

Mechanisms for engaging the private sector in planning,
delivering and demonstrating accountability for quality
maternal and newborn health services: Evidence from
Bangladesh

DRAFT

December, 2020

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Abbreviation

ANC	Antenatal care
BDHS	Bangladesh Demographic and Health Survey
BHFS	Bangladesh Health Facility Survey
BMC	Bangladesh Nursing Council
BMDC	Bangladesh Medical and Dental Council
DGDA	Directorate General of Drug Administration
DGHS	Directorate General of Health Services
DGME	Directorate General of Medical Education
DHIS2	District Health Information System 2
HPNSP	Health Population Nutrition Sector Program
HCFS	Health Care Financing Strategy
MNH	Maternal and newborn health
NGO	Non-governmental organization
NHP	National Health Policy
BPC	Bangladesh Pharmacy Council
QoC	Quality of care
SDG	Sustainable Development Goals
SMF	State Medical Faculty
UHC	Universal Health Coverage
WHO	World Health Organization

1. Introduction

The Network for Improving Quality of Care for Maternal, Newborn and Child Health (the Network), a consortium of Ministries of Health in eleven countries and their technical partners, works to improve the quality of care for maternal and newborn health (MNH). To achieve the Network's goal of halving maternal and newborn deaths and stillbirths in health facilities in five years, countries and partners in the Network are improving quality of care in health facilities through four strategic objectives: leadership, action, learning, and accountability (Adeniran, Likaka, et al. 2018, World Health Organization 2018).^{6,7}

Whilst the Network's efforts to achieve this ambitious goal has largely focused on strengthening the public health sector, members of the Network recognize that private providers (e.g., non-government providers, for-profit businesses) are an important source of health care and have a role to play in improving quality of care. The private sector addresses an increasing volume of MNH care needs amongst countries in the Network. However, little is known about how to effectively engage and sustain private sector involvement in delivering quality care in low- and middle-income countries. This gap must be addressed if the Network is to achieve its aims of reducing maternal and newborn deaths and stillbirths.

The engagement and contribution of the private sector in implementing quality care standards, developing and identifying best practices for delivering quality MNH care, and strengthening health systems for delivering with quality is an area with great potential that requires immediate attention. There is a need to understand what can be done to create, nurture, and encourage a vibrant private sector that is fully engaged in improving and sustaining the quality of care for mothers and newborns. Through effective collaboration with the private sector, we have the potential for reaching more women and newborns with quality health services following their needs.

2. Research objectives

2.1. General objective

The study aims to explore the mechanisms for engaging the private sector in planning, delivering, and demonstrating accountability for quality MNH services in Bangladesh and establish the evidence-based mechanisms that ensure an active and meaningful engagement of the private sector for delivering on national plans for quality of care, with a focus on MNH.

2.2. Specific objectives

- Analyze the drivers and determinants of the current engagement of the private sector to deliver quality MNH services;
- Identify opportunities for involving the private sector in working within the national health system to deliver quality MNH services; and
- Propose models for effective engagement of the private sector within the national health system for implementing quality MNH services.

2.3. Methodology

Study design:

This was exploratory research that was cross-sectional. It involved a situational analysis of private sector engagement.

Study Location:

The study was not from a specific geography, bound to a specific region or city. Because of our interest in national policies and practices involving the private health sector in Bangladesh, we had to consider the whole country. In addition to the national level, USAID's MaMoni MNCSP project took the opportunity to take some districts and sub-districts from the intervention area as convenient.

Study population:

The study population included individuals involved in the delivery of formal health services in the public and the private sectors of Bangladesh.

Inclusion/exclusion criteria:

Individuals will be invited to participate in the key informant interviews and/or multi-stakeholder dialogue if they meet the following inclusion criteria:

- have experience in and knowledge of service delivery of quality of care and/or MNH in Bangladesh;
- are currently working in the public health sector and/or the private formal health sector in Bangladesh; and
- have been working in their current role for at least 2 years

Individuals will be excluded from participating if they:

- work in the informal private sector; or
- work on topics beyond service delivery (e.g., supply chain, education/training, insurance provision).

Here, we define the private sector “as any non-government health actor: self-financing

private sector (also referred to as for-profit), not-for-profit and mission or faith-based facilities involved in the delivery of health services; input suppliers (pharmaceuticals, equipment); health research and training institutions; traditional and informal providers; health promotion and education; and health financing,” (Ghana Ministry of Health 2013).

Study duration:

After achieving ethical clearance, this study took about 4 months to complete (July-October, 2020)

Methods of Data Collection:

We utilized a mixed-method approach, integrating both qualitative and quantitative data throughout the data collection, analysis, and interpretation phases. It included both primary and secondary data collection.

Primary data was collected by key informant interviews (KII), using a semi-structured interview guide. This guide enabled to pool the information gathered by different interviewers while at the same time giving the interviewers flexibility to explore issues unique to respondents. The study tools were developed in English and then translated into Bengali. Most of the interviews were in Bangla. Almost all the interviews lasted approximately 60 minutes and were audio-recorded with prior consents. In a few cases, the participant did not consent to the interview being audio recorded, but they have written consent before starting the interview. Interviews were taken face to face and via virtual like skype/zoom/ mobile phone. In later cases, district colleagues collected written consent and coordinated the interview schedule for the interviewers. Later, all the recordings were translated and transcribed into English by experienced research assistants. Continuous supportive supervision from the study team was ensured for data quality.

Secondary data was extracted from grey and published literature reviews. Both quantitative and qualitative data were collected in the private sector’s size, scope, distribution, and quality of care outcomes related to MNH in Bangladesh.

Sampling:

We selected the sample for KII using a stratified purposive sampling approach. This approach allowed us not only the “symbolic representation,” but it also illustrated the diversity within the population’s boundaries (Ritchie, Lewis, et al. 2003). Also, it endorsed comparisons between subgroups while displaying variation on individuals’ roles and the level at which they operate (Patton 2002).

With all these, we managed to complete 22 KII due to the COVID-19 pandemic and the busy schedule of policy level respondents particularly involved in decision making to tackle the gradually growing COVID-19 pandemic. Sampling matrix depicted below (Table 2) that captures health sector (public or private), role (policy/administration, service delivery,

regulation), and level (national, subnational, facility).

Table 2: Qualitative sampling matrix

Health Sector	Role	Level	KII Sample	KII Sample
Public Health Sector	Policy / administration	National	3	5
		Sub-National	2	
	Service delivery	National	2	5
		Sub-National	1	
		Facility (Manager/Director)	2	
	Regulation	National	2	2
Sub-National		0		
Private Health Sector	Policy / administration	National	0	1
		Sub-National	1	
	Service delivery	National	4	8
		Sub-National	2	
		Facility (Manager/Director)	2	
	Regulation	National	0	1
Sub-National		1		
		Total	21	22

Data Analysis:

Qualitative data from KII was analyzed using the content analysis technique. They were organized by plotting under thematic/ sub-thematic code. The logic model guided code development. NVivo software was used to some extent to retrieve themes from the data. All data regarding various thoughts of the respondents was summarized for the developing country case study. Country-specific literature was accumulated for the systematic review.

Factors in the study (variables):

Key variables were mapped and aligned with the logic model. These were analyzed as follows but not limited.

- Formal private service delivery providers (both for-profit and non-profit) and their clients (mothers and newborns).
- Service delivery of quality care and MNH including preventive, promotion, and curative services.
- National-level policies, strategies, and plans, regulatory and/or accreditation
- Private sector organizations, committees/ groups
- Market competitiveness and conditions
- Collaboration between the government and private sector and mechanisms for accountability
- Provider's respectful/ethical practices, and unified health system.

3. Findings

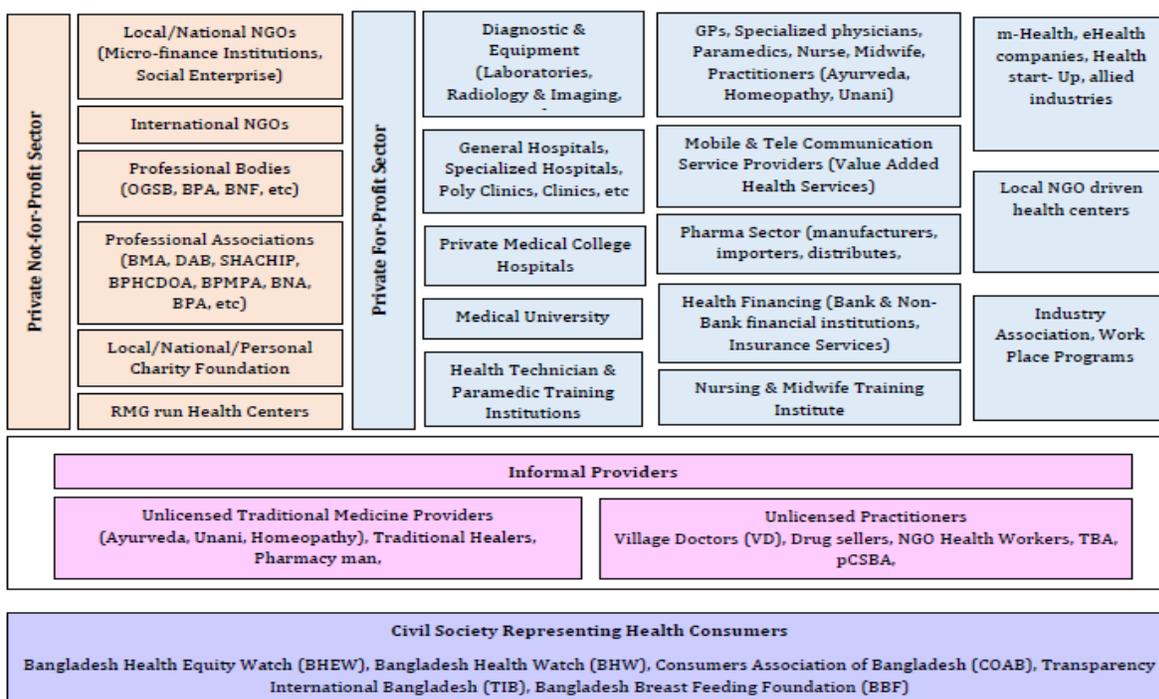
3.1. Overview of the health sector actors in Bangladesh

Private sector:

The private health sector is comprised of non-governmental health actors. These actors can be categorized into 3 major parts namely; 1) Private not-for-profit, 2) Private for-profit and 3) Informal providers. (Figure 1) Besides the above three, some civil society representative bodies are also contributing. (a combination of profit and social motives).

All of them operate at different layers: multinational, national, or sub-national; and organizations, hospitals, clinics, or individuals. They can also be categorized by their operational focus: providers involved in the direct delivery of health services (i.e., hospitals, clinics, formal and informal providers), associated industries supplying inputs (i.e., pharmaceutical industry, medical equipment industry), health research and training institutions, or payers (i.e., insurers).

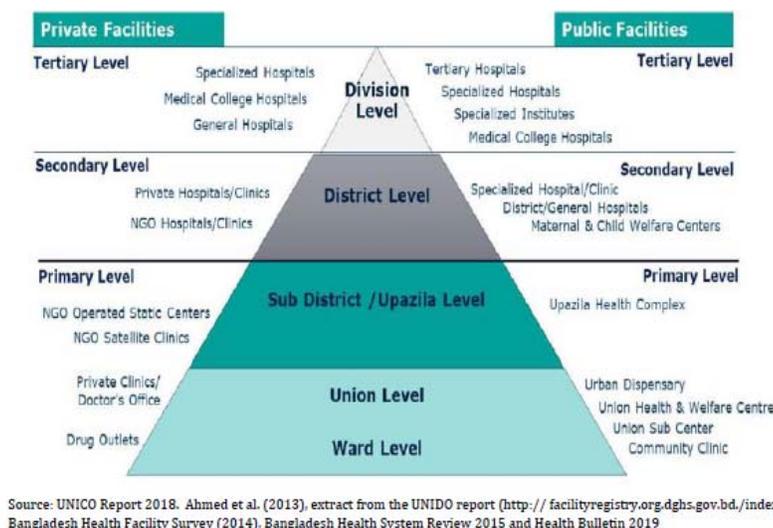
Figure 1: Segments of actors in the private health sector in Bangladesh (Adapted from World Bank Private Health Sector Assessment)



As Figure 2 illustrates, the private health sector *operates at all levels of all levels of care* in Bangladesh and can serve a complementary role to the public sector in delivery of health services. Private health facilities range from:

- Primary level: Private facilities include NGO static and satellite centers, PFP clinics and doctor offices and drug outlets
- Secondary level: PFP as well as PNFN NGO clinics and hospitals
- Tertiary level: PFP medical colleges, specialized and general hospitals

Figure 2: Tiers of health structure in Bangladesh (Source: World Bank Private Health Sector Assessment.)



Public sector:

Bangladesh's health sector comprises a substantial number of players. But The Ministry of Health and Family Welfare (MoH&FW) plays the stewardship role. In the public sector, MoH&FW acts with the help of ten implementing authorities. (Figure 2). The main two vertical streams namely; 1) Directorate General of Health Services (DGHS), 2) DGFP. Each stream maintains parallel administration and has functionalities from the central/national level up to the community/ward level. Health facilities under DGHS & DGFP are also categorized by primary, secondary, and tertiary levels depending on the location of facilities. DGFP prioritized maternal and newborn health including family planning method distribution. DGHS mainly covers up general health services including OPD, IPD, communicable & non-communicable diseases, IMCI for children up to 59 months of age, maternal health like ANC, delivery, PNC, complication management, KMC, SCANU/NSU. Hospital Service Management (HSM) unit under DHGS ,Government of Bangladesh (GOB) has the mandate to ensure quality health service delivery including the private sector. Under DGHS, HSM unit mainly deals with providing and renewal of license for the private health facilities/organization in Bangladesh.

Another, Quality Improvement (QI) Secretariat (QIS) of Health Economic Unit under DGHS look after the quality health service delivery. MoH&FW has been implementing the 4th Health, Population, and Nutrition Sector Program (4th HPNSP). It has several operational plans (OP). One of them is on Maternal Neonatal Child and Adolescent Health (MNC&AH).

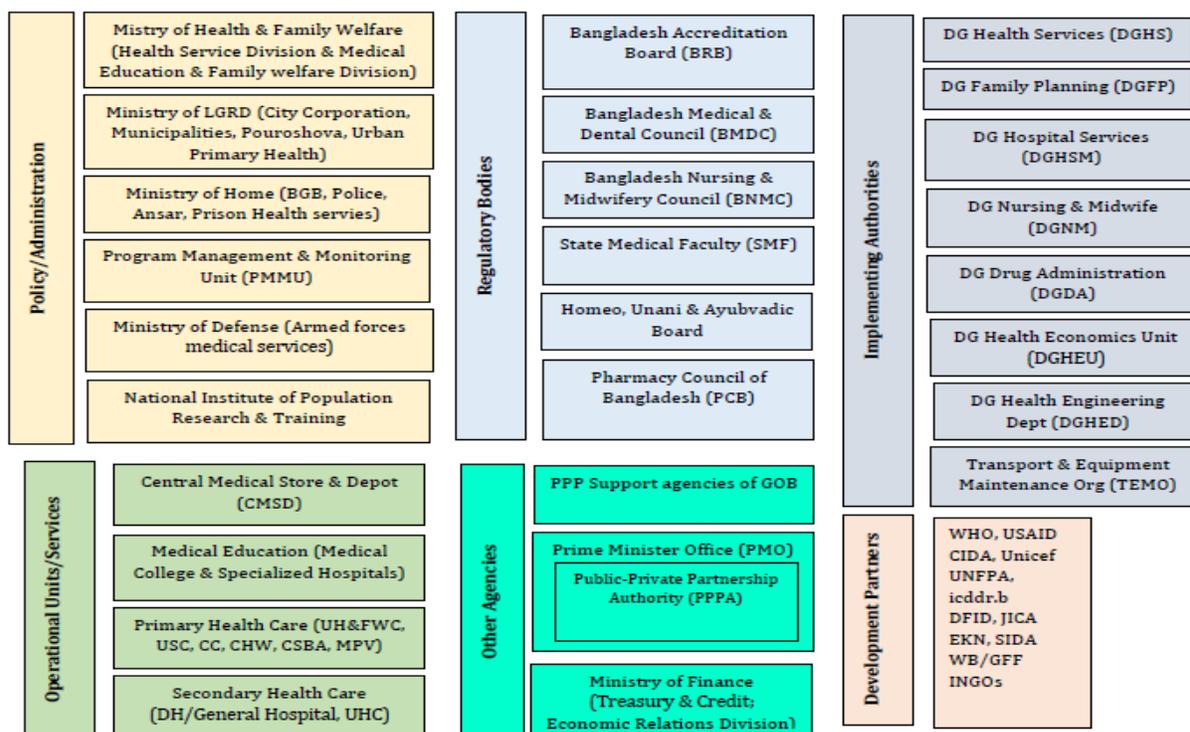
Here, the importance of the development of a model for engagement of the private sector is highlighted.

Besides, All these government structures are mainly based on rural and semi-urban. However, urban areas/city corporation is dealing with the health department of the Ministry of Local Government, Rural Development, and Co-operatives (MoLGRD&C).

Bangladesh has five regulatory bodies; like Bangladesh Medical and Dental Council (BMDC), Bangladesh Nursing and Midwifery Council (BNMC).

Other than above, few professional bodies in MNH thematic areas are positioned and are contributing to policymaking, national guideline development, capacity building, technical assistance. Obstetrical and Gynecological Society of Bangladesh (OGSB), Bangladesh Paediatric Association (BPA), Bangladesh Breastfeeding Foundation (BBF) and The Bangladesh Neonatal Forum (BNF) are the key stakeholders (Figure 3).

Figure 3: Segments of actors in the public health sector of Bangladesh



3.2. Private sector engagement in maternal and newborn health services

Type, size, and scope of private sector maternal and newborn health services:

As earlier mentioned, three categories of private facilities were available in Bangladesh, maternal and newborn health services were offered by most of them. Like at the national level, there are several maternity clinics owned by a group of senior consultants at the district level. Furthermore, NGOs run primary health care centers (private for-profit) situated in

urban /semi-urban areas mainly for women and children. In the context of low public sector capacity and growing healthcare demands in urban Bangladesh, private for-profit engagement was critical to achieving universal health coverage. Given the informality of the sector, the nascent state of healthcare financing, and a weak regulatory framework, the process of engagement must be gradual (Adams AM et al. 2019)

Size and demand of the private sector in Bangladesh

From Table 2 below, it was observed that Bangladesh had 9,426 registered private for-profit facilities. Out of them, almost one-fourth (21%) were in the Dhaka district while the rest (79%) were outside Dhaka districts. A similar proportion of private hospitals/clinics were available in Dhaka and outside Dhaka. But when we compare within districts, we found that the ratio of private hospitals located between one Dhaka district and one district outside Dhaka was about 700: 43 on average. So, it is very much centralized. People from other districts had to travel to central Dhaka to visit a private provider or facility because of perceived quality treatment and/or lack of specialized services (e.g. specialists, diagnostics). Also, the rapid growth of urbanization in megacity Dhaka influenced the general population to seek treatment in Dhaka. Sometimes, patients were also referred from other peripheral areas to Dhaka. However, this estimation and table 2 was only regarding private for-profit facilities which have licensing concern and registered in DGHS. NGO run primary maternal and child health care centers were excluded.

Table 2: Distribution of licensed private sector facilities/ organization from DGHS, MoH&FW

Bangladesh	Hospital/Clinic	Diagnostic Center	Blood Bank	Total
Percentage and (#) of private facilities in Dhaka District(Central) (# of district=1)	21% n=708	20% n=1191	61% n=52	21% n=1,951
Percentage and (#) of private facilities outside Dhaka District (Peripheral) (# of district=63)	79% n=2,687	80% n=4,755	39% N=33	79% n=7,475
# of private facilities per district outside Dhaka	43	71	1	119
Total (N)	3,395	5,946	85	9,426

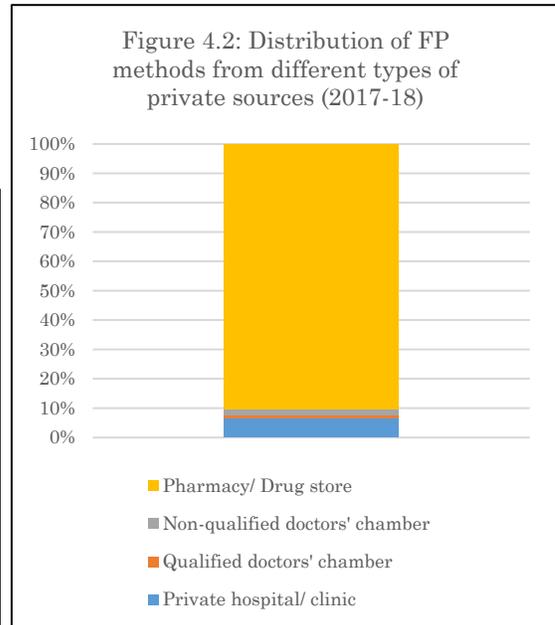
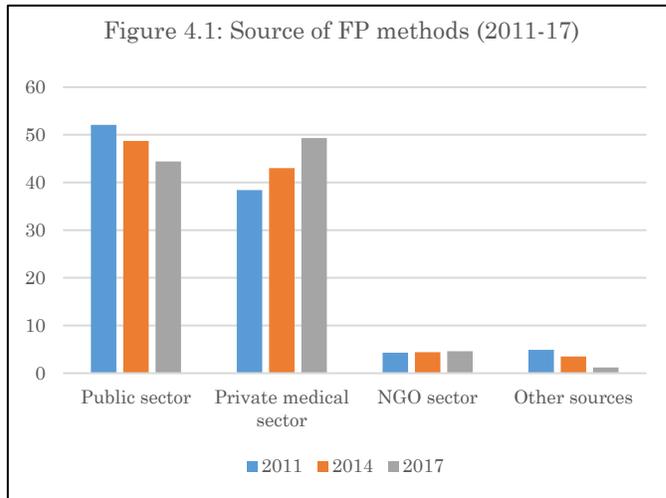
Ref: DGHS website: Retrieved from http://103.247.238.81/hsmgdghs/registration/hsm_facility_show_public.php (November,29th,2020)

Maternal and newborn health market demand, supply, and segmentation

With the growing trend of urbanization and population growth, demand for services has been increasing and consumer demand is shifting towards the private health sector (Adams AM et al. 2019).

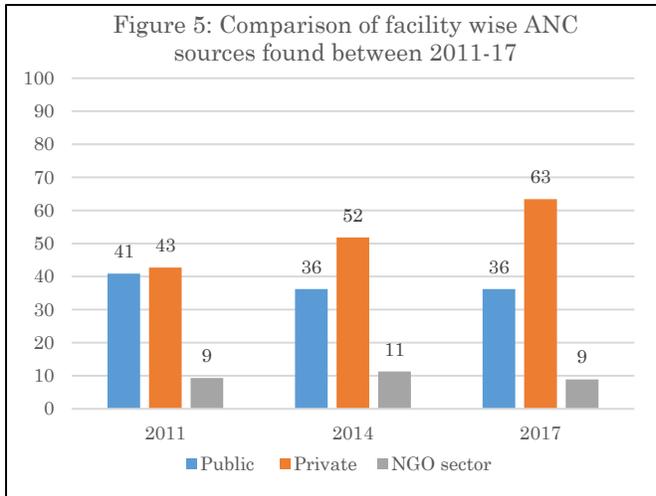
Family planning:

According to BDHS (2017-18), about sixty-two percent of currently married women (15–49 years of age) were using a modern contraceptive method in Bangladesh. The same survey report showed that about half (49.3percentage) of the study participants received FP methods from private sectors which were 38.4 percentage in 2011. Among different sources of private sectors, pharmacy/drug store was the main source (44 percentage points out of 49.3 percentage points) of FP methods for the women which means almost 90% of total private sector-based sources (see Figure 4.1 & 4.2).



Antenatal care:

More than three-fourth (82 percentages) of women with a birth in the 3 years preceding the survey received antenatal care at least once from a medically-trained provider but almost half of the women (47 percentage) had recommended four or more ANC visits during their pregnancy (BDHS,2017-18). Simultaneously, the proportion of women with a live birth having four or more ANC visits was also increased in both urban and rural areas. This rate was from 34 percentages (2011) to 59 percentages (2017) in urban and from 26 percentages (2011) to 47 percentages in rural (2017).



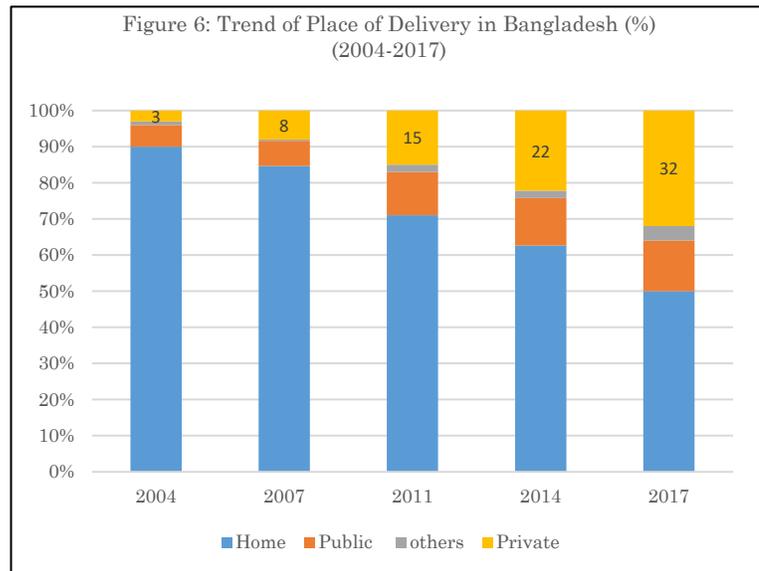
From the figure above, it was observed that ANC service from the private sector was highest and even increased from 43 percentage (2011) to 63 percentage points (2017).

Institutional delivery

In Bangladesh, only 9 percent of births occurred at a health facility in 2004, while the rest were delivered at home. This facility-based delivery rate was improved to about 50 percentage of births in the 3

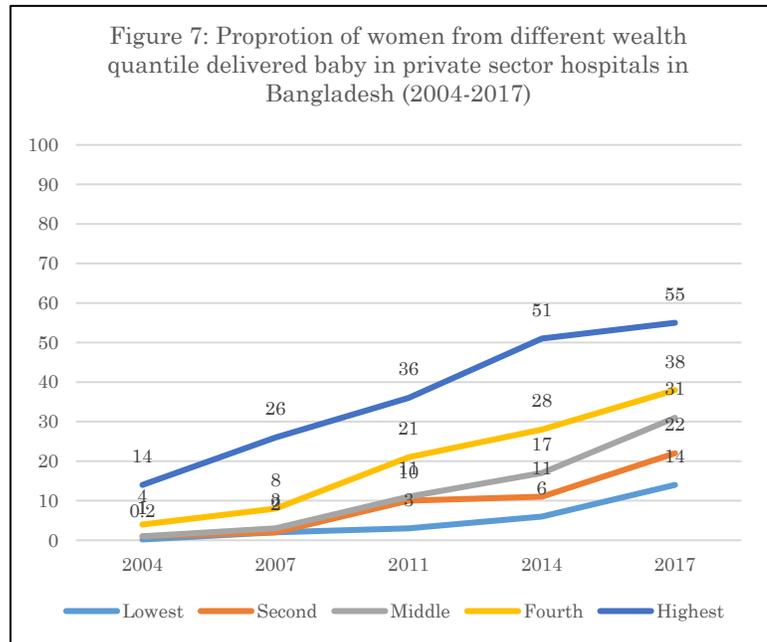
years before the BDHS survey, 2017-18.

The private sector contributed to increased rate of institutional deliveries. The portion of births delivered at private health facilities increased from 3 percent in 2004 to 15 percent in 2011 and 32 percent in 2017 (Figure 6). Private sector delivery increased almost 10.7 fold compared to public sector delivery improved 2.3 fold from 2004 to 2017.



Since 2004, the trend shows that gradually increased portion of women from the various wealthy quintiles gave birth in private sector health facilities. This portion grew from 14% (2004) to 55% (2017) among the women from highest wealth quintiles. In contrast, the portion of women from the lowest wealth quintiles who delivered in private facility grew from 0.2% (2004) to 14% (2017).

Furthermore, Bangladesh has made progress in reducing the gap between the poorest and the richest women in the use of facilities for delivery. In the 2017, 26 percent of births to women in the lowest wealth quintile delivered in a health facility compared with 78 percent of births in the highest wealth quintile. This translates to a ratio of about 1 to 3. In the effort to achieve equity in delivery in a health facility, the HPNSDP sets a ratio of less than 1 to 4 between women in the lowest and the highest quintiles (MOHFW 2011). The corresponding ratios were 1 to 6 (2011) and 1 to 11 (2004).



3.3. Available inputs: Enabling environment, organization, and resources

3.3.1 Key quality policies and strategies for the private sector

According to Kruk et al., (2018), several elements are needed to ensure quality such as a national quality policy and strategy, management capacity at all tiers of the health system, an up-to-date regulatory framework, mechanism to hold public and private providers accountable, and a system to collect and learn how to continuously improve quality. Furthermore, the authors stressed the need about information in building governments' leadership and management skills to engage all stakeholders.

National policies, strategies, and plans for the private health sector

4th HPNSP emphasized to deliver quality services in the private sectors for equitable health care coverage. It allows to develop new approaches and partnerships with the private sector.

The Government representative claimed that they provided loans to a small private organization to offer health services. It was reported that the private sector was waived from tax to import many instruments from abroad. The private sector had the freedom in some

issues, for example, they can buy any type of equipment easily whether it's difficult for the public sector. This indicated favorable policies for them to ensure quality services. In this way, they were working together to provide better health services.

National health policy encourages private sectors to work with the public sector for the management of the health sector in a coordinated manner. If the government collaborates by providing incentives or some opportunities, the private sector would agree to contribute to meet the national MNH goals following national health policies or strategies.

Operationa plan (OP) for Hospital Service Management (HSM), MoHFW highlighted to strengthen the regulatory framework for private healthcare services and the accreditation system for private sectors for improving quality of patient care.

While many talented individuals are interested in improving the system but overall health system sometimes created obstacles to resolve it. Having limitations in staff, logistics, medicine of the public sector hospitals, the private sector could cooperate with the Government in this regard. As the private hospitals provide service to a major portion of patients and in many cases critical ones, therefore the government has to take them under monitoring strictly. Otherwise, the health system cannot ensure the quality of MNH care. With a combined effort, Bangladesh can reduce maternal and neonatal mortality.

Structures and systems/ Governance

The Government has established a network with both the public and the private sector throughout the country. But it was yet to function efficiently. All the public, private, and NGOs are working individually, there was minimal synchronization. In this regard, MoH&FW should enforce its leading role to make all stakeholders contribute to the national health system. Furthermore, all the private health facilities did not have any community linked up a structure that could reach more vulnerable women for MNH care.

Current health structures and systems for the governance of QoC/MNH extend to the private sector. Senior professionals from the private sector indicated that the private sector could not complement the national health system till overcoming the bureaucratic complicity.

Public-private collaboration

A close partnership and collaboration between public and private hospitals is very important for ensuring comprehensive MNH service coverage. According to Policy and Strategy for Public-Private Partnership (PPP), 2010, there was a provision to establish partnership in case of rural health services and hospital under Poverty alleviation initiatives. But to accomplish that, any project need to fulfill one or more eligible criteria according to the International Standard Industrial Classification (ISIC), specified by the United Nations (GoB,2010).

National Quality Improvement Committee (N-QIC) consists of relevant GOB department and professional bodies, development partner representative. They are supposed to support to harmonize and improve the Quality of Care in performing both the clinical and managerial responsibilities of the health workforce. But at Divisional Quality Improvement Committee (Div-QIC) and District Quality Improvement Committee (D-QIC), representatives from NG and private hospital can participate.

Specific approved written policy guideline to facilitate public-private collaboration for QoC and MNH is not available at implementation level. Collaboration is still in the dialogue stage. Only during a policy meeting, major private hospital authority was invited to participate. During hospital license renewal, blood bank license renewal, laboratory license renewal, the Government authority usually visit. After the inspection, it tooks long time for relevant authority to proceed with the licensing formalities.

Also, MoH&FW forms a committee while there was an incident where a patient died. For having special neonatal ICU and maternal special care services, collaboration with the government's program is much needed. Private respondents claimed success in achieving vaccination camp goals. The vaccination program has succeeded both for the public and private hospitals. Like the nationwide vaccination program, the private sector could do a partnership with the Government in maternal and child care issues. In this COVID-19 pandemic situation, they could continue providing maternal and newborn care support, which was reflected as a symbol of the early precaution on this particular issue.

There is nothing like national health insurance scheme in public sector of Bangladesh, but it should be. It's very essential to prevent people from suffering. Many private facilities were to establish health insurance coverage schemes for the patients. But they were interested in providing a quality MNH service at a minimum cost.

Currently, not all the private clinics report to DHIS2 resulting in a missed opportunity to visualize their contribution. Therefore, the Government should initiate having a Memorandum of understanding (MoU) with all the private hospitals and clinics. Some of the private authorities did not want to disclose their overperformance by having the fear of harassment. Though there is a guideline for the development partners/NGO collaboration for Quality Improvement regarding technical support for data analysis and to send performance review findings in a designed format periodically (3month) on the basis of observation with the service providers and clients through exit interview.

The private sector expected that the government would cooperate with the private sector for the improvement of MNH care. Otherwise, they did not show interest to share data and information with the government. At the district level, there was relatively closer formal/informal collaboration between the two sectors. Here, local level Government authority visited but there was no formal communication from the central level to seek support. Also,

they did not receive any formal invitation to participate in training at the national, sub-national level.

“Medical specialists from the renowned private hospital- “.....sometimes they come for surveillance with magistrate or RAB you know. There is more punishment than motivation. You know, rewards are more effective than punishments. We have not seen this kind of scenario yet.”

“During COVID pandemic there is the abundant stock of bleaching powder in the public hospital whether a private hospital could not get. I asked Directorate General to distribute us PPE, but he said there was no Government order. See in this crisis time if we got that help from the Government, then we could offer more services to help people and more motivated to fight against Coronavirus.”- Senior management representative from district-based private Hospital and Diagnostic Centre.

3.3.2 Quality mechanism

Regulatory mechanisms

Experience showed that the worst problems may be avoided or at least managed if regulatory frameworks are adopted at the right time, but once the private sector has grown large, it is difficult to introduce regulation (Akhter A. 2011). A similar opinion was also given by Joarder et al., (2017) as he pointed out that the absence of strong regulatory (Bennett et al. 1997) and mediatory mechanisms in low- and middle-income countries might create the grounds for decreased trust in the private sector. Strong regulatory and mediatory mechanisms are therefore recommended in Bangladesh, a country with a growing private sector. In this regard, the government can take a range of actions to increase regulation over the public and private sectors in order to improve quality standards and ensure the accreditation of individuals and organizations.

The government can determine a national health benefit package, develop legal and regulatory norms, ethical standards for health service delivery with standard treatment guidelines and management protocols, implement patient’s charter of rights, accreditations guidelines, and mechanism for the private sector and provider’s payments (MoH&FW,2012). Quality Improvement (QI) Secretariat (QIS) of Health Economic Unit under DGHS involves the public health facilities and their associated institutions.

HSM, DGHS is also responsible for the governance and stewardship of public and private sector hospitals. For that, legal and regulation framework need to be strengthen, a monitoring and supportive supervision framework should be developed after enhancing the capacity of the implementing agency. Yet, respondents from the private sectors conveyed that there was no such regulatory framework, institutional framework, or quality monitoring from

relevant department. There were many private clinics being set up all over Bangladesh without having any standard monitoring system. This resulted in presence of incompetent medical service providers during any major surgery and failure to deal with complicated cases.

At the district level, the Government authority responded that they had many opportunities to monitor the private sector. They had an inspection team to visit private hospitals. The PHS had to follow some rules and regulations like to take a license to start a hospital. The local authority made a checklist that they had to maintain according to a particular format and then they sent it to the central authority to verify and to provide the approval to get the license. The PHS has to go under a lengthy process and time for their license. Even the government doesn't have any mechanism for accreditation for the PHS which could encourage to offer quality MNH care. Further emphasis was given on such technical monitoring. Without having this, the private hospital had been conducting unnecessary cesarean without any indication. Many hospitals had the gynecological department without having specialized consultants. So medical doctors were unable to make critical decisions that resulted in death or more complication for either mother/newborn. In this situation, it was obvious to make all the private sector accountable to the government for performing delivery care and essential newborn care as per the clinical condition.

Effectiveness of regulatory body

In order to the observation of various national MNH relevant events like safe motherhood day, breastfeeding day, family planning week, pneumonia day - the Government involves NGOs. But the private sector did not receive invitations to participate and contribute to the national events. The private sector does its own ways and separately. Some of the private hospitals have a board or management body to take any decision. They have a committee to publish journals.

Due to not having any surveillance or monitoring visits from QIS, private facilities were used to follow their own healthcare standard. For example, in normal vaginal delivery, the equipment lists in the delivery room were not uniform. But there is a national Standard Operating Procedure (SOP) for maternal health care in Bangladesh. Not all the private hospitals were not aligned with this SOP. And this would be an area to improve and make alignment with the common standardized equipment list. Similarly, all health facilities; either public or private should be ready to offer quality antenatal, postnatal, or neonatal care. The Government should take initiative to streamline all facilities to ensure the quality of MNH care. Also, proper utilization of PHC was a concern.

“There are 90000 beds in the private sector at this moment. But sometimes 50% of these bed remains empty during Ramadan or winter season. If the Government can take initiative to give subsidize their staff, they (Government employees) can avail most of the facilities from PHS. Their bed will be utilized; their recruitment will be utilized. On the other hand, a

Government employee will be benefited from low expenses. For example, in a cesarean section, the cost is around BDT 70000 in a private hospital. But sometimes government employees can't afford it. If there is any insurance facility, they can pay only BDT 20000 taka and the rest can be financed from the insurance package. We can work on this model on a trial basis and develop it further based on initial learning."

Patient's priority in-country context sometimes hamper delivering service with available resources. However, the country's health system must be respectful to the cultures or customs of individuals. Both management and clinician have to give value to the cultural norms of an individual country. It became a concern for the patient's satisfaction with the services. Usually, both the private-and public sector should care about it but not all the facilities always have the provision to fulfill all patient's satisfaction.

Without showing respect to each pregnant woman, it would be difficult to take a medical history from them and treat them accordingly. Achieving trust from a patient could save her and the baby's life.. She shared an incident like this-

"I had a patent for delivery when I was in training in Dhaka. The patient then requested the nurses to insert the baby's head even if it was out, madam will come and deliver. This place of trust needs to be created in both sectors."

On the other hand, few respondents shared their experiences about incomplete consent forms before delivery and their consequences. This was one of the key elements of medical ethics that every facility should follow and maintain. They should think that ensuring the well-being of the mother raised her confidence level. By maintaining medical ethics, the private sector can strengthen ethical practices and cultural appropriateness in the delivery of quality MNH services.

Some of the leading private hospitals monitor clinical governance by a quality assurance committee that measures the quality of services monthly. In case of any maternal or neonatal reported death, there was a practice of doing further analysis to find out the reason behind the death. Another committee that plays a very important role as well as the infection control committee. They measure infection control parameters every month. Besides, hospital management, the clinician was also engaged in monitoring regularly.

3.3.3 Public-private coordination/dialogue

Under the leadership role of MoH&FW, many private hospitals did not follow all the instructions and they did not work in a organized way. On the other hand, participants from PHS realized the importance of leadership. However, there was a weakness in the functionality of their formed association. There should have a strong bridge between the Government and the private sector. A representative from professional bodies pointed out-

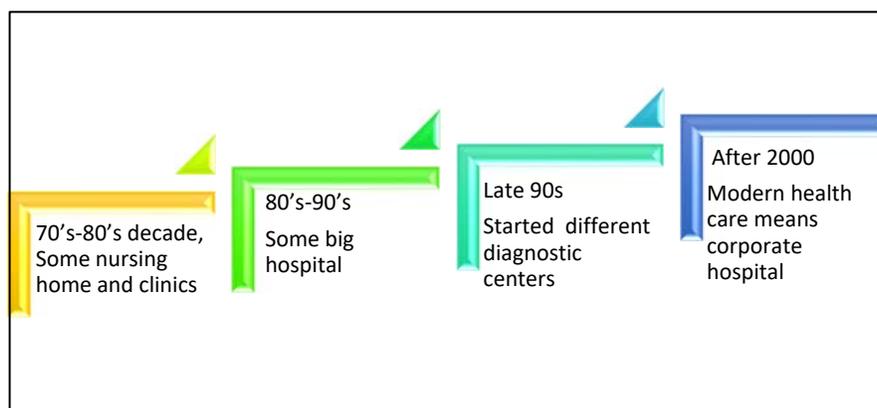
“We don’t have less talented people in our country and I think their talent should be utilized properly. And we all are ready to work with Government if they ask. if the Government can use efficiency properly then I don’t think it is difficult to achieve SDG in time”

Private providers’ networks/ platform

There were several networks within the private sector in Bangladesh. For example; Bangladesh Private Medical Practitioners Association (BPMPPA). This is an association of General Physicians is present which is named as It had more than 5000 members of physicians around the country. One physician needs to have a minimum of 2 years of experience in private practice to be a member of this association. Bangladesh Private Clinic Diagnostic Owners Association (BPCDOA) is another association in the health sector recognized by the Bangladesh Government. Bangladesh Private Medical College Association (BPMCA) was formed in health education. It was established with the approval of the Ministry of Commerce, the Government of the People's Republic of Bangladesh.

Initially, private clinics were established by senior medical professional clinicians but later, the corporate world entered this sector and many private hospitals were owned by businessmen being involved in multiple sectors. For these hospitals owned by a group of companies, authority invested on their own land, built their own infrastructure, appointed architect for the equipment and design, recruited doctor, nurse, operation staff, and paramedic. In this case, they did not have any govt. grants or donations at all. (Figure 8)

Figure 8: The evolution of PHS in Bangladesh



Additionally, there is another nationwide association; the Bangladesh Medical Association (BMA) which is one of the biggest platforms for the doctors who were registered in Bangladesh Medical and Dental Council (BMDC). This BMDC is a

constitutional body that recognizes medical qualifications and registers all doctors to practice in Bangladesh who graduated from both public and private medical colleges.

Private organizations have their structure and policy. It was acknowledged that many private hospitals have doctors of international standard and they have been providing quality health services. Both the sectors had to collaborate whenever required. At the district level, few examples of joint participation were seen.

“..... I have selected a government hospital and a private hospital in my district as a dedicated COVID hospital. They were agreed positively with this. When we asked them to give support, they agreed to give their logistic support also. During the COVID 19 situation, I brought emergency oxygen cylinders from the private hospital for our district hospital. Similarly, the private sector will continue to cooperate with the public sector willingly. We need to serve people which so we can do together”

Initiatives for coordination

The Obstetrical and Gynecological Society of Bangladesh (OGSB) is one of the national professional bodies. In collaboration with both the government and many development partner organizations, they have been contributing not only in delivering MNH services but also position themselves as policymakers regarding any issue of maternal health care. OGSB representative proposed for a committee of public-private partnership which can monitor the quality of health care services. This committee can support the respective monitoring wing of the MoH&FW. To establish a model for quality maternal health, all the administrative and bureaucratic barriers of the Government and its departments need to be resolved. They need to make a pathway for the private sector to come forward for effective participation in the national health system. It should also be bear in mind that policymakers should accelerate this work. Furthermore, it was also suggested to use modern technology, if required to fasten the process. A reflection from private respondent-

“Magnesium sulfate is important to treat eclampsia. We ask for this for more than 2 years but the Government responds slow. We came to know that the production of magnesium sulfate injection has started. But it is not available in the pharmacy store and because of its slow-selling, it became expired without any use. Eventually, the medical prescription of a doctor cannot be fulfilled by the seller to keep this injection to treat eclampsia patients, they don't want to keep this because of its expense and slow-selling process and to avoid compensation. This drug should be supplied to the hospital by the Government only. Despite the wishes of the government, it took them two years to bring this drug. It is not acceptable if eclampsia patients especially young mothers died due to the unavailability of this drug.

For new-bonr health, Bangladesh Neonatal Forum (BNF) has been working at national level since late 90s The neonatologists and pediatricians are members of this forum. They have many branches all over Bangladesh to improve the neonatal care service. They arrange seminars in medical colleges and hospitals, publish a journal on neonatal cases, complications, management updates. In few cases, they offer scholarship to do further study in neonatology. Both OGSB and BNF arrange conference to exchange knowledge and attempt to provide updated information from other parts of the world to Bangladesh.

3.3.4 Market Conditions:

Market conditions (resources) as reported by the private sector

There is a competition between different PHS. Resources for the PHS is very important. Usually, a private hospital was established with the help of bank loans; Therefore, they aimed to return that money to the bank as soon as possible and get high profit. Respondents pointed out about the diagnostic facilities including ultrasonography, and about its charges. At the same time, they had to maintain a good relationship with all of their clients. The availability of skilled staff at different departments of the hospital and senior medical professional create business competition within PHS. Additionally, customer relations and quick service delivery to pregnant women both in outdoor and indoor facilities are considered to be the factor for positive marketing.

Likewise, the national-level business competition was a concern at the district level. They can send the patients back if there is no opportunity to treat by themselves or if they found it risky to manage complicated cases. They preferred to avoid considering reputation concerns. Likewise, at the national level, the shortage of specialist doctors at district level private hospitals was one of the key reasons. Respondents from PHS from the district level identified that PHS arranged referral fees, gave the inadequate amount of medicine, and asked for excess money from the patient. Some of them revealed that new private hospitals at the district or sub-district level appointed village doctors instead of qualified doctors to have more profit. Sometimes, these village doctors also received a commission from the hospital for referred cases. All these can ruin the quality of MNH care. A district-level hospital manager expressed the competition like-

“Also we offer patient’s families to visit our hospital to get quality service at reasonable costs such as cesarean with medicine for \$36 only and all the procedure will be safe for mother and new-born. But sometimes other clinics try to take these patients away by offering a lower cost than us such as cesarean for \$29.”

Overall, there was no alternative to providing quality MNH services for the continuation of the business, attract more patients, and create more demand in society. But some of the PHS faced barriers from the beginning to ensure quality MNH services like limited facility of transportation, information lack of updated information about clinical management, and finally, the financial constraints.

There was no visible competition between the public and private sectors. But the private sector does not have an extended team for the field like the public hospitals. So the private sector could not reach the patients at the community level. If they get the opportunity to work at the root level with the collaboration of the government this could be helpful to promote private services. Furthermore, the public sector cannot manage the daily patient load they have which could be solved by the private sector, if there is a strong collaborative network.

“Patients are more interested in the private sector than the public because the private sector has more sincerity than public and worked with more manpower, instrumental support, and others. There is no sign of negligence”

Usually, the private sector did not get any financial support from the Government. They had to finance everything on their own. PHS had to arrange on the job training after hiring doctors, nurses, and paramedics. It could be done jointly. Also, there is an example like BIRDEM hospital in Dhaka that receive financial support from the government. It means that the private hospitals have the scope to get these supports from the government. After then they can decide how they use these. On the other hand, there was a lack of manpower in the public sector but have a training center for themselves. Again trained nurse/ midwives from PHS intend to shift to the Government job when declared resulting gaps in PHS to continue quality MNH care at the same pace throughout the year.

“We run a hospital of 350 beds with around 500 nurses. We trained them. In the last few years, the Government announced the recruitment of 5,000-6,000 nurses. So the private sector helps to recruit trained manpower. Around 97% of the people who were trained from a private facility, selected in the public sector; this is our big challenge for us. We don’t get quality manpower. We have to work with new people. So more nurses need to be hired with the doctors as well. Because you know that in our country there is 1 doctor for every 10,000 people. And the ratio between doctor and nurse is supposed to be 1:3 where it is 1:2.5 in reality. To overcome this, both the Government and the private sector should take initiative. More medical colleges should have a nursing institute. Then we can overcome this crisis by 3-5 years.”

Market conditions (resources) as reported by the public sector

According to government representatives, there was no specific competition between the public and private health sectors. However, facility readiness to provide MNH services could be different. Where thirty-one percentages of district and upazilla public health facilities were ready to provide ANC service as per WHO definition, but only two percent of private hospitals met the criteria (Bangladesh Health Facility Survey,2017). The same report also emphasized that only one-third of the private hospitals could perform all the nine signal functions of comprehensive emergency obstetric and newborn care (CEmONC) during the past 3 months of the survey period whereas almost half of the district level public health structures could do it. Manpower, capacity building, essential medicines, logistic & equipment, and cost of services made the two sectors diverse. In the case of general services, the public hospital had preparation with the financial and technical support from international development partner organizations which was absent for private sector hospitals. Both the sectors have their own limitation and they are acknowledged accordingly. The public sector was not as cordial as the private sector. The Government took many projects spending a huge amount of budget, appoints project directors, manpower, and arranges meeting sessions. But results were not up to the expected level. Less focus on the health sector itself may be one of the key reasons.

It was recognized that the private sector had been helping to fill up gaps in the public sector by covering a good number of GynObS patients because the public health structure could not

provide services efficiently with limited resources. The private sector developed the first positive impression on patients with well decoration, neatness, and cleanliness. They also maintained it systematically. There was a lack of such a welcoming environment in the public sector that the public sector could learn from them. Furthermore, a representative from the public sector regrets not having such an offer to attract more patients but showed their eagerness to change the situation.

“It’s not only for what I have as a good financial backup, but also we want to ensure the proper service, time, opportunity, neat and cleanness, and many issues. In public hospitals, we need more seats, services in a widespread way, but we can’t able to fulfill these. That’s why the private sector supports us in parallel.”

The contribution of the private sector was acknowledged widely.

“We are grateful to the private sector. Cause it wouldn’t be possible to reduce maternal and neonatal mortality except for the vital cooperation of the private sector with the government. In a word, the private sector makes strengthen the strategies taken by the government”- member of a professional body

However, it was pointed out that most of the delivery by cesarean section was performed in a private hospital than a public hospital. Additionally, study respondents reminded that the government had given the opportunity to the private authority to provide health care to this huge portion of people. Regarding technical staff concerns, there is only one post for a gynecologist in the district hospital. Due to limitation in facility readiness for delivery care, she might be demotivated to offer /utilize her expertise in the public facility. On the other hand, the same person was earning money by providing service through private clinics in the same area. Here, besides, financial issues, she might have better working environment with adequate facilities required even during emergency case management.

“I should advise the patients as it is a universal decision. But he/ she has every right to choose where he/ she wants to go; either a public or private hospital, nobody can say it’s a wrong decision”- A Gynecologist from sub-district level

It was further stated that the Government should look into the matter of maintaining any standard and costing with the name of quality care in a private hospital as well. Otherwise unified health system for MNH care would not be effective and people would not get benefit out of it.

3.3.5 Private sector accountability

- Availability of feedback mechanism

The accountability mechanism is one of the vital components of quality MNH. This should be in place at the site of health service delivery. It was found that there is a lack of presence of accountability mechanism like client feedback collection in most of the private hospitals. Respondents highlighted that the hospital authority were less likely to check the complain-notes even there is any, But it's very much necessary to check the notes and complain-issues regularly. Furthermore, there was minimal standardization of measurement of patients' satisfaction. A grading system can be implemented. For PHS, consumers' rights and laws were very much important. Some study participants from both sectors highlighted the importance of having some system regarding the reflection of the client's feedback.

“Of course, it's very necessary to take patients' feedback. We have a complain-box in our hospital and the patients submit their notes here. I have a plan that if we can provide them a form with some questions and answer options. So we can know their opinion and our lacks.”
– PHC representative

Another participant stated that

“Patients are like a mirror of a hospital. When a patient goes hospital to take treatment, he/she is so sensitive to his/her satisfaction or dissatisfaction. So if the authority takes it seriously and takes steps whatever they can, it would be fruitful.”

Because of not having an accountability mechanism, many incidents occurred. Few of them, came to know. Respondents mentioned that it was a moral duty for the head of a PHS / organization to install this system to be transparent with their clients. She/he could lead the process so; all the staff would bound to follow. So when the Government visited the private sector then the accountability would not be only in papers but also in their regular services.

“We have a quality improvement team, who visits all time here. We collect the patients' feedback by a form. Also, we take the suggestion, lacking the service they take. After then we identify the comments and try to solve those issues by the quality assurance team.”- a representative from the Government hospital

“We have complained about the box here. Firstly, if there are complaints, they can give them in writing or verbally to the chairman. Secondly, for reporting, we have some experts who are also a partner of this hospital.There are separate waiting rooms, washing rooms in our hospital for the patients. We accept complaints from the patient and discuss those with management and staff. We instruct staff to take the necessary steps so that patients do not complain”. - authority of a PHS from sub-district level”

- Health facility should be accountable to her maternal care Another experience was shared by a medical officer at the district level-

“Almost 5-6 years ago, I could not find the head of the baby while doing ultrasonography of referred pregnant women. But I could see the head outside through the vagina of that woman. Staying in the ultrasound room, I started to take preparation to deliver the baby without any

delay. After the cord-cutting, the baby was not breathing and crying. The 20 bedded hospital had nothing. Then I carried the baby with a help of local transport leaving his parents to another private hospital. Though I did not do any operation at his private hospital, the owner came forward to help us and to save the baby by arranging an oxygen cylinder and other necessary logistics available. With all these, the baby survived on that day. Parents had no speech to acknowledge my dedication and expressed their extreme happiness to see their newborn baby. This was a memorable day in my medical career. I felt happy to contribute and use my training on Helping Baby's Breath (HBB)”

- In Bangladesh, there is a lot of improvement in the national health MIS system. However, there was minimal information on the private sectors. Not all the PHC submit their periodic report to the national platform. Due to this situation, MoH&FW cannot get a comprehensive MNH service situation, and the contribution of PHS could not be visualized fully. So, there should be a properly structured format for this sector. The government should collect their information by either increasing manpower and appoint a focal point for the PHS. Professional body representative shared their experiences like-

“/.....we are working on family planning for a long time with a private hospital but there is no information in MIS. There is no bilateral support as well. So we don't get the exact view there. Moreover, the antenatal care we give in the private clinic they are not counted as well. There are many talented officers who can work on this. Maybe they are working in an optimized situation but still by the proper structure it can be increased.”

- The government doesn't provide any incentives for reporting for the private sector. But within the government system, there was a mechanism to discuss and share performance data between national and sub-national level every week through telemedicine. Due to digitalization, many improvements such as data were available and could be updated altogether.
- Gynecologists from the public sector expressed that PHC could not gather or store enough information when needed. But there was an urgency to keep updated on this issue. They believe that any hospital was able to report any time on MNH services including delivery care. It was mainly required to have information about patients' admission, death, and how they recovered if any complication. From the sub-district level, PHC pointed out that they provided a report to UHFPO (Upazila Health and Family Planning Officer) monthly particularly about the number of cesareans, normal delivery, and non-operational.
- Public health authorities urged that there was a need to understand reporting but the private hospital usually did not show interest to disclose their reports. One of the reasons might be doing many operations without indication. Therefore, PHS should go under monitoring to let them understand the importance of quality service. Respondents also pointed out that there was an opportunity to enrich national achievements if they had quality recording & reporting of services. With that, health sector could show an example

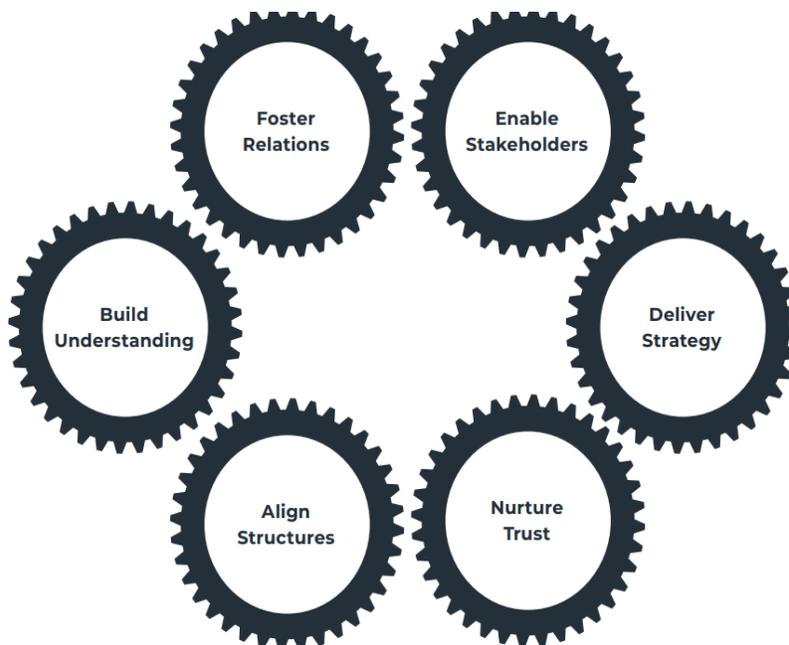
from Bangladesh about reducing maternal and child death. Government has the intention to improve the comprehensive country portfolio in the MNH. PHC could contribute a lot to it.

- If the presence of accountability can be ensured in the PHS in a structural way and engaged in the national health MIS system, the Government can have played a stewardship role properly. Till now, there was a lot of improvement in the health MIS system. In MIS there was information about the public hospital but very limited information about PHS.
- If the private sector became accountable and engage in HMIS then it would be easier for planning and bilateral cooperation. For example, PHS had been providing family planning services for a long time but there is no updated information in HMIS. Therefore, no scope was created for bilateral support as well. At the same time, policymakers could not get the exact scenario of the country. Similarly, for antenatal care. A significant portion of pregnant women from both urban & semi-urban areas visited private clinics that remained outside of total country-level calculation.

4. Recommendation

WHO strategic framework shows that the way about mixed health system comprising public and private sector to achieve good governance behaviour for universal health coverage.

Figure 9 : Components of governance behaviour (taken from WHO report,2020)



4.1 Enable stakeholders

- A standard set of protocol and accreditation system should be in place in regulating (e.g. licensing, accreditation, credentialing) and governing its provision of quality MNH services. Otherwise, different hospitals would offer different services which might cause increased morbidity and mortality. The accreditation standard development is under process but it was being delayed due to the priority shifting for COVID -19 pandemic.
- There is a need to change legislation regarding dual practice by medical professionals. By involving in the private sector, they can earn more money. As a result, they can't give their full attention to the public sector. It should be reorganized. The government should make a law that they can't make dual practice. In Bangladesh, senior medical professionals of the Government hospitals could not do any private practice during office hours. But after office hours they were allowed to do so and surgeries at their own hospital or clinics. They were not well aware about any legislation barrier. So it would be useful to update the legislation and to share with all professionals. But it was informed there was guidance like labor law for the nurses.
- In general, more policy research will be required to determine how the core weaknesses among private organizational environments, including quality control, real data sharing can be taken care of as a means of accountability and transparency. It is also important to create evidence on who to improve govt capacity to govern private sector as well.
- To increase the coverage in terms of the provision of quality MNH services the government can invite the private sector because it was difficult for the government to ensure MNH care for all in a locality. That's why the two-way communication system can motivate both the sector to come forward to support each other. Collaboration can be established if the government can take some initiatives to fill up the gaps in private hospitals for the equipment & logistical support. The government can invite medical professionals (e.g. doctors, midwives) in the training relevant to MNH services. In fact, private hospitals encourage their staff to get training from the government even they want to bear training expenses by themselves. Sometimes, the government was unable to give them some allowance. They may be happier if they get an allowance. There are some NGO which does not allow their employee to get an allowance from the government because they provide them an allowance. Such an opportunity could increase the confidence of staff and offer quality MNH services.
- Some of the private providers can offer clinical training and attachment with the local medical and nursing schools. They can build more human resources for the clinical services specialized in quality maternal and newborn. This can result in a balancing ratio for the overburdened hospital and contribute to the ecosystem of the number of healthcare professionals. Such an effort can improve the national health system and meet the public demand for quality health care.
- Private providers themselves can recognize a measurable patients satisfaction and the health ecosystem can boost their brand, giving a competitive edge in the market,

reassuring patients, inspiring their staff, and ultimately help to decide for further investment. A framework can be used to uphold the motivation of the service providers, either by arranging incentive or payment regime on service specification. This can regulate the health system mainly at a peripheral level where a large portion of service providers are practicing as either unqualified or underqualified (Wadge et al., 2017).

- The MoH&FW can arrange grants to establish a private hospital if anyone shows interest. The private sector works with its own funding, they don't get any help financial help from the government. One respondent shared that the Ministry of Social welfare took initiatives and requested some private hospitals to make some seats free of cost for patients or take less charge, in return they will give some grants. This system may still exist in a few private medical college hospitals. But it remains to be seen how effective it will be after taking the incentive. So monitoring is also important. As the private sector is doing all by maintaining their standard. Now a day, the land is very expensive. If it is easier to buy land, a significant portion of finance will be saved which can attribute to improving quality health care by allocating for machinery and modern technology to save mother/newborn. Therefore, government grants can ensure high-quality MNH care. The first condition will be given to following all the relevant national guidelines of quality MNH care. It can be a model for Bangladesh and other LMIC countries. Simultaneously, government departments can take pride in it.
- Establishing a referral network including pre-hospital emergency is important. Area wise directory of all relevant hospitals, clinics can be established. The environment for a need-based referral system is yet to be matured/ formal in Bangladesh. Here, patients were referred to at the last moment when there was nothing to do to save his/her life. The referral system is necessary because not all preparation is available in all hospitals and in remote areas. Because of the long queue, private hospitals did not show interest to refer any patients to public hospitals. They claimed that

“.....Actually there is corruption. Moreover, if there 50000 people are behind 500 bedded government hospital, then there will be a big competition so patients come here to avoid this situation.”

There were also some bottlenecks on the way to collaboration.

“.....relationship is actually for policing. What we know till now that Government will not help much. If we do any mistake, then they will be there to identify it.”

4.2 Nurture Trust

The government can create such an environment that may be able to establish mutual trust among the actors and work together, otherwise, it will be difficult to establish effective collaboration. Both sectors can have MoU to exchange support from each other.

- Certification system can be developed, taken the example from other countries. A third party can be engaged to facilitate the licensing formalities, reducing existing complex mechanism,
- Some of the respondents reported about the need-based referral of pregnant women from private facilities to another private hospital. However, it was not the general scenario for the whole country. A private hospital should know the comprehensive list of facilities where all types of MNH management can be possible. This could not be done in a public hospital because of the unavailability of 24/7 emergency obstetric care. Study participants from the district level mentioned the scarcity of ambulance services and relevant expenses. This was one of the barriers to creating an effective referral mechanism in the country. Hence, the number of the ambulance should be increased for the benefit of the patients.

“I don’t think that any private hospital exists in Bangladesh where the public hospital can refer patients because they don’t have that kind of infrastructure. Private hospitals refer patients to public hospitals. But Public Hospital doesn’t refer a critical patient to a private hospital.”

- Every service provider with facility has to be prepared for an emergency or critical mother or newborns. Every facility should have immediate neonatal care management preparation. BHFS (2017) showed that only forty percentages of the private hospitals having normal delivery had 7.1% chlorhexidine solution. Without having comprehensive preparation, it will be incomplete management. There is no benefit at all. Therefore, it is necessary to make sufficient facility readiness in both the public and private health structures. If required, we need to create a culture to seek emergency support from other facilities where a specialist is present. It was acknowledged that an effective referral system can play an important role to reduce maternal mortality.
- More training on medical counseling will be required for the doctors, midwives. Now a days, few incidents occurred with the poor patients in the hospital especially at the district / sub-district level because they are not financially stable to meet up the cost of treatment. In order to manage few unexpected cases in hospitals, the authority may keep some budget for the poor and vulnerable people of the community. At the same time, management should also look for the providers’ side as they suffer from frustration for many reasons. In this regard, good work should be rewarded such as raising the grade which can further motivate others. Supervisors should nominate them for relevant training to improve skill and knowledge on better performance.
- The health system should be patient-friendly and the medical education system also should be people-friendly so that future doctors and nurses can work with a service attitude. Most of the future doctors and nurses are not fully aware of the country's infrastructure and the country’s health needs. In the medical education system, orientation of health system, maternal and newborn health coverage can be integrated, so they can be updated with public health information before entering into their own profession. With such effort, capacity of the health workforce will be increased and they can contribute more for the country.

- Involve service providers from PHS in capacity building program on quality improvement (QI) and quality assurance (QA), organized by DGHS, MoH&FW. This approach can help to develop a motivated and skilled workforce. They will learn how to collaborate closely with the private sector. By improving quality, equity, and efficiency across the health service delivery Universal Health Coverage (UHC) can be attained.
- Incentives can be introduced for private investments in the provision of quality MNH services. The Government can easily organize a reward function announcing /publishing the best performer private hospital in quality MNH care every year. A standard marker can be set to consider as the best performer. Besides doctors from the public and private category separately. It will not cost so much but instead, we will offer quality MNH care to the general population. Thus will improve the perception of the quality of care among district-level private facilities as well because they assume financial support from the Government can improve service quality.
- Knowledge exchange practices-A learning health system with the partnership of all the health actors including private sectors can be established. During the national seminar, observation of a national event, international conferences held in our country where every stakeholder can share their experiences and knowledge. In the same event, some presentation can be given jointly by both Government representative and their private facilities. More workshops, seminars, and training can be arranged from the Government where medical service providers and management people from the local level private hospital can participate and contribute. Thus, they would be updated with learning and increase technical capacity.

4.3 Foster relation

- Personal communication between doctors from a public hospital and private facility influence the referral and management of mothers with medical complication and newborn with respiratory problems. Moreover, the financial status of the patients guided to identify facility with comprehensive MNH care. It was time to decide where to refer. Shifting towards decentralization was highlighted so that the health system could save many lives from the way to the hospital.
- Professional bodies from at various level can be more activated and engaged in facilitating training, organize learning sharing events and policy review.

4.4 Build understanding

- There should be a properly structured reporting format for this sector. The government should collect their service information by either increasing manpower or given access to HMIS to give data entry. Within the Government sector, there are many talented officers who can work to make a bridge between the two sectors. They may need to take the optimal

opportunity for PHS, so PHS will be interested to contribute to providing service-related data, information into the national HMIS. A common dashboard can visualize the performance of both public and private sectors.

- There can be opportunities/systems to facilitate greater reporting by the private health sector to national health information systems (e.g. DHIS 2). All the data can be organized as per the department of service delivery from a hospital like OPD, IPD, admission, OT, complication, referral, mortality with causes. It will be helpful for a health administrative to see on one screen on a daily basis. It can be analyzed regularly and can take a necessary decision for the hospital and fill up the gaps identified.
- As part of eligibility for annual renewal of the license, all the private health facilities and organizations can be asked to create electronic health data reporting as per schedule mandatory; so all the private hospital/ clinics will report regularly. This is also directed in the operational plan (OP) of Health Information System and e-Health (HIS & e-H). In this document, the establishment of a public-private partnership (PPP) was also recommended as per the need to improve the infrastructure, capacity to deal with health MIS.
- All the activities done by private hospitals/ clinics can be brought into the audit to make them accountable to provide quality services. Such an audit process can help to understand opportunities and gaps more clearly in regards to the quality of services. Providing feedback from the patients in Bangladesh are not culturally sensitive. Their perception was not clear about the outcome of feedback. That is why they did not show interest in giving feedback before taking discharge from the hospital. We can propose, promote the culture of providing feedback for the sake of quality MNH care. More awareness program can be designed to develop such culture.

5. Conclusion

With a view to achieve Universal Health Coverage and to reach SDG goals, a comprehensive strategy should be in place. As the Bangladesh Strategic Investment Plan is also aligned to the goal of achieving UHC highlighting every citizen's right to gain access to quality healthcare without incurring economic hardship, the government has to engage PHS because of their significant contribution to MNH service coverage. In the meantime, equity for high-quality health care has to be ensured and accessible for the vulnerable and underprivileged population. So far, the role of the private sector is clearly defined in helping to achieve UHC – success is most likely when the private sector works together with the public sector, within a strong and transparent regulatory setting. Strengthen health governance, development and its utilization of a high-quality health workforce is very important now.

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Annex 1

Informed consent form (English)

Form #1 MaMoni Maternal and Newborn Care Strengthening Project

Save the Children

INFORMED CONSENT DOCUMENT

Written Consent: Key Informant Interview

Study Title: Mechanisms for engaging the private sector in planning, delivering and demonstrating accountability for quality maternal and newborn health services: Evidence from Bangladesh

I am working for MaMoni MNCSP project and now conducting a study on ways to engage the private sector in delivering quality maternal and newborn services.

What you should know about this study

- You are being asked to join a research study.
- This consent form explains the research study and your part in the study.
- Please read it carefully and take as much time as you need.
- You are a volunteer. You can choose not to take part and if you join, you may quit at any time. There will be no penalty if you decide to quit the study.
- During the study, we will tell you if we learn any new information that might affect whether you wish to continue to be in the study.

Purpose of research project

We are *working to document* the mechanisms for engaging the private sector in planning, delivering and demonstrating accountability for quality maternal and newborn health services. The goal of this research is to improve maternal and newborn health services in private sector.

Nature of research (type of research intervention)

The research will involve conducting interviews with key informants (stakeholders) involved in both the public and the private health sectors in Bangladesh. We estimate conducting approximately 28 key informants interviews amongst participants from the public and private health sectors. The interviews will last approximately one hour.

Participant Selection

You are being invited to take part in this research because we feel that your experience and knowledge of Bangladesh's national health system, both the public and private sectors, can contribute much to our understanding and knowledge.

Participants' involvement

- **Duration/what is involved:** We are asking you to help us learn more about how the private sector works within the national health system to deliver quality maternal and newborn health services. If you accept, you will be asked to participate in a key informant interview lasting approximately 60 minutes.. The information recorded is confidential, and no one outside of the project research team will access to the information documented during your interview. The entire interview will be audio-recorded, if you consent, but no one will be identified by name on the recording. The audio-recording and a transcript produced from this recording will be kept on a password-protected computer and backed up on a password-protected hard drive. The information recorded is confidential, and no one outside of the project research team will have access to the recordings or transcripts. The recordings will be destroyed after 2 years, in order to ensure enough time for writing up the findings. Should the final publications be written up and published in less than two years, the recordings will be destroyed earlier. If you do not consent to the interview being audio-recorded, the interviewer will take written notes.

- **Potential Risks**

There is a risk that you may share some personal or confidential information by chance, or that you may feel uncomfortable talking about some of the topics. However, we do not wish for this to happen. You do not have to answer any question or take part in the interview if you feel the question(s) are too personal, or if talking about them makes you uncomfortable. If you become stressed, you can take some time to collect yourself. If you become uncomfortable from the prolonged sitting (approximately 60 minutes), you can take a break to stretch. You can also stop your participation at any time.

- **Benefits**

The intention of this study is to contribute towards improved understanding the private health sector's role in delivering quality maternal and newborn health services in Bangladesh.

Costs

You will incur no costs for participating in this research, apart from time and opportunity cost of approximately 60 minutes during which you will complete the interview.

- **Compensation**

You will not be provided with any incentive to take part in the research.

- **Confidentiality**

All the information that you provide during the interview will remain anonymous, which means that no one will be able to know who you are. This conversation usually takes around one hour but sometimes takes shorter or longer. I may ask you to share some information that is personal. The information you provide is confidential and will be kept private. I will not share personal information about you with anyone. The recording and any other information about you will have a unique number on it instead of your name. Only I and the other members of the research team will know what your number is. Findings from the research may be published, but no details from which you could be identified will be shared with anyone. All data from this project will be stored securely.

- **Voluntary participation/withdrawal**

Your participation in the study is entirely voluntary. It is your choice whether to take part or not. If you choose not to take part, there will be no negative consequences. You may change your mind later and stop taking part even if you agreed earlier. You do not have to give reasons for choosing not to take part. If you would like time to think before you decide whether to take part, you can tell me and come back at a later date. If you agree to participate, I will ask you to consent to the information shared in this form to show that the study has been explained to you and that you agree to be part of it. You will have the option to give your approval by whatever method you prefer: signature, thumbprint or verbal consent with a witness. You may decide to end your participation in the interview at any time if you do not feel comfortable about continuing.

- **Outcome and feedback**

Participants will be contacted in the event that any further clarification is required. Some interview participants may be contacted to participate in a multi-stakeholder dialogue meeting to discuss these topics in greater detail. The data gathered by this study will be analyzed and written up in a document that presents the findings on mechanisms for engaging the private sector for improved maternal and newborn health services in Bangladesh. Reports and publications will be made publically available through the WHO Quality of Care Network.

- **Feedback to participant**

You will be contacted in the event that any further clarification is required. If you are interested in being contacted once the findings from this research are publically available, we will share the final report(s)/paper(s) with you.

- **Funding information**

This research is supported by the World Health Organization (WHO), Save the Children Bangladesh, and the United States Agency for International Development (USAID).

- **Sharing of participants Information/Data:** The World Health Organization, Save the Children Bangladesh, and USAID will own the data generated by this study in Bangladesh.

Provision of Information and Consent for Participants

This Informed Consent Form has two parts:

- Participants' Information Sheet (to share information about the study with you)
- Certificate of Consent (for signatures if you choose to participate)

You will be given a copy of the full Informed Consent Form (Participants' Information Sheet and Certificate of Consent) once it has been signed, thumb-printed, or verbally agreed to in the presence of a witness.

PARTICIPANT'S STATEMENT

I acknowledge that I have read or have had the purpose and contents of the ‘Participants’ Information Sheet: Key Informant Interviews’ read and satisfactorily explained to me in a language I understand (*name of language*). I have had the opportunity to ask questions, and any question I have asked has been answered to my satisfaction. I fully understand the contents and any potential implications as well as my right to change my mind (i.e. withdraw from the research) even after I have signed this form.

	YES	NO
I have been given an opportunity to ask any questions I may have, and all such questions or inquiries have been answered to my satisfaction. I have been informed orally and in writing of whom to contact in case I have questions.		
I give my consent to participate in this study.		
I agree to participate in a recorded interview.		
I give permission to include my information, without my name, in your research findings that will be shared and published.		
I would like to be contacted once the publications from this research are publically available to be shared with me.		

Who do I call if I have questions or problems?

- Call the Principal Investigator, Ms. Minara Chowdhury, +8801700779600 for Bangladesh, if you have questions, complaints, or get sick or injured as a result of being in this study.
- Call or contact the Bangladesh Medical Research Counsel (BMRC) if you have questions about your rights as a study participant. Contact the BMRC if you feel you have not been treated fairly or if you have other concerns. The BMRC contact information is:

Address: Bangladesh Medical Research Counsel (BMRC)
 BMRC Bhaban, Mohakhali. Dhaka 1212, Bangladesh

Telephone: +880 2 8811395

Fax: +880-2-8828820

E-mail: info@bmrcbd.org

I consent voluntarily to be a participant in this research study.

Printed name or initials of participant

ID code

Participant’s signature OR Mark (please specify)

For participants consenting by thumbprint:



Thumbprint of participant:

STATEMENT OF WITNESS (where applicable)

I was present when the purpose and contents of the Participant Information Sheet was read and explained satisfactorily to the participant in the language he/she understood (...*name of language*)

I confirm that he/she was given the opportunity to ask questions/seek clarifications and same were duly answered to his/her satisfaction before voluntarily agreeing to be part of the research.

Name:.....

Signature..... OR Thumb Print.....
OR Mark (please specify).....



Date:.....

Annex 2

Questionnaire or interview schedule (Both Bangla and English)

This includes the six interview guides that will be used in this study:

1. Interview Guide for Key Informants in Policy and Administrative Roles in the Private Sector
2. Interview Guide for Key Informants in Policy and Administrative Roles in the Public Sector
3. Interview Guide for Key Informants in Regulatory Roles in the Private Sector
4. Interview Guide for Key Informants in Regulatory Roles in the Public Sector
5. Interview Guide for Key Informants in Service Delivery Roles in the Private Sector
6. Interview Guide for Key Informants in Service Delivery Roles in the Public Sector

The interviewer will choose which guide to use based on the participant's role (policy/administration, service delivery, or regulation) and the health sector (public or private) in which the participant works.

Study on Private Sector Delivery of Quality Maternal and Newborn Health Services

1. Interview Guide for Key Informants in Policy and Administrative Roles in the Private Sector

Participant ID: _____

Date: ____ / ____ / ____

Start time: ____: ____

End time: ____: ____

Language of interview: _____

Translator's name: _____

Facilitator's name: _____

Have you already:

- Introduced yourself?
- Explained the study's objectives?
- Completed the informed consent procedure?
- Explained the interview process?
- Shared the project's definition of the private sector?
- Presented the six dimensions of quality care (i.e., care that is safe, equitable, accessible, acceptable/patient-centred, effective, and efficient)?

*Ask participant if s/he is still ok with audio recording the interview. If yes, **TURN ON THE RECORDER AND NOTE THE PARTICIPANT'S ID NUMBER ON THE RECORDING.***

[This interview has seven sections about topics related to policy and administration. At the start of each section, I will provide a brief overview of what we will discuss. If you do not feel capable of answering a particular section based on your role and expertise, we can skip that section. For each of the questions, our focus is on quality of care and maternal and newborn health. We are especially interested in services for childbirth and immediate neonatal care.]

1. To begin, can you tell me about your role? How does it relate to quality of care (QoC) for maternal and newborn health (MNH)?
2. From your perspective, how open is the private sector to working with the government and/or Ministry of Health?
3. What role do you see for the private sector in providing quality health services and products, particularly for mothers and newborns?

A. POLICIES, STRATEGIES AND PLANS

[I would like to discuss issues related to policies, strategies and plans for the private health sector, QoC, and/or MNH.]

1. What national policies, strategies and plans most impact how the private health sector contributes to national goals for MNH and QoC?
 - a. How well are these policies being implemented?
 - i. PROBE: If challenges exist, what are they and how can they be addressed?
 - b. What platforms exist for private sector participation in the formulation and implementation of policies/strategies/plans related to MNH/QoC?
 - i. PROBE: How are these platforms working?
2. What policies/strategies/plans exist to facilitate public-private collaboration for QoC and for MNH?
 - a. How well are these policies/strategies/plans being implemented?
 - b. What can be done to encourage better coordination and public-private partnerships in health?
 - i. PROBE: What can the private sector do?
 - c. What is the potential for better coordination and/or public-private partnerships to expand access to priority health services and products?
 - i. What are concrete areas in which to expand the private sector's role in addressing national health priorities for MNH?
 - d. What technical assistance would your agency/organization require in order to actively collaborate with the public sector?

B. LEADERSHIP

[I would like to discuss the effectiveness of the existing leadership systems and structures for quality MNH services within the private health sector.]

1. I would like to discuss the effectiveness of existing structures and systems for governance of quality of healthcare. *[Briefly describe the existing structures and systems based on the literature review.]*
 - a. Do existing structures and systems for governance of QoC/MNH extend to the private sector? If yes, how do you engage with them? How effective are existing structures and systems in providing support/framework to delivery quality?
2. How can the national health system influence activities of the private health sector so that they contribute to meeting the national MNH QoC goals and objectives?
3. From your perspective, how effective is the private sector at governing (e.g. committees, groups, platforms, processes), leading, and advocating for itself?
 - a. PROBE: Do you have any specific examples?

C. ACCOUNTABILITY

[I would like to discuss how to ensure accountability, including social accountability, for the delivery of quality MNH services in the private sector. This may include things like incentives, sanctions, regulatory mechanisms, and community/client engagement.]

1. How do patients/consumers hold the private health sector accountable in its delivery of quality MNH services (e.g. feedback systems, monitoring, public reporting, sanctions)?
 - a. How does patient experience influence private sector delivery of quality MNH services?
 - i. PROBE: Do you have any specific examples?
 - b. Is the private sector required to use patient feedback to improve the quality of MNH services?
 - i. What mechanisms (e.g., to reduce abuse, to assure adherence to MNH standards/protocols, to improve care outcomes and learning) exist to support improved service delivery through feedback and learning?
 - ii. PROBE: Are there any specific challenges and/or opportunities that you would like to share?
2. How do the government and/or Ministry of Health hold the private health sector accountable in its delivery of quality MNH services (e.g. monitoring, sanctions)?
 - a. What mechanisms (e.g., to assure adherence to MNH standards/protocols, to improve care outcomes and learning) exist for the government and/or Ministry of Health to support improved quality of service delivery in the private sector?
3. Does the structure of the national health insurance scheme or any other scheme (e.g., vouchers, subsidies, other financial risk protection mechanisms) adequately motivate private providers to offer quality MNH services?
 - a. If not, what changes might be made to increase incentives?
4. What mechanisms motivate the private health sector to provide quality MNH services?
 - a. What incentives and sanctions exist for reporting by the private sector?
 - b. Can the private health sector monitor changes over time with data to measure sustained improvements or deterioration in the provision of health services?
 - i. How and by whom is this done?

D. RELATIONSHIPS BETWEEN THE PUBLIC AND PRIVATE SECTORS

[I would like to discuss types of relationships between the private and public sectors, such as trust, collaboration, information systems, and knowledge exchange. I would like to explore the

extent to which these types of relationships exist and their impact on the provision of quality MNH care services.]

1. What form of collaboration exists between the government and private sector in MNH services?
 - a. What role can the private health sector play in facilitating the provision of effective referrals and pre-hospital emergency services?
 - b. What are the gaps in the public sector that the private sector fulfills in terms of the provision of quality MNH services?
 - c. What motivates the private sector to engage with the national health system in the delivery of quality MNH?
 - i. If impediments exist, how can they be addressed?
 - d. How open and transparent is the relationship between the public and private sectors?
 - i. PROBE: If the relationship is closed, how can it be made more open and transparent?
 - e. What lessons can be drawn from successful examples or models of public-private relationships?
2. How is knowledge and learning shared between the public and private health sectors?
 - a. How can practices that lead to quality improvement in the private health sector be shared with the public health sector and vice versa?
3. How is the private health sector contributing to national health information systems?
 - a. What opportunities/systems exist to facilitate greater reporting to national health information systems (e.g. DHIS 2) by the private health sector?
 - i. What will the private health sector require to routinely report and share its data?
 - ii. If constraints to reporting by the private sector exist, how can they be overcome?
 - iii. If consequences exist for not reporting, what are they?

E. RESOURCES FOR THE PRIVATE SECTOR

[I would like to discuss resources that the private sector has to improve the quality of MNH services. This could include things like human resources, tools, financial resources and technical support.]

1. To what extent does the private health sector have required resources (e.g., infrastructure, personnel, equipment) for meeting national standards for the provision of quality MNH services?
 - a. What challenges/constraints does the private health sector face in accessing resources (e.g., financial, access to credits, training, mentoring/supervision,

- guidelines) from the national health system or international bodies/organizations?
- b. From your perspective, what is the quality of MNH services being provided by the private health sector?
 - c. How can the private health sector sustain efforts to deliver quality MNH care?
 - d. What additional resources does the private health sector require to improve the provision of quality MNH services?
 - i. What opportunities (e.g. credits, loans) exist for obtaining these resources?
2. What incentives exist for private investments in the provision of quality MNH?
 - a. PROBE: In rural areas? In urban areas?
 3. What is capacity (e.g. skills, knowledge, technology) does the Ministry of Health have to support private sector provision of quality MNH services?
 4. What lessons can the private health sector share with respect to mobilizing and investing resources to improve quality and access to MNH services?

F. IMPROVED HEALTH SYSTEM FUNCTIONING

[I would like to discuss how the health system is functioning as a cohesive system to facilitate the delivery of quality care for mothers and newborns.]

1. How well is the health system, both public and private sectors, functioning as a unified system to deliver quality MNH services, specifically childbirth and immediate neonatal care?
 - a. What constraints does the national health system experience?
 - b. How can the partnership between the public and private sectors be made more effective and more equitable for the provision of quality MNH care services?

G. CONCLUDING QUESTIONS

[We are almost finished. I have some short concluding questions for you.]

1. Generally speaking, what should be done differently in public-private engagement to attain the necessary impact on MNH care outcomes?
2. Is there anything else you think that I should know about private sector delivery of quality MNH care services?
3. Is there anyone else you would recommend that I speak with about this research?
4. Do you have any questions for me?

Thank the participant for their time. If the participant identified any resources, ask them to share copies with you.

Study on Private Sector Delivery of Quality Maternal and Newborn Health Services

2. Interview Guide for Key Informants in Policy and Administrative Roles in the Public Sector

Participant ID: _____

Date: ____ / ____ / _____

Start time: ____ : ____

End time: ____ : ____

Language of interview: _____

Translator's name: _____

Facilitator's name: _____

Have you already:

- Introduced yourself?
- Explained the study's objectives?
- Completed the informed consent procedure?
- Explained the interview process?
- Shared the project's definition of the private sector?
- Presented the six dimensions of quality care (i.e., care that is safe, equitable, accessible, acceptable/patient-centred, effective, and efficient)?

Ask participant if s/he is still ok with audio recording the interview. If yes, TURN ON THE RECORDER AND NOTE THE PARTICIPANT'S ID NUMBER ON THE RECORDING.

[This interview has seven sections about topics related to policy and administration. At the start of each section, I will provide a brief overview of what we will discuss. If you do not feel capable of answering a particular section based on your role and expertise, we can skip that section. For each of the questions, our focus is on quality of care and maternal and newborn health. We are especially interested in services for childbirth and immediate neonatal care.]

1. To begin, can you tell me about your role? How does it relate to quality of care (QoC) for maternal and newborn health (MNH)?
2. From your perspective, how open is the government and/or Ministry of Health to working with the private sector?
3. What role do you see for the private sector in providing quality health services and products, particularly for mothers and newborns?

A. POLICIES, STRATEGIES AND PLANS

[I would like to discuss issues related to policies, strategies and plans for the private health sector, QoC, and/or MNH.]

What national policies, strategies and plans most impact how the private health sector contributes to national goals for MNH and QoC?

- a. How well are these policies being implemented?
 - i. PROBE: If challenges exist, what are they, and how can they be addressed?
- b. What platforms exist for engaging the private health sector's participation in the formulation and implementation of policies/strategies/plans related to MNH and QoC?
 - i. PROBE: How are these platforms working?
2. What policies/strategies/plans exist to facilitate public-private collaboration for QoC and for MNH?
 - a. How well are these policies/strategies/plans being implemented?
 - b. What can be done to encourage better coordination and public-private partnerships in health?
 - i. PROBE: What can the government and/or Ministry of Health do?
 - c. What is the potential for better coordination and/or public-private partnerships to expand access to priority MNH services and products?
 - i. What are concrete areas in which to expand the private sector's role in addressing national health priorities for QoC and MNH?
 - d. What technical assistance would your agency require in order to actively engage the private health sector?

B. LEADERSHIP

[I would like to discuss the effectiveness of the existing leadership systems and structures for quality MNH services within the private health sector.]

1. I would like to discuss the effectiveness of existing structures and systems for governance of quality of healthcare. *[Briefly describe the existing structures and systems based on the literature review.]*
 - a. How effective are these structures and systems for governing quality of healthcare in the private sector?
2. How can the national health system influence activities of the private health sector so that they contribute to meeting the national MNH QoC goals and objectives?

3. From your perspective, how effective is the private sector at governing (e.g. committees, groups, platforms, processes), leading, and advocating for itself?

C. ACCOUNTABILITY

[I would like to discuss how to ensure accountability, including social accountability, for the delivery of quality MNH services in the private sector. This may include things like incentives, sanctions, regulatory mechanisms, and community/client engagement.]

1. How do the government and/or Ministry of Health hold the private health sector accountable in its delivery of quality MNH services (e.g., monitoring, sanctions)?
 - a. What mechanisms (e.g., to assure adherence to MNH standards/protocols, to improve care outcomes and learning) exist for the government and/or Ministry of Health to support improved quality of service delivery in the private sector?
2. Does the structure of the national health insurance scheme or any other scheme (e.g., vouchers, subsidies, other financial risk protection mechanisms) adequately motivate private providers to offer quality MNH services?
 - a. If not, what changes might be made to increase incentives?
3. From your perspective, what mechanisms motivate the private health sector to provide quality MNH services?
 - a. What incentives and sanctions exist for reporting by the private sector?
 - b. Can the government and/or Ministry of Health monitor changes over time in the private sector with data to measure sustained improvements or deterioration in the provision of health services?
 - i. How and by whom is this done?

D. RELATIONSHIPS BETWEEN THE PUBLIC AND PRIVATE SECTORS

[I would like to discuss types of relationships between the private and public sectors, such as trust, collaboration, information systems, and knowledge exchange. I would like to explore the extent to which these types of relationships exist and their impact on the provision of quality MNH care services.]

1. What form of collaboration exists between the government and private sector in MNH services?
 - a. What role can the government and/or Ministry of Health play in facilitating the private health sector's provision of effective referrals and pre-hospital emergency services?
 - b. What are the gaps in the public sector that the private sector fulfills in terms of the provision of quality MNH services?

- c. What motivates the national health system to engage the private sector in the delivery of quality MNH?
 - i. If impediments exist, how can they be addressed?
 - d. How open and transparent is the relationship between the public and private sectors?
 - i. PROBE: If the relationship is closed, how can it be made more open and transparent?
 - e. What lessons can be drawn from successful examples or models of public-private relationships?
2. How is knowledge and learning shared between the public and private health sectors?
 - a. How can practices that lead to quality improvement in the public health sector be shared with the private health sector and vice versa?
 3. How do the government and/or Ministry of Health engage the private health sector in national health information systems?
 - a. What opportunities/systems exist to facilitate greater reporting by the private health sector to national health information systems (e.g. DHIS 2)?
 - i. What will the public health sector require to routinely engage the private sector in reporting and sharing its data?
 - ii. If constraints to engaging the private sector in data reporting exist, how can the government and/or Ministry of Health overcome these constraints?
 - iii. Do the government and/or Ministry of Health impose any consequences on the private health sector for not reporting data? If yes, what are they?

E. RESOURCES FOR THE PRIVATE SECTOR

[I would like to discuss resources that the private sector has to improve the quality of MNH services. This could include things like personnel, financial resources and technical support.]

1. To what extent do the government and/or Ministry of Health provide the private health sector and private clinical providers with required resources (e.g. infrastructure, personnel, equipment) for meeting national standards for the provision of quality MNH services?
 - a. PROBE: Are there private health financing needs that the government and/or Ministry of Health supports? If so, please describe them.
 - a. What challenges/constraints does the private health sector face in accessing resources (e.g. financial, access to credits, training, mentoring/supervision, guidelines) from the national health system or international bodies/organizations?
 - i. PROBE: How can these challenges/constraints be addressed?
2. What incentives exist for private investments in the provision of quality MNH services?
 - a. PROBE: In rural areas? In urban areas?

3. What capacity (e.g. skills, knowledge, technology) does the Ministry of Health have to support private sector provision of quality MNH services?
4. What lessons would the government and/or Ministry of Health find most useful to learn from the private health sector with respect to mobilizing and investing resources to improve quality and access to MNH services?

F. IMPROVED HEALTH SYSTEM FUNCTIONING

[I would like to discuss how the health system is functioning as a cohesive system to facilitate the delivery of quality care for mothers and newborns.]

1. How well is the health system, both public and private sectors, functioning as a unified system to deliver quality MNH services, specifically childbirth and immediate neonatal care?
 - a. What constraints does the national health system experience?
 - b. How can the partnership between the public and private sectors be made more effective and more equitable for the provision of quality MNH care services?

G. CONCLUDING QUESTIONS

[We are almost finished. I have some short concluding questions for you.]

1. Generally speaking, what should be done differently in public-private engagement to attain the necessary impact on MNH care outcomes?
2. Is there anything else you think that I should know about private sector delivery of quality MNH care services?
3. Is there anyone else you would recommend that I speak with about this research?
4. Do you have any questions for me?

Thank the participant for their time. If the participant identified any resources, ask them to share copies with you.

Study on Private Sector Delivery of Quality Maternal and Newborn Health Services

3. Interview Guide for Key Informants in Regulatory Roles in the Private Sector

Participant ID: _____

Date: ____ / ____ / _____

Start time: ____: ____

End time: ____: ____

Language of interview: _____

Translator's name: _____

Facilitator's name: _____

Have you already:

- Introduced yourself?
- Explained the study's objectives?
- Completed the informed consent procedure?
- Explained the interview process?
- Shared the project's definition of the private sector?
- Presented the six dimensions of quality care (i.e., care that is safe, equitable, accessible, acceptable/patient-centred, effective, and efficient)?

Ask participant if s/he is still ok with audio recording the interview. If yes, TURN ON THE RECORDER AND NOTE THE PARTICIPANT'S ID NUMBER ON THE RECORDING.

[This interview has seven sections about topics related to regulation. At the start of each section, I will provide a brief overview of what we will discuss. If you do not feel capable of answering a particular section based on your role and expertise, we can skip that section. For each of the questions, our focus is on quality of care and maternal and newborn health. We are especially interested in services for childbirth and immediate neonatal care.]

1. To begin, can you tell me about your role? How does it relate to quality of care (QoC) for maternal and newborn health (MNH)?
2. From your perspective, how open is the private sector to working with the government and/or Ministry of Health?
3. What role do you see for the private sector in providing quality health services and products, particularly for mothers and newborns?

A. REGULATORY/LEGAL FRAMEWORK

[I would like to discuss the regulatory/legal framework(s) or mechanism(s) that guide the governance of the private health sector to deliver quality MNH services. I'm particularly interested in services for childbirth and immediate neonatal care.]

1. How is the private health sector organized in your country? Please describe if private providers are organized into networks (either as a network within the private sector or a network that includes a mix of public and private providers).
2. Can you please tell me about the institutions, organizations or mechanisms that exist for the governance and regulation of the health sector (public and private) in the provision of quality MNH services?
 - a. How do these mechanisms impact how the private health sector contributes to national health goals?
 - b. What aspects of the regulatory mechanisms work well, and what aspects do not?
 - c. How engaged is the private sector in regulatory and/or accreditation efforts?
 - i. Is there private sector self-regulation?
3. From your perspective, what are some of the legal and/or regulatory barriers to a greater role for the private health sector in addressing QoC and MNH priority areas?
4. How effective are the national mechanisms for monitoring and ensuring the private sector's compliance with the required standards (e.g. infrastructure, personnel, equipment and adherence to clinical standards) for quality MNH services?
5. What constraints and challenges does the private sector encounter in regulating (e.g. licensing, accreditation, credentialing) and governing its provision of quality MNH services?
 - a. Is there a need to develop or enforce QoC standards?
 - b. Is there a need for licensing or certification of any health care providers or facilities?
6. What changes in legislation are needed—if any—to make dual practice (i.e., health providers who work in both public and private sector facilities) more beneficial to the public?

B. LEADERSHIP

[I would like to discuss the effectiveness of the existing leadership systems and structures for quality MNH services within the private health sector.]

1. I would like to discuss the effectiveness of existing structures and systems for governance of quality of healthcare. *[Briefly describe the existing structures and systems based on the literature review.]*
 - a. Do existing structures and systems for governance of QoC/MNH extend to the private sector? If yes, how do you engage with them? How effective are existing structures and systems at providing support/framework to delivery quality?

2. How can the national health system influence activities of the private health sector so that they contribute to meeting the national MNH QoC goals and objectives?
3. From your perspective, how effective is the private sector at governing (e.g. committees, groups, platforms, processes), leading, and advocating for itself?
 - a. PROBE: Do you have any specific examples?

C. RESOURCES FOR THE PRIVATE SECTOR

[I would like to discuss resources that the private sector has to improve the quality of MNH services. This could include things like human resources, tools, financial resources and technical support.]

1. To what extent does the private health sector and private clinical providers have required resources (e.g. infrastructure, personnel, equipment) for meeting national standards for the provision of quality MNH services?
 - a. What challenges/constraints does the private health sector face in accessing resources (e.g. financial, access to credits, training, mentoring/supervision, guidelines) from the national health system or international bodies/organizations?
 - b. From your perspective, what is the quality of MNH services being provided by the private health sector?
 - c. How can the private health sector sustain efforts to deliver quality MNH care?
 - d. What additional resources does the private health sector require to improve the provision of quality MNH services?
 - e. What opportunities (e.g. credits, loans) exist for obtaining these resources?
2. What incentives exist for private investments in the provision of quality MNH?
 - a. PROBE: In rural areas? In urban areas?
3. What is capacity (e.g. skills, knowledge, technology) does the Ministry of Health have to support private sector provision of quality MNH services?
4. What lessons can the private health sector share with respect to mobilizing and investing resources to improve quality and access to MNH services?

D. MARKET COMPETITIVENESS

[I would like to discuss how the existing business environment affects and influences market competitiveness in the private health sector.]

1. How does the existing business environment (e.g. quality assurance/accreditation, health insurance, preferred provider networks) influence market competitiveness within the private sector?
 - a. How can the private sector influence this environment to make it more effective for the provision of quality MNH services by the private sector?

E. ACCOUNTABILITY

[I would like to discuss how to ensure accountability, including social accountability, for the delivery of quality MNH services in the private sector. This may include things like incentives, sanctions, regulatory mechanisms, and community/client engagement.]

1. How do patients/consumers hold the private health sector accountable in its delivery of quality MNH services (e.g. feedback systems, monitoring, public reporting, sanctions)?
 - a. How does patient experience influence private sector delivery of quality MNH services?
 - i. PROBE: Do you have any specific examples?
 - b. Is the private sector required to use patient feedback to improve the quality of MNH services?
 - i. What mechanisms (e.g., to reduce abuse, to assure adherence to MNH standards/protocols, to improve care outcomes and learning) exist to support improved service delivery through feedback and learning?
 - ii. PROBE: Are there any specific challenges or opportunities that you would like to share?
2. How do the government and/or Ministry of Health hold the private health sector accountable in its delivery of quality MNH services (e.g. monitoring, sanctions)?
 - a. What mechanisms (e.g., to assure adherence to MNH standards/protocols, to improve care outcomes and learning) exist for the government and/or Ministry of Health to support improved quality of service delivery in the private sector?
3. Does the structure of the national health insurance scheme or any other scheme (e.g., vouchers, subsidies, other financial risk protection mechanisms) adequately motivate private providers to offer quality MNH services?
 - a. If not, what changes might be made to increase incentives?
4. What mechanisms motivate the private health sector to provide quality MNH services?
 - a. What incentives and sanctions exist for reporting by the private sector?
 - b. Can the private health sector monitor changes over time with data to measure sustained improvements or deterioration in the provision of health services?
 - i. How and by whom is this done?

F. IMPROVED HEALTH SYSTEM FUNCTIONING

[I would like to discuss how the health system is functioning as a cohesive system to facilitate the delivery of quality care for mothers and newborns.]

1. How well is the health system, both public and private sectors, functioning as a unified system to deliver quality MNH services, specifically childbirth and immediate neonatal care?
 - a. What constraints does the national health system experience?

- b. How can the partnership between the public and private sectors be made more effective and more equitable for the provision of quality MNH care services?

G. CONCLUDING QUESTIONS

[We are almost finished. I have some short concluding questions for you.]

1. Generally speaking, what should be done differently in public-private engagement to attain the necessary impact on MNH care outcomes?
2. Is there anything else you think that I should know about private sector delivery of quality MNH care services?
3. Is there anyone else you would recommend that I speak with about this research?
4. Do you have any questions for me?

Thank the participant for their time. If the participant identified any resources, ask them to share copies with you.

Study on Private Sector Delivery of Quality Maternal and Newborn Health Services

4. Interview Guide for Key Informants in Regulatory Roles in the Public Sector

Participant ID: _____

Date: ____ / ____ / _____

Start time: ____: ____

End time: ____: ____

Language of interview: _____

Translator's name: _____

Facilitator's name: _____

Have you already:

- Introduced yourself?
- Explained the study's objectives?
- Completed the informed consent procedure?
- Explained the interview process?
- Shared the project's definition of the private sector?
- Presented the six dimensions of quality care (i.e., care that is safe, equitable, accessible, acceptable/patient-centred, effective, and efficient)?

*Ask participant if s/he is still ok with audio recording the interview. If yes, **TURN ON THE RECORDER AND NOTE THE PARTICIPANT'S ID NUMBER ON THE RECORDING.***

[This interview has seven sections about topics related to regulation. At the start of each section, I will provide a brief overview of what we will discuss. If you do not feel capable of answering a particular section based on your role and expertise, we can skip that section. For each of the questions, our focus is on quality of care and maternal and newborn health. We are especially interested in services for childbirth and immediate neonatal care.]

1. To begin, can you tell me about your role? How does it relate to quality of care (QoC) for maternal and newborn health (MNH)?
2. From your perspective, how open is the government and/or Ministry of Health to working with the private sector?
3. What role do you see for the private sector in providing quality health services and products, particularly for mothers and newborns?

A. REGULATORY/LEGAL FRAMEWORK

[I would like to discuss the regulatory/legal framework(s) or mechanism(s) that guide the governance of the private health sector to deliver quality MNH services. I'm particularly interested in services for childbirth and immediate neonatal care.]

1. Can you please tell me about the institutions, organizations or mechanisms that exist for the governance and regulation of the health sector (public and private) in the provision of quality MNH services?
 - a. How do these mechanisms impact how the government and/or Ministry of Health engage the private health sector in contributing to national health goals?
 - b. What aspects of the regulatory mechanisms work well, and what aspects do not?
 - c. From your perspective, how engaged is the private sector in regulatory and/or accreditation efforts?
 - i. Is there private sector self-regulation?
2. From your perspective, what are some of the legal and/or regulatory barriers to a greater role for the private health sector in addressing QoC and MNH priority areas?
3. How effective are the national mechanisms for monitoring and ensuring the private sector's compliance with required standards (e.g. infrastructure, personnel, equipment and adherence to clinical standards) for quality MNH services?
4. What can the Ministry of Health do to strengthen its stewardship of the private sector, both at the national and sub-national levels?
 - a. What can other stakeholders, like national health insurance and local governments, do to strengthen their stewardship of the private sector?
5. What constraints and challenges does the government encounter in regulating (e.g. licensing, accreditation, credentialing) and governing the private health sector's provision of quality MNH services?
6. What changes in legislation are needed—if any—to make dual practice (i.e., health providers who work in both public and private sector facilities) more beneficial to the public?

B. LEADERSHIP

[I would like to discuss the effectiveness of the existing leadership systems and structures for quality MNH services within the private health sector.]

1. I would like to discuss the effectiveness of existing structures and systems for governance of quality of healthcare. *[Briefly describe the existing structures and systems based on the literature review.]*
 - a. How effective are these structures and systems for governing quality of healthcare in the private sector?

2. How can the national health system influence activities of the private health sector so that they contribute to meeting the national MNH QoC goals and objectives?
3. From your perspective, how effective is the private sector at governing (e.g. committees, groups, platforms, processes), leading, and advocating for itself?

C. RESOURCES FOR THE PRIVATE SECTOR

[I would like to discuss resources that the private sector has to improve the quality of MNH services. This could include things like human resources, tools, financial resources and technical support.]

1. To what extent do the government and/or Ministry of Health provide the private health sector and private clinical providers with required resources (e.g. infrastructure, personnel, equipment) for meeting national standards for the provision of quality MNH services?
 - a. PROBE: Are there private health financing needs that the government and/or Ministry of Health supports? If so, please describe them.
 - b. What challenges/constraints does the private health sector face in accessing resources (e.g. financial, access to credits, training, mentoring/supervision, guidelines) from the national health system or international bodies/organizations?
 - i. PROBE: How can these challenges/constraints be addressed?
2. What incentives exist for private investments in the provision of quality MNH services?
 - a. PROBE: In rural areas? In urban areas?
3. What capacity (e.g. skills, knowledge, technology) does the Ministry of Health have to support private sector provision of quality MNH services?
4. What would the government and/or Ministry of Health find most useful to learn from the private health sector with respect to mobilizing and investing resources to improve quality and access to MNH services?

D. MARKET COMPETITIVENESS

[I would like to discuss how the existing business environment affects and influences market competitiveness in the private health sector.]

1. How does the existing business environment (e.g. quality assurance/accreditation, health insurance, preferred provider networks) influence market competitiveness within the private sector?
 - a. How can the government and/or Ministry of Health influence this environment to make it more effective for the provision of quality MNH services by the private sector?

E. ACCOUNTABILITY

[I would like to discuss how to ensure accountability, including social accountability, for the delivery of quality MNH services in the private sector. This may include things like incentives, sanctions, regulatory mechanisms, and community/client engagement.]

1. How do the government and/or Ministry of Health hold the private health sector accountable in its delivery of quality MNH services (e.g. monitoring, sanctions)?
 - a. What mechanisms (e.g., to assure adherence to MNH standards/protocols, to improve care outcomes and learning) exist for the government and/or Ministry of Health to support improved quality of service delivery in the private sector?
2. Does the structure of the national health insurance (capitation) scheme or any other scheme (vouchers, subsidies, or other financial risk protection mechanisms) adequately motivate private providers to offer quality MNH services?
 - a. If not, what changes might be made to increase incentives?
3. From your perspective, what mechanisms motivate the private health sector to provide quality MNH services?
 - a. What incentives and sanctions exist for reporting by the private sector?
 - b. Can the government and/or Ministry of Health monitor changes over time in the private sector with data to measure sustained improvements or deterioration in the provision of health services?
 - i. How and by whom is this done?

F. IMPROVED HEALTH SYSTEM FUNCTIONING

[I would like to discuss how the health system is functioning as a cohesive system to facilitate the delivery of quality care for mothers and newborns.]

1. How well is the health system, both public and private sectors, functioning as a unified system to deliver quality MNH services, specifically childbirth and immediate neonatal care?
 - a. What constraints does the national health system experience?
 - b. How can the partnership between the public and private sectors be made more effective and more equitable for the provision of quality MNH care services?

G. CONCLUDING QUESTIONS

[We are almost finished. I have some short concluding questions for you.]

1. Generally speaking, what should be done differently in public-private engagement to attain the necessary impact on MNH care outcomes?
2. Is there anything else you think that I should know about private sector delivery of quality MNH care services?
3. Is there anyone else you would recommend that I speak with about this research?
4. Do you have any questions for me?

Thank the participant for their time. If the participant identified any resources, ask them to share copies with you.

Study on Private Sector Delivery of Quality Maternal and Newborn Health Services

5. Interview Guide for Key Informants in Service Delivery Roles in the Private Sector

Participant ID: _____

Date: ____ / ____ / _____

Start time: ____: ____

End time: ____: ____

Language of interview: _____

Translator's name: _____

Facilitator's name: _____

Have you already:

- Introduced yourself?
- Explained the study's objectives?
- Completed the informed consent procedure?
- Explained the interview process?
- Shared the project's definition of the private sector?
- Presented the six dimensions of quality care (i.e., care that is safe, equitable, accessible, acceptable/patient-centred, effective, and efficient)?

Ask participant if s/he is still ok with audio recording the interview. If yes, TURN ON THE RECORDER AND NOTE THE PARTICIPANT'S ID NUMBER ON THE RECORDING.

[This interview has seven sections about topics related to service delivery. At the start of each section, I will provide a brief overview of what we will discuss. If you do not feel capable of answering a particular section based on your role and expertise, we can skip that section. For each of the questions, our focus is on quality of care and maternal and newborn health. We are especially interested in services for childbirth and immediate neonatal care.]

1. To begin, can you tell me about your role? How does it relate to quality of care (QoC) for maternal and newborn health (MNH)?
2. From your perspective, how open is the private sector to working with the government and/or Ministry of Health?
3. What role do you see for the private sector in providing quality health services and products, particularly for mothers and newborns?

A. RESOURCES FOR THE PRIVATE SECTOR

[I would like to discuss resources that the private sector has to improve the quality of MNH services. This could include things like human resources, tools, financial resources and technical support.]

1. To what extent do private clinical providers and the private health sector have required resources (e.g. infrastructure, personnel, equipment) for meeting national standards for the provision of quality MNH services?
 - a. What challenges/constraints does the private health sector face in accessing resources (e.g. financial, access to credits, training, mentoring/supervision, guidelines) from the national health system or international bodies/organizations?
 - b. From your perspective, what is the quality of MNH services being provided by the private health sector?
 - c. How can the private health sector sustain efforts to deliver quality MNH care?
 - d. What additional resources does the private health sector require to improve the provision of quality MNH services?
 - e. What opportunities (e.g. credits, loans) exist for obtaining these resources?
2. What incentives exist for private investments in the provision of quality MNH services?
 - a. PROBE: In rural areas? In urban areas?
3. Is your facility/organization adequately equipped (in terms of staff, space and equipment) to serve the needs of mothers and newborns?
4. Do you currently have a need for financing?
 - a. If yes, for what purpose? How likely is it that you will be approved for a loan?
 - b. If not, why not?
5. What donors are sources of funding for you?
 - a. Which services/activities do these donors support?
6. What percentage of your revenues comes from donor funding versus health service provision?
7. Do you receive free or subsidized commodities? If so, from what source?
8. What lessons can you share from the private sector with respect to mobilizing and investing resources to improve quality and access to MNH services?

B. MARKET COMPETITIVENESS

[I would like to discuss how the existing business environment affects and influences market competitiveness in the private health sector.]

1. How does improving the provision of quality MNH affect business competitiveness (e.g. utilization rates, profits)?
2. How does the existing business environment (e.g. quality assurance/accreditation, health insurance, preferred provider networks) influence market competitiveness?
 - a. How can this environment be made more effective in the provision of quality MNH services?

3. Are there barriers (knowledge or attitudinal) to increasing demand for privately provided quality MNH services?
 - a. How might such issues be addressed?
4. What are the constraints to increasing the demand and the use of services from the private sector?
 - a. How do private providers try to attract patients for MNH services?
5. Are you interested in expanding the MNH services you provide, or volume of patients you see? In which ways?
 - a. What are the barriers to expansion?

C. ACCOUNTABILITY

[I would like to discuss how to ensure accountability, including social accountability, for the delivery of quality MNH services in the private sector. This may include things like incentives, sanctions, regulatory mechanisms, and community/client engagement.]

1. How do patients/consumers hold your facility/organization accountable in its delivery of quality MNH services (e.g. feedback systems, monitoring, public reporting, sanctions)?
 - a. How does patient experience influence the delivery of quality MNH services in your facility/organization?
 - i. PROBE: Do you have any specific examples?
 - b. Is your facility/organization required to use patient feedback to improve the quality of MNH services?
 - i. What mechanisms (e.g., to reduce abuse, to assure adherence to MNH standards/protocols, to improve care outcomes and learning) exist to support improved service delivery through feedback and learning?
 - ii. PROBE: Are there any specific challenges and/or opportunities that you would like to share?
2. How do the government and/or Ministry of Health hold the private health sector accountable in its delivery of quality MNH services (e.g. monitoring, sanctions)?
 - a. What mechanisms (e.g., to assure adherence to MNH standards/protocols, to improve care outcomes and learning) exist for the government and/or Ministry of Health to support improved quality of service delivery in the private sector?
3. Does the structure of the national health insurance scheme or any other scheme (e.g., vouchers, subsidies, other financial risk protection mechanisms) adequately motivate private providers to offer quality MNH services?
 - a. If not, what changes might be made to increase incentives?
4. What mechanisms motivate the private health sector to provide quality MNH services?
 - a. What incentives and sanctions exist for reporting by the private sector?
 - b. Can you or someone in your facility/organization monitor changes over time with data to measure sustained improvements or deterioration in the provision of health services within the facility/organization?
 - i. How is this done?

D. RELATIONSHIPS BETWEEN THE PUBLIC AND PRIVATE SECTORS

[I would like to discuss types of relationships between the private and public sectors, such as trust, collaboration, information systems, and knowledge exchange. I would like to explore the extent to which these types of relationships exist and their impact on the provision of quality MNH care services.]

1. Has your facility/organization ever been visited by the Ministry of Health? If yes, for what purpose?
2. Are you a participating provider/facility/organization in any government or private health insurance coverage scheme?
 - a. If so, what led you to be contracted for health services? Which services are contracted?
 - b. Have you experienced any challenges? If so, what do you see as critical to improving the contracting arrangement?
3. What form of collaboration exists between the government and private sector in MNH services?
 - a. What are the gaps in the public sector that the private sector fulfills in terms of the provision of quality MNH services?
 - b. What motivates the private sector to engage with the national health system in the delivery of quality MNH?
 - i. If impediments exist, how can they be addressed?
 - c. How open and transparent is the relationship between the public and private sectors?
 - i. PROBE: If the relationship is closed, how can it be made more open and transparent?
 - d. What lessons can be drawn from successful examples or models of public-private relationships?
4. What role can the private health sector play in facilitating the provision of effective referrals and pre-hospital emergency services?
 - a. In what instances do you refer clients to the public health sector?
 - i. Where do you refer clients? Why?
 1. PROBE: In your opinion, what is the quality of care provided at the referral site(s)?
 2. Do you communicate with the referral site(s)? When and how?
 - ii. If you do not refer clients to the public health sector, why?
 - b. In what instances are clients from the public sector referred to you?
 - c. What is your experience with the mechanism(s) for referral to the private health sector?
 - d. In your opinion, what needs to be done to improve referral?
 - i. PROBE: Provide feedback to referring facility, more training, improved transportation, priority for referral patients, use of referral slips, improved communication, reduced medical costs at referral sites, improved counseling, etc.
 - ii. Who is responsible for making the referral system a success?
5. How is knowledge and learning shared between the public and private health sectors?

- a. How can practices that lead to quality improvement in the private health sector be shared with the public health sector and vice versa?
6. Do you (or your organization) report any health service statistics to the Ministry of Health?
 - a. If so, what information do you report and with what frequency?
 - b. If not, why not?
 - c. What opportunities/systems exist to facilitate greater reporting to national health information systems (e.g. DHIS 2) by the private health sector?
 - i. What will the private health sector require to routinely report and share its data?
 - ii. If constraints to reporting by the private sector exist, how can they be overcome?
 - iii. If consequences exist for not reporting, what are they?
7. Amongst health providers in your facility/organization, how common is dual practice (i.e., working in both public and private health facilities)?

E. VALUES, ETHICS AND MOTIVATION

[I would like to discuss values, ethics and motivation as they relate to delivery of quality MNH services by the health sector.]

1. What are the main principles and values that govern the delivery of quality MNH services, specifically childbirth and immediate neonatal care...
 - a. ...in the public sector?
 - b. ...in the private sector?
 - c. What principles and values can enhance the provision of quality MNH services?
2. To what extent are providers respectful of medical ethics and cultural appropriateness (respectful of the cultures of individuals, people and communities) in the provision of quality MNH care services?
 - a. How is this different between the public and private sectors?
3. How can we strengthen ethical practices and cultural appropriateness in the delivery of quality MNH services?
 - a. How is this different between the public and private sectors? How is this similar between the public and private sectors?

F. IMPROVED HEALTH SYSTEM FUNCTIONING

[I would like to discuss how the health system is functioning as a cohesive system to facilitate the delivery of quality care for mothers and newborns.]

1. What are the challenges or barriers you face in delivering quality childbirth and immediate neonatal care services to your clients?
 - a. What do you see as potential solutions to these challenges?

- i. PROBE: Licensing or registration, training, payment/reimbursement, etc.
2. How well is the health system, both public and private sectors, functioning as a unified system to deliver quality MNH services, specifically childbirth and immediate neonatal care?
 - a. What constraints does the national health system experience?
 - b. How can the partnership between the public and private sectors be made more effective and more equitable for the provision of quality MNH care services?

G. CONCLUDING QUESTIONS

[We are almost finished. I have some short concluding questions for you.]

1. Generally speaking, what should be done differently in public-private engagement to attain the necessary impact on MNH care outcomes?
2. Is there anything else you think that I should know about private sector delivery of quality MNH care services?
3. Is there anyone else you would recommend that I speak with about this research?
4. Do you have any questions for me?

Thank the participant for their time. If the participant identified any resources, ask them to share copies with you.

Study on Private Sector Delivery of Quality Maternal and Newborn Health Services

6. Interview Guide for Key Informants in Service Delivery Roles in the Public Sector

Participant ID: _____

Date: ____ / ____ / _____

Start time: ____: ____

End time: ____: ____

Language of interview: _____

Translator's name: _____

Facilitator's name: _____

Have you already:

- Introduced yourself?
- Explained the study's objectives?
- Completed the informed consent procedure?
- Explained the interview process?
- Shared the project's definition of the private sector?
- Presented the six dimensions of quality care (i.e., care that is safe, equitable, accessible, acceptable/patient-centred, effective, and efficient)?

Ask participant if s/he is still ok with audio recording the interview. If yes, TURN ON THE RECORDER AND NOTE THE PARTICIPANT'S ID NUMBER ON THE RECORDING.

[This interview has seven sections about topics related to service delivery. At the start of each section, I will provide a brief overview of what we will discuss. If you do not feel capable of answering a particular section based on your role and expertise, we can skip that section. For each of the questions, our focus is on quality of care and maternal and newborn health. We are especially interested in services for childbirth and immediate neonatal care.]

1. To begin, can you tell me about your role? How does it relate to quality of care (QoC) for maternal and newborn health (MNH)?
2. From your perspective, how open is the government and/or Ministry of Health to working with the private sector?
3. What role do you see for the private sector in providing quality health services and products, particularly for mothers and newborns?

A. RESOURCES FOR THE PRIVATE SECTOR

[I would like to discuss resources that the private sector has to improve the quality of MNH services. This could include things like human resources, tools, financial resources and technical support.]

1. To what extent do the government and/or Ministry of Health provide the private health sector and private clinical providers with required resources (e.g. infrastructure, personnel, equipment) for meeting national standards for the provision of quality MNH services?
 - a. PROBE: Are there private health financing needs that the government and/or Ministry of Health supports? If so, please describe them.
 - b. What challenges/constraints does the private health sector face in accessing resources (e.g. financial, access to credits, training, mentoring/supervision, guidelines) from the national health system or international bodies/organizations?
 - i. PROBE: How can these challenges/constraints be addressed?
2. What incentives exist for private investments in the provision of quality MNH services?
 - a. PROBE: In rural areas? In urban areas?
 - b. How do these incentives compare to those that exist for investments in the public sector?
3. What is capacity (e.g. skills, knowledge, technology) does the Ministry of Health have to support the provision of quality MNH services?
4. What lessons would the government and/or Ministry of Health find most useful to learn from the private health sector share with respect to mobilizing and investing resources to improve quality and access to MNH services?

B. MARKET COMPETITIVENESS

[I would like to discuss how the existing business environment affects and influences market competitiveness in the provision of quality MNH services.]

1. How does improving the provision of quality MNH affect business competitiveness (e.g. utilization rates, profits)?
 - a. What competition do you see between the public and private health sectors?
2. How does the existing business environment (e.g. quality assurance/accreditation, health insurance, preferred provider networks) influence market competitiveness?
 - a. How can this environment be made more effective in the provision of quality MNH services?

C. ACCOUNTABILITY

[I would like to discuss how to ensure accountability, including social accountability, for the delivery of quality MNH services in the private sector. This may include things like incentives, sanctions, regulatory mechanisms, and community/client engagement.]

1. How do the government and/or Ministry of Health hold the private health sector accountable in its delivery of quality MNH services (e.g. feedback systems, monitoring, sanctions)?
 - a. What mechanisms (e.g., to assure adherence to MNH standards/protocols, to improve care outcomes and learning) exist for the government and/or Ministry of Health to support improved quality of service delivery in the private sector?
2. Does the structure of the national health insurance scheme or any other scheme (e.g., vouchers, subsidies, other financial risk protection mechanisms) adequately motivate private providers to offer quality MNH services?
 - a. If not, what changes might be made to increase incentives?
3. From your perspective, what mechanisms motivate the private health sector to provide quality MNH services?
 - a. What incentives and sanctions exist for reporting by the private sector?
 - b. Can the government and/or Ministry of Health monitor changes over time in the private sector with data to measure sustained improvements or deterioration in the provision of health services?
 - i. How and by whom is this done?

D. RELATIONSHIPS BETWEEN THE PUBLIC AND PRIVATE SECTORS

[I would like to discuss types of relationships between the private and public sectors, such as trust, collaboration, information systems, and knowledge exchange. I would like to explore the extent to which these types of relationships exist and their impact on the provision of quality MNH care services.]

1. What form of collaboration exists between the government and private sector in MNH services?
 - a. What are the gaps in the public sector that the private sector fulfills in terms of the provision of quality MNH services?
 - b. What motivates the national health system to engage the private sector in the delivery of quality MNH?
 - i. If impediments exist, how can they be addressed?
 - c. How open and transparent is the relationship between the public and private sectors?
 - i. PROBE: If the relationship is closed, how can it be made more open and transparent?
 - d. What lessons can be drawn from successful examples or models of public-private relationships?

2. What role can the government and/or Ministry of Health play in facilitating the private health sector's provision of effective referrals and pre-hospital emergency services?
 - a. In what instances do you refer clients to the private health sector?
 - i. Where do you refer clients? Why?
 1. PROBE: In your opinion, what is the quality of care provided at the referral site(s)?
 2. Do you communicate with the referral site(s)? When and how?
 - ii. If you do not refer clients to the private health sector, why?
 - b. In what instances are clients from the private sector referred to you?
 - c. What is your experience with the mechanism(s) for referral to the private health sector?
 - d. In your opinion, what needs to be done to improve referral?
 - i. PROBE: Provide feedback to referring facility, more training, improved transportation, priority for referral patients, use of referral slips, improved communication, reduced medical costs at referral sites, improved counseling, etc.
 - ii. Who is responsible for making the referral system a success?
3. How is knowledge and learning shared between the public and private health sectors?
 - a. How can practices that lead to quality improvement in the public health sector be shared with the private health sector and vice versa?
4. Do you report any health service statistics to the Ministry of Health?
 - a. If so, what information do you report and with what frequency?
 - b. If not, why not?
5. How do the government and/or Ministry of Health engage the private health sector in national health information systems?
 - a. What opportunities/systems exist to facilitate greater reporting by the private health sector to national health information systems (e.g. DHIS 2)?
 - i. What will the public health sector require to routinely engage the private sector in reporting and sharing its data?
 - ii. If constraints to engaging the private sector in data reporting exist, how can the government and/or Ministry of Health overcome these constraints?
 - iii. Do the government and/or Ministry of Health impose any consequences on the private health sector for not reporting data? If yes, what are they?
6. Amongst health providers in your facility/organization, how common is dual practice (i.e., working in both public and private health facilities)?

E. VALUES, ETHICS AND MOTIVATION

[I would like to discuss values, ethics and motivation as they relate to delivery of quality MNH services by the health sector.]

1. What are the main principles and values that govern the delivery of quality MNH services, specifically childbirth and immediate neonatal care...
 - a. ...in the public sector?
 - b. ...in the private sector?
 - c. What principles and values can enhance the provision of quality MNH services?
2. To what extent are providers respectful of medical ethics and cultural appropriateness (respectful of the cultures of individuals, people and communities) in the provision of quality MNH care services?
 - a. How is this different between the public and private sectors?
3. How can we strengthen ethical practices and cultural appropriateness in the delivery of quality MNH services?
 - a. How is this different between the public and private sectors? How is this similar between the public and private sectors?

F. IMPROVED HEALTH SYSTEM FUNCTIONING

[I would like to discuss how the health system is functioning as a cohesive system to facilitate the delivery of quality care for mothers and newborns.]

1. What are the challenges or barriers you face in delivering quality childbirth and immediate neonatal care services to your clients?
 - a. What do you see as potential solutions to these challenges?
 - i. PROBE: Training, payment/reimbursement, etc.
2. How well is the health system, both public and private sectors, functioning as a unified system to deliver quality MNH services, specifically childbirth and immediate neonatal care?
 - a. What constraints does the national health system experience?
 - b. How can the partnership between the public and private sectors be made more effective and more equitable for the provision of quality MNH care services?

G. CONCLUDING QUESTIONS

[We are almost finished. I have some short concluding questions for you.]

1. Generally speaking, what should be done differently in public-private engagement to attain the necessary impact on MNH care outcomes?
2. Is there anything else you think that I should know about private sector delivery of quality MNH care services?
3. Is there anyone else you would recommend that I speak with about this research?
4. Do you have any questions for me?

Thank the participant for their time. If the participant identified any resources, ask them to share copies with you.