

Chiranjeevi

Involving private obstetricians to reduce maternal mortality in Gujarat (India)



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Chiranjeevi – long life

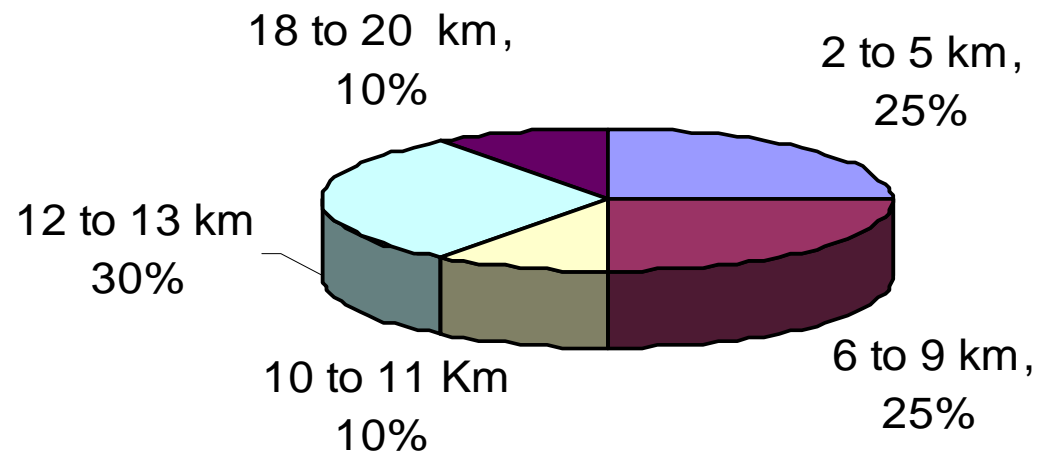
- Context
- Motivation for Chiranjeevi
- Partnerships
- Challenges
- Compensation package for providers
- Results
- Costs
- Lessons
- Future of the partnership

Gujarat (District Map)

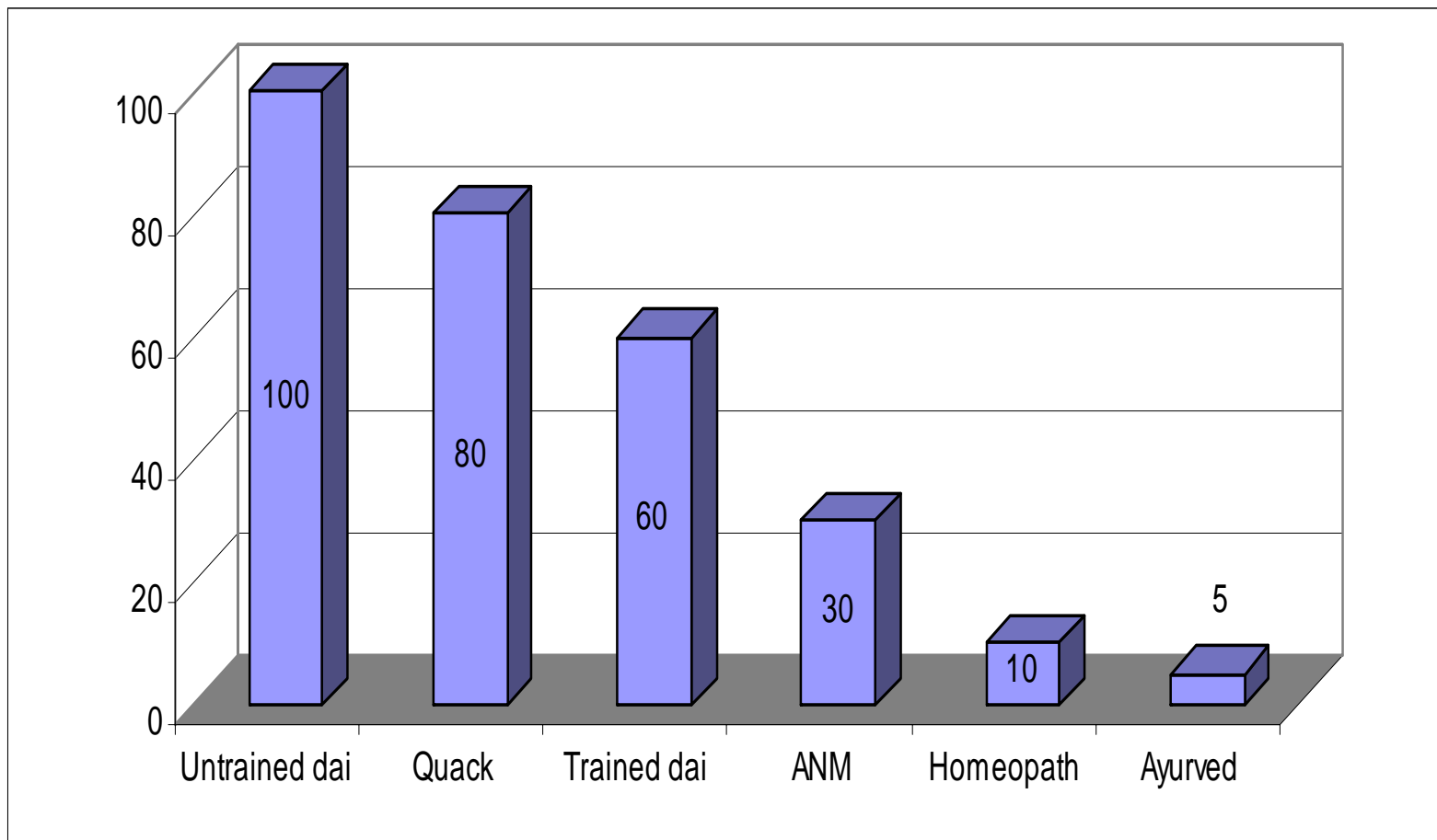
LOCATION



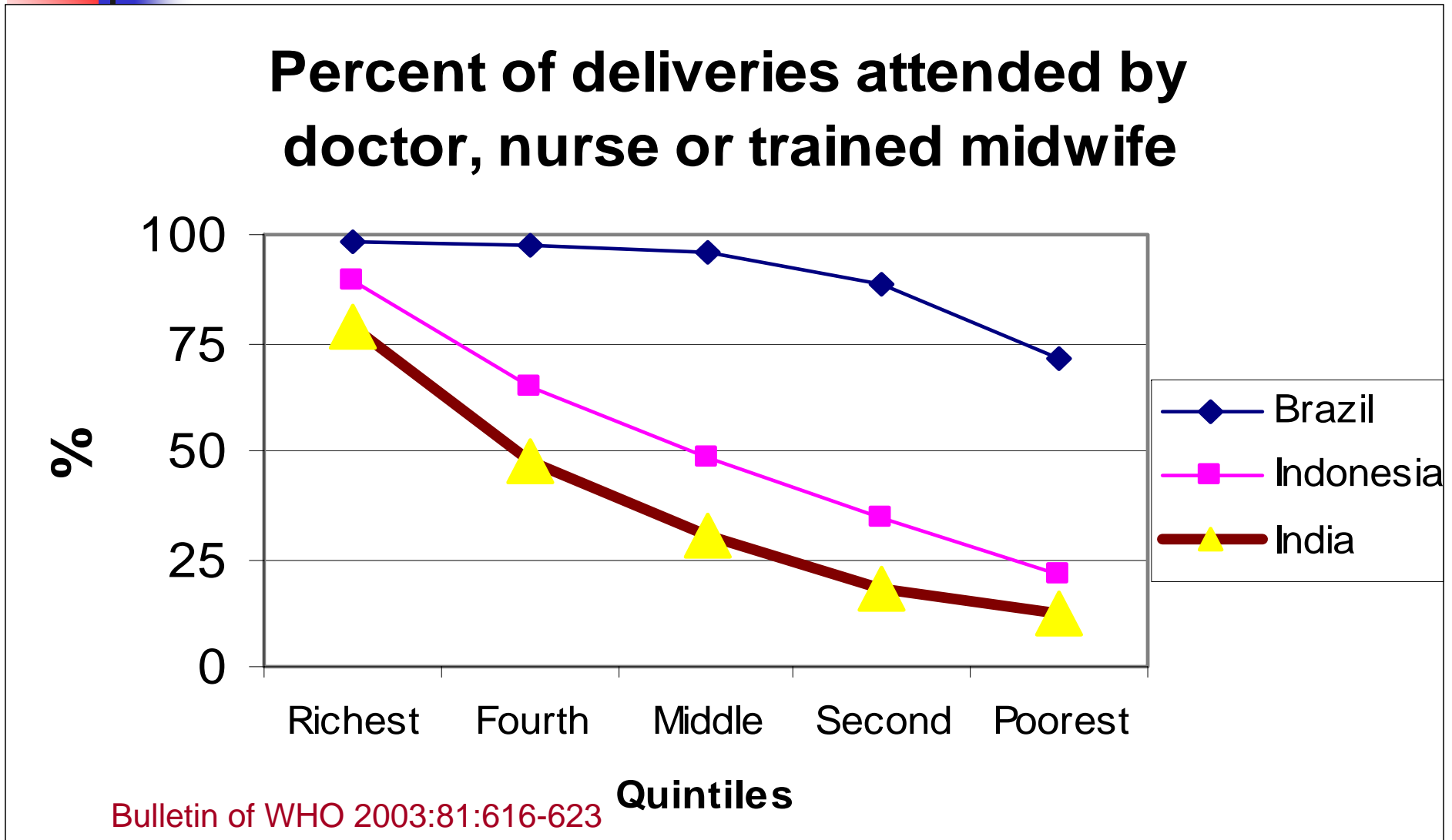
Distance from the nearest PHC



Health care facilities available



Inequitable service delivery: poor extremely disadvantaged

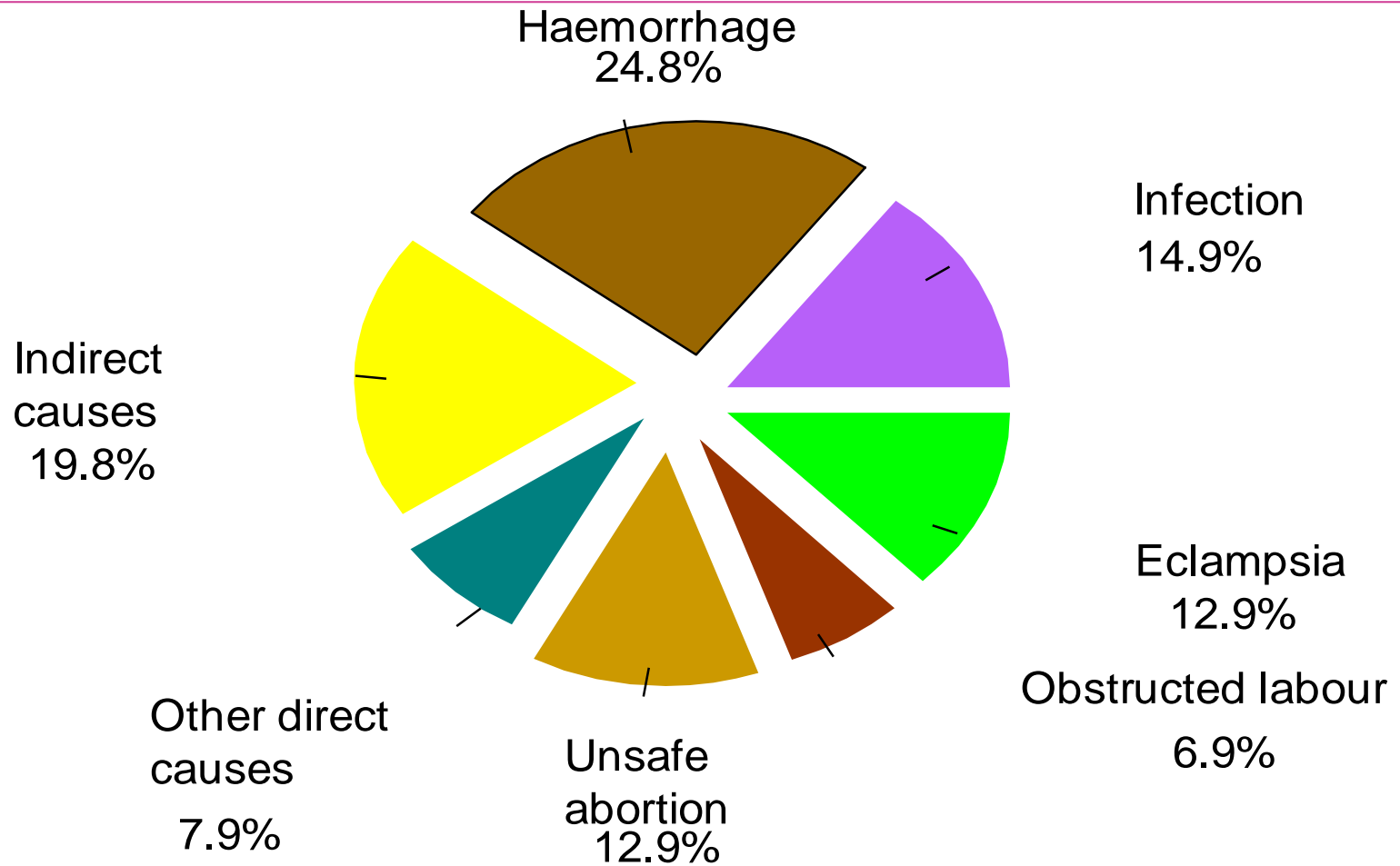


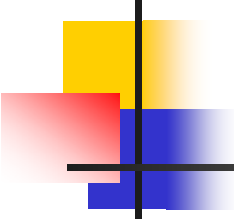


State of Maternal Health

- 5.29 lacs maternal deaths globally every year; 1.36 lacs (25.7%) in India; 5000 in the state of Gujarat
- Variations in MMR amongst states; Gujarat 389; Kerala 262; Tamil Nadu 282
- Socio-Economic Variation in MMR; Scheduled castes - 584; Scheduled tribes - 652
- MMR worsened over time from 448 (NFHS – 1) to 619 in (NFHS – 2)

Causes of Maternal Death





Lessons from successful safe delivery programs

- Once major obstetric complications develop - even a trained TBA or a nurse cannot do much at home
- Need for a trained midwife backed up by an OBGY expert
- These complications require
 - surgical interventions
 - blood transfusion
 - aggressive treatments
 - Antibiotic use under supervision



Options

- **Improve Government Health Services**
 - Competent staff
 - Adequate infrastructural facilities
 - User friendly, good quality Competitive Services
 - Marketing of services
- **Public Private Partnership**
 - Outsourcing- Curative services
- **Health Insurance**



Motivation for Chiranjeevi

- High and stagnant MMR
- Experience with insurance companies
- Past experience with NPCB
- Focus on MDGs – key issue raised by the Indian Planning Commission
- Availability of large number of OBGY experts in the state in the private sector



Partnership

- Government of Gujarat
- FOGSI
- NGOs
 - Chetna
 - Sewa Rural
 - Sewa Ahmedabad
- Academia – technical inputs
 - GTZ
 - Indian Institute of Management Ahmedabad



Expectations - Goal

- Reducing maternal mortality (MMR) from 389 (in 1998) to 100 per 100,000 live births by 2010
 - Enhancing institutional deliveries through involvement of all available OBGY professionals in the state - PPP
 - Funding rather than provision
- Addressing neonatal mortality - Reduce IMR from 60 to 30 by 2010
- Focus on MDGs



Challenges

- Involving FOGSI - Getting private OBGY professionals on board
- Fixing compensation for safe deliveries
- Ensuring prompt payments to the doctors
- Spreading awareness amongst the beneficiaries - brand Chiranjeevi
- Monitoring and evaluation and constant improvement



Developing an evidence based scheme

- Clearly identifiable beneficiaries
- Addressing the three delays
 - Delay in deciding to seek care
 - Delay in reaching care
 - Delay in receiving care
- Fair compensation
 - Reaching out to the providers as well as the beneficiaries
 - Developing M&E Protocols
 - Piloting the scheme

Compensating private partners - fixing Charges

| | Cases | Unit cost | Total |
|----------------------------|-------|-----------|---------------|
| Normal delivery | 85 | 800 | 68000 |
| Complicated cases | | | |
| Eclampsia | | 1000 | |
| Forceps/vacuum/breech | 3 | 1000 | 3000 |
| Episiotomy | | 800 | |
| Septicemia | 2 | 3000 | 6000 |
| Blood transfusion | 3 | 1000 | 3000 |
| Cesarean (7%) | 7 | 5000 | 35000 |
| Predelivery visit | 100 | 100 | 10000 |
| Investigation | 100 | 50 | 5000 |
| Sonography | 30 | 150 | 4500 |
| Dai | 100 | 50 | 5000 |
| Transport | 100 | 200 | 20000 |
| Total (US \$ 4,000) | | | 179500 |



Results

Outputs from Chiranjeevi in 5 Pilot Districts

| District | Nature of Deliveries | | | | |
|--------------|----------------------|-------------|-------------|--------------|------------|
| | Normal | LSCS | Complicated | Total | % LSCS |
| BK | 7149 | 491 | 580 | 8220 | 6.0 |
| Dahod | 7965 | 423 | 2258 | 10646 | 4.0 |
| Kutch | 4374 | 269 | 1377 | 6020 | 4.5 |
| P'mahal | 13689 | 459 | 231 | 14379 | 3.2 |
| SK | 6454 | 756 | 109 | 7319 | 10.3 |
| Total | 39631 | 2398 | 4555 | 46584 | 5.1 |

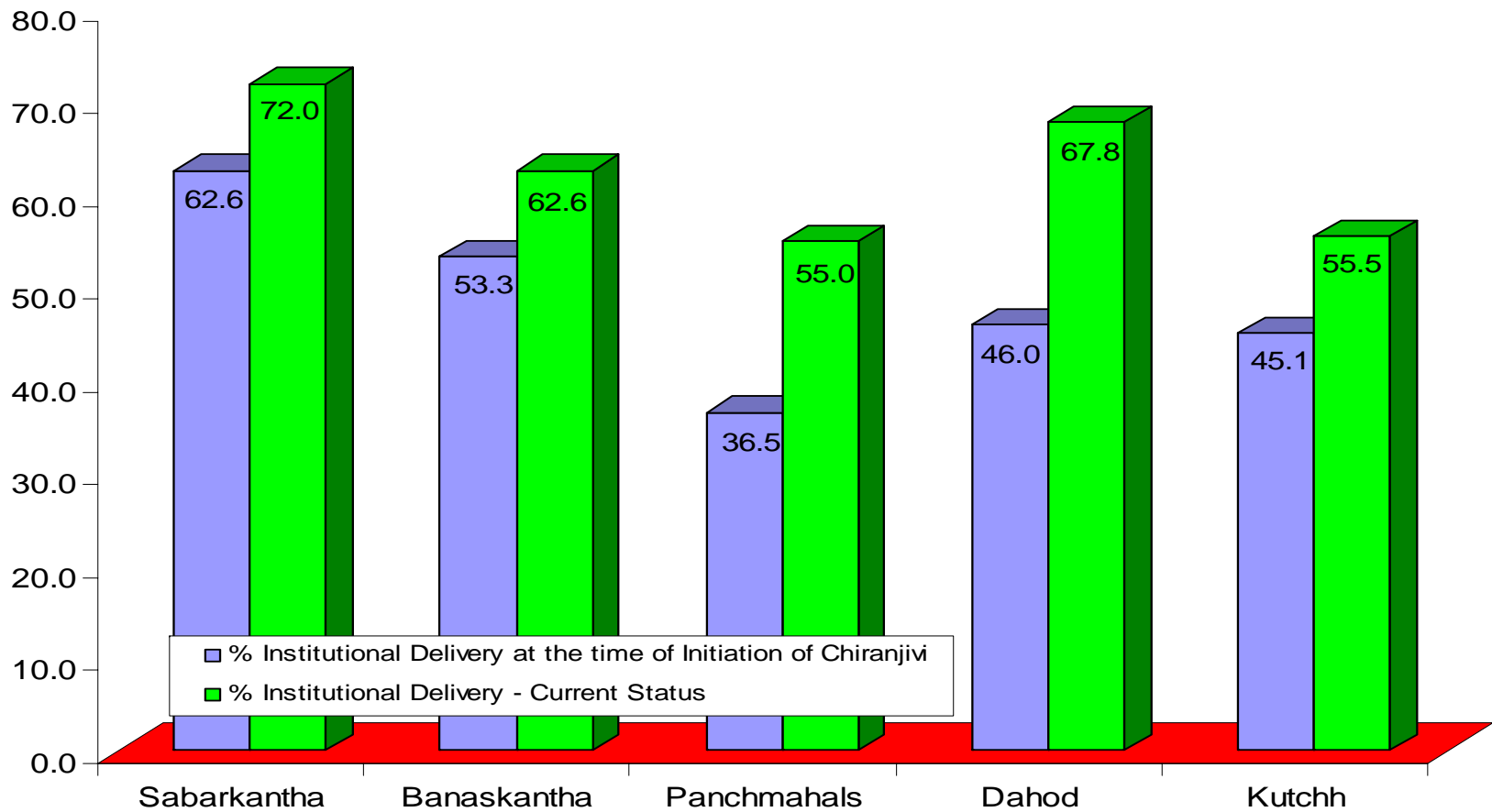
OBGY involvement in Chiranjeevi

| District | Total OBGY experts available | # enlisted under Chiraneevi scheme | Total deliveries Performed | Average deliveries per doctor | Average Payment per Doctor Rs in Million |
|--------------|------------------------------|------------------------------------|----------------------------|-------------------------------|--|
| BK | 50 | 61 | 8220 | 135 | 0.24 |
| Dahod | 18 | 16 | 10646 | 665 | 1.19** |
| Kutch | 47 | 18 | 6020 | 334 | 0.60 |
| P'mahal | 29 | 30 | 14379 | 479 | 0.86 |
| SK | 73 | 45 | 7319 | 163 | 0.29 |
| Total | 217 | 170 | 46584 | 274 | 0.49* |

* US \$ 11,500

** > US \$ 25,000

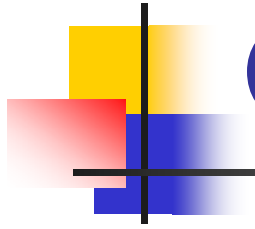
Effect on institutional deliveries





Chiranjeevi performance for the state

| | |
|---------------------------|--------------|
| Normal Deliveries | 52786 |
| C sections | 3729 |
| Complicated Deliveries | 4927 |
| Total Delivery | 61442 |
| C - sections Percentage | 5.9% |
| OBGY experts enrolled | 762 / 1800 |
| Maternal Deaths Reported | 13 (> 360) |
| Neo natal deaths reported | 329 (> 2400) |



Costs

In millions of US dollars

- BPL in 5 pilot districts \$ 2.5
- All BPL Gujarat \$ 12.8
- All BPL in India \$ 238



Lessons

- Country wide problem country wide effort
- Evidence based
- Keeping it simple

- Trust the private partners, they want to contribute
- Advance payment; prompt payment of dues
- No incentives for caesarian deliveries
- Responsibility for complications deaths

- Monitoring quality and feedback to OBGYs & CDHOs -
rewarding contribution of OBGY partners



Lessons (Continued)

- Demand generation? Coverage of non BPL card holders
 - Protocols for management of normal labor and obstetric complications
 - Availability of blood???
 - Under utilisation of Public facilities - need for Incentives
 - Opportunity to link FP, HIV AIDs, Cervix cancer screening
 - Care of neonates?
 - Political commitment the key
 - **It works** - boon to the poor



Additional Incentives for Government Institutional Deliveries

| Category | Normal | BEMOC | CoEmOC |
|---|---------------|--------------|---------------|
| RKS | 75 | 175 | 250 |
| Doctors | 100 | 200 | 500 |
| Staff Nurse | 50 | 75 | 150 |
| Class IV | 25 | 50 | 100 |
| Total | 250 | 500 | 1000 |
| Conditions: | | | |
| 1. At PHC minmum delivery per month 30. Incentives will given from 31 st delivery | | | |
| 2. At CHC/Subdistrict Hospital minimum deliveries 50, Incentives will be given from 51st delivery | | | |
| | | | |
| | | | |



Future of the partnership

- Extending to entire state - .25 million deliveries
- Involvement of NGOs in ensuring:
 - Enhanced awareness
 - Availability of quality services at agreed rates
- Provision of other services
- Regular monitoring and evaluation
- Extending to APL through cost sharing
- Extending PPP to other disease control programmes



Accolades

- UNFPA Evaluation
'Chiranjeevi is indeed an innovation in the area of Public-Private Participation leading to increased access to poor for safe delivery services. Given adequate support and guidance, this programme can become a forerunner for many other interventions in NRHM. States looking for models for successful PPP mechanisms will be immensely benefited with dissemination of the experiences gained from this scheme.'
- Asian innovation award, by the Wall Street Journal at Singapore
- Nominated for the IBM Innovations Award in Transforming Government, a special award sponsored by IBM and administered by the Ash Institute at Harvard University's John F. Kennedy School of Government



Let us join hands to save our mothers and children.

We make a living by what we get;
we make a life by what we give!

THANKS

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Gujarat