Where there's 'willingness' there's a way:
barriers and facilitators to maternal, newborn and child health data sharing by the private health sector in Uttar Pradesh, India

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Meenakshi Gautham[1], Neil Spicer[1], Aradhana Srivastava[2], Sanghita Bhattacharya[2], Bilal Avan[1], Joanna Schellenberg[1]

[1] IDEAS Project, Department of Disease Control, London School of Hygiene & Tropical Medicine, UK
[2] Public Health Foundation of India, New Delhi, India

Introduction

In India and Uttar Pradesh (UP), the private health sector plays an important role in health care services, including institutional deliveries, but there is limited information on the availability of maternal, newborn and child health (MNCH) data that private facilities maintain and share with the public health information system. Sharing data could help the public sector plan their resources more efficiently.

Table 1 Institutional deliveries in UP (annual health survey 2012 – 2013)

% seeking care for acute illnesses, any source	% seeking care from government sources	% with chronic illnesses, getting regular treatment	% seeking regular treatment from government sources
97.4	5.4	58.7	15.6

Table 2 Care seeking for acute and chronic illnesses in UP (annual health survey 2012 – 2013)

% of institutional deliveries (UP)	% of deliveries in govt. institutions	% of deliveries in private institutions
56.7	39.0	17.6

Aim

To explore current practices of MNCH data availability and sharing/reporting by private health facilities and the barriers and facilitators to data sharing.

Methods

Qualitative approach: 54 in-depth interviews with stakeholders

Sampling: 2 Districts: Allahabad and Hardoi selected based on numbers of tertiary and primary level facilities

Stakeholders: Government health officials in the state and district; associations of medical professionals; private commercial health facilities; significant Non-Governmental Organisations (NGOs)

Results

1. **Private health facilities maintain records** of deliveries and newborns in various hospital registers. Records include:
   Deliveries: name, age, address, date of admission & discharge, normal / caesarean delivery, order of birth.
   Newborns: sex, weight, live/dead, full term/pre term, time of birth.
2. All private facilities registered with the local health department for performing ultrasounds and abortions (by law) submit detailed standardised records on these services.
   Some private facilities also share data on deliveries and newborns with the public health department, but neither the formats nor the public sector's data collection systems are standardised .
3. **Most private facilities expressed wholehearted willingness** to share MNCH data with the public sector. The main reason for not doing so has been lack of communication from the public sector.
4. There are **significant systemic barriers within the public sector** for receiving and utilising MNCH data from private facilities.
5. A substantive number of private sector institutional deliveries are likely to **take place in unregistered facilities** with informal providers. There are no estimates and no reporting by the facilities.

Suggestions for improving data sharing by the private sector

Strengthen the public health system for obtaining private sector health data

- Public health department should ensure proper communication and follow up with all private health facilities.
- Set up a coordinating body within the district health department for the private sector.
- Government should take responsibility; sharing data should not be left to the choice of the private sector.

Improve engagement and interactions

- More public-private platforms should be created along with increased opportunities for interaction in existing platforms.

Design a user friendly system

- The public sector should develop user friendly formats in consultation with private bodies; prioritise the most critical data; and create a simple system with online data entry provision.

Capacity building

- Both public and private sector key officials will require technical assistance for setting up the system. This can be through orientation, training and periodic follow up support .

Motivation

- Private health facilities need to be oriented to the importance of data sharing.
- The public sector can offer simple incentives – financial and non-financial (such as certificates of recognition) to motivate private health facilities. Disincentives will also be useful.

Address fears

- The government needs to reassure private facilities that they will not be harassed for any data that they share and the information will not be disclosed to the income tax departments. Data confidentiality will be strictly maintained.

Conclusions

There are a number of barriers to MNCH data sharing, not only in the private sector but also in the public sector . The greatest enabler is the willingness of the private sector to share data and this can pave the way for developing a successful evidence-based strategy for data sharing.