A Rapid Situational Analysis of the Private Health Sector in West Bengal, India/IDEAS 2015

Background
IDEAS, in collaboration with PHFI in India, is working towards a Data Informed Platform for Health in the state of West Bengal to strengthen the public sector’s capacity for data based decision making. The platform will strengthen the synthesis and use of critical MNCH data from the public and private health sectors as well as from other non-health government departments. Formative research is currently underway by the IDEAS/PHFI team to explore the public sector data components. Another strand of the formative research (presented here) will seek insights into the private sector to understand its role and relevance in maternal, newborn and child health (MNCH) services and data sharing. The overarching research question for this study is: What is the nature, composition and role of the private health sector in MNCH services and related data sharing, in West Bengal

Objectives:
To conduct a rapid situational analysis of the private health sector in West Bengal with respect to:

1. Numbers and types of different types of facilities and their role in MNCH
2. Overview of partnerships of private for profit and not for profit with the public sector in MNCH
3. Estimates of institutional deliveries conducted in the different types of private facilities
4. Data sharing by different types of private facilities and motivation for data sharing
## Methods

<table>
<thead>
<tr>
<th>Objective</th>
<th>Information required</th>
<th>Type of data</th>
<th>Data source</th>
<th>Method of data collection</th>
<th>Timeline</th>
<th>Resources (human)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Obj 1:</strong> Numbers and types of private for-profit facilities and their role in MNCH</td>
<td>The number and types of private for-profit registered facilities that are delivering maternal and newborn health services in the 2 districts</td>
<td>Numbers (for facilities), and types/descriptions of services offered</td>
<td>Secondary data from the CMO’s records; Some primary data from a few private sector facilities and key stakeholders</td>
<td>Review of list of registered facilities; Key informant interviews</td>
<td>Reviews in July and August; Interviews completed by end of August</td>
<td>Meenakshi with support from Impact partners, and some local coordination support from Dist Coordinators. Neil will visit for a week in August.</td>
</tr>
<tr>
<td><strong>Obj 1 as above</strong></td>
<td>Not for profit sector – composition and services offered</td>
<td>Names and Descriptions (some secondary and some primary data)</td>
<td>CMO’s office staff and other district level public sector staff who deal with NGOs; Some NGOs who are providing MNH services</td>
<td>Key informant interviews with identified CMO office staff and representatives of NGOs engaged in PPPs</td>
<td>Interviews completed by end of August.</td>
<td>As above</td>
</tr>
<tr>
<td><strong>Obj 2:</strong> Overview of partnerships of private for profit and not for profit with the public sector in MNCH</td>
<td>Existing PPPs in MNH – features of schemes and how are they working (in general)</td>
<td>Primary qualitative data; supplemented by a document review</td>
<td>Key stakeholders in the private sector, and a few public sector stakeholders; any relevant documents available in the CMO’s office</td>
<td>Key Informant Interviews; document review</td>
<td>Document review in July; interviews during August</td>
<td>Meenakshi to obtain documents with some local logistical help from DCS; review</td>
</tr>
<tr>
<td>Objective</td>
<td>Information required</td>
<td>Type of data</td>
<td>Data source</td>
<td>Method of data collection</td>
<td>Timeline</td>
<td>Resources (human)</td>
</tr>
<tr>
<td>-----------</td>
<td>----------------------</td>
<td>--------------</td>
<td>-------------</td>
<td>--------------------------</td>
<td>----------</td>
<td>-------------------</td>
</tr>
<tr>
<td><strong>Obj 3:</strong> Estimates of institutional deliveries conducted in the different types of private facilities</td>
<td>Estimates of the deliveries (and newborn/child health services) provided in the private sector – try to get disaggregated information – for profit, not for profit, informal</td>
<td>Percentages available from survey data like the AHS, supplemented by any other estimates obtained through stakeholders; also perceptions of stakeholders about the relatives roles of different private sector facilities</td>
<td>AHS? Stakeholders in the public and private sectors</td>
<td>Secondary data review and KII</td>
<td>Desk review in July, interviews during August</td>
<td>Interviews with help from Impact</td>
</tr>
<tr>
<td><strong>Obj 4: Data sharing by different types of private facilities and motivation for data sharing</strong></td>
<td>Data sharing by the private sector, and motivation (or lack of) for this</td>
<td>Estimates of data sharing by different types of facilities (those in PPPs and those without); Perspectives of private facilities through interviews</td>
<td>Records in the CMO’s office Private facility key informants</td>
<td>Review of records for the last one to 3 months KII</td>
<td>July and August</td>
<td>Meenakshi and Impact with some local logistical help from the DCs. Interviews by Meenakshi, Neil and Impact</td>
</tr>
</tbody>
</table>

**Approximate number of Key Informant Interviews:** 25-30
Stakeholder constituencies (for KII selection):

**Private sector:**

Non–governmental organisations, private facility key informants, professional association office bearers, public health academics and scholars in West Bengal

**Public sector:**

Officials dealing with records in the CMOs’ office, officials dealing with NGOs and private facilities

Selection of key informants will be done very carefully in consultation with PHFI team in order to avoid any overlaps and misunderstandings. PHFI team is the key liaison with the state government for the DIPH process and permissions.

**Analysis:** qualitative, supported by a record review

**Overall Timeline:**

July – Desk reviews and preparatory work
August – Primary data collection
September – October – Analysis
End of November – Presentation of findings and a draft research brief ready
First quarter of 2016 – Development of draft publication based on the study