

Experience of Public Private Partnership (PPP): Perception of collaboration by Public and Rural Healthcare Providers in Karnataka, India



Title: Experience of Public Private Partnership (PPP): Perception of collaboration by Public and Rural Healthcare Providers in Karnataka, India

Category: Public health practice

Topic: G00 Civil Society

Sub-topic: G04 Partnerships

Content: Background: Over the decade multi stakeholder partnership approach involving stakeholders such as non-government organizations, private practitioners, medical colleges and corporate sectors is key strategy in India. Despite the robust collaboration, TB prevention and control is faced with several programmatic challenges like limited community awareness, less community ownership, alarming rate of MDR and inadequate professionals. In the districts of Hassan and Tumkur rural healthcare providers (RNCPs) are engaged with project Axshya from 2010. The programme often considers engagement of healthcare providers and when implemented there are unexplained barriers. This abstract makes an attempt to enumerate the barriers of engagement of unqualified RHCPs with the programme.

Method: A structured questionnaire was administered to 15 RNTCP staff at public facilities through a one-to-one interview to understand the perception of engagement of unqualified practitioners. They were assessed on a three point scale. Similarly, interview was conducted with RHCPs.

Results: In terms of information, 80% RNTCP staff were of the opinion that RHCP's are providing inadequate information about TB while 55% RHCP reported that they are not receiving any information from RNTCP. Majority of the RNTCP staff (90%) presumed that RHCP do not adhere to the treatment guidelines provided which results in default cases. Also they stated (85%) that RHCPs refer only low income patients to the DOTS centre. With regard to DOTS provision, RHCP's were found to have a more negative attitude towards RNTCP. More than half of the RHCP (54%) experience that government DOT providers need to change their attitude towards TB patients and around 60% also felt that referring to RNTCP services would lead to lower clientele in their clinics. In addition, 36% were also of the opinion that patients are denied of regular treatment due to the unavailability of drugs at the DOTS centre. On the other hand, 60% RNTCP believed that default rate increases if TB patient continues treatment through the rural practitioner.

Conclusion: PPP is an effective approach for scaling up the quality health care services however lack of co-ordination can result in failure. There is a need for regular dialogue, capacity enhancement and greater collaboration to ensure an effective partnership approach.

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Institutions and authors: 1 Catholic Health Association of India

Vishwanath¹ Gadala Srinivasa² Krithika³ Bharati⁴ Thomas Tomi⁵

2 Union Against Tuberculosis & Lung Diseases

Banuru muralidhara Prasad¹