IDEAS concept note for the study of private sector health data sharing in Uttar Pradesh
May 2014

Goal of the study

The overarching goal of this study is to explore current data management and reporting systems in the private sector, and barriers and facilitators to setting up such systems, so that the TSU and IDEAS can develop and implement a strategy for data sharing on key MNCH services with the private health sector in UP.

IDEAS proposes this study in support of Objective 3a of the UP-Technical Support Unit: To improve health system management capabilities to support efficient and effective execution in support of the key MNCH services targeted in Objectives 1 and 2, and through the following sub-objective: '*Create robust systems for data collection, analysis, and planning to improve programme management (e.g. Maternal and Child Tracking System/MCTS, and Health Management Information System/HMIS)*'.

Under this sub- objective the UP-TSU is mandated to provide support to the GOUP to strengthen the HMIS/MCTS and also the Human Resources Information System/HRIS etc. Since a substantial proportion of institutional deliveries and other private sector services are not presently reported in the public sector HMIS (KHPT, 2013), the present study will provide relevant information on key strategies to activate and strengthen private sector reporting systems in key services such as deliveries, and immunizations etc.

Study Aims

The study has two broad aims that correspond with two distinct phases: an exploratory phase (Aim1) and a developmental action research phase (Aim 2). We plan to conduct the Aim 1 study as soon as possible (and complete it by end of May/early June). The Aim 2 study will be developed and finalised after discussions with partners in the TSU, MLE and BMGF. Further study descriptions follow:

Aim 1:

To conduct a rapid assessment of existing data management and reporting systems in the private sector and the barriers and facilitators to public-private sector engagement in maternal and newborn health data sharing in two districts of Uttar Pradesh.

Aim 2:

To work closely with the TSU to develop and test approaches for health data sharing between the public and private health sectors, through action research in two districts.

Background

There is a large private for profit health sector in India; this sector contains more than two thirds of the country's health human resources, health facilities and diagnostic services. The private sector in Uttar Pradesh (UP) plays an important role in maternal health, especially delivery care services, ranging from 5% of all deliveries in Shrawasti district to 40% in Agra. Overall the private sector provides care for 18% of all deliveries in the state, with a further 34% of delivery care being provided at government institutions (UP AHS, 2011-12).

Compared to its role in service delivery, the private health sector's role in public health related information sharing and district level health planning and decision making is much more limited. A health facility

assessment conducted by the UP-TSU team in 2013 found that half of 731 facilities mapped in 25 UP districts did not maintain records on numbers of deliveries conducted (KHPT, 2013). A feasibility study of engagement with the private sector in the same year also reported that private facilities did not maintain or share complete and standardised information and their participation in the district planning and goal setting was negligible (IDEAS, 2013). While the public sector attributed this situation to the lack of a regulatory framework and the private sector's unwillingness to share data, private sector respondents felt that the public sector did not reach out to them enough, data systems did not exist, and there was general mistrust on both sides.

Nonetheless there was a latent willingness among private players to participate in public health activities, provided their interests were recognized and sustained. The IDEAS study findings highlighted 5 key constituents of an engagement strategy: (1) relationship building among key private and public stakeholders; (2) sensitising key stakeholders to public health information sharing and collaborative decision making; (3) inclusion of selected, responsive private sector players in new platforms; (4) user-friendly data collection and management; (5) provision of financial and non-financial incentives. Other studies that we reviewed affirmed that working in a consultative mode with the private sector, developing contextually appropriate strategies, continuous networking and communication with key stakeholders and creative incentivising were the some of the foundation stones of successful partnerships (IDEAS, 2013).

In this qualitative study IDEAS would like to build upon the previous study by (a) taking a more in-depth look at the existing data management systems in MNCH in the private sector, more specifically at the barriers and facilitators in order to examine their relative importance in relation to each other and (b) seeking more precise information on public-private engagement strategy development towards MNCH data sharing in UP.

3. Research plan

This study will comprise of two main components: 1) a rapid qualitative study of the barriers and enablers to the private sector sharing maternal and newborn health data with the public sector in two sample districts; 2) an action research component whereby IDEAS will help inform the development by TSU of district mechanisms for data sharing in two districts, present findings and insights on an ongoing basis to TSU district teams, and do a final evaluation.

The work will focus on the private sector sharing health data with the public sector rather than broader dimensions to public-private sector engagement. It will seek to capture health data across the present public sector HMIS categories which are listed below (these will be reviewed before a final selection is made). As this is a limited qualitative study, we will not be able to conduct systematic evaluations of data quality, completeness, or validity (these will require a different approach).

Data categories in the current public sector HMIS

REPRODUCTIVE HEALTH
- Ante natal care services
- Deliveries
- Caesarean deliveries
- Pregnancy outcome and weight of new born
- Complicated pregnancies
- Post natal care
- Medical termination of pregnancy
- RTI/STI cases
- Family Planning

CHILD IMMUNIZATION
- Immunization status

- Adverse event following immunization
- Number of immunization sessions during the month
- Number of Vit A doses
- Number of cases of childhood diseases reported during the month
- Monthly inventory status

MORTALITY DETAILS
- Details of deaths reported during the month with probable causes (newborn, infants, child deaths, adolescents and adult deaths)
- Maternal deaths and causes (abortion, obstructed/prolonged labour, severe hypertension/fits, bleeding, high fever, other causes)

A brief description of the study phases follows.

3.1

Aim1: To conduct a rapid assessment of the barriers and facilitators to public-private sector engagement in maternal and newborn health data sharing in two districts of Uttar Pradesh.

Processes:

District selection

- IDEAS and TSU have selected and agreed to the following districts as the focus of our study: Allahabad district which has the highest number of Level 3 facilities (largest/tertiary care facilities for MNH): 135; and Hardoi district which has the largest number of Level 1 facilities (smallest facilities for MNH): 22.

District context analysis and stakeholder mapping

- We will profile the two districts by drawing on available data on context and health performance and also review any assessments related to public private partnerships already conducted in the two districts. Contextual data will include: basic demographic and socio-economic data, health indicators (mortality and morbidity), information on public and private health facilities providing MNCH services and data on human resources, any existing platforms for public-private health sector partnerships, existence of any major non-governmental health and development programmes, health budget (from the annual project implementation plan or PIP), and health goals for the district.

- The stakeholder mapping will involve identifying key public and private stakeholders at the district level who will be included in the research either as interviewees or as key influential stakeholders for the engagement strategy development phase (Please see Annex 1 for a sampling frame lists the various types of stakeholders under different constituencies at the state and district levels). This will not be an exhaustive stakeholder mapping, but a simpler selective process.
- IDEAS will carry out the context mapping very rapidly, and then move on to the study of barriers and facilitators as soon as possible in order to complete Aim 1 by end of May.

Key informant interviews for the Aim 1 study

- IDEAS is developing an analytic framework to capture the barriers and facilitators to data sharing based on our 2013 study and the literature (please see draft framework in Annexure 2). This is based on our previous study
- Semi-structured interviews will be conducted with selected stakeholders at state and district levels representing government, the private sector, professional associations and other key informants.

Interviewees will be selected on the basis of having a role and/or expertise in maternal and newborn health data, M&E and HMIS (please see draft sampling frame in Annexure 1).

- The interviewees will be questioned on the following broad topical areas:
  -Role and functions
  -Existing data systems and sharing; perceptions of quality, utility and willingness etc.
  -Views on most critical indicators for data sharing
  -Barriers and facilitators: structural, interests, attitudes/motivation
  -Steps for strategy development

See Annexure 3 for a draft topic guide. This is mainly for government stakeholders and those from professional medical associations. A topic guide for private sector facilities is being prepared separately.

3.2

Aim 2: To develop and test two approaches for health data sharing between the public and private health sectors, through action research in two districts.

- The TSU will be working on strategy development from June 2014 to engage the private sector in data sharing in all 25 districts. IDEAS will present emerging findings from Aim 1 in early/mid-June 2014 to the TSU including TSU district staff to inform that process.
- Review Aim 2 to ensure alignment with IDEAS and TSU objectives and develop detailed Aim 2 workplan. Clarify here that bring stakeholders to clarify and discuss further. Or slightly reduce importance of aim 2.
- IDEAS will work with TSU staff on two of the resulting strategies as the focus of Aim 2 (the exact modalities will be worked out through further discussions in June 2014). These may be in 2 different districts to the Aim 1 study districts. For the district selection, there will need to be some coordination with other IDEAS components and selection criteria.

The IDEAS research coordinators (district based) along will the Country Coordinator, Dr. Meenakshi Gautham, will work with TSU district M&E staff and with the M&E lead Mr. Arup Ghosh to obtain data on an ongoing basis – including interviews and participant observations. TSU has a new team member to work on HMIS related issues now and this person may also be involved. Findings and insights will be fed back to TSU district staff inform the strategies as they develop. There will be a final evaluation after 3-4 months of implementation.

3.3 Broad Timeline

The study will take place over 10 months in the following sequence:

Activities	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Aim 1 related activities									
Context and stakeholder mapping	▮	▮							
Key informant interviews	▮	▮							
Present findings to TSU			▮						
Aim 2 related activities									
Discuss and develop Aim 2 study between IDEAS and TSU to ensure alignment with IDEAS learning questions and TSU objectives			▮	▮					
Develop detailed workplan for Aim 2				▮					
Action research alongside two district study teams to develop and test two strategies					▮	▮	▮	▮	▮
Final evaluation									▮

Final presentation of study results: January 2015.

3.4 Outputs

- IDEAS will share their Aim 1 findings in early/mid-June with the TSU team/25 TSU district coordinators.
- IDEAS will present the final study findings around January 2015 to the TSU.
- Aim 2 involves continuous feedback of findings and insights to the TSU and the 2 district staff.
- IDEAS will share all tools/frameworks developed for Aim 1 and Aim 2 with the TSU.
- 2 consolidated IDEAS reports with recommendations: one for the study of barriers and facilitators (by Aug 15, 2014) and a final project report combining the Aim 1 and Aim 2 activities (by March 15, 2015)

4. IDEAS research team involved in this study

Dr. Meenakshi Gautham: IDEAS India Country Coordinator and Research Fellow, Department of Disease Control, Faculty of Infectious and Tropical Diseases, London School of Hygiene and Tropical Medicine (LSHTM). Meenakshi's specialisation is in Public Health and Policy.

Dr. Neil Spicer: Lecturer, Global Health Policy, in the Faculty of Public Health and Policy at LSHTM, is the qualitative lead on the IDEAS project.

Dr. Bilal Avan: Senior Clinical Lecturer, Faculty of Infectious and Tropical Diseases at LSHTM, is a Clinical Epidemiologist and Senior Scientific Coordinator on the IDEAS project.

Dr. Joanna Schellenberg: Reader in Epidemiology and International Health, Faculty of Infectious and Tropical Diseases at LSHTM, is an Epidemiologist and the Principal Investigator of the IDEAS project.

We also plan to have a local field team in UP including two research coordinators based in the two districts for about 10 months. The district coordinators will be employed through PHFI, our MLE partner with IDEAS funding.

References

Annual Health Survey Fact Sheet Uttar Pradesh (2011-12). Vital Statistics Division, Office of the Registrar General & Census Commissioner, India, New Delhi

IDEAS (2013). **Engaging the public & private sectors in data sharing to improve maternal and newborn health in Uttar Pradesh, India. London School of Hygiene and Tropical Medicine, UK.**

IDEAS (2014). Understanding how district level decision makers use health data: A systematic literature review. Under preparation. LSHTM, UK.

KHPT (2013). Results for the private sector facility mapping in 25 high priority districts of Uttar Pradesh. A presentation. Karnataka Health Promotion Trust and University of Manitoba.

Annexure 1

Sampling frame

1.1.   Draft interviewee sampling frame

Level	Constituency	Organisation/post	Comments
State	Government	NRHM HMIS manager State HMIS/M&E officer Private sector officer?	
State	Other key informants	TSU staff Academics	
State and district	Professional association	IMA UP Nursing Homes IAP FOGSI Indian Nurses Association Rotary Club Lions Club	Select appropriate ones at state and district level.
District	Government	District Programme manager District CMO District M&E/HMIS officer District magistrate	Similar sample in each district
District	Private sector	L1 providers L2 providers L3 providers Informal providers	Sample at least 2 from each category

1.2 Interview/organisation selection criteria

1. Role in health data, M&E, HMIS etc
2. Expertise in health data, M&E, HMIS etc

Annexure 2

Draft analytic framework – study of barriers and enablers to data sharing[1]

	Government	**Private sector**
Regulation	Existence of mandatory enforcement Strength of mandatory enforcement	
Institutions	Rules and procedures enabling/ constraining changing practices	
Interests	Motivation to change practices among government officials	Financial interests – confidentiality, tax Incentives to share data Public health mindset
Formats	Formats for compiling data Procedures for collecting and compiling data	Resources to collect data Staff/training in data collection Effort to comply with government formats and procedures
Attitudes	Trust/ relationships between sectors Willingness/resistance to change Understanding of the value of data sharing	Trust/ relationships between sectors Willingness/resistance to change Understanding of the value of data sharing

---

[1] This is based on an initial study by IDEAS that explored the public-private data sharing landscape in one district in Uttar Pradesh and at the state level in Lucknow. The report of this study is available on the IDEAS website:
IDEAS, *Engaging the public and private sectors in data sharing to improve maternal and newborn health in Uttar Pradesh, India*, August 2013, London School of Hygiene and Tropical Medicine, UK.

Annexure 3: Draft Interview Topic Guide

1. Role and functions related to the private health sector (with a focus on UP)

2. Existing data sharing practices

- Do **private sector providers** share any health data at present with the government of UP?

    o Details of types of data, health issues, mechanisms/processes/ for sharing data, frequency? Explore:

        o Data collection
        o Data quality/completeness
        o Willingness to share
        o How is this used?
        o How was this initiated?
        o Is it working or not working?

    - What are the successes of this system and what are the challenges?

Other probe questions:

    o How are these data processed and used? Are these integrated into the district HMIS/report? Which ones are included?
    o What kind of feedback are provided to the private facilities who submit the data?
    o What kind of actions are taken if data are not submitted/delayed?

4.What are some of the most critical data (indicators) on which private service providers should provide data to the government?

Barriers and facilitators to health data sharing

3. Are there **barriers and enablers** to private providers sharing health data with government? What are these? Which are the <u>main</u> barriers/enablers/ which are critical?

   Structures

4. To what extent is the regulatory environment a barrier or a facilitator?

   Probe questions:

        o Does the government/UP state **regulatory environment** facilitate or prevent private sector providers sharing health data? How? [probe – existence and strength of mandatory enforcement]

        o Do government/UP state decision making **rules and procedures** facilitate or prevent private sector health providers sharing health data? How? [probe – do government rules make it difficult to make changes?]

5. To what extent are data collection formats and systems a barrier or a facilitator?

        o Do government data/HMIS **formats and procedures** enable or prevent private sector health providers sharing health data? How? [probe – complexity of formats/procedures]

Interests

To what extent do public and private sector providers' attitudes prevent or enable ...?

Probes:

- o Are private sector health providers **motivated/incentivised** to share health data with government/or not? How? [probe - financial interests/incentives to share data, effort/staff/resources required]

- o Are government officials **motivated/incentivised** to collect and use private sector health data? How?

Attitudes

a. Do private sector providers' **attitudes** enable or prevent them sharing health data? How? [probe - Trust/ relationships between sectors; willingness/resistance to change; understanding the value of data sharing]

b. Do government officials' **attitudes** enable or prevent private sector health providers sharing health data? How? [probe - Trust/ relationships between sectors; willingness/resistance to change; understanding the value of data sharing]

6. What steps you think government should take or can take to encourage private health service providers to submit data to the government?