Vouchers for Reproductive and Child Health Services: Demand Side Financing Scheme in Uttarakhand, India

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The paper assesses the voucher scheme for Reproductive and Child Health (RCH) services in Uttarakhand with respect to awareness generation, delivery of services to clients and role of stakeholders in implementation. Data was collected from interview of stakeholders and review of records from the state government, Voucher Management Agency (VMA) and private nursing homes. The scheme was successful in reaching out to poor women in a short span. Majority of them were satisfied with the services received at the private nursing homes. Active involvement of community health workers and effective monitoring have helped in achieving the objectives of the scheme.

I Introduction

India has achieved significant progress in immunization coverage, reduction in fertility and child mortality over the last few decades. Despite improvements in child health and family planning outcomes, the Maternal Mortality Ratio (MMR) has remained relatively high in many states. Infant Mortality Rate (IMR) was 40 infant deaths per 1000 live births in 2013. But it varied from 12 in Kerala to 54 in Madhya Pradesh (SRS 2013). MMR for India is 167 maternal deaths per 100,000 live births. It varies from 300 in Assam to 61 in Kerala (SRS 2011-2013). The present situation with respect to Reproductive and Child Health (RCH) services in some Indian states is unsatisfactory.

Low utilization of RCH services is one of the factors contributing to high maternal and neonatal mortality and morbidity in the country. Supply-side problems and demand-side barriers are considered responsible for the low utilization of RCH services in hilly states like Uttarakhand. Factors such as

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