

PRIVATE SECTOR PARTICIPATION IN PUBLIC HEALTH
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Abstract

This article gives an over view of the concept of utilizing private sector participation in improving public health. Various experiences have shown that success of a health program depends on involvement and participation of different stakeholders of health. The article focuses on need, importance, advantages and process of building partnership for an eye health care programme related particularly to diabetic retinopathy.

The various stakeholders included Media, Lions, Rotarians, Diabetologist Medical Practitioners, Paramedical personnel, NGO's, NSS program officers, walkers club members, Medical shop owner's, Lab owners, Bank Officers, Industry managers, Telecommunication, Integrated Child Development Services, Tamil nadu Integrated Nutrition Program staff, teachers, self help group members and other associations. Here the author narrates his experiences on motivating one stakeholder, the medical shop owners to be involved as partners in the eye care programme of Aravind Eye Care System, at Madurai.

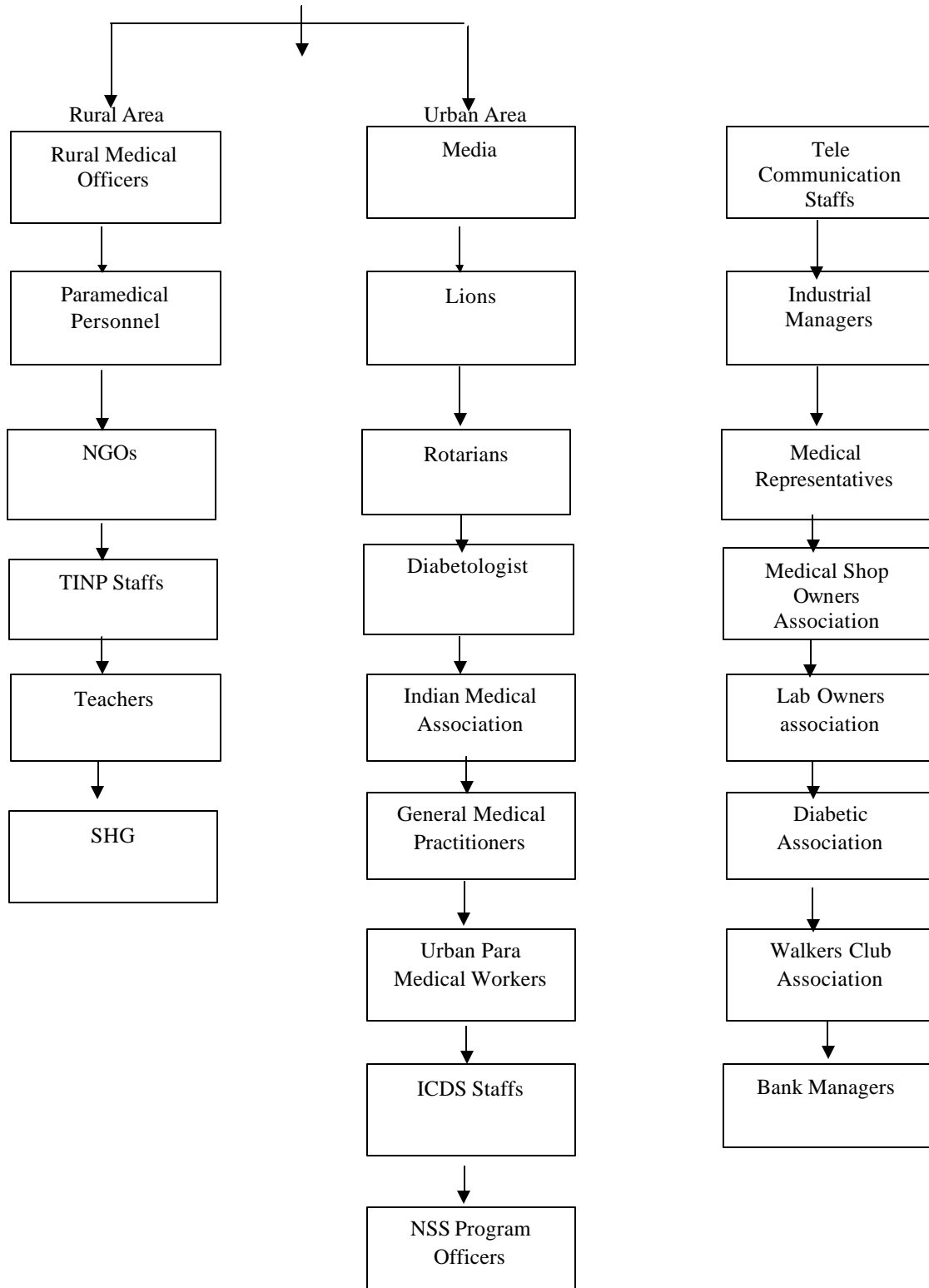
Introduction

Aravind Eye Hospital and Lions Aravind International Community Ophthalmology initiated a pilot project on diabetic retinopathy in the district of Madurai, Theni and Coimbatore of Tamilnadu in 2000. The main objective of the project is to reduce and prevent blindness due to diabetic retinopathy. Creating awareness, organizing screening camp, providing treatment and development of service delivery model for diabetic retinopathy program are the other objectives of the project.

Strategies of the project

The project strategies were developed based on the past experiences of health and eye health care programs. Different strategies for the awareness creation and service delivery model were planed with different partners for rural and urban areas. The details of the partners in network are given below.

Partners network



Need for partnership for health

Partnership for health has become an important mechanism for health development. Joint initiatives between the public sector, non-governmental organizations and the corporate sector are increasing, both at national and international level. A growing number of policy statements, conferences and publications highlight the importance and necessity of building partnerships and illustrate the experiences gained.

The fourth international conference on health promotion held in Jakarta from 21-15 July, 1997 issued the following declaration:

" To address emerging threats to health, new forms of action are needed. The challenge for the coming years will be to unlock the potential for health promotion inherent in many sectors of society among local communities and within families."

Partnership for health has provided new opportunities for health creation and for putting across health messages. They have allowed for a wide ownership of health throughout society and have added a new dimension to intersectional action for health. The importance of partnerships will continue to grow as new players enter the health arena. Significant health gain can be achieved only with the participation of sectors other than health.

Kickbusch and Quick stress that health is everyone's business, actions require partnerships between a wide array of groups and individuals at local, national, regional and global levels.

Advantage of partnership

- Sharing technical information, expertise and skills
- Pooling resources
- Avoiding duplication
- Joint planning
- Implementation
- Coordination
- Monitoring and Evaluation

Process of building partnership

Partnership does not just come about; they need to be built with skill, care and mutual trust. A partnership strategy needs to have the following steps:-

- identifying opportunities to build partnership
- identifying potential partner;
- selecting the most suitable partner;
- negotiating / reaching a clear partnership agreement;
- maintaining the partnership;
- regularly evaluating the partnership.

Establishing partnerships consumes time and resource, especially at the beginning. But if the partnership is well chosen, it should save time and improve results once it is underway.

Regular communication, training and close monitoring increase trust coordination and avoid misunderstanding. Successful partnerships are built on mutual respect and trust, transparency, and mutual benefit.

Strategy adopted to involve the medical shop owners

During the review meeting of the project, there was a suggestion to involve the medical shop owners as partners in health. So the project staff contacted the president and secretary of the medical shop owner's association. They were explained about the activities of the Aravind Eye Care System, details of the diabetic retinopathy project and also awareness activities carried out for different partners under the project.

Mr.Ravi, President of the medical shop owners association expressed that their association members would like to know more about diabetic retinopathy project activities and so requested the IEC coordinator to attend the zonal meeting of the medical shop owners. As per his request, the IEC-coordinator attended the zonal meeting of the medical shop owners in March 2002 wherein he explained again all the details related to the institute and the project and the need for involvement of medical shop owners as partners in health program. He also mentioned Aravind Eye Hospitals willingness to orient the medical shop owners about diabetic retinopathy project and other facilities available in the Aravind Eye Hospital. A copy of the project activities on diabetic retinopathy was given to the zonal members. Since most of the members were willing to attend the educational session on diabetic retinopathy, a convenient date, time and place for the orientation training on diabetic retinopathy for the medical shop owners association members were discussed and decided. Since March and April medical shop owners will be very busy with audit and accounts work, it was decided to conduct the orientation training on May third (Thursday) from 1.30 p.m. to 4.00 p.m. at LAICO. The roles and responsibility of medical shop owners and diabetic retinopathy staff was discussed and decided (Table 1).

Table 1: Roles and Responsibilities

| Role of Diabetic Retinopathy Project Staff | | Role of Medical Shop Owners | |
|---|--|------------------------------------|---|
| 1 | To meet president and secretary of medical shop owners association members and explain about the project | | |
| 2 | To collect the address of the medical shop owners | | |
| 3 | Attend the zonal meeting. Fixing the venue,date and time for the training. Finalising the agenda for the training program. | 1 | President and secretary will print the invitation card for the orientation training on diabetic retinopathy. |
| 4 | To remind the president, secretary and zonal members about the training one-day earlier. | 2 | Zonal representative will distribute the invitation to the selected medical shop owners in their area well in advance |
| 5 | To organise and conduct the training at LAICO. | 3 | To bring the area medical shop owners for the training. |
| 6 | Distribution of booklet,phamplets and key messages on diabetic retinopathy to the medical shop owners | 4 | To attend the training on diabetic retinopathy at LAICO. |
| 7 | Follow-up of the various activities of medical shops owner's association members | 5 | Health education and counseling to the diabetes and diabetic retinopathy patients in their medical shops |
| 8 | To maintain management information system. | 6 | Distribution of phamplets on diabetes and diabetic retinopathy to the diabetic patients |
| | | 7 | Referral and follow-up of the diabetes and diabetic retinopathy patients |
| | | 8 | Help to maintain management information system |

The entire Madurai City is divided into 10 zones by the medical shop owners association. From each zone 10 medical shop owners were selected and invited. Zonal representative distributed the invitation to medical shop owner's four days in advance.

IEC co-ordinator had a detailed discussion with the president, secretary and prepared a tentative program for the orientation training on diabetic retinopathy.

IEC co-ordinator contacted president, secretary and zonal members personally and also through phones to assure their participation in the training program one-day prior to the orientation training. The program targeted 90 to 100 medical shop owners. 82 medical shop owners from 10 different areas of Madurai City attended the training program.

As per the plan president and secretary came first and lunch was provided to the participants. The project staff had informal rapport with medical shop owners during the lunchtime.

During the registration, a copy of Tamil book on diabetes and eye diseases and also pamphlets on diabetic retinopathy was given. In addition to this leaflets on diabetic retinopathy was given to the participant for distribution to the diabetic patients through the medical shop. Thus medical shop owners will act as a channel of communication for the diabetic retinopathy.

Administrator of Aravind Eye Hospital, Madurai welcome the participants. He briefly explained the genesis and development of Aravind Eye Hospital. He explained the roles and responsibilities of the medical shop owners in providing health education to their diabetic customers.

Director of Aravind Eye Care System, explained the magnitude and management of diabetic retinopathy. He explained diabetic retinopathy, types, symptoms, diagnosis, risk factors and treatment. He mentioned that medical shop owners as partners in eye health care program, can create awareness about diabetic retinopathy.

President of the medical shop owners association expressed his thanks to the Aravind Eye Care System for the training on diabetic retinopathy. He assured that all the medical shop owners would help in creating awareness among the diabetic patient.

IEC -Expert in diabetic retinopathy project clarified the doubts regarding laser treatment facilities and thanked the president, secretary, zonal members and all the medical shop owners for attending the orientation-training program.

Conclusion

The orientation training on diabetic retinopathy has helped them to understand the magnitude and management of diabetes and diabetic retinopathy. By this process they are motivated for awareness creation, to interact to the diabetic patient, provide space for outlet center for dissemination of information and distribution of IEC material on diabetic retinopathy. If necessary, they can refer the diabetic retinopathy patient to the tertiary care centers for treatment. Peredical contact of the project staff will help to improve the monitoring system. In this way, the medical shop owners will help to reduce the burden of blindness due to diabetic retinopathy as one of the partner of eye care.