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# **Research Article**

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# Role of private sector in family planning programme in Rajasthan, India - a rapid assessment

M. L. Jain, Mamta Chauhan\*, Bhumika Talwar

State Institute of Health and Family Welfare, Rajasthan, Jaipur India

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\*Correspondence: Dr. Mamta Chauhan

Email: chauhandrm@yahoo.com

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## **ABSTRACT**

**Background**: Traditionally for family planning services, more reliance is on public facilities, but recently due to growing recognition and well-placed private provider networks private sector can also add in significantly. In order to assess how each of these sectors performs and what could be the future role of private sector, a study was planned to identify and understand the role of private institutions in providing family planning services in major cities of Rajasthan.

**Methods:** Looking to the existence of private partners, total 5 bigger districts (Ajmer, Bikaner, Jaipur, Kota & Udaipur) were selected. Out of these districts, 114 sample size was taken which includes registered, non-registered hospitals and Outlets and 50 official CM&HOs/Ad/Dy/CM&HO (FW) of the respective districts and officials from NGO partners, were interviewed.

**Results:** Out of 76 hospitals visited (38 registered and 38 non registered) approx 90% of the hospitals were conducting deliveries and providing family planning services to the clients. As per 50% (19) of the registered and 74% (28) non registered hospitals their services are demand based. Only 24% (9) registered and 11% (4) nonregistered organizing family planning camps and most of the camps were organized within the facility. Among facilities only 22 (58%) registered & 10 (26%) non registered were aware about the Govt scheme related to FP services. Total 37 outlets were visited which included pan shops, community based depots, grocery shops, medical shops and whole seller. Majority of the beneficiaries preferred private contraceptive providers compared to Government providers due to perceived confidentiality, privacy and convenience and availability of various brands of contraceptives. According to the (29) owners of outlets/ Medical shops, the demand of the family planning products from the last five years has increased, the advertisements and IECs play a greater impact on the user's choice as well as the quality & the effectiveness of the branded family planning products.

**Conclusions:** Private sector have a greater influence on usage and increase of family planning services, if proper involvement will be there than the private sector can create wonders and the usage of the products will extensively increase, it can expand the total family planning market which will help in catering the existing and future unmet need for contraception. Therefore it is for the government's advantage to encourage greater private sector involvement in the national family planning program.

Keywords: Family planning, Private sector

## INTRODUCTION

The Family welfare programme of India has been successful in spreading the message of the small family norm, improving contraceptive acceptance and reducing

fertility rate but data on unmet need for contraception in annual health survey 2010-2011, 2011-2012, 2012-2013 shows that the unmet need for contraception remains too high. This inequity is fuelled by both a growing population and a shortage of family planning services and

there is still a huge need for improving availability and accessibility of family planning services.

Total fertility rate of Rajasthan shows decline from 3.7 in 2005 to 2.9 in 2012 as well as CBR has declined from 28.6 in 2005 to 25.9 in 2012. The involvement of Male counterparts in family planning is still an issue of concern as data on Male sterilization shows no progress from last three surveys (Table 1).<sup>2-4</sup>

Table 1: Data on family planning.

	AHS <sup>2</sup>	AHS <sup>3</sup>	AHS <sup>4</sup>
Female sterilization (%)	45.1	45.8	47.6
Male sterilization (%)	0.4	0.4	0.4
IUD (%)	0.1	1.3	1.3
Pill (%)	2.8	2.4	2.3
Condom (%)	9.3	9.3	10.5
Unmet need	19.6	12.6	13
For spacing (%)	11.9	8.1	7.3
For limiting (%)	7.6	4.5	5.7
Crude birth rate (%)	24.7	24.4	24.1

The government is placing more emphasis on involving the private sector in the delivery of family planning services. As per roadmap for priority action decided by state government under its SPIP 2013-14 capacities of private sector were to be utilized for service delivery. Availability of PPP possibilities were to be explored. There has been a general expectation that expansion of private-sector services will increase the outreach of India's family planning programme, enhance the programme's credibility, improve the quality of family planning services, increase the acceptability of contraceptive methods, and reduce unintended pregnancies. One possible explanation is that women may use private-sector services not because they are of high quality, but rather because public-sector services are of poor quality or are unavailable.

The private sector is defined as all the providers, suppliers, and ancillary and support services that lie outside the public sector. These include commercial or for-profit entities, non-profit organizations, community groups, informal vendors, and a small but growing number of private providers, such as doctors, pharmacies, and hospital staff.<sup>5</sup>

India has the largest private health sector in the world with over one million qualified doctors of various systems of medicine (Allopathic -918303, AYUSH-686318). Available evidence suggests that private providers are a major source of care in rural areas of India. Surveys of health seeking behaviour in India indicate that the poor increasingly prefer and use private providers of healthcare, as opposed to public providers. This preference is largely due to reasons of access and

perceived quality is high of private providers, in spite of the fact that the services of public providers are free.

As the government health system in India is beset by problems of physical distance, long waiting times, unavailability of doctors, the private practitioner is by default, the de facto primary care provider. They are often the first point of contact that the community have with the health system.

Private providers have a comparative advantage because they are close to the community, both geographically and socially. Private providers are also trusted by the community, so collaborating with them presents a unique opportunity to increase patient acceptance of care, such as family planning and reproductive health services.

As it has been observed that private sectors are important players in the promotion and management of family planning services therefore, a study is planned to do rapid assessment in order to understand the private sector contribution in family planning programme and assess the obstacles faced by them.

## **METHODS**

## Study design

A Descriptive Cross Sectional study was conducted from March, 2013 to Dec 2013 in selected districts of Rajasthan, India.

## Sampling technique

Stratified Simple Random Sampling technique was used in the study.

## Study area

Private hospitals /NGOs/agencies of 5 districts, catering to 24 % of total population of Rajasthan, India.

## Sampling process

The 5 districts were selected based on availability of private providers there. The 30% of the selected registered private hospitals, NGOs, Social marketing agencies & private providers were taken for the survey. Non registered private hospitals, NGO, agencies and private providers were taken in equal number to the registered providers.

# **Definitions**

## Registered

Registered hospitals were those who have already done their Accredited through a process decided by state and submitting their report on monthly basis.

## Non-registered

Non-Registered hospitals were those who have not registered with the Government. Or the registration of hospital is under process or yet to be finalized by committee constituted under the chairmanship district Collector

## **Questionnaire**

A Semi structured questionnaire for information of private providers (open and close- ended) and an observation checklist and four types of schedules were used in the study.

#### RESULTS

registered Total 38 non-registered 38 and Institutions/Organizations were observed. Out of them, all of the registered (38) and 97% (37) non registered hospitals were conducting deliveries and providing family planning services such as permanent & temporary methods of sterilization MTP, Tubectomy, IUCD, Oral pills condoms & providing counselling for temporary or methods also. 90% Institutions/Organizations providing counselling services, Female sterilization, 45% (17) male sterilization, 92% (35) providing IUCD services, 71% (27) providing Injectables for spacing (ex. Depopvera, DMPA) and similarly all the Non registered Institutions/Organizations providing counselling and other sexual & reproductive health services (Figure 1).

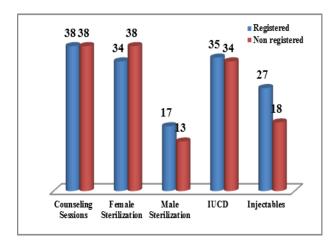


Figure 1: Services provided by registered/ non registered hospitals.

As per the available records the male sterilization services are very less compare to female sterilization, only 34% (13) non registered (non-accredited) Institutions/Organizations were providing male sterilization services (NSV) . The registered & non registered Institutions/Organizations were asked, whether Family planning services they are providing are demand based or provider based.

The 50% (19) of registered and 74% (28) non registered Institutions /Organizations replied that the services are demand based, the reason quoted by the providers was that on their part, they inform clients about all available family planning services. They provide permanent & temporary methods of family planning with the consent of the client (Table 2).

Table 2: Services demand based/ provider based

Institutions	Services		
	Demand	Provider	
	based	based	
Registered hospitals(N=38)	19(50%)	19 (50%)	
Non-registered hospitals (N=38)	28(74%)	10 (26%)	

The health facilities are organizing family planning camps with the collaboration of Government & NGOs, through the study we assess the role of hospitals in family planning camps.

Out of 38 Registered and Non registered facilities only 24% (9) registered and 11% (4) nonregistered organizing family planning camps and most of the camps were organized within the facility. None of them mentioned about outreach camps because then most of the facilities replied the family planning services are the least priority services.

Government of India launched a scheme named "Santushti Scheme" under Jansankhya Sthirata Kosh, under the scheme an accredited private Nursing Home/Hospital (Quality assurance manual for Sterilization services), can sign a MOU with JSK. Upon signing the MOU Pvt. Hospitals/NH shall be entitled for incentive, whenever it conducts 10 or more Tubectomy/Vasectomy cases in a month (Figure 2).

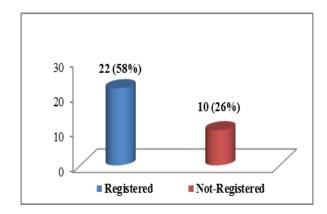


Figure 2: Knowledge about scheme "Santushti scheme".

All the facilities were asked about the knowledge of the scheme but only 22 (58%) registered and 10 (26%) non-registered Institutions /Organizations were aware with the Santusthi scheme.

Large number of non-registered hospitals has shown interest to get registration but only few were aware about the procedure of registration. Need is to encourage more and more private hospitals to get registered. The Institutions /Organizations needed support from the government for providing family planning services, such as Financial benefits, free supply of condom, pills, incentive as motivation to clients, registration for MTP services, FP equipment's, financial support &, IEC etc. But in-spite all of these demands, majority of the Institutions /Organizations (reg. /non-reg.) were not interested in taking any kind of support from the government. As per them reporting process of Government system is very long, so that they did not want to take any kind of help from the Government.

Total 37 outlets (Medical shops (attached with hospitals) NGOs depots, wholesalers) were visited for data collection. But the most striking feature was the Pan Shops at bus stand & grocery shop also keep the contraceptives in Bikaner district (Figure 3).

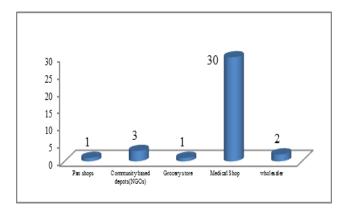


Figure 3: Types of outlets.

76 % outlets mentioned that they had individual clients for family planning products. These clients directly approach the outlet and demand for the new available brands of contraception. When reasons for opting the private providers rather than government was asked, 63% reported due to convenience and 19% due to less waiting time at private provider (Figure 4).

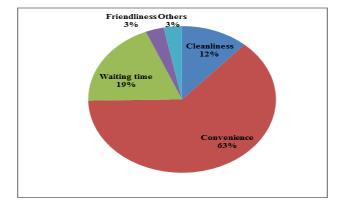


Figure 4: Preference of private outlets by clients.

Among these buyers, Condom users were more than pill users and because men are the actual users of the method and prefer to obtain supplies themselves. Irregular supply from field workers was also mentioned by both pill and condom users as a reason for choosing the pharmacy.

When the outlets were asked that what was the purpose of keeping the family planning product then the 83 % outlets mentioned that they were doing it as a part of business, as they were selling the other medical products. According to them the condoms and the pills were the most frequently selling products and they considered these products are necessary for every shop to keep as their sale puts a great impact in their revenue.

On the other hand the outlets depots of grocery store and pan vala shops were not agreed with this, according to them they keep contraceptives to promote family planning and have very few buyers, it is not source of revenue generation for them.

Out of 37 outlets interviewed 40 % said they have received training or either done diploma in pharmacy or bachelors in pharmacy. The knowledge of contraceptives for the depot holder is very necessary it plays a major role in the system and have a first and direct contact to the buyers. It was observed that the knowledge of the respondents who have not attended any training or holding diploma was very poor.

## DISCUSSION

So it was observed that the private sector have a greater influence on usage and increase of family planning services, if proper involvement will be there than the private sector can create wonders and the usage of the products will extensively increase, it can expand the total family planning market which will help in catering the existing and future unmet need for contraception. Some studies have suggested that even though the cost of quality improvements may be passed on to the client, contraceptive use rises with greater method choice and improvements in quality.8 The shift users from subsidized more nearly self-supporting outlets without compromising coverage, quality and quality of care. Therefore it is to the government's advantage to encourage greater private sector involvement in the national family planning program (Nonretail outlets, private providers) but in some suggest that Private Sector conducting FP services is also viewed as competition by the public health providers. Private sector is seen as an open market where behavioural economics can influence client motivation and uptake of services. Public Health providers perceive that this may lead to a decline in uptake of services against the targets allocated to them .Government has a legitimate role in regulating private sector family planning activities, such as licensing facilities, maintaining professional standards among practitioners and quality of contraceptive commodities. Disseminating information about the benefits of fertility regulation and contraceptive options is the responsibility of the government as it supports to users who are excluded from the private market because of geographic isolation or inability to pay. The kind of private sector activities should depends in part on which contraceptive methods are to be used. Even non registered hospitals were interested in providing FP services, so Government should develop a simple mechanism for the registration & reporting etc.

## **CONCLUSION**

On the basis of above mentioned results and discussion it can be concluded that The magnitude and challenges of FP needs are too great for any one sector to address alone and we require public, private partnerships for sharing responsibilities for improving health outcomes, There is a huge need of collaboration with private sector hospitals to improve the Family planning services in Rajasthan. Special focus is to be given in rural areas, as limited no of private providers are there.

# Recommendations

- From the study findings it was observed that media and campaigns plays an important role in family planning promotions. Intensive awareness campaign needs to be done to avail the services of the private sector. Each district need to evolve a systematic approach for involving private sector hospitals to contribute in family planning. Expression of interest may be called through advertisement or through correspondence.
- As private sector contribution shows a great impact in service delivery. So a plan should develop where private sectors involvement will also shown so that the people will aware that they will avail the similar services which they are availing in government hospitals in the private institutions also.
- Private sector hospitals can be promoted to hold the family planning camps in their hospitals on monthly basis and department can support them to hold such kind of camps.
- Incentivization is a powerful strategy to involve and attract private sectors in providing family planning services. According to the study, the private sectors does not find potential in this service as it requires lot of counselling and it is demand based service. Private sectors have all the equipment's and facilities to cater the services but due to lack of motivation the private sectors are not putting efforts. So incentive structure needs to be revised and amount paid per case need to be increased.
- Accreditation is important in family planning services. It's not ensuring the services availability but also ensure the quality. But as it is tiresome procedure the private sectors doesn't want to be a part of it. During the study many private hospitals mentioned that they want to be accredited but in spite of their repeated reminders and forms they have not

- received any information .Therefore accreditation system needs to be made simpler. Time bound registration should be done and if any lacuna is identified then inform the hospitals with 15 days. CM&HO being a senior authority should be authorized for the renewal of accreditation of hospitals. The Government should also develop a simple mechanism for the registration & reporting etc and regular follow up for the registration should be done
- During the study needs of a training is felt, as many private providers (outlets, NGOs) involved in family planning services in many forms i.e. distributing, service delivery. Proper orientation and training is must in order to prevent the delivering of wrong information. Support from government needs to be extended to train and improve the capacity of private sector doctors/nursing staff/pharmacist as per their demand.

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Ethical approval: The study was approved by the

Institutional Ethics Committee

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