“PUBLIC-PRIVATE PARTNERSHIPS IN HEALTH AND TUBERCULOSIS AMONG NON-GOVERNMENTAL ORGANIZATIONS (NGOS) IN INDIA.”

DISSERTATION SUBMITTED TO

for the partial fulfillment of the award of the degree
of Master of Business Administration (MBA) in

Hospital and Health Management

by

AYUSHI SRIVASTAVA

Under the Supervision and Guidance of

Dr. Kanika Jindal

2022

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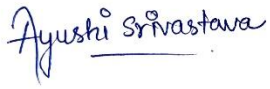
DECLARATION BY STUDENT

I hereby declare that this dissertation titled **"PUBLIC-PRIVATE PARTNERSHIPS IN HEALTH AND TUBERCULOSIS AMONG NON-GOVERNMENTAL ORGANIZATIONS (NGOs) IN INDIA"** is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.



AYUSHI SRIVASTAVA

22- JUN- 2022

CERTIFICATE

This is to certify that **AYUSHI SRIVASTAVA** in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur has successfully completed her internship at (name of the organization) during March 28, 2022, to June 25, 2022.

Place:

Date:

Preceptor/Head of the Organization

Name of the organization

CERTIFICATE

This is to certify that dissertation titled **"PUBLIC-PRIVATE PARTNERSHIPS IN HEALTH AND TUBERCULOSIS AMONG NON-GOVERNMENTAL ORGANIZATIONS (NGOs) IN INDIA"** is a record of the research work undertaken by **AYUSHI SRIVASTAVA** in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

Faculty Guide	School Dean
IIHMR University, Jaipur	IIHMR University, Jaipur
Date	Date

ABSTRACT

Research question: Why are organizations (NGOs) not opting to engage with the Public Sector in healthcare and service delivery for Tuberculosis?

Objectives: 1. To assess the knowledge and attitudes of NGOs regarding Public-Private Partnerships for healthcare in India. **2.** To explore the reasons for NGOs not opting to engage with the public sector in healthcare and service delivery for Tuberculosis. **3.** To review the utility of resources and activities for NGOs conducted by TBPPM-LN, NTSU.

Methodology: The study design used was cross-sectional study. The NGOs working towards infectious diseases (TB, HIV) that are qualified yet not opting for the PPSA scheme of NTEP in India were selected for the survey. The study was conducted among people working in Health sector NGOs across India. The concerned person was surveyed via phone interviews/ participant-administered online forms according to the convenience of the participant.

Result and Conclusion: The study shows that the awareness among the NGOs regarding the PPSA scheme of NTEP is relatively low. NGOs are unaware of the PPSA scheme where the government is contracting with NGOs for their services in the field of TB. It was also observed that the organizations are eligible to apply for the PPSA scheme but are unable to do so due to the lack of knowledge and resources. A better strategy for promotion, awareness, and onboarding of the NGOs for the PPSA scheme must be adopted by the government. It was also observed that most of the NGOs are unaware of the TBPPM Learning network platform but were interested to know about it. This shows that a different approach must be applied by the organization that increases the reach of the organization and involves more people. Also, more interactive sessions on fixed timings can help the organization in increasing participation.

Key words: Tuberculosis, PPM, PPSA, TBPPM Learning network.

Acknowledgement

The internship opportunity I had with **TBPPM Learning Network** gave me a great chance for my learning as well as my overall professional development. I express my deepest gratitude to **Dr. Vijayashree Yellappa, Lead for TBPPM India Chapter,** for providing me with this opportunity to work and learn. She always kept a check and provided feedback when needed. I would also like to thank my mentor **Kusum V. Moray, India Project Officer,** who despite being very busy helped me throughout my dissertation. She guided me through all the technical as well as non-technical tasks very patiently and helped me through my doubts at each step. It was an absolute honor and privilege to have worked with them.

I would also like to extend a note of thanks to my mentor at The IIHMR University, **Dr. Kanika Jindal** for being my constant guide and for always being available whenever I needed her guidance.

Last, but not least, I would like to thank my family and friends for being my pillar throughout. It would not have been possible without their constant support, feedback, and motivation to bring out the best in me.

I consider this opportunity as an accomplishment in my career, and I will keep the skills and learnings I have gained throughout my life and try to use them in best way possible.

Ayushi Srivastava

Roll No. 1088

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ABBREVIATIONS

DOTs	Directly Observed Treatments
GATS	General Agreement on Trade in Services
HIV	Human Immunodeficiency viruses
LGBT	Lesbian Gay Bisexual and Transgender
MoU	Memorandum of Understanding
NGO	Non-Governmental Organization
NTEP	National Tuberculosis Elimination Program
PP	Private Practitioner
PPM	Public Private Mix
PPP	Public Private Partnership
PPSA	Patient Provider Support Agency
RFP	Request for Proposal
RNTCP	Revised National Tuberculosis Control Programme
SDG	Sustainable Development Goal
TB	Tuberculosis
TBPPM	Tuberculosis Public Private Mix
TBPPM-LN	Tuberculosis Public Private Mix Learning Network
TRIPS	Trade Related Aspects of Intellectual Property Rights

INTRODUCTION

Health is recognized as an essential component for achieving a higher quality of life. A country with healthy and educated citizens is more likely to be productive. Long ago, in many countries, health was always considered the concern of government organizations and private providers were not recognized as the frontline health workers. However, in recent years, the healthcare system across the world is undergoing reform, and the private and public health sectors are transforming to be better. The government is still responsible for a major part of the financing and providing goods, but it is collaborating with private partners to regulate services. This idea is widely recognized as the Public-Private Partnership.

The concept of a **Public-Private Mix** in healthcare has been prominently distinguished since the 1970s and has been the subject of debate and discussion worldwide since then. The role of the private sector in the emerging scenario is often undervalued. Some debates consequently target the relative roles of the private and public sectors and what they can contribute. A consensus has emerged that neither the public nor the private sector alone can strengthen the health system, and a partnership between the sectors is essential.

A public-private mix involves essential components: a public entity that provides the public goods and a non-public entity (private sector) that is willing to collaborate and work together. The private providers might include clinics of private practitioners, laboratories, AYUSH, hospitals, pharmacies, NGOs, Patient support groups, etc.

In this partnership, both parties share the rewards and risks while meeting the public's needs and accountability. The idea of PPP relies upon various factors such as the political status of the country, the organizational structure of the government, primary concern and functioning of the organization, financing, possible private partners, and international agreements (GATS, TRIPS, etc.).

The public and private sectors bring together their potential strengths and harness the best of both sectors. This allows them to strengthen their sectors and offers them an extensive scope for development.

The **Revised National Tuberculosis Control Programme (RNTCP)** was started by the government of India in the year 1997. It made TB diagnosis and treatment free of cost for the patients. The broad objective of RNTCP was to eliminate TB by the year 2025 from India (which also aligns with SDG goal 3).

RNTCP was renamed as NTEP by the central government of India at the start of 2020. The **National Tuberculosis Elimination Programme (NTEP)** is a government initiative that was placed to organize the country's effort to control TB. It has been implemented through National health mission where the central and state governments share resources and work together toward the elimination of TB.

Public-Private Partnership (PPP) in Tuberculosis in India-

PPP model helped in enhancing the universal health care in India by improving the quality of services. The partnership between public and private sectors in healthcare strengthens the infrastructure through affordable medicines, capacity building and training of the workers and organization. The public-private mix also supports the economic development of both the sectors. Few examples of effective PPP model are Yeshasvini cooperative farmer's healthcare scheme of Karnataka and Arogya Raksha Scheme of Andhra Pradesh.

The public-private partnerships for TB in India have significantly improved the quality and accessibility of the services for the people. The case reporting, notification rate, screening, drugs, and diagnostics have improved since (Reported by Dewan and colleagues, 2006).

Before the hit of the COVID-19 pandemic, tuberculosis (TB) had the highest mortality rate among all infectious diseases. In India, the preliminary care for TB for a major population of 74% is sought within the private health sector. For decades, the government of India has been making considerable efforts for engaging with the private health sector through various Public-Private Mix schemes and guidelines. PPM initiatives in India have been studied and found to have a positive impact on TB diagnosis and notification, as well as treatment success rates. The initiatives have been demonstrated to be both feasible and cost-effective.

Patient Provider Support Agency (PPSA)-

The PPSA scheme of NTEP aims to provide good quality services to all its patient through affordable and accessible diagnosis and treatment. The PPSA scheme is an example of a "service bundle" model which means it caters to a range of services including- i) Empanelment and engagement of the private sector, ii) Linking TB specimen and diagnostics, iii) TB Patient management, and iv) Providing anti-TB drugs. They are also involved in community mobilization and other health actions.

During scoping, it was discovered that less than ten organizations have applied for the PPSA scheme in India since its inception in 2019. To increase the number of organizations that may apply for the scheme, the network is profiling private (non-governmental and for-profit) organizations to determine PPSA eligibility. An excel workbook is maintained by the TBPPM- Learning Network with a list of potential organizations.

BOX-1
In this study the NGOs for the survey were selected from the checklist prepared by the TBPPM- Learning Network, India chapter, from the Request for Proposal (RFP) document for different states of India. The data base for this checklist was prepared in accordance with the Guidance Document for Partnerships by RNTCP. This checklist not an official document and can not be used as standard for any purpose. It is used by the organization to approach the potential PPSA organizations that are eligible but not working as a PPSA.

In this study, NGOs were chosen from the range of private providers as NGOs are mostly onboarded by the government to function as a Patient Provider Support Agency (PPSA). This is so as they can cater to a wide range of services through their resources and outreach.

This study aims to focus on assessing the knowledge and attitudes of NGOs regarding Public-Private Partnerships for healthcare in India. It also aims to explore the reasons for NGOs not opting to engage with the public sector in healthcare and service delivery for Tuberculosis. Furthermore, this study will also provide a review of the utility of resources and activities for NGOs conducted by TBPPM-LN, NTSU.

LITERATURE REVIEW

S. No.	Paper	Author(s)	Year	Salient features
1.	A qualitative study exploring perspectives and practices of district TB officers and frontline TB workers implementing public-private mix for TB control in India.	Salve S, Porter JDH.	2021	Public-Private Mix (PPM) has been a crucial element of the RNTCP in India. The program helps to effectively include NGOs and Private Practitioners to work on the quality of frontline service delivery by District TB Officers and Frontline TB Workers. For the last two decades, India's PPM-TB policy has been in operation with the private sector. The guidelines stated in the policy support the public sector in strengthening the referral systems between the Private practitioners, public sector, and Non-Government Organizations (NGOs) to provide them with treatment services and standard diagnoses. It also encourages improving the quality of frontline service delivery. The District TB Officers (DTOs) are accountable for figuring out the partners; growing hyperlinks with them; and preserving sustainable partnerships with NGOs and PPs.

2.	Public-private mix model in enhancing tuberculosis case detection in dakshin dinajpur.	Dey S, Chief Medical Office of Health, Chief Medical Officer of Health, Dakshin Dinajpur, West Bengal, India.	2017	In the study it was observed that the case detection rate foe TB cases were effectively increased through Public-private mix (PPM) model in Dakshin Dinajpur district of West Bengal. It was also proposed that the new trail tool might prove to be effective in getting the unidentified and unregistered TB cases in the RNTCP, Nikshay portal. This trail would help in creating a link between the notification format provided by the government and the unregistered case findings. The tool showed a completely different technique to identify the unregistered cases of tuberculosis. The tool proposed has a vital mechanism of detecting the actual cause of notification that comes from the private stakeholders. It was also suggested that the TB case detection through Public-Private Partnership model needs to be worked with on a wider scale to reduce the burden of TB in India.
3.	Public-Private Partnerships in the Health Care	Mariateresa Torchia, Andrea	2013	The study shows a systematic review of 46 articles published withinside the duration of 1990 to

	Sector: A Systematic Review of the Literature.	Calabrò & Michèle Morner		2011 in peer-reviewed journals. The most important findings of the study advocate that public private mix though help in addressing the public health issues at international level but is yet to address their actual effectiveness, efficiency, and convenience.
4.	Intensified scale-up of public-private mix: a systems approach to tuberculosis care and control in India.	Lal SS, Sahu S, Wares F, Lönnroth K, Chauhan LS, Uplekar M.	2011	The study was conducted in 14 major cities to describe the processes and outcomes of engagement scheme of NTEP. The healthcare providers across the cities were included in the study and were advocated through activities, training, and assessment. The national scheme was put in alignment with the local initiatives of the cities. The results show that the systems private sector engagement approach adopted by India's Revised National Tuberculosis Control Programme (RNTCP) in the 14 major cities was efficient and led to a 12% increase in NSP case notification, with relatively good treatment success rates across all providers.
5.	A rural public-	R	2006	This study was conducted in South

	private partnership model in tuberculosis control in south India.	Balasubramanian, R Rajeswari, R D Vijayabhaskara, K Jaggarajamma, P G Gopi, V Chandrasekaran, P R Narayanan.		India to evaluate the rural public private partnership model under National tuberculosis elimination programme. 52 private practitioners (PPs) in general medicine and 13 private laboratories (PLs) were listed and underwent training about RNTCP (PPs) and sputum microscopy (PLs). A comparative study was done between the patients referred by the PPs and the patients who did the self-reporting based on case detection rate, cure rate and patients' profile. The results observed stated that out of the 489 TB suspects referred by the PPs, 24% smears were positive in comparison to the 10% positive smear out of the 15278 self-reported cases. The case detection rate was increased to 75 from 66 per 100000 population. Also, the cure rate of patients referred by PPs was higher than the self-reported patients. The study concluded that the concept of the rural PPP model is effective and does not require any extra staff or direct finances.

OPERATIONAL DEFINITIONS

1. **Public Health Sector:** The three-tier public health system in India includes primary, secondary, and tertiary level services. At every level, there are healthcare facilities that provide people with essential and emergency medical care.

2. **Private Health Sector:** The private healthcare sector is diverse and includes the following types of healthcare facilities: small clinics, group practices, nursing homes, large corporate chains of hospitals, pharmacies, and informal care providers.

3. **Public-Private Mix:** The various schemes and initiatives that require the partnership, collaboration, or working together of the public and the private health sector.

4. **Private Provider Engagement:** Organizations entering into an understanding or contract with private healthcare providers to achieve pre-fixed targets and goals.

RESEARCH QUESTION AND OBJECTIVES

RESEARCH QUESTION:

Why are organizations (NGOs) not opting to engage with the Public Sector in healthcare and service delivery for Tuberculosis?

RESEARCH OBJECTIVES:

1. To assess the knowledge and attitudes of NGOs regarding Public-Private Partnerships for healthcare in India.

2. To explore the reasons for NGOs not opting to engage with the public sector in healthcare and service delivery for Tuberculosis.

3. To review the utility of resources and activities for NGOs conducted by TBPPM-LN, NTSU.

RESEARCH METHODOLOGY

MATERIAL AND METHODS:

a. Study design: The design for the study was a cross-sectional study.

b. Study setting: The study was conducted among people working in Health sector NGOs across India. The concerned person was surveyed via phone interviews/ participant-administered online forms according to the convenience of the participant.

c. Study population: The NGOs working in the areas of health sector that were qualified yet not opting for the PPSA scheme of NTEP in India. Relevant personnel or representatives of the selected NGOs were contacted for the survey. Top-level management (CEO, Founder, Director, Secretary, Joint Secretary, Head, State coordinator) and Mid-level management (Manager, President, Counsellor) were preferred as a participant.

- **Inclusion criteria:**
    - NGO must be a registered entity.
    - Should have 3 years of experience (at least) in working in health sector.

- While prior TB experience is preferable, organizations with experience of working in any other allied branch-like maternal and child health, leprosy, HIV, etc. are eligible.

- Should have a local presence in the community that has to be reached.

- **Exclusion criteria:**

  - The organizations which do not fit in the inclusion criteria must be excluded from the study.

d. Study tools: A structured questionnaire was designed using the nominal scale, 5 points Likert scale and open-ended questions. The questionnaire was used for the survey only after the review and validation of TB experts.

e. Duration of study: The study was conducted for a duration of 3 months.

f. Sample size: 50 Organizations were surveyed to obtain 43 complete surveys for eligible NGOs. The NGOs were selected from the checklist prepared by the TBPPM- Learning Network (BOX-1).

g. Sampling technique: Purposive sampling technique was used for the study as it provides us with specific kinds or groups of participants that need to be part of the study. The sample sufficed the aims and objectives of the research, thus improving the rigor of the study and reliability of the data and results.

h. Data collection procedure: The data collection procedure was conducted using a pre-structured questionnaire for 50 NGOs eligible to apply for the PPSA scheme to obtain 43 complete responses.

Primary Data: Primary data was collected through a structured questionnaire designed to cover all aspects of the study objective. The

questionnaire primarily has a compilation of responses in the form of the Nominal scale and Likert scale. Only questionnaires completely filled were be included in the final analysis and incomplete questionnaires were excluded. The number of open-ended questions were reduced as it may lead to complexity in analysis and interpretation. However, two open-ended questions were included in the survey to know the years of working in the health sector and gather participant feedback.

DATA ANALYSIS: RESULTS

Once the data was collected through the questionnaire, all the errors, omissions, and other ambiguities were sorted out and 43 complete surveys were taken up for analysis. From the obtained data, tables were formed to categorize the number of NGOs/Participants falling in each category. A summary of descriptive statistics with numbers and percentages was used.

Tool used: MS-excel was used for tabulation and statistical analysis.

Characteristics of the participants-

- **Management level of the participants:**

  Designation of the people who participated in the survey consisted of CEO (1), Founder (3), Director (9), Secretary (9), Joint secretary (3), Head (1), State coordinator (2), Govt. body official (1), Manager (8), President (5) and Counselor (1).

  The “n” mentioned in all the figures represent the total number of NGOs considered for that graph.

Figure 1. Designation of the Participants included in the survey.

The participants were further categorized into Top level (Founder, CEO, Director, Head, Secretary, Joint Secretary, State coordinator) and Mid-level management (Govt. body official, Program Manager, President and Counselor). 65.12% (28) participants were working in top-level management whereas 34.88% (15) were in Mid-level management.

Figure 2. Level of Management of the Participants included in the survey.

- **Number of years the participant has worked in the organization:**
  The number of years for which the participants have been working in the organization ranged from 1 year to 42 years. 27.91% (12) participants had an experience of less than or equal to 10 years, 37.21% (16) participants had an experience between 11-20 years, 16.28% (7) participants had an experience between 21-30 years and 6.98% (3) participants had an experience of more than 30 years. Most of the participants had experience ranging from 11 years to 20 years.

Figure 3. Number of years the participant has worked in the organization.

General Information about the NGOs:

- **Geographical Location of the NGOs:**
  The NGOs that were surveyed worked in different states of India. Of the 43 NGOs surveyed, 41.86% (18) NGOs were working actively in Karnataka, 20.93% (9) NGOs were working in West Bengal, 11.63% (5) NGOs were working in Uttar Pradesh, 6.98% (3) NGOs were working PAN India, 4.65% (2) NGOs were working in Maharashtra and 4.65% (2) were working in

Odisha. It was found that 2.33% (1) of NGOs were working in Andhra Pradesh, Gujarat, and Jharkhand each.

Figure 4. States in which the NGOs surveyed were working.

- **Number of years the organization has worked in the health sector:**

  The number of years for which the NGOs have been working in the health sector ranged from 1 year to 109 years. 9.3% (4) NGOs had an experience of less than or equal to 10 years, 48.84% (21) NGOs had an experience between 11-20 years, 20.93% (9) NGOs had an experience between 21-30 years and 20.93% (9) NGOs had an experience of more than 30 years. Most of the NGOs had experience ranging from 11 years to 20 years.

Figure 5. Number of years of the organization has worked in health sector.

- **Main areas of healthcare in which the NGO works:**

The NGOs surveyed worked in various areas of healthcare. Majorly about 81.4% (35 NGOs) of the NGOs surveyed worked towards Infectious diseases. 69.8% (30) NGOs worked towards community development, 53.5% (23) worked in the field of Education and 32.6% (14) out of total NGOs surveyed worked in the field of Water, Sanitation and Hygiene and Vulnerable population (Sex workers, tans community, drivers, and cleaners, etc.) each. 20.9% (9) NGOs worked towards Reproductive, maternal, neonatal, child, and adolescent health and 20.9% (9) NGOs worked towards Livelihood as well. 18.6% (8) NGOs worked around Rural populations, Social Impact assessment study, Neglected Tropical Diseases (NTD), Health of drivers and cleaning community and women empowerment. 7% (3) NGOs worked in the field of Contraception and family planning.

Figure 6. Main areas of healthcare in which the NGO works.

Experience of NGOs working with the Government:

All the 43 NGOs surveyed had experience in working with the government (State or central government).

Figure 7. NGOs have an experience of working with the government.

Among the NGOs surveyed, 83.7% (36) have experience of working with the government under a formal contract, 20.9% (9) NGOs have worked informally with the government and 16.3% (7) NGOs have worked under a formal Memorandum of understanding with the government. One of the NGOs provided service through direct delivery in the areas where the government could not reach.

Figure 8. The mode in which the NGOs work with the government.

NGOs working in the area of Tuberculosis:

79% (34) NGOs worked around tuberculosis while 21% (9) NGOs, out of the 43 NGOs that were surveyed, did not work around tuberculosis.

Figure 9. NGOs working in the area of Tuberculosis.

For the 34 NGOs working towards Tuberculosis, the number of years of experience for working towards Tuberculosis ranged from 1 year to 35 years. 58.82% (20) NGOs had an experience of less than or equal to 10 years, 32.35% (11) NGOs had an experience between 11-20 years, 5.88% (2) NGOs had an experience between 21-30 years and 2.94% (1) NGOs had an experience of more than 30 years. More than 50% of NGOs had an experience of working towards tuberculosis for less than or equal to 10 years.

Figure 10. Representation of number of years the NGO has worked in the field of TB.

34 NGOs working towards Tuberculosis worked in various areas such as Communication and community development, Active case finding, TB- drug access and delivery, TB- Diagnostics, TB- Treatment services, Counseling of patients, PPSA, etc. According to the data collected from the survey,

- 70.6% (24) NGOs were involved in Active case finding and prevention of Tuberculosis. They do the primary screening to identify the people with symptoms for TB and educate people about the ways to prevent it.
- 64.7% (22) NGOs worked towards Advocacy, Communication, and Community empowerment. They help in making people more aware of TB and empowering the community against it.
- 64.7% (22) NGOs were actively involved in creating the linkages between the patients suffering from TB and the services that can be provided to them through the government.
- 52.9% (18) NGOs helped through counselling of patients suffering from Tuberculosis. The counselling involved telling them about the spread, signs, and symptoms of the disease. It also includes providing the TB patients with proper nutritional/diet plans.
- Out of the 34 NGOs that worked towards TB, 50% (17) NGOs engaged themselves with Drug access and delivery. They functioned in the supply chain of TB- drugs and made them available to the patients through their NGOs.
- 35.3% (12) NGOs were involved in providing TB Treatment services to the patients suffering from TB.
- 29.4% (10) NGOs worked in the field of TB diagnostics and 20.6% (7) were involved in TB specimen management.
- 17.6% (6) NGOs were found engaged with the PPSA scheme and worked as Patient Provider Support Agency.

Figure 11. The area of Tuberculosis in which the NGO works.

The NGOs working in different fields of TB (Communication and community development, Active case finding, TB- drug access and delivery, TB- Diagnostics, TB- Treatment services, Counseling of patients, PPSA, etc.) belonged to different states of India. Of the 34 NGOs, 41.18% (14) NGOs were working actively in Karnataka, 20.59% (7) NGOs were working in West Bengal, 11.76% (4) NGOs were working in Uttar Pradesh, 8.82% (3) NGOs were working PAN India and 5.88% (2) NGOs were working in Maharashtra. It was found that 2.94% (1) of NGOs were working in Odisha, Andhra Pradesh, and Gujarat each. None of the NGOs working towards TB belonged to Jharkhand in the study.

Figure 12. State to which NGOs working around TB belonged.

BOX-2
Note: For objective 2 i.e., "To explore the reasons for NGOs not opting to engage with the public sector in healthcare and service delivery for Tuberculosis", the NGOs (6) that were already functioning as a PPSA were excluded. These NGOs were not a PPSA when the RFP for different states of India was prepared by TBPPM-LN. Hence, out of 34 NGOs that worked in TB, only 28 NGOs (excluding the 6 NGOs working as PPSA) were considered in the study about PPSA.

Awareness about PPSA scheme among NGOs:

78.57% (22) NGOs out of 28 NGOs (reference: BOX-2) had heard of the schemes for which the government is contracting the NGOs for their services whereas 14.29% (4) NGOs were not aware of any such schemes. The NGOs aware knew about different schemes for Trans women, the LGBTQ community, HIV prevention, Sex workers, etc.

Figure 13. Awareness among NGOs about government schemes.

When asked about the PPSA scheme of NTEP, it was found that about 28.57% (8) NGOs out of the 28 NGOs working towards TB (reference: BOX-2) were aware of the PPSA scheme. On the other hand, 71.43% (20) NGOs were unaware of the PPSA scheme.

Figure 14. Awareness among NGOs regarding PPSA scheme of NTEP.

When asked if the PPSA scheme that has been proposed by NTEP can help in fighting TB and achieve the Sustainable development goal for TB, 100% (8) NGOs that were aware of the PPSA scheme agreed to it.

Figure 15. Opinion of NGOs on can PPSA scheme help in fighting TB and achieving the SDG goal.

According to the data obtained from the survey, 85.71% (24) NGOs out of 28 NGOs working towards TB (reference: BOX-2), were willing to apply for the PPSA scheme whereas 14.29% (4) NGOs were not willing to apply for the scheme.

NGOs applying for PPSA scheme:

Figure 16. NGOs willing to apply for the PPSA scheme of NTEP.

Of the 4 NGOs that were not willing to apply for the PPSA scheme, 100% (4) of them had trust issues for involving themselves with the scheme. 75% (3) NGOs out of the 4 had financial issues associated with them not opting for the PPSA scheme. 50% (2) NGOs were unaware of the scheme and had insufficient knowledge about the scheme whereas 25% (1) NGOs did not wish to apply as the scheme was not a mandate for the NGO.

Figure 17. Reasons of NGOs for not opting for PPSA scheme of NTEP.

Review of NGOs on TBPPM-LN, NTSU:

NGOs were asked about their familiarity with the TBPPM Learning Network, and it was found that 30.2% (13) NGOs out of the 43 NGOs surveyed, were aware about the Learning Network, whereas 69.8% (30) NGOs were unaware of it.

Figure 18. Awareness among NGOs about the TBPPM Learning Network.

Out of the 13 NGOs that were aware about the TBPPM Learning Network, 46.2% (6) NGOs were members of the TBPPM Learning Network whereas 53.8% (7) NGOs did not register as a member.

Figure 19. NGOs and their membership with TBPPM Learning Network.

According to the data collected from the survey, out of the 6 NGOs that were the member of the TBPPM learning network, 66.66% (4) NGOs attended the webinars conducted by the organization, 50% (3) NGOs attended the workshops, 33.33% (2) NGOs utilized the learning resources available on the TBPPM website and 16.7% (1) NGO engaged in the Friday forum conducted by the organization.

Figure 20. Resources used by NGOs that are offered by TBPPM Learning Network.

When asked about the frequency of use of the resources offered by the TBPPM Learning Network, it was found that 33.33% (2) NGOs used it once in three months, 16.7% (1) NGO used the resources once a month, 33.33% (2) NGOs used it once a week and 16.7% (1) NGOs used the resources provided by the organization daily.

Figure 21. Frequency of utilization of resources provided by TBPPM-LN by the NGOs.

Out of the 6 NGOs that were members of the TBPPM Learning Network and used the resources provided by the organization, 66.7% (4) NGOs found the resources Moderately useful and 16.7% (1) found them Extremely useful whereas 16.7% (1) found it Somewhat useful.

Figure 22. Usefulness of the resources offered by the TBPPM Learning Network.

Feedback offered by the participants to improve the TBPPM Learning Network:

S. No.	Feedback
1.	To improve field based Grassroot level awareness.
2.	If we follow the learning network thoroughly then we can move a step forward to stop TB.
3.	Work towards awareness among people and organizations. People are not much aware of it.
4.	Involving door-to-door survey of people.
5.	More interactive sessions are needed.
6.	Awareness for the High-risk behavior population.
7.	PPSA with NGO was good but domestic PPSA by State Health Society (Different State) are not very good productivity due to timely payment, Motivation, and cooperation by TB cell.
8.	Through the involvement of all stakeholders and regular discussions, training, and seminar.
9.	More interactive sessions are needed.

10.	Involvement of all organizations working for TN to be included. Grassroot level functionaries are the most valuable resource to be included and engaged in the learning networks.
11.	More information is needed.
12.	More platforms should be provided to the people and organizations.
13.	More information is required.
14.	Need more information about TB- PPP

DISCUSSION

The study helped "To assess the knowledge and attitudes of NGOs regarding Public-Private Partnerships for healthcare in India." From the study, it was found that more than 80% (35) NGOs surveyed were eligible to apply for the PPSA scheme.

I. All the 43 NGOs were registered entities and had a minimum experience of more than 3 years for working in the health sector. Out of 34 NGOs working specifically towards TB, more than 50% of NGOs had experience of working towards tuberculosis for less than or equal to 10 years.
II. 81.4% (35) NGOs worked around Infectious diseases (HIV, TB) whereas 79% (34) NGOs specifically worked in the field of TB and had a community outreach in the area.
III. All the 43 NGOs had either worked or were involved in working with the government formally, informally or with MoU.

The study also helped in assessing the knowledge and awareness of NGOs toward the PPSA scheme and identified the potential gaps. From the study, it was found that:

I. 78.57% (22) NGOs out of 28 NGOs working towards TB (reference: BOX-2) had heard of the schemes for which the government is contracting the NGOs for their services whereas 14.29% (4) NGOs were not aware of any such schemes.
II. 28.57% (8) NGOs out of the 28 NGOs working towards TB (reference: BOX-2) were aware of the PPSA scheme whereas 71.43% (20) NGOs were unaware of the PPSA scheme.
III. When asked to the ones who were aware about the PPSA scheme proposed by NTEP, 100% (8) NGOs agreed that it can help in fighting TB and achieve the SDG for TB.
IV. 85.71% (24) NGOs out of 28 NGOs working towards TB (reference: BOX-2), were willing to apply for the PPSA scheme whereas 14.29% (4) NGOs were not willing to apply for the scheme. The NGOs not willing to apply either had trust issues with the government/scheme or had financial issues refraining them

from applying for the scheme. Some NGOs were not applying because they were unaware of the scheme, or it was not a mandate for the NGOs to take up the PPSA scheme.

The study helped us in understanding the cause behind low participation in the PPSA scheme of NTEP. NGOs are willing to work but are unable to contribute and utilize the schemes launched by the government because of lack of information. Some of the NGOs are even unaware of the PPSA scheme and hence are unable to apply due to lack of knowledge and trust issues. Few NGOs are willing to apply but are unable to do so due to financial inabilities. Working towards these issues faced by the organizations, we can enhance the participation of NGOs in the PPSA scheme and take a step closer to the eradication of TB.

Furthermore, the study also provided us with feedback on the use of resources and activities provided by TBPPM-LN, NTSU which would help us in future advancement. It was found from the study that

- About 70% of the participants were not aware about the TBPPM Learning Network.
- Of the 30% of participants aware of the learning network, 46.2% (6) NGOs were a member of the TBPPM-LN whereas 53.8% (7) NGOs did not register as a member.

- 66.7% (4) NGOs attended the webinars, 50% (3) NGOs attended the workshops, 33.33% (2) NGOs utilized the learning resources and 16.7% (1) NGO engaged in the Friday forum conducted by the organization. Participants suggested for more interactive sessions and information by TBPPM-LN.

- 33.33% (2) NGOs used the resources once in three months, 16.7% (1) NGO used it once a month, 33.33% (2) NGOs used it once a week and 16.7% (1) NGO used the resources provided by the organization daily. The data showed that the engagement of the people on the website and with learning network must

be increased. Participants recommended organization to conduct the sessions on fixed timings on regular basis which may help in increasing the participation.

- 66.7% (4) NGOs found the resources Moderately useful, 16.7% (1) found it Extremely useful whereas 16.7% (1) found it Somewhat useful.

CONCLUSION

The study shows that the awareness among the NGOs regarding the PPSA scheme of NTEP is relatively low. NGOs are unaware of the PPSA scheme where the government is contracting with NGOs for their services in the field of TB. It was also observed that the organizations are eligible to apply for the PPSA scheme but are unable to do so due to the lack of knowledge and resources. A better strategy for promotion, awareness, and onboarding of the NGOs for the PPSA scheme must be adopted by the government.

It was also observed that most of the NGOs are unaware of the TBPPM Learning network platform but were interested to know about it. This shows that a different approach must be applied by the organization that increases the reach of the organization and involves more people. Also, more interactive sessions on fixed timings can help the organization in increasing participation.

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ANNEXURE

1. Participant Information Sheet:

Participant Information Sheet

This document gives you a description of the study in which you are requested to participate on behalf of your _____ (NGO). Your participation in this study is voluntary, and you can enquire about all details before giving your consent to participate in the research.

STUDY TITLE:

"Public-private partnerships in Health and Tuberculosis among Non-Governmental Organizations (NGOs) in India."

PURPOSE:

The purpose of this study is to understand the participation of NGOs in Public-Private partnerships in Health and Tuberculosis. Among the NGOs working in Tuberculosis, this study will determine their involvement in a digital community of practice called Tuberculosis Public-Private Mix-Learning Network.

INFORMATION:

- The study would be conducted among people working in Health sector NGOs across India via phone interviews/ participant-administered online forms as is convenient to the participant.
- The NGOs for the survey are purposively selected.
- There are no experimental procedures involved in this study.
- The amount of time required for filling the survey by a subject is approximately 5-10 minutes.

RISKS:

There are no foreseeable risks in the procedures that will be carried out in this study. However, if anytime during the interview you feel uncomfortable and wish not to take part in it anymore, you're free to exit from the survey. Also, after the completion of the survey, if you wish your responses should not be included in the study, you're free to withdraw.

BENEFITS:

The study will help us understand the level of participation of NGOs in public-private partnerships in health and TB and the reasons behind low/no participation. After the interview, the participant will be sensitized specifically to the Patient-Provider Support Agency (PPSA) scheme in TB. Furthermore, this study will sensitize the NGOs on the TBPPM-LN if they are not already a part of the digital community of practice. This may help them with access to a peer group as well as important resources.

CONFIDENTIALITY:

The information and data received from the study will be kept confidential. The records will be stored and managed securely and will be made available only to person/organization conducting the study and to the regulatory authorities which by any chance would not lead to the identity of the participant.

ANONYMITY:

The anonymity of the participants will be maintained. The researcher or anyone associated with the study, at no time, would know the identity of the participant.

CONTACT:

If you have any questions about the study or the procedures, you may contact the researcher, Ayushi Srivastava, at [8800987835], or [ayushisrivastava.0@gmail.com].

Informed Consent Form

Namaste. You are requested to participate in the survey, which is being conducted by Ayushi Srivastava, a student of IIHMR University, currently interning with the TBPPM learning network. Your participation in this survey is voluntary and you may refuse to take part in the research or be free to withdraw from the survey at any point of time without any penalty. You must ensure that all the questions in the questionnaire are adequately answered.

If you wish to participate, please choose the **"I agree"** option, else choose **"I disagree"** from the given options-

a. **I agree**

b. **I disagree**

2. Questionnaire:

Questionnaire for the NGOs

Section 1

(General Information)

1. Name of the Organization:
2. Name of Participant:
3. Designation of Participant:
4. Qualification of Participant:
5. Number of years the participant has worked in the organization:
6. Number of years of the Organization:
7. Number of years in Health:

Section 2

1. What are the main areas in healthcare in which your NGO works? (Multiple select)
    a. Infectious diseases
    b. Reproductive, maternal, neonatal, child, and adolescent health
    c. Contraception and Family Planning
    d. Education
    e. Water Sanitation and Hygiene

f. Community development

g. Vulnerable population

h. Livelihood

i. Others. Specify:

2. Does the NGO have experience in working with the government?

a. Yes ..... (Skip to 2A)

b. No ..... (Skip to 2B)

A. If yes, in what mode have you worked/ do you work with the government?

a. Formal Memorandum of understanding

b. Formal contract

c. Informal

d. Others. Specify: _____

B. If not, what are the reasons for not working with the government, currently? (Multiple select)

a. Not a mandate of the NGO

b. Unaware of Public-private partnership schemes

c. Trust issues

d. Not a sustainable option

e. Financial issues

f. Others. Specify _____

3. Does your NGO work in the area of Tuberculosis?

a. Yes

b. No ……. (Skip to question 4)

A. If yes, for how many years?

_____

B. What are the areas of TB in which the NGO is working on? (Multiple select)

a. Advocacy, Communication, and community empowerment

b. Active case finding and TB prevention

c. TB Drug access and delivery

d. TB Diagnostics

e. TB Treatment Services

f. TB Specimen management

g. Counseling for patients

h. Creating Linkages between patients and services

i. Patient-Provider Support Agency (PPSA)

j. Other. Specify: _____

4. Have you heard of any scheme where the government is contracting NGOs for services?

   a. Yes

   b. No

   If yes, specify: _____

5. Are you aware of the Patient-Provider Support Agency (PPSA) scheme of the National Tuberculosis Elimination Program (NTEP)?

   a. Yes

   b. No

   A. If you are aware of the PPSA scheme, do you think it can help fight TB and achieve the SDG goal?

   a. Yes

   b. No

   c. Don't know

6. Does your NGO wish to apply for the PPSA scheme (or has already applied)?

a. Yes

b. No

7. What are your reasons for not opting for the PPSA scheme? (Multiple select)

a. Not a mandate of the NGO

b. Unaware of PPSA

c. Trust issues

d. Not a sustainable option

e. Financial issues

f. Others. Specify _____

Section 3

1. Are you familiar with the TBPPM learning network?

a. Yes

b. No …… (Skip to question 3)

2. Are you a member of the TBPPM learning network?

a. Yes

b. No

A. If yes, what resources/activities of the TBPPM-LN network do you use? (Multiple select)

   a. Webinars
   b. Learning resources on the website
   c. Online course
   d. Friday Forum
   e. Feature stories
   f. Jobs/Opportunities
   g. Others (specify)

B. If yes, how often do you use the resources (mentioned above) offered by TBPPM-LN?

   a. Once in three months
   b. Once a month
   c. Once a week
   d. Daily

C. Do you think the resources (mentioned above) are useful?

   a. Not at all useful
   b. Slightly useful

c. Somewhat useful

d. Moderately useful

e. Extremely useful

3. Please, offer your feedback on how to improve the learning network for TB-PPP. (Open question)
