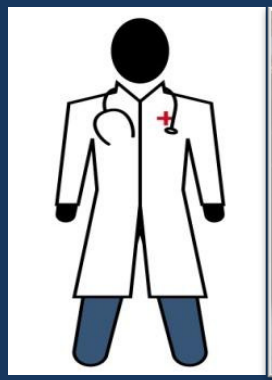
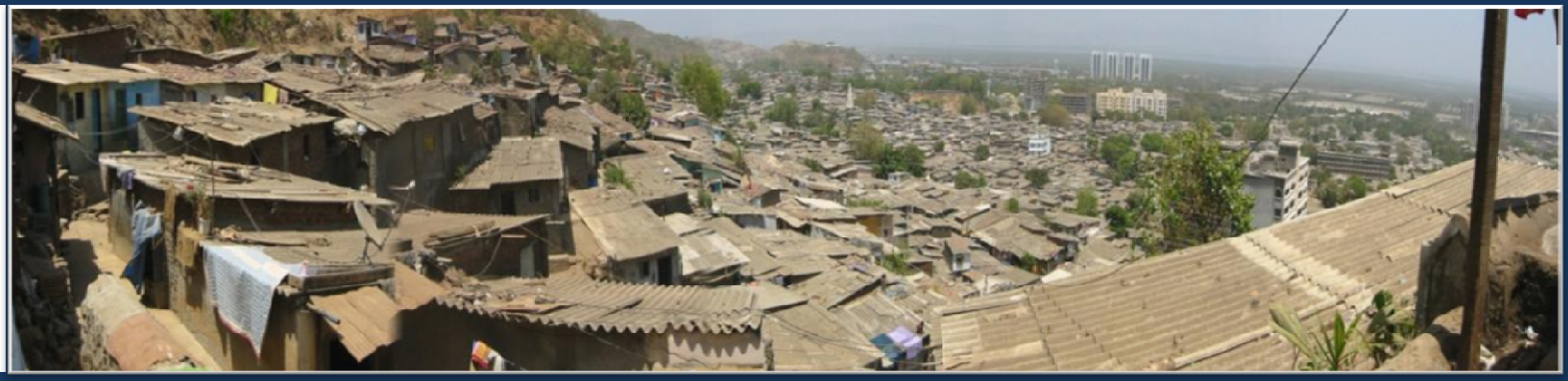
Addressing Maternal and Newborn Health Services by General Practitioners for Mumbai's Urban Poor: A Case of Unregulated Quality

November 18, 2010 ● National Bioethics Conference 2010, Delhi





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SNEHA

Society for Nutrition, Education, and Health Action (SNEHA) was founded November 1999 in Dharavi, Mumbai

Expertise

- Women and Child Health in Urban Slums
- Community Based Interventions
- Health System Strengthening
- Replicable Models
- Research and Training

Approach

- Working in Partnership
- Using Appreciative Inquiry

Sure Start

An initiative to address maternal and neonatal health (MNH) in rural Uttar Pradesh and by piloting models in urban areas of Maharashtra

Objectives

1. To significantly increase individual, household and community action that directly and indirectly improves maternal and neonatal health.
2. To enhance systems and institutional capabilities for sustained improvement in maternal and neonatal care & health status.

What is Quality of Care?

Are services…

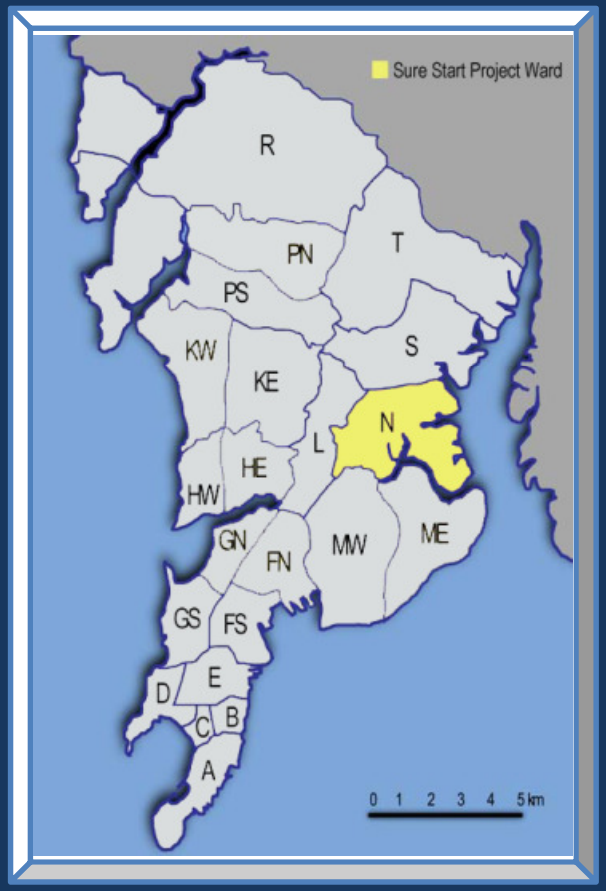
Available?

Appropriate?

Accessible?

Acceptable?

SNEHA Sure Start



- Location: N-Ward, Mumbai
- Ward Population: 765,325[1]
- Ward Slum Population: 554,319 (72%) [1]
- Target Areas: 4 Vulnerable Slums
- Project Population: 200,000

Source: 1) Municipal Corporation of Greater Mumbai, 2009

Private Health Sector Context

- Public spending on health care in India is among lowest in world
- Large unregulated and urban centric curative private health sector
  - 80% of private health care facilities service the health needs in India[1]
  - 5,000 unqualified medical practitioners and 270 unregistered private dispensaries in Mumbai[2]

Sources: 1) A. Jilani, G. Azhar, N. Jilani & A. Siddiqui, 2009
2) Wallia, 2004

Rationale for Working with General Practitioners

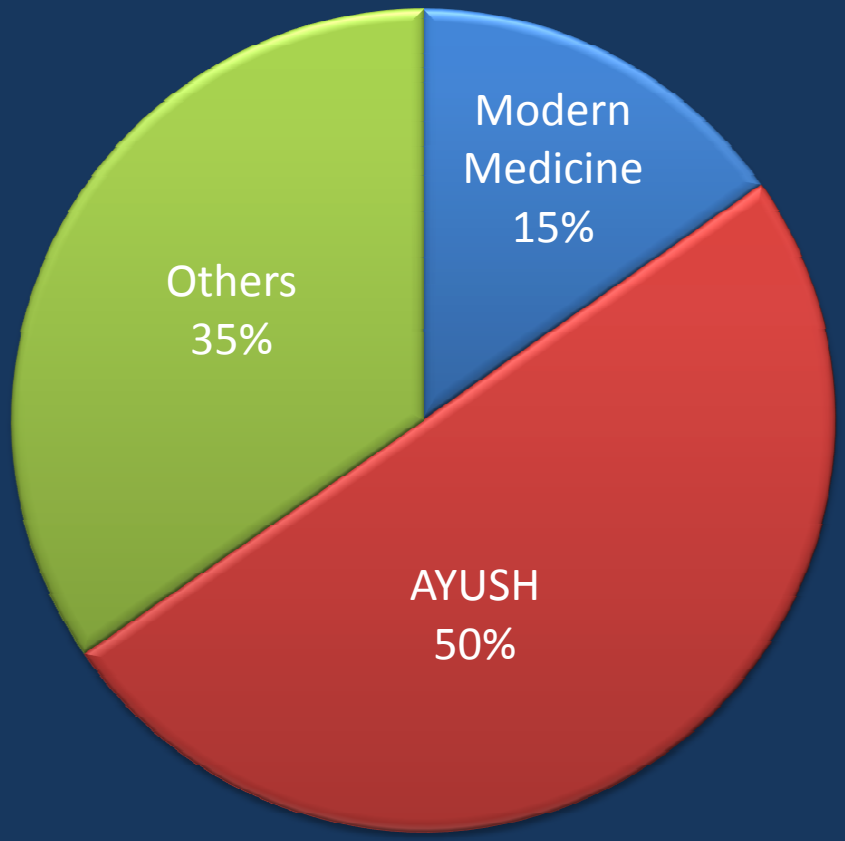
- 51.4% pregnant women avail of antenatal care from private sector in Sure Start areas[1]
- Preference for private sector[2] :
  - Accessible beyond the timings of primary public health services
  - Close proximity
  - Affordable
  - Poor behavioral treatment in public health facilities
  - Overcrowded public health facilities

Sources: 1) PATH Sure Start Baseline August 2008; 2) SNEHA Sure Start Situation Analysis Report June 2007

Profile of General Practitioners

Types of Private Providers

1. Qualified Medical Practitioners
   - Modern Medicine (MBBS)
2. Practitioners of Indian System of Medicine
   - Ayurveda, Yoga & Naturopathy, Unani, Siddha, Homeopathy (AYUSH)
3. Others
   - No medical qualifications



n=26 GPs in N-Ward

Source: A. Jilani, G. Azhar, N. Jilani & A. Siddiqui, 2009

Ethical Questions

WHY should we work with private practitioners?

- Have varying qualifications, some unqualified
- Questionable availability of quality care
- Highly accessed

HOW do we ensure quality of care?

- Risk of legitimizing clinics through implementation process
- Role of an NGO

Our Position

Rationale

- To improve Maternal and Newborn Health had to address this private sector

- To promote non-therapeutic care by focusing on preventive & promotive aspects

Approach

- "*Do no harm*" approach

Goals

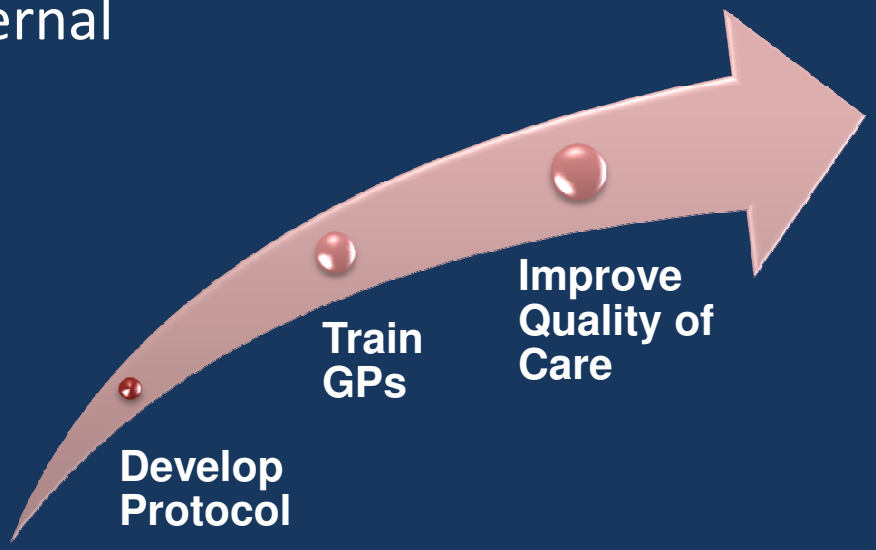
- To ensure women have the right to quality health care from General Practitioners (GPs)
- To maximize good health outcomes

Objectives

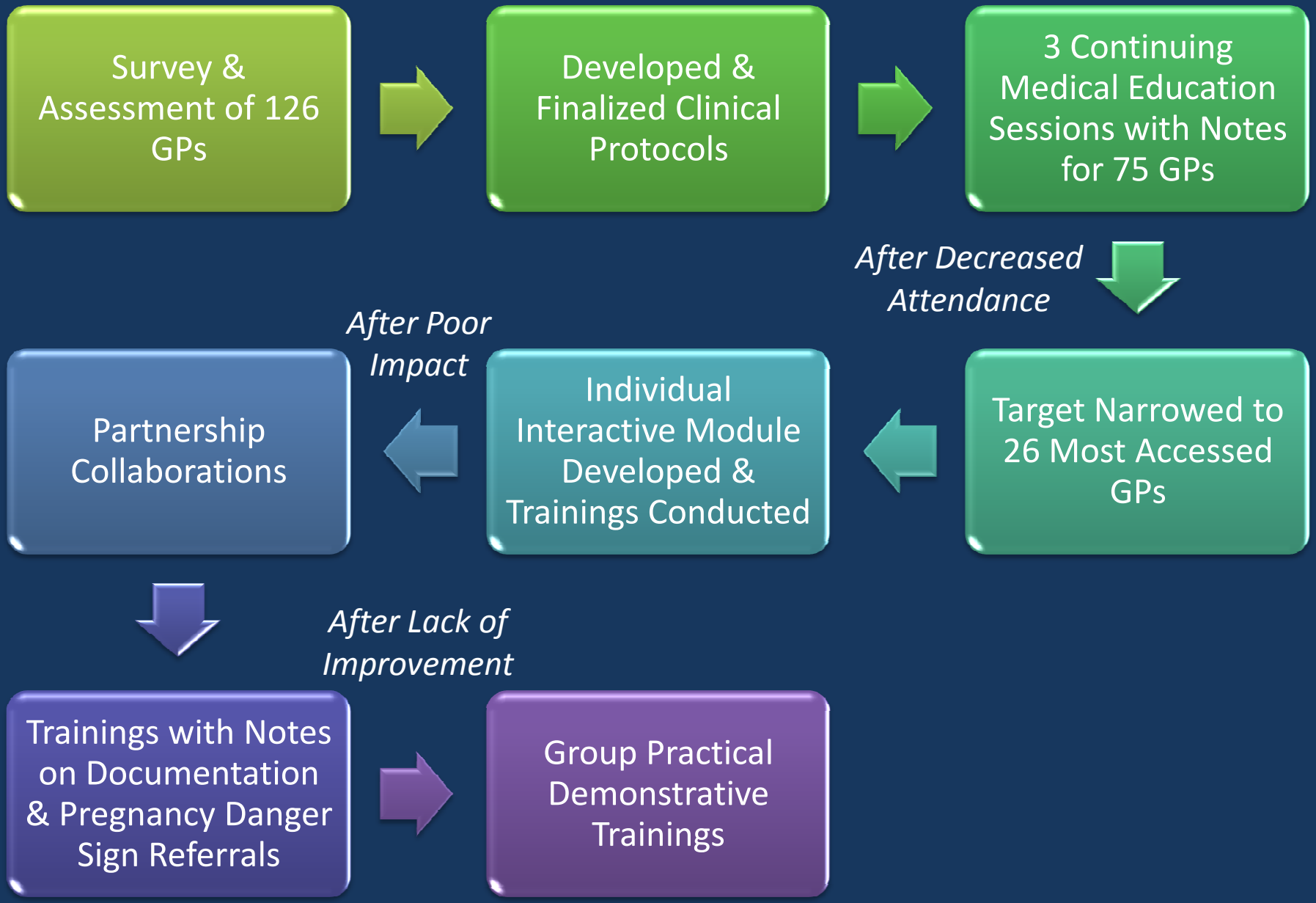
- To standardize practice antenatal, postnatal and newborn care practices
- To encourage appropriate and timely referrals

Methodology

- STANDARDIZE
  - Developing protocols for maternal and newborn health care, including for referrals
- TRAIN
  - Implementing protocols to improve quality of care
- MONITOR
  - Using different techniques to monitor adherence to protocols
  - e.g. Community Survey Tool, Exit Interviews, Clinic Data



Evolution of Strategies

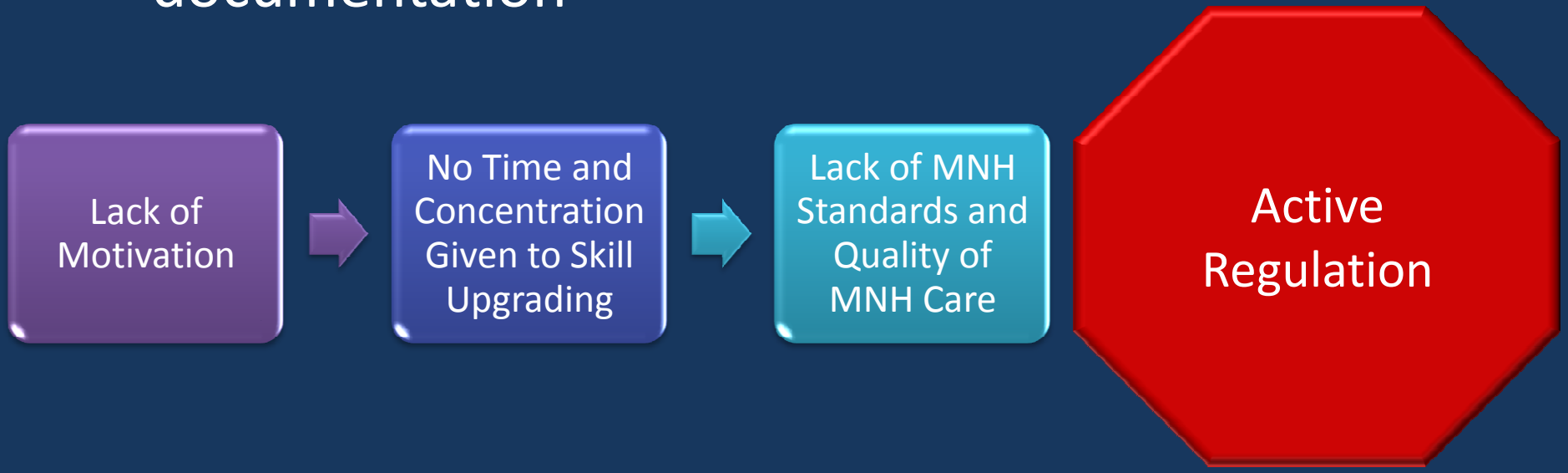


Challenges and Ethical Issues

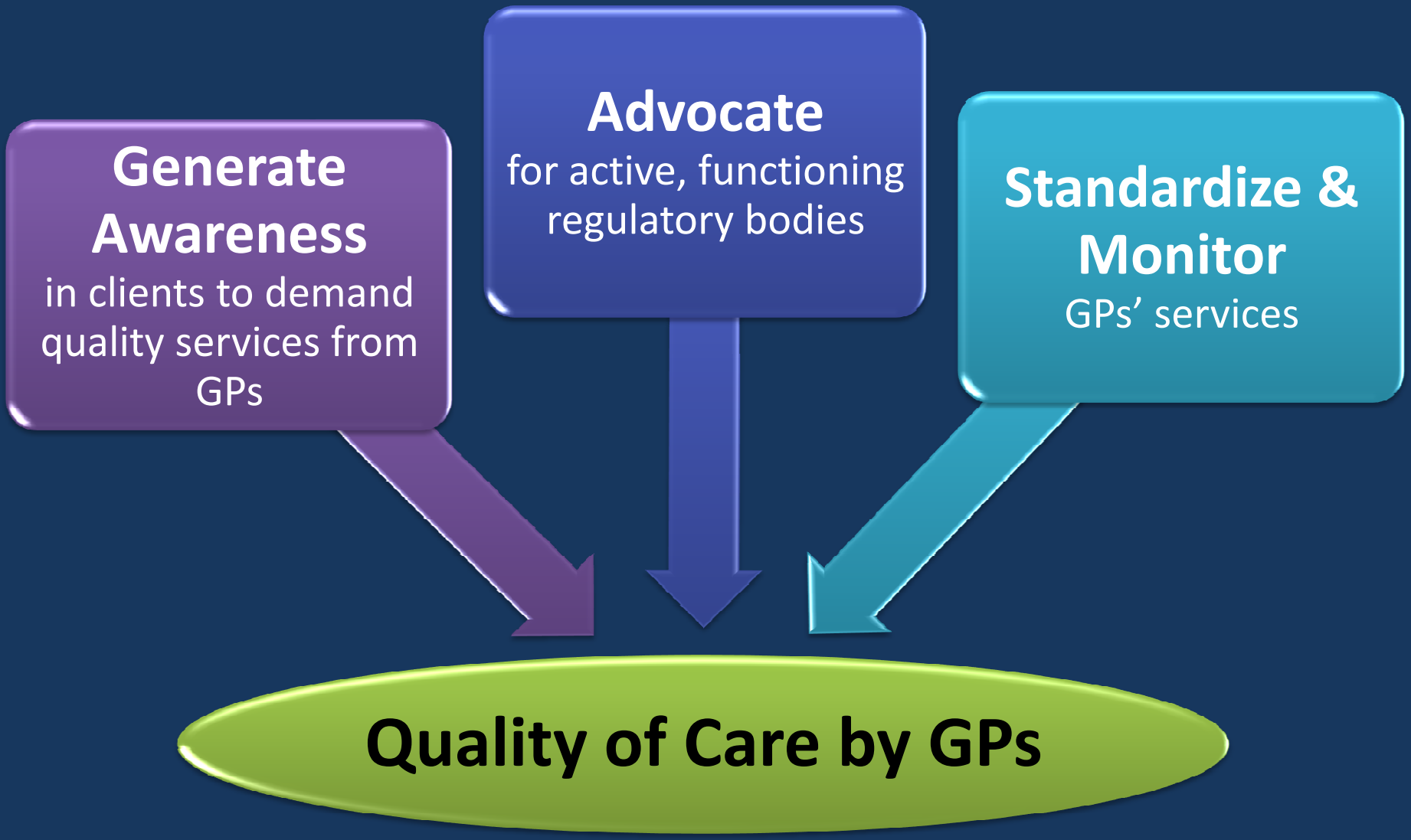
- Thriving clinics
  - Lack of time
  - Lack of motivation
  - Distracted participation
- Coordinating trainings
- Frequent change in GPs and their practices
- No regulations within which to work
- Lack of documentation
  - Questions for monitoring adherence, e.g. referrals
  - Reliable data

Conclusions

- Training trend shows improvement in MNH knowledge
- Behavioral skills are strong
- Clinical skills are inconsistent and below average
- Documentation is weak
- Public Health Post better in adopting protocols & documentation



Future Steps



Future Scope of Work

1. Protocols for standardized practices

2. Regular monitoring to include:
   - Medical education sessions / training
   - Documentation
   - Registration of qualified persons

3. Public-Private Partnership by involvement in national health programs, specifically Reproductive & Child Health II (RCH II)

Sources: Duggal and Nandraj, 1991; Birla & Taneja 2010

"Regulation seeks to ensure quality, accountability, protect the consumers and control costs."

~Working Group on Clinical Establishments, Professional Services Regulation and Accreditation of Health Care Infrastructure for the 11th Five -Year Plan (2007-2012)

Thank You!

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