

# JSI's contribution to increasing private sector engagement in Reproductive, Maternal, Neonatal and Child Health under Vriddhi

## The issue

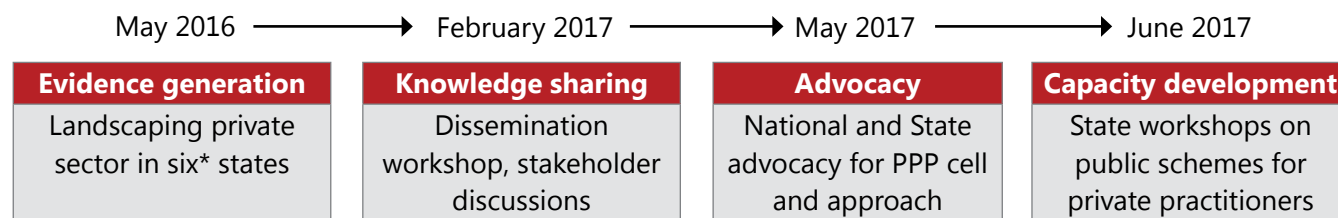
Private medical practitioners are preferred health care services providers across socio-economic spectrum in India and nearly 90 per cent of private health care spending is out-of-pocket<sup>1,2</sup>. Government's philanthropic initiative **Pradhan Mantri Surakshit Matritva Abhiyan**, urges private practitioners to offer free maternal care services on ninth of every month. Cash incentives for institutional delivery and subsidized maternal and neonatal care services are available through the **Janani Suraksha Yojana and Janani Shishu Suraksha Karyakram**. For less than US\$ 1, low income workers and their families can avail health insurance cover up to US \$600 through the **Rashtriya Swasthya Bima Yojana**. However, involvement of private practitioners in PPP schemes has been sub-optimal<sup>3,4</sup>. Attempts on engaging private practitioners in public health scheme have mostly been on improving clinical practice through trainings, checklist based evaluations and accreditation. The challenges in increasing and sustaining these partnerships are beyond clinical practice and include lack of technical leadership on PPP at centre and in states, **lack of robust and scientific systems in determining costs for different health care services and incentives, lack of performance monitoring to name a few**.<sup>5,6,7</sup>

JSI has global and national expertise in building partnerships for maternal, neonatal and child health through projects such as USAID supported Maternal and Child Health Integrated Program (MCHIP). As a sub-partner in USAID supported Vriddhi project, JSI is leveraging its long standing relationship with Ministry of Health and Family Welfare (MoHFW) and associations of private practitioners such as Indian Academy of Pediatrics (IAP) and National Neonatology Forum (NNF) to facilitate private practitioner engagement in government schemes.

Unprecedented opportunity to engage with private medical practitioners through vulnerability reduction government health schemes but limited efforts on demystifying these schemes, addressing grievances in public-private partnerships (PPP) and alleviating mistrust

## Implementation

JSI has adopted a consultative and evidence-based approach to facilitate private sector engagement through increased national and state stewardship, increased interface of the two sectors and increased awareness about PPP options among private practitioners.



\*Delhi, Haryana, Himachal Pradesh, Jharkhand, Punjab and Uttarakhand

## Evidence generation

JSI's approach is based on an independent landscaping assessment in six states undertaken under Vridhhi to understand current MNCH service delivery practices, identify key issues with existing partnership schemes and readiness for future collaboration in addition to lessons from earlier PPP projects. Limited knowledge and limited compliance to standard treatment protocols and government guidelines, underutilization of available infrastructure and human resources, limited interest in accreditation and quality improvement initiatives and highly variable compliance to legal regulations across six states emerged as major competence and capability challenges in private sector. Contrarily, private practitioners' flexible payment options, willingness to be empanelled for government schemes provided there are grievance redressal mechanisms and safeguards against reimbursement failures emerged as operational facilitators. An assessment brief capturing the findings and way forward is available and shared widely.

## Knowledge sharing and advocacy

JSI has shared findings from landscaping assessment through a high-level national consultation with participation from administrative and technical leaders from MoHFW and State Health Missions (SHM), USAID, professional associations of medical practitioners and Vridhhi.



Leaders and technocrats from Ministry, USAID, professional associations and JSI opening high level national consultation on private sector engagement.

21 February, 2017, New Delhi

The process of knowledge sharing increases transparency and acceptability of challenges on both sides of the partnership. JSI has effectively used the approach of joint sharing of these findings in four states- Delhi, Jharkhand, Himachal Pradesh and Uttarakhand in meetings with SHM Mission Directors where representatives of professional associations also participated. JSI's advocacy agenda is constitution of PPP cells with designated PPP officers in the six priority states and eventually at national level. The PPP cells will organize need based orientations for private practitioners on new and existing PPP schemes, under chairpersonship of the Mission Director of the State Health Missions and with representation from professional associations undertake monthly review of PPP initiatives, popularize PPPs among clients through targeted information, education and communication campaigns, felicitate good performers and institutionalize grievance redressal for private health care providers empanelled under PPP.

## Capacity Development

From the existing professional associations, a lead coordinator has been identified in each of the six states to facilitate private practitioner trainings on government endorsed RMNCH guidelines and protocols, liaison with the leadership of professional bodies to raise issues from the private sector providers and motivate the local network members to raise their issues through the web portal-RMNCH Practitioners Forum (<http://rmncha.in/practitioners-forum/>) and establish it as a reference point for informed dialogue on challenges faced by private practitioners in PPPs. JSI has capacitated all six state coordinators on the training format and methods to facilitate state level trainings for private practitioners. Since July 2017, four state level trainings for over 150 medical practitioners have been organized in Delhi, Jharkhand, Himachal Pradesh and Uttarakhand.

## Impact

### 1. New evidence on private sector RMNCH services

Mapping of private medical practitioners across six states, their current RMNCH practices, barriers and facilitators to PPP have been documented.

### 2. Changing attitudes through peers

JSI's approach of using the professional association network is a peer to peer influencer model wherein significant increase in willingness to engage in government schemes has been noted among practitioners attending state level trainings.

### 3. Initial policy movement towards PPP cells

Discussion on PPP cell has been initiated in three states and in two states – Delhi and Uttarakhand government representatives actively participated in the trainings and endorsed need for PPP cell.



*Dr. J. P. Kapoor (Director, Family Welfare, Delhi) addressing private practitioners in Delhi*



*Shri Pankaj Rai, (Mission Director, NHM-Himachal Pradesh) briefing private providers at orientation in Shimla.*

Sustained investment in JSI's approach has the potential to reach nearly 7000 private practitioners and establishing PPP cells in six states.

State	Potential reach (number of private practitioners)
Delhi	3235
Haryana	974
Himachal Pradesh	72*
Jharkhand	780
Punjab	1445
Uttarakhand	357
<b>Total</b>	<b>6863</b>

\*Numbers available from one of two associations

## References

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