

Scaling quality healthcare services through private sector across less developed states in India: The Ujjwal story

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Market Development Approaches (MDAs), or Making Markets Work for the Poor, seek the overall goal of reducing poverty through the transformation of market systems to function more effectively for the poor. Markets are systems, involving multiple actors and incentives. Hence, MDAs must engage with different actors that range from large-scale business investors and social enterprises, to small businesses and informal sector operators, as well as the actors involved in construction of rules, norms, and regulatory and supporting environments.

Under Project Ujjwal (Reproductive Health (RH) Framework¹), we work with entrepreneurs, micro-enterprises, businesses, investors, governments and non-government organisations to improve private sector competitiveness, enhance market and business performance, and create conditions for pro-poor and sustainable growth.

The project adopts a total market approach wherein the efforts are directed toward expanding the market for family planning and reproductive health (FP and RH) services and supplies by increasing use among different income levels and age groups; and also complementing existing government schemes. International evidence suggests that well tested private models stewarded by the public sector are a cost effective way to improve maternal and child health outcomes and make markets work better for the poor. A total market approach therefore has the potential to maximise the overall impact of UKaid's investments. Emerging competition between public and private providers will possibly drive up quality and informed choice.

Statement of need

One quarter of Indian women are already seeking RH/FP services from the private sector, indicating that there is some ability to pay. Increasing urbanisation and high unmet demand continue to increase preference for private sector. In Bihar and Odisha 46% and 23% of women seek FP services from the private sector (NFHS-3). The states have high unmet need for FP (36% for Bihar, 23% in Odisha and more among the lowest socio-economic quintiles). The available method mix is predominantly limiting methods (89% in Bihar, 71% in Odisha); and spacing method users are overwhelmingly

seeking private sector services (about 50-80%, NFHS-3). The Government of India is making steady progress in achieving Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) outcomes. However, the need is enormous and the private sector presence in both states provides an opportunity to address diverse requirements of the vast rural and peri-urban poor population. Project Ujjwal supplements the efforts of state governments to expand the use of long-term reversible methods/modern spacing methods, and build evidence that it is economically viable and self-sustainable.

Why Ujjwal?

Project Ujjwal aims to reduce maternal deaths from unwanted pregnancies by

- increasing use of FP methods,
- improving birth spacing practices and
- preventing unsafe abortions in Bihar and Odisha

Improve access and utilisation of FP services

Reach out to young women, girls and men with spacing options

Address the cost barriers through affordable service delivery

Leverage private sector

Complement existing government programmes

Build sustainable capacities at the state level

¹The RH Framework: "Improved Family Planning and Reproductive Health Services in India" (Project Ujjwal) is a part of the UKaid Framework for Results to Improve Reproductive, Maternal and Newborn Health

Programme strategies

Expanding choice of service delivery sites through private sector	<ul style="list-style-type: none"> • Tiered franchisee network of 300 micro enterprises (clinics/health facilities) • Scale-up hybrid service delivery models by introducing new players • Mobilising public private partnerships (contracting-in) through Fixed Day Services at public health facilities by private outreach teams
Improving availability and choice of products	<ul style="list-style-type: none"> • Combination of traditional and non-traditional retail and FMCG outlets catering to all A, B, C and D category villages • Diversifying revenue sources and ensuring sustained supplies by reaching out to non-network providers • Economically viable price structure based on market segmentation; • Introducing commercial and new brands to cater to middle income segments • Market based partnerships with FMCGs and commercial entities
Sustaining livelihoods for women entrepreneurs: Ujjwal Saathis	<ul style="list-style-type: none"> • Investment in IPC and marketing skills' building of 5000+ women entrepreneurs (Ujjwal Saathis) at the grassroot level • Provide contraceptive outreach, screen and counsel prospective clients • Stock products for sale, focussing reach in C&D category (difficult to reach) villages • Shared value initiatives with corporates to include other health and hygiene products
Driving investment in healthcare through demand generation and improved quality assurance mechanisms	<ul style="list-style-type: none"> • A 360 degree demand generation campaign (mass media, mid media and interpersonal communication) for FP/RH services. • Mass media and 5000+ folk shows to improve service utilisation • Doctors' films for positive persuasion and credible messages through IPC • Use innovative platforms for mobile-based IPC and e-Learning courses • Long term partnerships with premier institutions to embark quality mechanisms (FOGSI, PHFI and State Quality Assurance Committees) • Invest in improvement of quality standards at clinics; SOPs and regular monitoring
Diversification of revenue sources for franchisor-franchisee sustainability	<ul style="list-style-type: none"> • Demand-side financing mechanisms to target subsidy to last mile: Facilitate accreditation of private providers for government reimbursements (NHM) • Provider empanelment for insurance schemes through government (Rashtriya Swasthya Bima Yojana) and private companies • Diversify service basket to include maternity, newborn and child health services • Increasing access to financing for improving service provision and quality standards in clinics • Partnerships with other primary care hospital service providers • Explore impact investment through equity and debt
Better implementation, monitoring, reach and quality	<ul style="list-style-type: none"> • Primary and secondary researches including baseline, endline and impact evaluation • Programme specific studies and rapid assessments • Market research (retail audit analyses and penetration tracking surveys) • Quality assessment studies (medical audits and client satisfaction surveys) • Building local capacities for research and monitoring for a TMA • Robust and comprehensive management information system for tracking, monitoring and consolidating routine data



Sustainable partnerships: Looking beyond 2015

- Pregna (commercial) to ensure sustained supply of products available to doctors through e-commerce 'doctors' portal'
- AYZH (social venture) to ensure supply of low cost and high quality clean birth kits for use in clinics (infection prevention)
- Alchemist (primary healthcare): mainstreaming MCH and FP services in collaboration with health and eye care providers

Project Ujjwal: The story so far

Supply-side interventions

- 288 Franchisee clinics – MNCH, FP and Safe Abortion
- 955 Fixed day services at 120 public health facilities through outreach teams
- Demand generation for fixed day services at public facilities
- 51 clinics accredited for government reimbursement: PPPs
- 50 clinics empaneled under RSBY
- 30,000 +Social Marketing Outlets; 17,000+ in C&D category villages
- 5000+ social entrepreneurs for IPC and product penetration in rural areas
- More than 900 doctors and paramedics oriented on FP/RH; infection prevention practices and SoP Guidelines
- QI monitoring initiatives through QA experts; FOGSI and DQACs

Demand-side interventions

- Supplier led and consumer led demand creation
- Brand equity creation
- 5000+ women entrepreneurs/Ujjwal saathis trained on client counseling and mobilization; myth busting and counselling
- 5000 entertain education shows (mid-media) to improve service uptake
- 24 Doctors' films and role model films for narrowcasting and IPC
- Compilation of 40 AV films leveraged for use through government at public facilities
- 1 mHealth app to aid community health workers for IPC
- 1 mass media campaign with print, radio and TV

2.6 million
couples using contraception

Averted 500,000 DALYs

Averted 200,000
unsafe abortions

Saved lives of 1455 mothers

Averted 1.2 million
unintended pregnancies

GBP 48 million
in savings to families and health systems

Impact indices have been calculated using Impact Calculators developed by MSI and PSI

Expanded supply points to diversify markets: Experience from the Ujjwal network

Sanjeevani Hospital; second tier Ujjwal clinic; Puri, Odisha (association with Ujjwal network since August 2013)

One of the first clinics to join the Ujjwal network, Sanjeevani is a Sanskrit word meaning "lifeline" and that is how Dr Debendranath Tarei (surgeon and entrepreneur) had perceived the clinic to evolve when the clinic was established about 15 years ago. Leveraging the provider's beneficent sensibilities to serve communities with affordable healthcare, the project approached the clinic to join the Ujjwal network for expanded services.

The clinic was engaged in provision of FP services (IUCD and sterilisation) at a small scale. Association with project Ujjwal led to the introduction of another FP method i.e. injectable contraceptives, offering a choice of methods to clients; and since then the clinic has had highest footfall for injectables. Since August 2013, more than 300 clients have accessed FP services with an average of 15 clients (mostly spacing) per month.

Acknowledging the providers' interest to sustain FP services, the project team provided support to facilitate accreditation and financial reimbursement for sterilisation from the government (under National Health Mission). Project Ujjwal facilitated the District Quality Assurance Committee visit in the clinic and the clinic was accredited in the month of February 2015 following which the average clients per month has risen.

In a unique endeavour, the project advocated with the district health administration and mobilised resources from the government to conduct FDS once a month at the clinic with support from the District Health Society. The first FDS was organised on February 16, 2015 where a team of surgeons from the government system performed sterilisation and IUCD insertions at the clinic itself.

Dr Tarei is aware that this association has led to the clinics' recognition (certification) as a quality facility and it will be important to sustain the standards to continue this partnership with the government. He is thriving to take this challenge, to allow the BOP communities subsidised access to quality FP services and lower-middle quintile populations to avail services at affordable prices.





Steps toward sustainability

Sustainability of health and financial objectives

To facilitate financial viability of franchisor and franchisee profitability, the project is:

- Offering paid and free services targeting mixed-income groups (including reimbursements through government supported health insurance such as RSBY and accreditation schemes);
- Expanding service basket (include maternity, newborn and child health services) across 110 Ujjwal facilities;
- Seeking commercial loans/equity and partnerships with other primary care hospital service providers;
- Introducing different brands of FP/RH products at different price points to make supply chain sustainable;
- Developing business plans for financial viability of franchisor to sustain and grow the network;
- Facilitating loans and equity to lay cornerstone for strong microenterprises (clinics); and
- Creating a middle market (ability to pay) for service providers and products.

Exploring new financing mechanisms for market sustainability

Social impact investing is based on the principle that private capital can intentionally create positive environmental and social outcomes as well as financial returns. Since 1960, the World Bank, donor nations, aid agencies, and others have expended well over four trillion dollars to eradicate the persistent problems of the BoP in areas such as health, finance, and housing. But they have so far met limited success. As a result, the door is now open for private enterprises to complement the work under way and bring innovative, market-based solutions to bear on these challenges, while simultaneously unlocking the approximate USD 5 trillion in latent BoP demand. Development Impact Bonds are being explored at a time when tightening public

budgets and the shortcomings of traditional funding models have fuelled a movement towards results-based approaches. Our work on Development Impact Bonds (DIBs) builds on the idea of Social Impact Bonds (SIBs) and on results-based financing, an outcomes-based approach to improving the quality and local accountability of development funding.

Lessons learned

A total market approach where the same providers' network deliver services 'standalone' at market prices and through a range of PPP approaches; can create transformational impact in spurring the private sector to sustain momentum in provision of FP/RH services. Major lessons learned from Project Ujjwal implementation include:

- Expanding coverage within development assistance scheme creates more opportunities to offer FP education and services. Universal Health Coverage can be advanced through expansion of government supported and private health insurance coverage to increase access to and use of services generally, and as a result help change attitudes and behaviours around FP.
- Including FP services (long acting spacing and permanent methods) in the mainstream development schemes' benefits packages can strengthen quality at FP clinics.
- There is a need to identify cost-effective monitoring and supervision approaches that will benefit from scale, like S/DQAC to fold franchise QA services into its accreditation schemes, professional associations such as FOGSI developing peer oversight or self-assessment mechanisms, or empowering consumers to respond to signals of high-quality service provision.
- Improving budgetary allocation and performance based expenditure tracking accountability in government budgets will advance sub-national spending on FP.
- Programmatic and institutional sustainability needs will require franchisors and donors to develop strong business and financial plans and have diverse sources of revenue.

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