



Private Providers: A Vast Untapped Resource to Improve Women's Health

- *Networks of private providers can be highly effective in reaching women with Family Planning/Reproductive Health (FP/RH) services.*
- *Advantages: service delivery points are already in place, often financially sustainable, and have excess capacity. Private midwives provide 46% of all contraceptive use in Indonesia.*
- *A "linking organization" is key to link providers, identify incentives, develop a plan to meet service objectives and broker training, supplies, quality, and outreach to customers.*

Variety of Networks: A well-known definition is derived from social franchising and includes a group of providers who offer a set of services, with quality standards and set low price, and who have been trained in clinical and business skills. A broader definition is: an affiliation of independent health service providers under an umbrella structure or organization to provide health services. Networks can be purely for profit, not-for-profit, or mixed and may include a public-private partnership.

Types of Providers and "Linking" Organizations: Examples of linked providers--Non-Governmental Organization (NGO) clinics, doctors, midwives, hospitals, pharmacists, and drug sellers. Linking organizations include--NGOs, social franchisors, providers, commercial organizations, health insurance companies, professional associations, educational institutions, pharmaceutical companies, private hospitals, and public-private partnerships.

Successful Provider Networks

Country/Provider	Result
Indonesia--Private Midwives	Provide 46% of national contraceptive use.
Pakistan--Green Star Network	4,670,373 CYPs* (1998, 20% of national CYPs)
India--Janani	740,850 CYPs (2002, 5.3% of Bihar CYPs)

* CYP=Couple Year of Protection

How to Organize a Network: The linking organization develops a strategic plan to reach program goals. The components of the plan vary but often include arrangements for training, the development and maintenance of a quality assurance system, connecting providers with commodities at free or low cost, and developing an identifiable "brand" for the network. If the linking organization is a franchisor, it may charge a fee from providers in exchange for the benefits of membership, and require members to comply with certain standards. In contrast, loose networks may be initiated by the public sector as in Indonesia, where village midwives were trained and some provided a government stipend to deliver reproductive health services in rural areas. Even members of a professional association can be considered a network, albeit typically a looser one.

What's in it for the Provider and Client? Private providers cite training (both technical and business), commodities and supplies, advertising, promotion, credit, and affiliation as benefits of network participation. Clients like convenient, quality services from someone they may know.

Maintaining Quality: Especially as networks expand, a major challenge for the linking organization is promoting quality, including setting, monitoring, and enforcing standards. Existing networks have

experimented with a variety of strategies. These include advocating for national standards as a licensure requirement, placing clinic managers employed by the parent organization within the service delivery point, continuous monitoring and training of providers, and contracting out the monitoring of objectively measurable indicators of quality, such as infection control.

Financial Sustainability: It is essential to consider financial sustainability or substantial cost recovery from the outset. Proven strategies include:

- Linking private providers who are **already operating in a financially sustainable manner**.
- **Diversifying services** offered beyond FP/RH to include other preventive services such as maternal and child health and more lucrative curative, diagnostic, and surgical services.
- Paying **referral fees** to lower level network members to refer clients needing more specialized services, then recouping revenue from the higher level members.
- **Aligning financial incentives with appropriate clinical decision-making** promotes financial sustainability, as well as quality of care.

Source of Commodity Supply: Inexpensive, dependable, convenient supply is key for providers and can be from commercial, social marketing, NGO, or government sources.

Program Implementation: The checklist below outlines the major steps of program implementation:

Checklist	
Set objectives	
Develop a strategic plan--identify key activities	
Identify number and location of private providers--clinic capacity	
Find possible linking organization(s)/clarify potential to create one	
Determine regulatory or legal requirements for the network; Example: Can a practitioner operate in the private sector?	
Clarify provider needs and wants--integrate in strategic plan, such as:	
• Marketing--regional or community based	
• Commodities procurement	
• Desire for connection to other similar providers	
• Clinical, business, or quality skills training	
Analyze potential market for FP/RH and other services:	
• Willingness of clients to pay	
• Competition from the public and private sectors	
• Quality and price of other public and private sector services	
• Population density and location	
• How best to reach the clients	

Where to get more information: www.maqweb.org

References:

Dominic Montagu. Franchising of Health Services in Low-income Countries. *Health Policy Planning*. 17: 121-130 (2002).

Web site of the Private Sector Partnerships *One Project*: www.psp-one.com

Last Revised: 5/16/05

Produced in association with The Maximizing Access and Quality Initiative

Designed and produced by: The INFO Project at the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs



U.S. Agency for
International Development