SUMMER TRAINING REPORT PRESENTATION

- Profile of VANI Organization
- A Comparative study on selective indicators of primary health center run by the Government and by VANI in PPP mode

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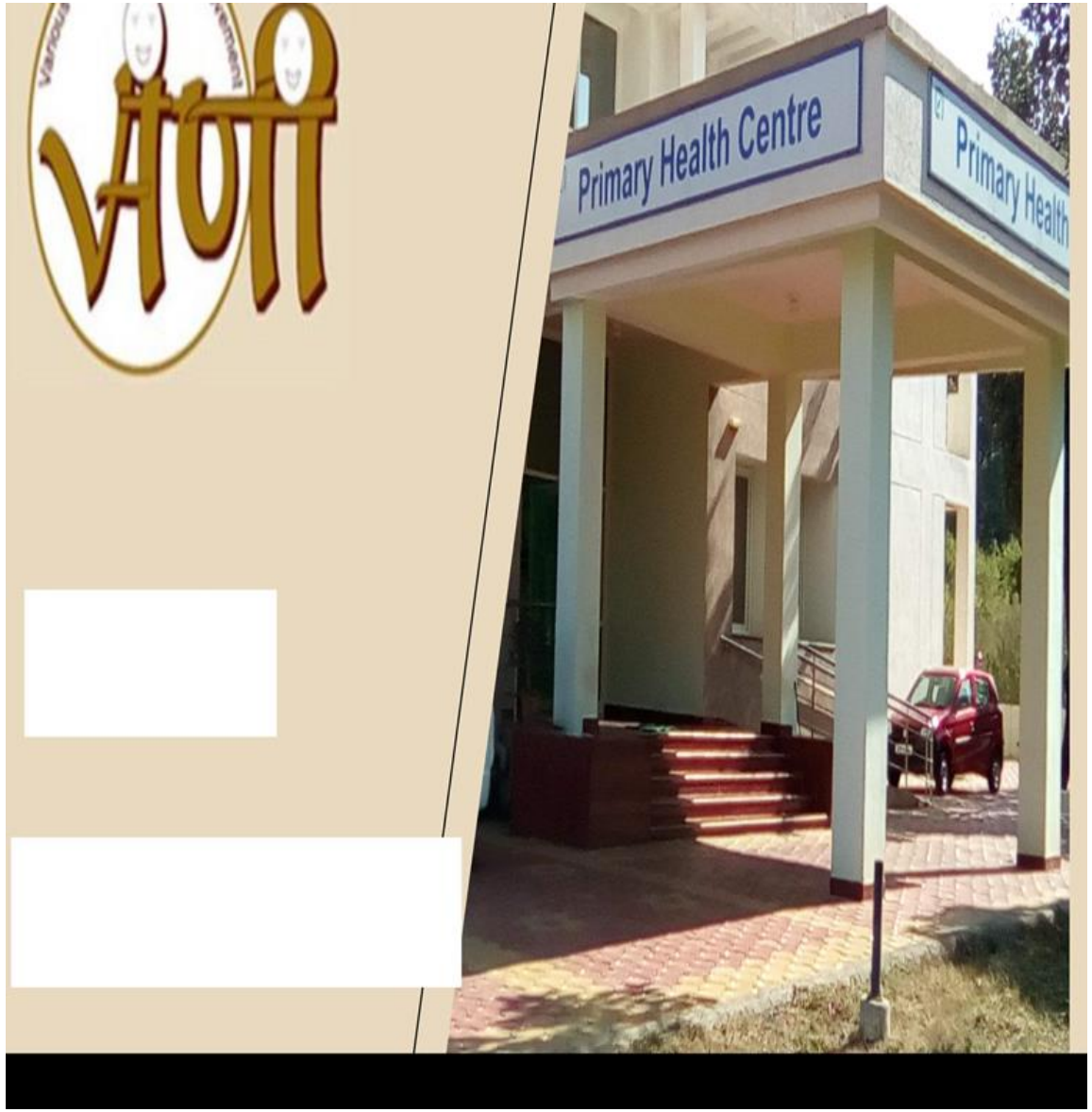
MBA-RM (9th Batch)



PROFILE OF VANI SANSTHAN

Various Action and Natural Improvement Sansthan

Established:- 1989

Operational State:- Rajasthan

Head Office:- Jaipur

VANI Sanstha is a non-profit organization established in the year 1989 and registered under the Rajasthan Societies Registration Act, 1958.

Vision: Socio-economic empowerment of the marginalized sections of the society

Vani is regarded as a ground-breaking organization devoted to concerns of children and women, especially of the weaker sections.

Among its major objectives are women empowerment, social development and increasing awareness.

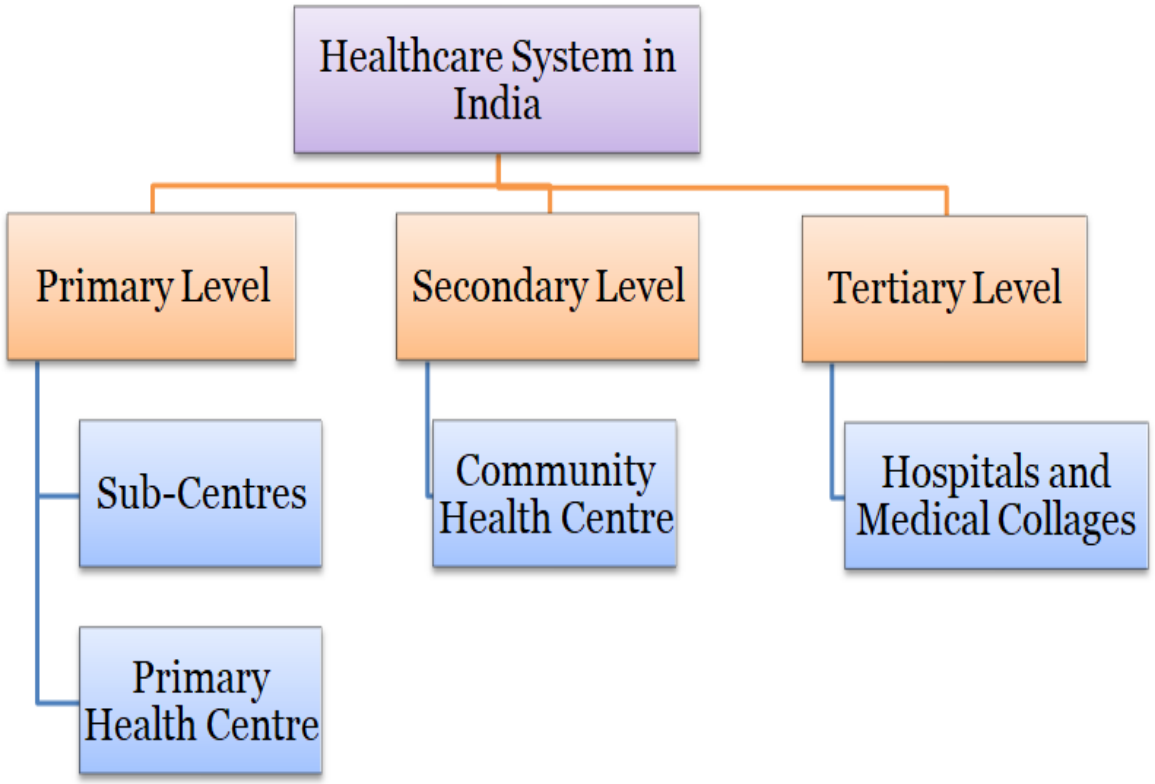
Operational Districts:- Bharatpur, Dholpur, Jaipur, Barmer, Jalore, Ajmer, Dungarpur, Banswara, Baran, Udaipur.

Chief Executive Officer: Dr Sunil Sharma.

VANI sanstha primary focuses on

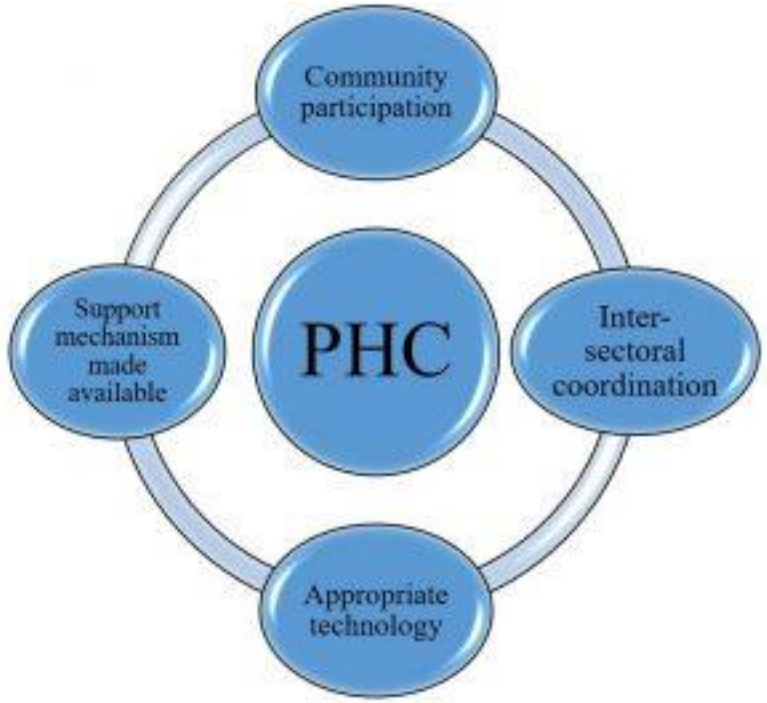
- Water and Sanitation
- Providing training Good Governance, Leadership, Conflict resolution and peace building.
- Health Camps - Food / medicine distribution
- Quality education
- Vocational skills trainings and create employment opportunities
- Protection/Human rights/child protection
- Health Services

HEALTH CARE SYSTEM IN INDIA



OBJECTIVES AND PRINCIPLES OF PHC

Primary Health Center (PHC) is the first level of contact with the health system to promote health, prevent illness, care for common illness, and manage ongoing health problems.



Primary health Centre occupies a key position in national health care system. It provide an integrated curative and preventive health care to the rural population emphasis on preventive and promotive aspects of health care.

PUBLIC PRIVATE PARTNERSHIP IN PHC

The programme started in December 2015, when the Rajasthan government opened bids to private parties, both non-profit and for-profit organisations, to run all 213 of the state's PHCs. The terms of the public private partnership agreement state that the government would pay the private party between Rs 22 lakh and 35 lakh, depending on the bids received, to run a PHC for five years. After evaluating the private organisation's performance, the contract could be extended beyond five years.

The private organisation is expected to employ at least 11 staff members including a doctor, a pharmacist, laboratory technicians and cleaners. Even Auxiliary Nurse Midwives who manage health sub-centres and have so far been employed by the government are transferred to or hired by the private organisation. The government's contribution to the partnership is infrastructure – the building, medicines, and equipment like surgical supplies and laboratory reagents.

A Comparative study on selective health care indicators of primary health center run by the Government and by VANI in PPP mode

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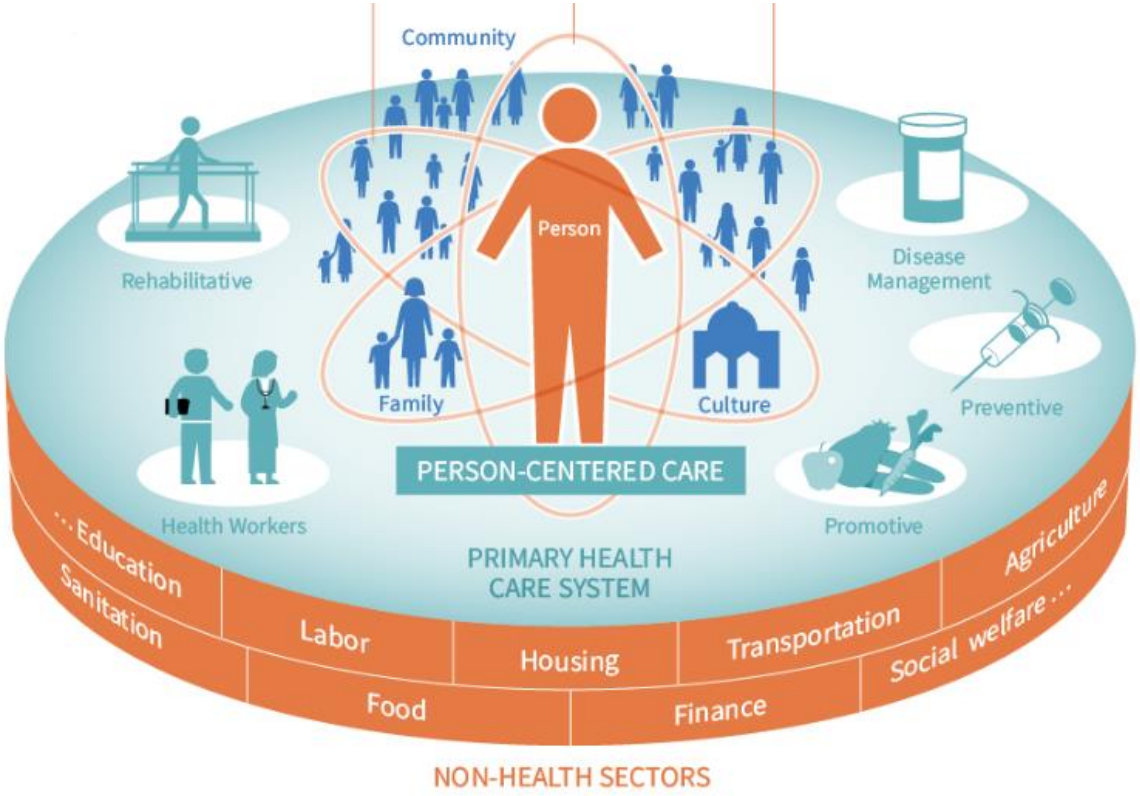
Objective of the study:

The specific objective of the study is to understand the working of Primary Health Center (PHC)

Objective 1: To do the comparison of effectiveness of PHCs services based on selective health care indicators of the centre run by Government and run by VANI sansthan in PPP mode .

Objective 2: To understand that how PPP mode different from Govt PHC and whose performance is better

Objective 3: To suggest the best possible solutions to provide better health care services based on learnings.



PPP: WHY ?

- **Improve access without substantial investment**
- **investment from public sector.**
- **Adopt best practices**
- **Opportunity to regulate the public-private sector**
- **Need based Tailored services**
- **Competition opens options for poor**

KEY CONCERNS FOR PPP

Availability of Health Care

Accessibility of Health Care

Quality of care at affordable cost

User fee charges- Affordability

Potential Benefits of PPP

Cost-effectiveness and Higher Productivity by linking payments to performance,

Accelerated Delivery – since the contracts generally have incentive and penalty clauses Clear Customer Focus - the shift in focus from service inputs to outputs

Enhanced Social Service - Recovery of User Charges-Innovative.

RESEARCH METHODOLOGY

Area of the study:- Rajakhera Block, District-Dholpur

Period:- 1st April to 31stMarch (2020-21

Data Collection

- PHC Recorded Data
- Interaction with MOIC
- Observation

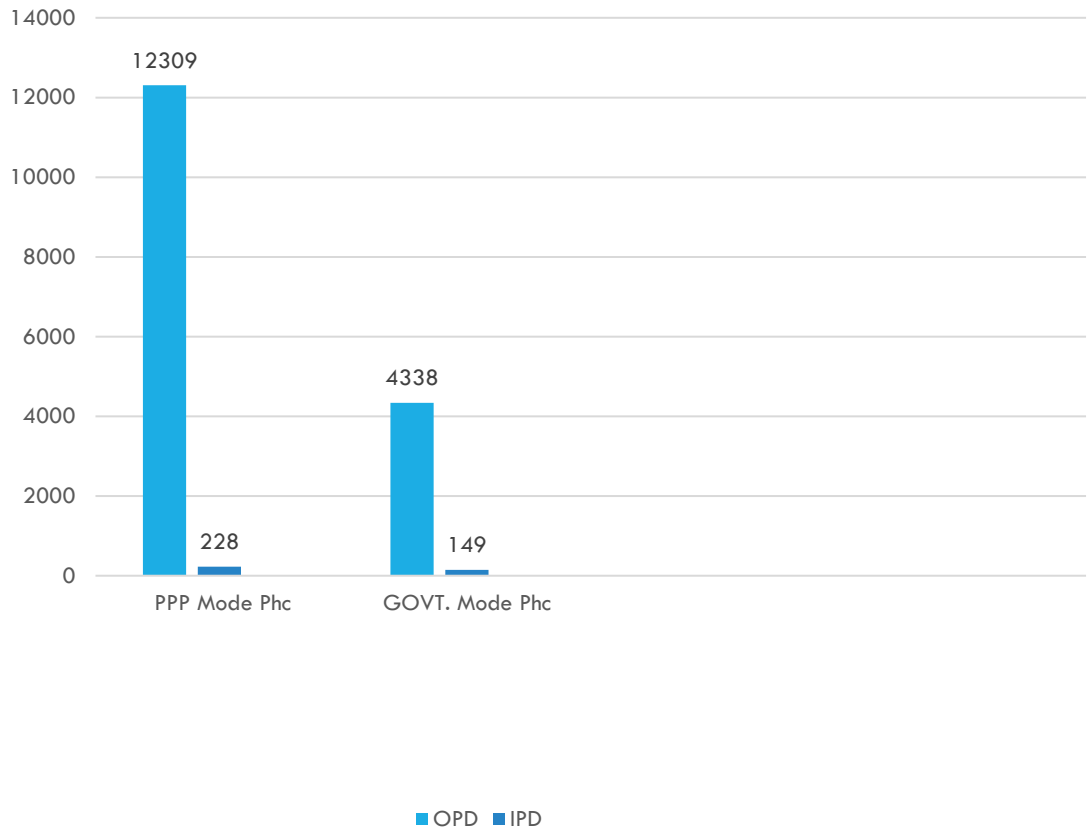
- Data was analyzed in the excel

MAJOR FINDINGS

Patient visited in the PHC (PPP mode) and run by Government

Status of OPD and IPD (2020-2021)

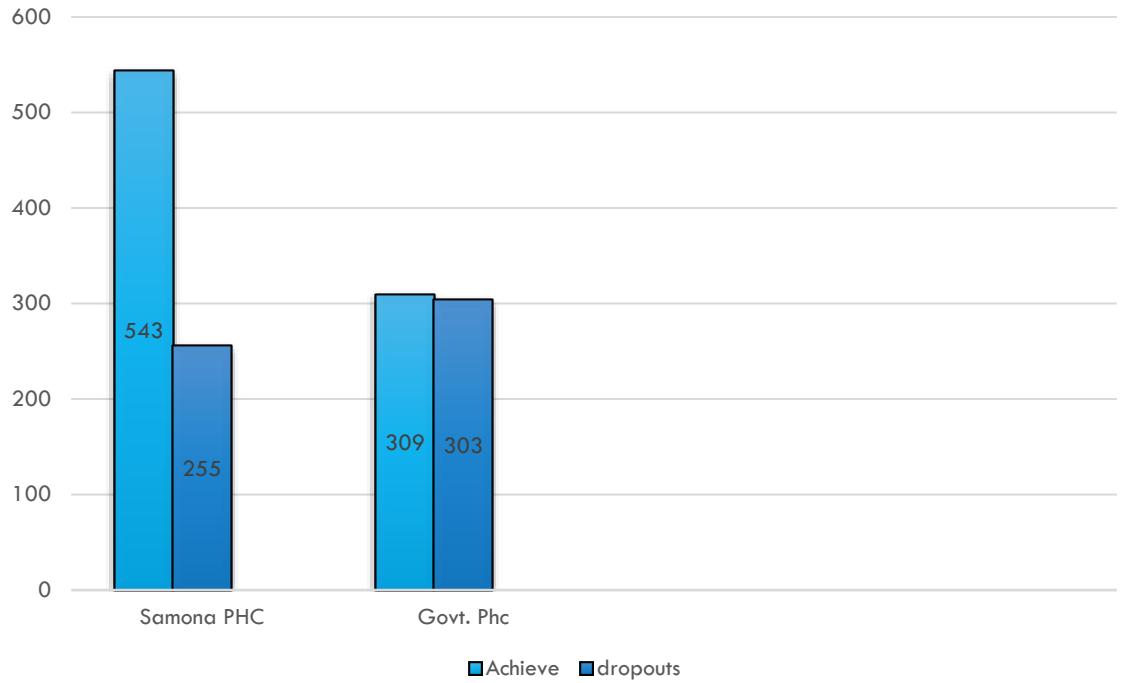
	OPD	IPD
PPP PHC	12309	228
GOVT. PHC	4438	149



ANC

Status of ANTENTAL CARE (2020-21)

	Target	Achieve	Dropout	Achieve %
PPP PHC	798	543	255	68.04%
GOVT. PHC	612	309	303	50.50%



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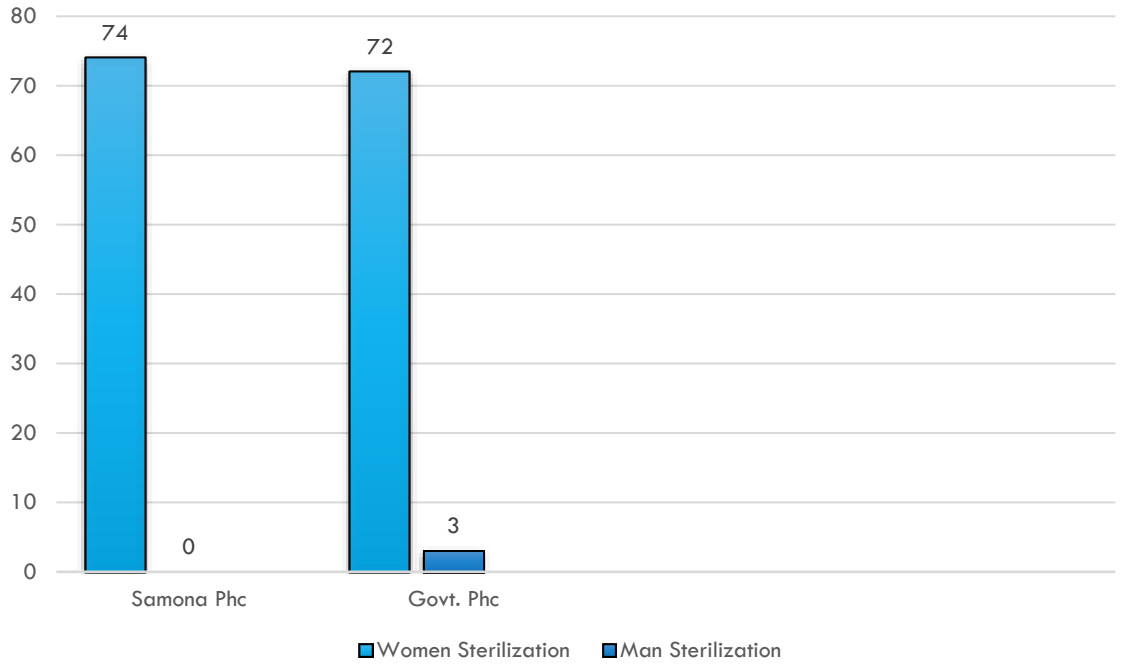
STERILIZATION

Status of Sterilization (2020-21)

PPP PHC			
Target	Achievement	Not Achieve	Achieve %
114	74	40	64.91
GOVT. PHC			
Target	Achievement	Not Achieve	Achieve
122	72	50	59.01



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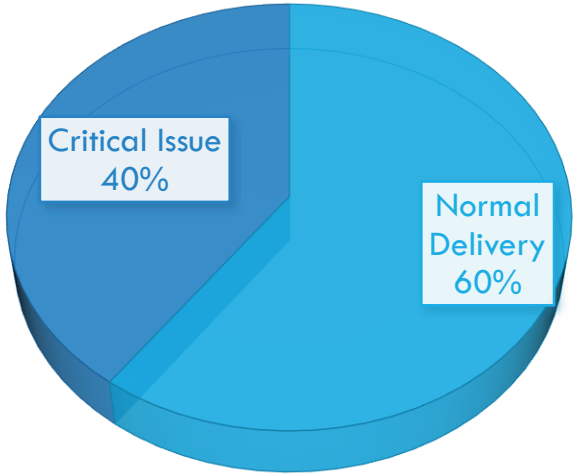
PREGNANCY

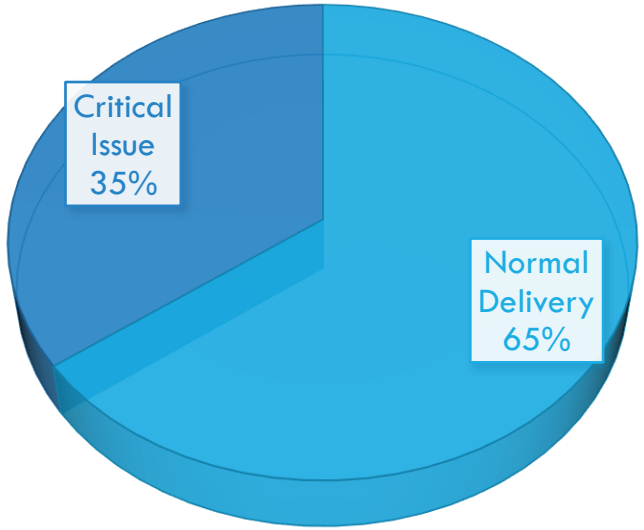
Status of Pregnancy (2020-21)

	Registration	Normal Delivery	Shift Next Level
PPP PHC	175	106	69
GOVT. PHC	209	135	74

PPP



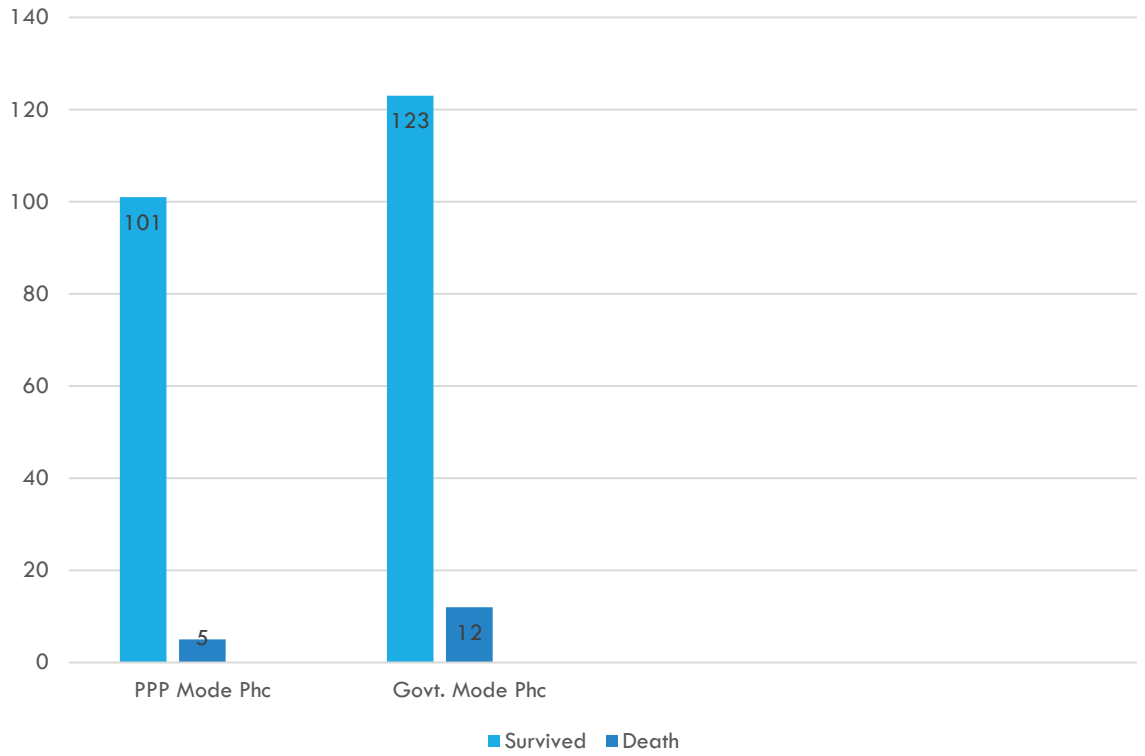
Govt.



NEONTAL DEATH

Status of Neonatal Death (2020-21)

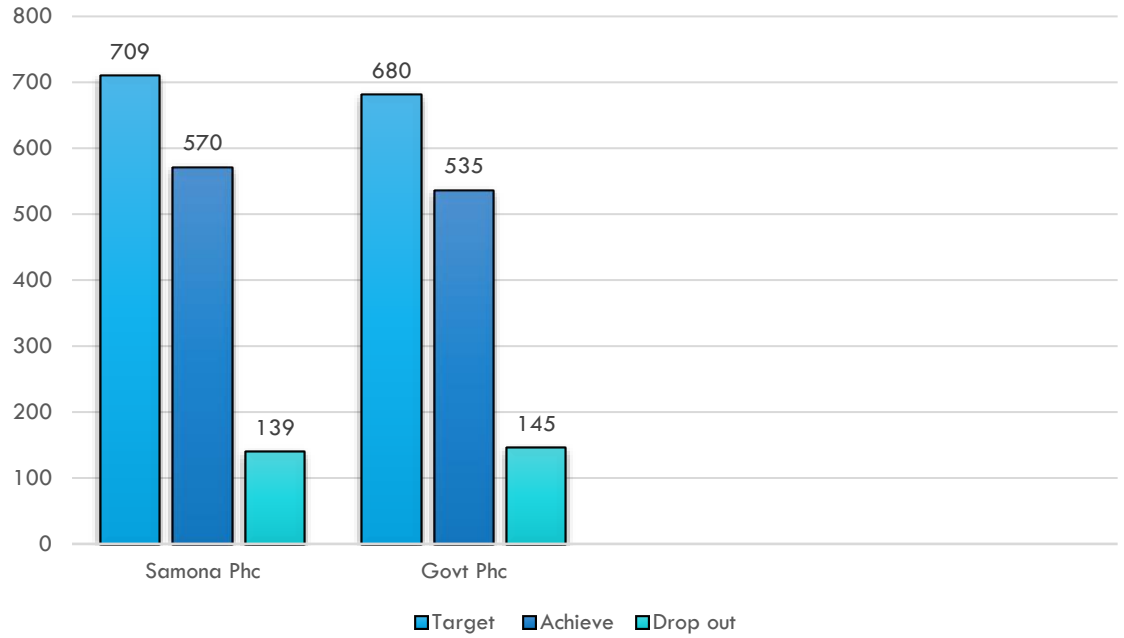
	Survived	Not Survived
PPP PHC	101	5
GOVT. PHC	123	12



FULL IMMUNIZATION

Status of Immunization (2020-21)

PPP PHC			
Target	Achieve	Not Achieve	Achieve %
709	570	139	80.40
GOVT. PHC			
680	535	145	78.67



MAJOR FINDINGS

There are difference between OPD and IPD in PPP PHC and Government PHC,

- The participation of people in Government PHC is very less in compression of PPP mode.
- Participation in ANC is less in both PHC but in Government PHC is less than PPP.
- The Participation of women is less in sterilization but the performance of Government PHC in man sterilization is better than PPP.
- Normal delivery of pregnant women is more in Government PHC, but mortality of newborn baby is also more in Government PHC.

CASE STUDY

1. Mohan Parkash Sharma

(PHC staff, Samona PHC)

2. Girdhari lal (Patient PPP PHC)

CONCLUSION

PHCs now managed by private organizations work well on curative healthcare, but do not implement preventive and promotive health measures. This means that these center are little more than clinics.

SUGGESTIONS (BASED ON THE LEARNINGS)

- In order to increase the participation of people in Government PHC will have to improve the quality of services like; cleanliness, staff behavior, infrastructure and other.
- User-fee should be exempted to all vulnerable women for ANC and immunization.
- Improved tracking system and reporting system and facilitating links between records for mother and child is necessary.
- To reduce neonatal death, vaccination to mother as well as new-born child should be promoted
- To provide the highest possible quality of medical and nursing care for the patients
- To provide necessary equipment's, essentials drugs and all other required for patients in an organised manner and as per the Standard Operating Procedure (SOP)
- To provide facilities to meet the needs of the visitors and attendee.
- To furnish most desirable environmental substituting at temporary home for the patients.

#StrongerwithPHC

THANKS