

PROVIDING CEmONC SERVICES IN TRIBAL AREA: AN INNOVATIVE PPP MODEL

Dipesh Dave¹, Apurva N Ratnu¹, Archana Joshi², N B Dholakia¹

Commissionerate of Health, Gandhinagar¹, Deepak Foundation²

Introduction

Socio-economical and geographical inequalities remain major hurdle in achieving Millennium Development Goal 5 (Maternal Health). Gujarat has 12 tribal districts on eastern side of the state. Again there are huge intra district variations in availability of health services. Present study tries to assess impact of innovative PPP model (Public Private Partnership) to provide CEmONC services in tribal taluk Pavi-Jetpur of Vadodara district.

Methods

In 2006, Government of Gujarat entered into PPP with Deepak Foundation to develop 10 bedded CEmONC facility within CHC Jabugam. Government shares 80% of the cost while rest is shared by the partner organization. Management of facility including human resources is done by the partner organization. OPD performance, Deliveries, CS proportion, post natal stay and cost analysis was carried out to see the effectiveness of PPP model.

Results

OPD has increased from 3312 in year 2006 to 25233 in year 2013. Within same period deliveries has increased from 201 to 2630 per year. CS proportion of deliveries is around 8.6% and 76% mothers stay for 48 hours or more in the hospital after delivery. Cost of delivery has steadily declined over the years to 2532 Rs. in year 2011.

Discussion

Jabugam is an excellent example of PPP model. Deliveries and OPD has increased over the years. Majority of postnatal women stay for 48 hours and CS rate is also stable. At the same time cost is reducing for the delivery. This PPP is scalable to other areas as well. Such models should be tried out especially in tribal area to improve MCH services in these areas and reduce inequality in health service provision.