

Public-Private Partnership (PPP) Initiative in Health Sector in Orissa

Public-Private Partnership (PPP) has emerged as one of the important strategies for health sector reforms in Orissa. Initiatives have been taken by NRHM, Health & FW Deptt. Orissa to undertake different PPPs in meeting the growing needs for health services including RCH-II and other national health programmes like Malaria, TB etc. The existing NGO Cell of the department has been revamped and strengthened to function as NGO-P3 Cell under NRHM, Orissa. Further to augment the PPP initiatives, a Regional Resource Centre (RRC) has been established to provide technical support for PPP – NGO activities in the State. Orissa PPP policy in Health Sector has also been drafted besides guidelines on PPP in PHC management, PPP in Urban Health, PPP in Malaria Control etc. Some of the on-going PPP arrangements of NRHM, Health & Family Welfare Department, Government of Orissa include the following:

1. **Contracting out Primary Health Centre (N).**
2. **Mother NGO (MNGO) – Service NGO (SNGO) Programme.**
3. **Urban Health Centres for slum population.**
4. **PPP in Malaria Control.**
5. **Janani Express.**
6. **Accreditation of Private NGO Hospitals for Institutional Delivery.**
7. **Capacity Building of ASHA involving – MNGO / FNGO.**
8. **Outsourcing cleaning and security services at Health Institutions.**

1. **Contracting Out PHC (N):**

Three PHC (N) namely Khankira in Dhenkanal, Atta in Jajpur and Nayakhidiha in Bhadrak are being managed under PPP and have completed more than one year of services. Interact World Wide, UK provides funding support to NYSASDRI for managing Khankira and Atta PHCs (N). The funding support will continue upto 2009. Government has also contracted out 32 PHC(N) under PPP and the NGOs are in the process to recruit staff and sign MoU at district level. One Corporate agency namely Nayagarh Sugar Complex Ltd., Nayagarh has also been contracted out a PHC (N) in Nayagarh district under Corporate Social Responsibility (CSR). Government has handed over the PHC (N) and the existing staff and infrastructure to Nayagarh Sugar Complex Ltd., Nayagarh . Nayagarh Sugar Complex Ltd., Nayagarh in turn will meet the operational cost of the PHC (N) under CSR.

The conceptual framework to manage PHC(N) through PPP is given below:

Description: The basic transaction is tuning over the management and operation of some of the worst primary health centers through NGOs and Corporate agencies. The NGO operates one or two primary health centres (N) and their sub centers. In return for operating the primary health centers, the government provides, the building and all of its equipments, furniture, and supplies. It also pays staff salaries and medicines annually as per Government norm. The NGO receives the facilities and use its own funds for whatever is needed, including renovation, equipment, furniture, and beds.

Implementation: The NGO hires all staff, provides training as needed, and handles procurement. The staff consists of physician one, one laboratory technician, one nurse/auxiliary nurse-midwives (ANM), one pharmacist, one sweeper and one attendant. The NGO provides a coordinator out of its own fund as partner to supervise the programme. The primary health center is open 24 X 7 hours. All staff members live nearby and are on call 24 hours a day. The center offers the same primary health care services as government-operated centers, specializing in RHC and outreach. It handles normal deliveries and sterilizations. The NGOs have added a few new services, including pregnancy, hemoglobin tests etc as well as cataract examinations and treatment in collaboration with other agencies & with approval of RKS. A Long term PHC plan has been developed during the first phase of the partnership with implementation goals. Budget and fund flow plan etc..

Costs: The government originally provides 90 percent of the costs, but the NGO is requested to provide at least 10% of the total budget. The budge for united fund, annual maintenance grant etc. is also placed to respective RKS/NGO of the PHC (N). Rs.9 lakh to Rs.10.00 lakh per year per PHC (N) under the scheme is provided to NGO. The NGO contribution is Rs.1,00,000/- (10%) of the total budget For corporate agencies the cost sharing is negotiated.

Constraints and issues being addressed: This model has to overcome a number of constraints. One of the most important is the scarcity of physicians. The NGO employs retired government and newly graduated doctors. It is very difficult to attract other physicians as well as auxiliary nurse-midwives. The model requires an NGO that has the financial resources to complement the government's contributions. Government officials at state, district, and block levels as well as local leaders have to be educated about PPP. It is also essential that the NGOs through RKS have full hiring and firing authority over staff. User fees are generally prohibited, but some charges can be made for extra services and donations are acceptable.

A successful example of PPP in PHC(N) management is also given below:

Hospital Management through Public Private Partnership in PHC (N) Khankira – At a Glance :

- NYSASDRI a NGO signed MoU with the Government of Orissa for management of two PHCs (N) – one each in Jajpur and Dhenkanal. Funding support for three years duration was given to NYSASDRI by Interact World Wide, U.K. an International organization.
- The MoU was signed in Dhenkanal on January 01, 2006 for management of PHC (N) Khankira, Gondia Block.

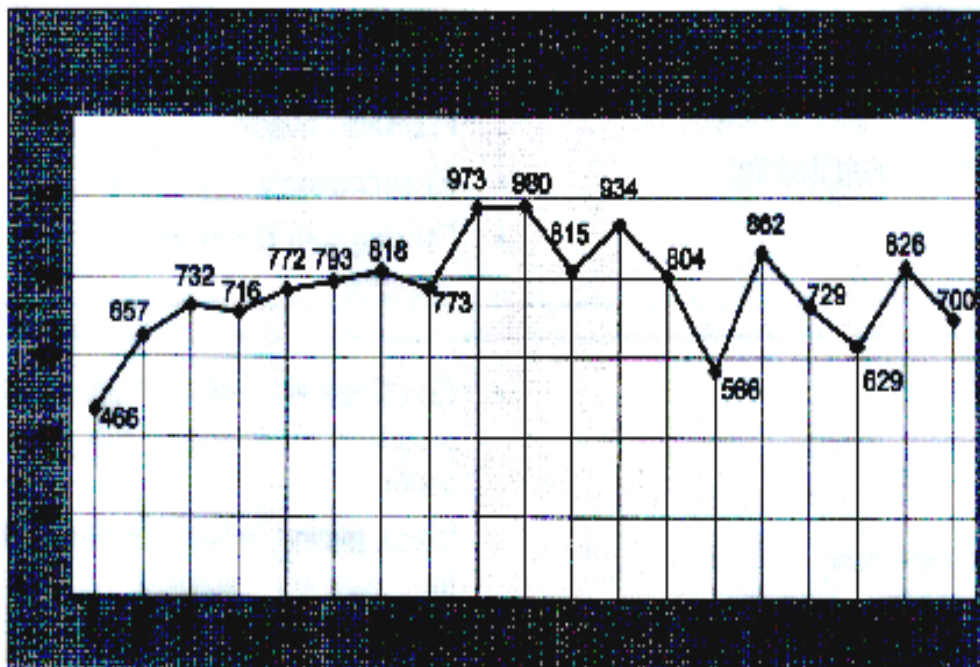
Human Resource available in the PHC (N) after PPP Initiatives:

- Medical Officer (1) - appointed by NYSASDRI
- Pharmacist (1) - appointed by NYSASDRI
- ANM (1) - earlier posted by Government
- Attendant (1) - appointed by NYSASDRI
- Sweeper (1) - earlier posted by Government
- Laboratory Tech.(1) - appointed by NYSASDRI.

List of Equipments Supplied by NYSASDRJ

| | |
|----------------------------------|-----------------------------------|
| Auto clave non electric-1 | Bed pan-1 |
| Steel Basin with stand & wheel-1 | Stethoscope-1 |
| Kidney Tray 8"-1 | BP Set (Mercury)-1 |
| Personal weighing scale-1 | Dental dissecting set-1 |
| Delivery Table SS Top-1 | Ear Speculum-3 |
| Examination Table Spl SS Top-1 | Dilator-1 |
| Instrument Trolley SS Top- 1 | Steel Tray-2 |
| Revolving stool- 2 | Microscope-1 |
| Saline stand-1 | Vaginal speculum-1 |
| In door Bed-1 | Rubber cathedar- 2 sets |
| Thermometer clinical-1 | Thread-1 roll |
| Urinal (Gents)- Plastic | Gloves- 2 pairs |
| Tongue lip depressor-1 | Rexin coated mattress-2 |
| Steel Tray & cover-1 | Refrigerator-1 |
| | Other items for office stationery |

Month wise Patient flow:



Total patients 14545 so far attended the PHC(N) Khankira

- Cost effective operation of PHC (N) during a year i.e in Khankira Rs4,56,372/- from Feb'06 to Dec'06

2. MNGO / FNGO / SNGO Programme:

NRHM, Orissa has successfully established partnership with civil societies including NGOs in delivering Reproductive and Child Health (RCH) services through mother NGO (MNGO) to the marginalized population of the un-served and under-served area. As of December, 2007, 17 MNGOs, 97 FNGOs are working in 207 sub-center area of 21 districts of the state providing RCH services to about 13,00,000 population. In addition to this there are 2 SNGOs initially started functioning targeting of about 2 lakh population. Basically the MNGO & FNGOs are working concertedly in eco- inhospitable blocks and sub-centers for demand generation at the grass-root to have access to RCH services and information and for addressing the unmet needs of the identified targeted population. Orissa perhaps the only state where the MNGO scheme is fully operational. This achievement is only for effective decentralization, flexibility in decision-making, timely release of funds and adequate accountability systems.

Apart from the regular ongoing activities, the MNGOs are supplementing and complementing in implementation of both state and central Govt. sponsored schemes and programmes. i.e-

- 11 nos. of MNGOs actively participated in organizing & conducting ASHA training programme in partnering with Local health administration and NRHM, Govt. of Orissa
- MNGOs of six districts already capacitated to mobilize SHGs on gender, health and nutrition (a collaborative programme of W&CD,H & F.W and UNICEF, Orissa)
- All MNGOs are the member of District NGO Committee which has been formed under the Chairmanship of District Collector.
- All MNGOs and FNGOs are member in the Rogi Kalyan Samiti and facilitate the process of formation of village health and sanitation committee
- Doing advocacy for better implementation of JSY
- Continuously persuading the elected PRI representatives for involvement in ongoing health programme through sensitization, orientation training and dialogue.

Validity of the process of selection of NGOs:

The MNGO selection process is participatory & transparent one, it passed through well structured procedure, norms as per the MNGO guidelines of GOI. District and state administration were consulted in each stage, right from advertisement, field appraisal, identification of un-served and underserved area, baseline survey to project proposal development and recommendation by District NGO committee to State NGO committee for technical input and final approval.

The rigorous MNGO selection process was systematized one and institutionalized a process of collective responsibility both of the district and state authority. Further, the MNGO/FNGO programme in 15 districts those completed one year of work was evaluated by outside and independent evaluating agencies. Satisfactory reports have been received for most of the districts.

Value addition made by RRC towards mentoring of MNGO schemes:

For an effective implementation of the NRHM/ RCH-II programme, RRC-Orissa has been instrumental in providing technical and managerial support and information to the NGOs as well as State Government.

The key areas of RRC-Orissa functioning are:

- ✧ Provide technical assistance to Mother NGOs and Field NGOs through orientation on the revised MNGO guidelines and issue/need based training for all existing MNGOs on RCH service delivery issues.
- ✧ Appraisals, Monitoring and Supportive Supervision for Selection of appropriate MNGOs and SNGOs have been another important activity undertaken by the RRC-Orissa. RRC-Orissa has also been conducting Program Monitoring and Evaluation as well as Training Needs Assessment (TNA) of existing MNGOs & other RCH/Health Project under PPP initiatives.
- ✧ RRC-Orissa has been making effort towards liaisoning, networking and advocacy at all levels to develop close partnership between Central, State government and MNGOs/FNGOs at state and district levels.
- ✧ RRC-Orissa has been involved in doing advocacy at the State, Regional and District level to facilitate smooth implementation and understanding of the MNGOs Scheme by all stakeholders.
- ✧ RRC-Orissa regularly sharing RCH and Gender based issues, updates and innovative strategies/ case studies and views/information with MNGOs
- ✧ RRC-Orissa has update 'NGO Resource Directory' and MNGO Data Directory.
- ✧ In close consultation with NGO- Cell, NRHM, RRC- Orissa designed and developed TOR for MNGO/FNGO evaluation, Conceptual framework for PHC management and Urban Health Programme under PPP initiatives.
- ✧ Extensive field monitoring visits by RRC team counts a lot and on spot hand holding support was given to MNGO/FNGOs to better manage the activities towards fulfilling the RCH & Health needs and aspiration of the targeted beneficiaries.

Any Other Matter Considered Relevant by the State

The contribution made by the MNGOs and FNGOs is praise worthy. Through MNGO scheme population residing in remote inaccessible areas of 276 sub centers are able to receive RCH services, especially immunization, ANC/PNC and Family Planning Services. IEC Materials in colloquial language developed by the MNGOs, FNGOs, and involvement of local folk media are immensely beneficial to generate awareness on breast feeding, immunization, care during pregnancy and on institutional delivery. NRHM /Government of Orissa has strategically planned to utilize MNGO/FNGOs force to improve the RCH indicators of those identified areas at par with the State average.

3. PPP In Urban Health :

Under NRHM, 11 Urban Health Centres (Tier one Urban Health Centre) have been started through NGOs in Rourkela, Balasore, Bhubaneswar, Sambalpur and Cuttack covering about 3,50,000 slum population. NRHM, Orissa has also proposed to start tier-2 urban health centres in Bhubaneswar, Ganjam and Rourkela during 2008. A guideline (draft) on PPP in urban health has been developed.

Such PPP model involve partnership between Orissa Health & FW Department and qualified NGOs to serve urban slum population. The NGOs have hired their own staff and providing all needed

primary health services including outreach. This model is being tested before being fully expanded throughout the State having slum population.

The details of the model being piloted in the State is given below;

Urban Health Center (1st tier)

0.1 Background:

The 2001 Census proves that cities and particularly urban slums are the fastest growing areas of the country with a decadal growth rate of 5–6% in slum areas as compared to the country's average of 2%. Health indicators for the urban poor are also far lower than what the urban average data denotes. Urban health is therefore emerging as a priority area for GOI and has found focus in the Tenth Five-Year Plan, National Population Policy, National Health Policy and in RCH II.

- One in 10 children in Urban slum does not live to see his/her first birthday as a result of easily preventable cause.
- Some slums in the larger cities can be located close to big hospitals but in reality over half of urban poor mothers opt to deliver at home.
- Child mortality figures in slums are currently 103 per 1000.
- The population of the vulnerable group is very large, 60% of the migrants live in slums.
- Obviously, the poor in slums seek the assistance of private doctors who are often quacks.
- The ICDS programme is not adequately reaching the urban slums.
- In Orissa, there are more than 7,35,000 urban slum population in 7 locations only namely Balasore, Cuttack, Bhubaneswar, Puri, Ganjam, Sundarharh, & Sambalpur poor health. (See from book let)

0.2 RCH Problem: Poor health outcomes among urban poor slum population.

0.3 Service delivery problem: More than 7.35 Lakhs urban slums dwellers in Orissa had little access to primary health care services and could not afford private care. The Governments of India has given assistance under NRHM/RCH II to start Orissa Urban Slum Health Care Project (2005-12)

0.4 Target groups: Poor in urban slums.

0.5 Transactions (public and private): NRHM, Orissa with the assistance of Director Family Welfare, Orissa will support NGOs to establish UHC (1st Tier) in 7 municipalities. ZSS contracts with NGOs and provides an annual budget of Rs. 5,50,000 for coverage of 30-35,000 population and Rs. 3.00 Lakhs for coverage of 15,000 population. The amount covers salaries, operational expense, equipment, furniture, and pharmaceuticals in addition to NGO training. The NGO hires service providers and support staff. **It provides basic RCH preventive care (antenatal care, immunization, vitamin A, birth spacing, reproductive tract infections, and sexually transmitted infections); referrals (for high-risk pregnancies, newborns, emergencies); and outreach.** It does not provide such inpatient care as deliveries, sterilizations, or abortions. The urban health centers are open 6 days a week, from 9 a.m to 12 p.m and from 4 p.m. to 6 p.m. The schedules are determined by a local urban health center advisory committee to fit the needs of local residents.

0.6 Implementation: The project has three components: service delivery, community mobilization, and behavior change communication (BCC). There are no fees or registration charges. The local urban health center advisory committee oversees the project. One or Two auxiliary nurse-midwives and a part time Doctor alternate between providing services at the urban health center and community outreach.

0.7 Coverage: Services are limited to the poor in the geographic area (population of 15,00-35,000). The objective is to cover all households in the area (about 5,000-6,000).

0.8 Monitoring: District Programme Management Unit (DPMU) at district level and NGO P3 Cell of NRHM and RRC at State level will monitor the programme.

0.9 Evaluation: Annual Evaluation after one year will be conducted by an outside agency to decide on the continuity of the programme.

4. PPP in Malaria Control:

A one day workshop on PPP in Malaria Control was held on 13th October, 2006 under the Chairmanship of Principal Secretary, Health & FW Department in the presence of all Health Directors, Jt. Director, ADMO (Public Health) and NGOs of Orissa. The PPP guidelines for Malaria Control given by GoI was discussed and shared. A State specific operational guidelines on PPP in Malaria Control was also developed on the occasion. 30 district level workshops and 4 regional workshops on PPP in Malaria were conducted. Applications were invited from NGOs for implementing following programmes under PPP in Malaria Control.

- Scheme I** : Provision of Outreach Services – DDC/FTD
- Scheme II** : Provision of microscopy and treatment services.
- Scheme III** : Promotion of insecticide treated bed nets.
- Scheme IV** : Promotion of Larvivorous Fish.
- Scheme V** : Indoor Residential Spraying (IRS)

Under the initiatives, partnership has been established with 42 NGOs in six districts namely Angul, Keonjhar, Sundargarh, Mayurbhanj, Kandhamal, Nawarangpur and Japan Bank for International Corporation (JBIC) for RIP area in Dhenkanal. JBIC has funded Rs. 43 lakhs to Dhenkanal district for Malaria Control Programme. In other districts more than 62 NGOs including MNGO & FNGO have been involved for IRS activity. Under PPP in malaria control, initiatives have been taken to scale up the IRS and Bed Net Distribution in 18 districts.

5. JANANI EXPRESS (JE) :

In a novel attempt to encourage institutional delivery and make available transportation round the clock for pregnant women, National Rural Health Mission, Health & Family Welfare Department, Government of Orissa has launched “Janani Express”.

Under the scheme all expectant mothers gets transportation facility to health centres and hospitals for delivery. It benefits the women to deal with emergencies arising during pre and post-delivery periods. The scheme is being implemented in 124 blocks where the delivery load is 50 and more a month. Besides pregnant women, sick infants too are eligible for the transportation service. The vehicle used for transportation is available at government hospitals, community health centres, primary health centres and other such suitable place in the respective blocks. They are equipped with necessary facilities for carrying the expectant mothers to the health institutions while drivers have mobile phones so that they can furnish information about the health status of the patients to the hospital. While “Janani Express” is clearly mentioned on both front and rear of the vehicle, contact telephone numbers are also be written. Areas where mobile phone facility is not available, the land line telephone numbers of the hospital are mentioned. The initiative is expected to help reduce both infant and maternal mortality rates in the State. The scheme will be scaled up during 2008-09 based on the experiences and lessons learnt.

6. Accreditation of Private Hospitals for Institutional Delivery:

17 Private Hospitals including hospitals of Corporate bodies have been accredited by the district to conduct institutional delivery. JSY money is being provided to Accredited hospitals for use for conducting institutional deliveries for women below poverty line. The achievements in terms of institutional delivery including CS operation at accredited hospitals have been increased remarkably. There is a proposal to scale of the initiatives during 2008-09.

7. Capacity Building of ASHA through MNGO – FNGOs :

ASHA trainings at Block level are conducted through MNGOs, FNGOs and PPP NGOs. The MNGOs have been trained as District level trainers and FNGOs have been trained as Block level trainers of ASHA. The quality of ASHA training conducted by MNGOs / FNGOs in majority of the districts have been found satisfactory. There is a proposal to undertake hand-holding and follow-up training of ASHAs through MNGO & FNGOs in the State. ASHAs trained on NISCHAY home based pregnancy test card through PPP NGOs with the technical support of HLPPT under a PPP model.

8. Outsourcing the cleaning and security services of Health Institutions:

Under PPP the District Head Quarter Hospitals, Capital Hospital, Rourkela Government Hospital etc. have been outsourced to private agencies for cleanliness and security services. There has been visible improvement in the cleanliness level and security option in all the above hospitals through PPP initiatives. “Help Desk for Patient” are also being established in these health institutions under PPP to provide quality and timely services to people especially poor segment of people.

Future PPP Programme :

Following PPP programmes have been planned in future:

1. Formation of Village & Sanitation Committee and their training through FNGOs / CBOs.
2. Mobile Medicare Unit.
3. Running CHC under PPP.
4. Health Advocacy through NGO Networks.
5. Social marketing of contraceptives through CBD approach.
6. Sponsoring SC / ST students for GNM Course – Swasthya Sevika Nijukti Yojana.
7. Build – own – operate (BOO) model for Diagnostic centres.