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Contracting in Uttar Pradesh, India

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Contracting in Uttar Pradesh, India

- 170 million inhabitants
- Densely populated but some parts with difficult access
- Health indicators poor by Indian standard
- Basic health services are public but most people still seek private care
- NGOs traditionally not so important in health delivery



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Contracting in Uttar Pradesh, India

This study assesses large-scale contracting of non-governmental organizations (NGOs) for delivery of basic health services in Uttar Pradesh.



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A total of 294 NGOs were contracted over three rounds of bidding for delivery of services in mostly difficult to reach areas

Experiences with the NGOs were mixed

Better selection criteria were sought for



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Methods

- Data on characteristics of the NGOs (intake data) were taken from proposals and reports submitted by NGOs selected.
- Those data were related to information on performance indicators (health service monitoring outcomes) from reports and from third party monitoring.
- The data were combined to identify correlations between intake data and performance indicators.



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Results

- NGOs selected were generally well-established, still relatively small
- had already implemented at least 2 large projects
- had generally more non-health experience than health experience



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Results

-Experience from training people, proposal quality, and having “health” contained in the objectives of the organization, **were statistically significant predictors of good performance.**



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Results

- financial capacity
 - staff qualification
 - previous experience with health or non-health projects
 - age of establishment
- were not significantly predictive of the outcome score.**



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Results

-A combined field training experience and proposal score was highly predictive of outcome score

----→ This sum was found to be a much better predictor of outcome scores than a total score used to select NGOs



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Discussion

Experience in training field staff and the quality of the project proposal were significant predictors of performance. The assets of an organization, financial turnover, number and volume of previous projects, were not predictive of outcome score.



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Discussion

It is surprising that the experience indicators were not more predictive.

-----→ It appears that NGOs were able to hire the necessary expertise to implement their tasks or that health project experience was not necessary for being able to improve basic health services.

←-----→ This may in part be due to the relatively low level of sophistication needed to address basic health care.



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Discussion

It is fortunate to see that the rating of the project proposal was significant in predicting outcome scores.

---→ This indicates that demonstrated understanding of the tasks was predictive of outcome score.



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Conclusions

- Training experience and demonstrated understanding of the project to be implemented appear to be important factors for successful completion of contracts on implementation of Basic Primary Health Care
- Still, findings are contextual. We need to see how generalizable they are; and
- We need to understand better how to select NGOs for work in Public-Private Partnerships