



## ENGAGING THE PRIVATE SECTOR TO EXPAND THE PROVIDER BASE FOR MEETING THE FAMILY PLANNING NEEDS OF URBAN POOR

## PURPOSE

*To provide guidance on engaging the private sector in government's FP program to address unmet need of the urban poor. The engagement aspects include accreditation, empanelment, facilitation of reimbursement for services provided and legal protection through the FP indemnity scheme.*

## AUDIENCE

1. Principal Secretary, Health & Family Welfare
2. Mission Director, NHM
3. Additional Mission Director, NHM
4. Chief Medical Officers (CMO)
5. Nodal Officer - Urban Health & Family Planning
6. District Program Managers (DPM)
7. Persons In-charge of Private Health Facilities
8. Office Bearers of the Federation of Obstetric and Gynecological Societies of India (FOGSI)
9. Office Bearers of the Indian Medical Association (IMA)
10. Urban Health Coordinators/ Assistant Program Managers, NUHM

## BACKGROUND

There exists a trust deficit between the public and the private sector. Hence, the private sector does not readily engage with the government in providing health services including FP. Moreover, the process of empanelment of providers and accreditation of facilities is cumbersome. Among key concerns of the private sector is the delay in reimbursements by the government for the FP services provided by them. It is important to address such concerns to enable engagement of the private -sector in providing quality FP services, since the government alone cannot meet the burden of serving the whole population.

Accreditation and empanelment are processes by which the Department of Health and Family Welfare enters into a mutual agreement (MoU) with the private sector to purchase FP and other services. This MoU describes the role of private

### GOVERNMENT GUIDELINES ON ACCREDITATION AND EMPANELMENT

1. A minimum of two private facilities should be accredited per block.
2. For Uttar Pradesh, Rupees 3000 is available for tubectomy and vasectomy services in accredited facilities. Out of this, an amount of Rs 2000 goes to the facility for both male and female sterilization. In other states, the amount may vary.
3. The client who accepts sterilization service will be paid Rupees 1000 as wage loss compensation from the facility. User fees, drug costs, dressing costs, and any other incidentals shall not be charged to the client.
4. Government Order (GO) #143 and Mission Parivar Vikas (MPV) GO should be referred for both accreditation and empanelment.

providers in terms of FP services to be provided. It also describes the role of the Health Department and the terms of payment (advances and reimbursements) to be made within a defined timeframe by the Health Department to the private facilities and the providers. Further, it enables clients of sterilization to receive compensation for their wage loss.

Empanelment also makes a provider eligible for an insurance coverage under the government FP Indemnity Scheme (FPIS). The objective of the FPIS is to indemnify all the beneficiaries of sterilization, as well as the doctors and the health facilities (public, accredited private and NGO) conducting sterilization operation, in the unlikely event of death/ failure/ complication following the sterilization procedure. This also provides for coverage in case of court cases. Knowledge of this protection is key to motivate private providers and facilities to provide FP services.

Under the EAQ project of Population Services International (PSI), accreditation and empanelment of private facilities and providers have been co-facilitated with the National Health Mission (NHM), Uttar Pradesh (UP) and State Innovations in Family Planning Services Project Agency (SIFPSA), through a simple, fast and convenient web-based portal ([www.hausalasajheedari.in](http://www.hausalasajheedari.in)). This portal serves as a single-window solution for the providers and the facilities to complete the process of accreditation and empanelment.



## EVIDENCE OF THE EFFECTIVENESS

The table below shows evidence of the increased uptake of FP services associated with an increase in the number of empanelled providers and accredited facilities under the Hausala Sajheedari initiative of the Government of Uttar Pradesh.

PERIOD	ACCREDITED (NOS.)	EMPANELLED (NOS.)	FST (NOS.)	NSV (NOS.)	IUCD (NOS.)	DMPA (NOS.)
DEC-2015	177	176	8957	205	566	831
JUN-2016	494	471	26595	926	11299	5869
DEC-2016	691	528	46809	2439	45546	18652
JUN-2017	796	634	71566	3623	76267	26106
DEC-2017	946	751	99780	4376	110142	38296
JUN-2018	1027	776	125754	4517	126691	45345

Data Source: Hausala Sajheedari Web Portal (From April 2015 to June 2018)



The UHI program provides an example of the impact of private sector engagement, wherein it was found that in Bareilly city, following accreditation in 2013, one of the private accredited facilities conducted more than one-third of all the female sterilization cases in the city.

## GUIDANCE ON FACILITATING THE PROCESS OF ACCREDITATION AND EMPANELMENT

In Uttar Pradesh, the process of accreditation and empanelment is facilitated by the government through the web-based 'Hausala Sajheedari' scheme. This scheme makes the process of accreditation and empanelment, especially the reimbursement process, simple and transparent.

In other states, where this scheme is yet to be introduced, the following actions are recommended to be undertaken by the CMHO to generate demand for accreditation and to facilitate a smooth accreditation process:

1. Convene meetings with private providers and/ or FOGSI members to generate their interest in applying for accreditation.
2. Inform private providers that they can receive an advance for providing sterilization services to up to 25 clients (i.e. up to Rupees 7500 against bank guarantee of the same amount) as well as be assured of the timely release of subsequent payments to them. Enquire from private providers during their visit to the government facilities in connection with Janani Suraksha Yojana (JSY) regarding their interest in being empaneled for providing FP services.
3. Provide support to the providers in the application process of accreditation, including support in filling the application form along with a cover letter. Schedule visits to the private hospitals and clinics periodically by officials from the CMO office, to explain the initiative and its process and to encourage applicants for accreditation.
4. Ensure timely release of fund for services rendered by the private providers to keep them motivated.
5. Facilitate dialogue between the satisfied accredited providers and the potential providers who have shown interest. Ensure that the application process is smooth. Once an application is received, it is essential that the District Quality Assurance Committee (DQAC) visits the applicant facility within 1-2 days and submits its report within 2-3 days (Refer to: Private nursing home/NGO/private medical practitioner assessment form; and the letter from the NRHM SPMU on accreditation).
6. Make the process transparent and efficient through an online system.

The above points are described in detail in the guidelines document. (Refer to: Guidelines for accreditation of private health facilities to provide RCH services).

Also, GO-143 provides concrete guidance on the steps required to be followed for empanelment by the Government of India.

## ROLES AND RESPONSIBILITIES TOWARDS FACILITATING ACCREDITATION AND EMPANELMENT BY PRIVATE SECTOR

### CMO

1. Plan and budget for the empanelment and accreditation of private providers and facilities
2. Advertise the process
3. Generate demand for accreditation and empanelment
4. Guide DQAC to perform the assessment of the applicant facilities
5. Review and obtain approval of accreditation from the District Health Society (DHS)
6. Ensure timely release of funds

### DPM

1. Promote FP accreditation and empanelment during visits to the JSY accredited facilities
2. Follow-up on the process of accreditation and empanelment and update CMO
3. Seek support from CMO to address bottlenecks in the process

### PRIVATE FACILITY AND PROVIDER

1. Submit the application along with all the requisite documents
2. Support the DQAC during the assessment process

### ASHA

1. Publicize the facility and services (post the accreditation) among community members
2. Provide feedback to the Medical Officer about the services of the accredited facility



## MONITORING: PERIODIC TRACKING OF THE PROCESS OF ACCREDITATION AND EMPANELMENT

In the DHS or the quarterly DQAC review meetings, the CMO regularly request for information from the DPM and the DQAC on the following indicators:

1. Number of applications received in the preceding month for accreditation
2. Number of final applications submitted to the DHS for accreditation and empanelment
3. Number of facilities visited/ assessed by the DQAC
4. Number of approvals for accreditation granted by the DHS
5. Number of applications received and granted for renewal of accreditation
6. Number of accreditation and empanelment applications processed within a defined time period
7. Number of private providers and facilities accredited in a year (agreement done, letter issued for providing services, reporting formats shared, advance provided to private hospitals, facilities oriented by the DPM to maintain appropriate records)
8. Number of facilities and providers disqualified for accreditation and empanelment and the reasons for not being qualified, in order to provide feedback to help them improve their quality standards to reapply for accreditation or empanelment
9. Number of FP clients who received services from the private providers
10. Percentage of clients verified (with their feedback on quality of services received) through telephone or other means by a team designated by the CMO/ DQAC in the district.
11. Number of reimbursement requests received and funds released to private providers within 45 days of receiving the report
12. Number of facilities in Uttar Pradesh receiving the renewal of accreditation online

## COST ELEMENTS

The cost elements required for accreditation (given in the table below) may exist in the Program Implementation Plan (PIP) of the current year. If not, they can be included in the next year's PIP.

Advertisement costs for call for applications may additionally be required and may be accordingly incorporated into the PIP.

The table below is indicative and illustrates the manner in which cost elements are provided in a government PIP, thus giving guidance to the audience on where to look for elements related to a particular task, such as engaging with the private sector.

<b>COST ELEMENTS/PIP BUDGET HEAD</b>	<b>FMR CODE</b>
<b>Processing accreditation/empanelment for private facilities/providers to provide FP services and enhancing the contribution in FP</b>	15.1.1; 15.1.2

<b>Case based compensation to private facilities and providers</b>	1.2.2.1.a & 1.2.2.1.b; 1.2.2.2.a till 1.2.2.2.d
<b>Engaging private providers for FP (training &amp; QA expenses)</b>	13.1.2; 9.5.3.2; 9.5.3.4; 9.5.3.7; 9.5.3.10; 9.5.3.27
<b>Family Planning Indemnity Scheme</b>	1.2.2.3

Source: NHM PIP Guideline, 2018-19

## SUSTAINABILITY

The following actions would help maintain the commitment and interest of the private providers and for facilities to continue providing FP services over time, which would ensure institutionalization and sustainability:

1. The discussion on planning and monitoring of these activities in monthly CMO meetings
2. DPMs must encourage all accredited facilities to timely apply for renewals.
3. Ensure that the funds required for compensating the accredited facilities and their clients, are included in the PIP every year, by the CMO/DPM
4. Ensure recognition of high performing private facilities, timely release of funds to them and transparency in the terms and conditions for renewal of accreditation.



## AVAILABLE RESOURCES

1. Family Planning Indemnity Scheme\_2nd\_Edition\_2016
2. GO-143 (2015) of UP government, on accreditation by
3. GO (2016) of UP government on Mission Parivar Vikas
4. Guidelines for accreditation of private health facilities to provide RCH services
5. Hausala Sajheedari web portal link ([www.hausalasajheedari.in](http://www.hausalasajheedari.in))
6. Janani Suraksha Yojana - Guidelines for implementation - Ministry of Health and Family Welfare
7. Assessment form for private nursing homes/ NGOs/ private medical practitioners
8. Letter from the NHM SPMU on accreditation