, a quick survey was conducted among the coupon recipients to know the challenges and opportunities of coupon utilization at the health facilities.

Coupons were distributed during the period January 2011 to June 2011 among the pregnant women who were supposed to deliver by November 2011. The coupon distribution process used the government filed level workers, supervisors and NGO workers to make them aware about the project as well as to develop ownership. After two quarters of the implementation, coupon counseling was conducted by the NGO field workers in all coupon project areas. The main objectives were to identify the causes of not using the coupon by the pregnant mothers.
To collect detail information about coupon utilization, service statistics were collected monthly from the service facilities. Process documentation was done from the in-depth interviews that used coupon as well as non coupon. This paper will describe the experiences of coupon distribution, utilization and services utilization as a whole (coupon and non-coupon) from the health facilities of 2 northern district of Bangladesh.

ACTIVITIES

COUPON CLIENT SELECTION, COUPON DISTRIBUTION AND UTILIZATION

Three-fourths of the poor pregnant women were identified as eligible for coupon distribution among the identified 20,833 pregnant women in the intervention areas; and of them, 92 percent received coupons. Coupon card covers transportation cost, medical cost and incidental cost for antenatal care, delivery care, post natal care, pregnancy complications, neonatal complications and under five children complications.

Coupon card distribution started in January 2011 in one district and in March 2011 in another district. Coupons were distributed using NGO workers in case of unavailability of the government workers. Due to poor utilization rates of coupon beneficiaries, 284 field workers were oriented and engaged for coupon promotion and validation of the coupon distribution activities in September 2011.

VALIDATION OF COUPON DISTRIBUTION

Three-fifths of the 14,961 coupon card holders were interviewed in order to validate the coupon card distribution, and to know about the utilization and reasons for non-use of coupon for receiving services from the public-sector health facilities.

FINDINGS

- About 88 percent coupon card holders in a district and 72 percent coupon card holders in another district reported receiving the coupons, whose were eligible to get coupon. The others either damaged or lost the cards or did not receive the cards from the fieldworkers.

- Among the two district, 40 percent coupon recipient use their coupons and in another intervention district 24.7 percent coupon recipient use their coupons to receive services from the public-sector health facilities.

- The coupon clients responded well in terms of receiving the antenatal care services but were reluctant for having deliveries at the facilities and using coupon for newborn care. Coupons were utilized mostly for receiving the antenatal care services (79 percent) followed by institutional delivery (17 percent), postnatal care (16 percent) and pregnancy complications care (13 percent) (Table 1).
Table 1. Service recipients using coupon cards by type of services

<table>
<thead>
<tr>
<th>Sites</th>
<th>Received services against coupon (%)</th>
<th>Type of services received (percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>ANC</td>
</tr>
<tr>
<td>Gaibandha</td>
<td>40</td>
<td>74</td>
</tr>
<tr>
<td>n</td>
<td>1624</td>
<td>1197</td>
</tr>
<tr>
<td>Kurigram</td>
<td>60</td>
<td>84</td>
</tr>
<tr>
<td>n</td>
<td>1848</td>
<td>1554</td>
</tr>
<tr>
<td>Total</td>
<td>49</td>
<td>79</td>
</tr>
<tr>
<td>n</td>
<td>3472</td>
<td>2751</td>
</tr>
</tbody>
</table>

- About one in ten users used coupon for receiving neonatal and under five complication related services from the selected public-sector health facilities.
- Due to unavailability of willing and active fieldworkers, coupon distribution was not even.
- The most cited reasons for non-use of coupon is inadequate knowledge about the coupon (41 percent) followed by not perceiving the need to receive services from the health facilities (22 percent), long distance and poor transportation facility (9 percent) and delay in receiving the coupon (8 percent).
- The challenges of transportation remained a reality in some places in spite of offering the transportation costs through the coupon. Travelling to the facilities involving multiple vehicles including rickshaw, auto-rickshaw, boat, and bus from the remote char unions are cumbersome; and the transportation cost offered was not adequate for round-trip transportation cost to the facilities.

Lessons Learned

- Intensive advocacy at the community levels and increasing the quality of antennal care may encourage women to plan delivery at the facilities.
- Roundtrip transportation costs should be paid in actual and awareness raising activities are must to generate demand for services and to use coupon cards at the facilities.
- Including roundtrip transportation cost other arrangements (like, vehicle, ambulance, etc.) for the client for reaching the health facilities may increase the use of coupon and health facilities.
- Rigorous involvement of fieldworkers especially government fieldworkers in the coupon mechanism may increase the coupon utilization.
- The poorest areas with greater geographical drawback will benefit from a combination of a demand plus supply side P4P approach in Bangladesh.