

Good Practice Documentation

APAC-VHS-USAID

Partnerships



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Conducted by

AIDS Prevention and Control Project (APAC)

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APAC-VHS-USAID Partnerships

Over the years, partnerships between public and private sectors have been recognized as a tool to address not only health issues but social and economic issues as well.¹ Given their strengths and weaknesses, neither public nor private sectors by themselves can meet the health needs of a population.² This calls for partnerships between various players.

According to WHO, partnerships are means to bring together a set of actors for the common goal of improving the health of populations based on mutually agreed roles and principles.³

Historically, there are evidences to suggest that partnerships in the health care sector have been successful in India. In the case of leprosy control, an organized strategy of IEC between public and private providers has greatly improved referrals of patients for leprosy treatment.⁴ Public-private partnerships to stem blindness due to cataracts is another success story where an IEC strategy has led to more than 30 percent of the cataract surgeries being done in the private sector.⁵ These examples showcase partnerships in other major public health issues such as HIV/AIDS, Malaria and Tuberculosis.

The major objectives of partnerships can be summarized as:⁶

- increasing coverage, especially for essential health care priorities
- improving quality of care
- controlling excessive health care costs to users, especially the poor

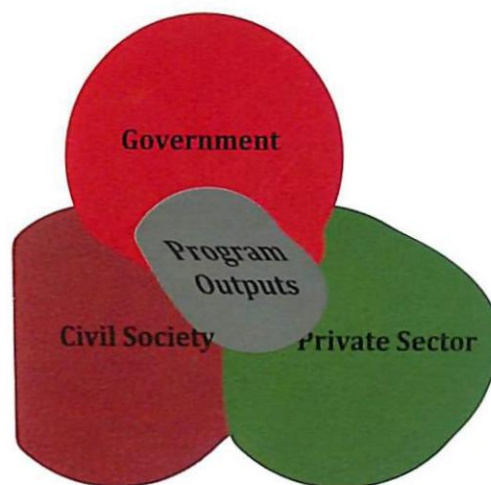
Need for partnerships in HIV/AIDS

Given the disease complexity and the influence of multiple factors, the issues related to HIV/AIDS cannot be addressed by a single organization or sector alone.⁷ It needs combined and concerted efforts of public, private for-profit, private not-for-profit and donors, to address the social, economic, legal and health care needs of the infected, affected and most at-risk populations.

Good Practices

"Partnerships are vital in HIV/AIDS programs as it enables different people and organizations to support each other by leveraging, combining, and capitalizing on their complementary strengths and capabilities" - UNAIDS, 2009.

- Active involvement of civil society organizations such as NGOs, CBOs and FBOs is crucial in HIV/AIDS control as they have the respect, ability to reach vulnerable and marginal populations, close link with the community and better understanding about their needs.⁸
- Engagement of business/corporate sector is imperative, considering their huge resource capacity and potential to create social change.⁹
- Role of government is vital as it has the responsibility of ensuring public good as well as ensuring good governance by providing services and, by setting guidelines and regulatory mechanisms.



Partnerships in HIV/AIDS

National and international policies advocate and promote HIV/AIDS related partnerships. For instance, in India, the need for partnerships in health sector has been emphasized by successive plan documents (from 8th five year plan onwards in 1992), National Health Policy (2002) and national commission on macroeconomics in health (2005) and several others.¹⁰⁻¹¹ In specific, The National AIDS Prevention and Control Policy (2001) advocated and encouraged large-scale involvement and participation of NGO/CBOs and private sector in National AIDS Control Programmes in the policy making process, provision of medical facilities including home-based care, opening of community care centres, apart from the conventional areas of awareness, counselling and targeted interventions among risk groups.¹² The first National AIDS Control Programme and the subsequent NACP II and NACP III have also emphasized the importance of the private sector especially the NGO/CBOs involvement in providing various services related to HIV/AIDS.¹³

According to the World Bank, a partnership is a clearly articulated arrangement between entities to work towards mutually agreed goals with mutually agreed division of costs, risks, rewards, and mechanisms to assess progress and make needed adjustments.¹⁸

Partnership Initiatives of APAC

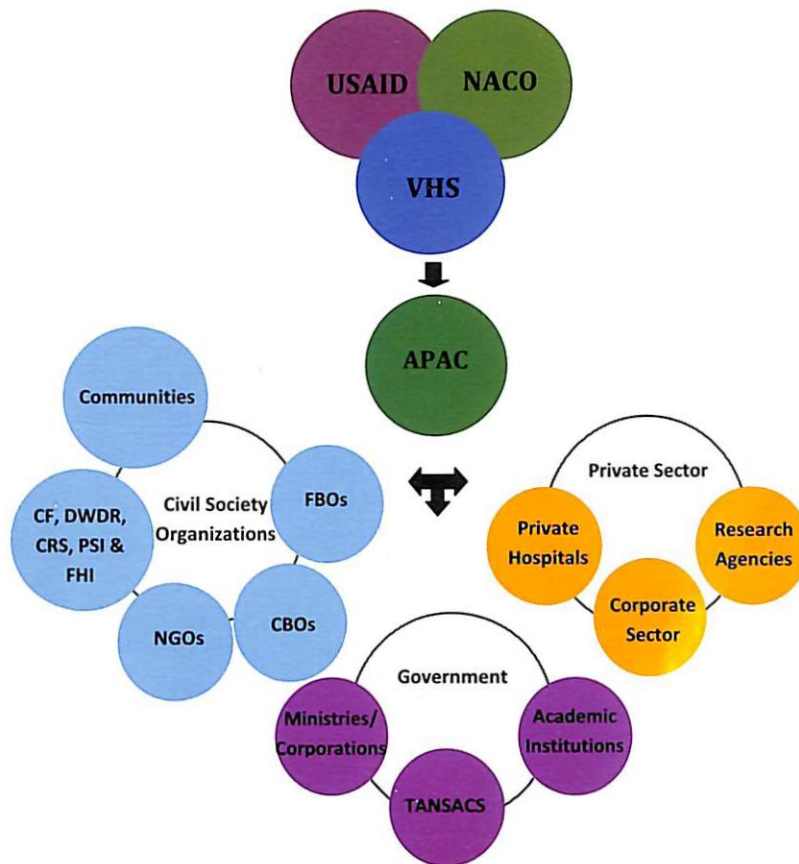
APAC has been partnering with the Government, private/corporate sector, donors, networks of positive people, NGOs, CBOs, FBOs, women's groups, self-help groups, national and international agencies, in planning and implementing various initiatives through a multi pronged approach. At the program level, prevention, promotion, treatment, care and support, and advocacy activities have been carried out through partnerships. The key activity through partnerships with CSOs is TIs, which include a myriad of services, such as information campaigns, counselling, condom provision, HIV testing and low-cost HIV/AIDS treatment through partnerships.¹⁴ Moreover, CCCs, DICs and, ICTC are also being managed in collaboration with various private organizations mainly NGOs.

APAC has a strong collaboration with the state lead agency TANSACS, at the policy and program level. Other major collaborators include, UNICEF, Catholic Relief Services (CRS), Family Health International(FHI), Clinton foundation, Centre for Disease Control, Population service International (PSI), Project Concern International (PCI), and various PLHA networks. APAC has also partnered with academic institutions such as Annamalai University, PSG Medical College, Tamil Nadu Dr MGR Medical University, Sri Chitra Tirunal Institute of Medical Sciences and Technology (SCTIMST), and Christian Medical College & Hospital (CMCH). Corporate houses like Hindustan Latex, TTK- LIG, JK Ansell, National Institute of Sale (NIS), Apollo Tyres and several others, have had history of supporting APAC in its prevention and care initiatives.

The partnership initiatives of APAC could be classified under three major components

1. Partnerships with Civil society
2. Partnerships with private/business/corporate sector
3. Partnerships with Government

Partnership Network of APAC



Partnerships with Civil Society/Communities – NGO/CBO/FBO

Government and international agencies recognize that civil society have access to high-risk populations; cover under-served populations; provide more sensitive and client focused care; deliver HIV/AIDS services at a lower cost.⁷

In the mid-1990's, CSOs were involved in conducting HIV/AIDS awareness programs scattered across the state. Considering the capacities of CSOs, APAC harnessed them in implementing HIV prevention interventions by creating a supportive environment, providing technical assistance and capacity building. Later, formal collaborations were initiated with those CSOs that met APAC's clear criteria and standards: strength of organizational capacity, legal status, relationship with other CSOs and the government, sound administrative and financial management systems and at least 3 years experience in the field. For effective implementation of the programs, APAC and its partners set mutually agreed upon goals and objectives, program design, specific activities targets, with established standards, monitoring and evaluation mechanisms. They were supported with regular mentoring visits, capacity building initiatives, exposure visits and hand-holding. They were also given enough opportunities to share their experiences with other partner organizations.¹⁴⁻¹⁵

APAC's partnerships with CSOs are based on:¹⁴

- Mutual trust
- Reciprocal accountability
- Joint decision-making
- Clearly defined roles and responsibilities

Participatory Site Visits: PSVs were devised so that APAC and its partner CSOs jointly identify and facilitate solutions to issues faced by the CSOs in program implementation. This is a three stage process involving, critical examination of documents and data maintained by the CSO; discussion with project staff, primary and secondary target groups, other stakeholders; debriefing session with the project staff. The final step is recommendations for the CSO based on the visit.¹⁶

Experience Sharing Review Meeting: ESRM is a bi-annual forum where APAC's partner CSOs discuss their experiences, successes and lessons learnt in the field. This interaction is aimed as a cross-learning exercise for the benefit of all partner CSOs.¹⁶

Specific HIV/AIDS interventions and services through partnerships with CSOs

One of the key partnership initiatives of APAC is thematic intervention strategies through CSOs. This partnership targeted core high risk groups such as FSW, MSM and IDU and non-Core Groups which includes truckers, industrial workers, migrants and prison inmates.

Although the initial partnerships were with NGOs, much importance was given to engage with CBOs in the later phases, as per NACP-III guidelines.

"Our CSO partners are an integral part of our achievements in HIV prevention interventions in Tamil Nadu. Without these partnerships, we wouldn't have achieved this much success" - PD, APAC.

This partnership for TIs is a multi-pronged strategy. As a result of these successful partnerships initiatives, more than 90% of FSWs, MSM and IDUs were reached in the APAC intensive intervention districts. In specifically, partner organizations reached 159,793 high-risk individuals through 41 interventions. In addition, about 170,500 truckers were reached through 13 interventions, and 75,000 migrants were reached through 7 interventions, by partner organizations. APAC also provided VCT services through 22 interventions which reached 30,000 individuals over 2 years.

Considering the scale and complexity of these projects, partnerships with CSOs were necessary to effectively and efficiently implement and manage HIV interventions in the state. APAC's role in identification of prospective partners and building their capacities was central to the success of this partnership. The Government's role in creating an enabling environment gave it significant impetus.

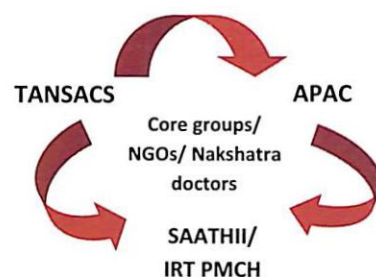
Partnerships with Private/Business/Corporate sector

Partnership opportunities with private sector have been continuously explored by APAC, since its inception to have a wider reach of coverage and services. These sustained efforts have resulted in many successful partnerships initiatives such as prevention, care and support, and treatment.

Project Nakshatra

Project Nakshatra aimed to meet the STI treatment needs of MARPs and provide treatment for OIs to PLHAs, in a professional and non-stigmatizing setting. The project sought to build capacities of private facilities as 50% of MARPs reported seeking care from private sector.¹⁷

About 17 private hospitals and 97 private physicians were chosen based on community preferences, geographical location in the IIDs and their willingness to provide stigma free STI and HIV care to HRGs at subsidized rates of Rs. 50 per consultation (APAC paid Rs. 20 while the clients paid Rs. 30 per consultation). TANSACS provided STI kits, free drugs, reported Nakshatra-STI data to NACO and provided technical support to the program. APAC subsidized the cost of clinic visits to high risk groups and supported the technical agency. SAATHII conducted the training in partnership with IRT-PMCH, monitored the project, mobilized resource and networked with district level government programs. APAC supported NGOs referred core community members to Nakshatra clinics using health cards. As a result of the partnership initiative, a total of 134 medical and 180 paramedical staff, from Nakshatra facilities, were trained on STI/HIV/AIDS clinical management and continuum of care.¹⁷



Partnerships in Nakshatra

Key highlights

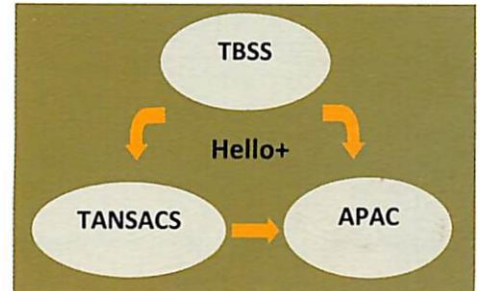
- Community members were involved by NGOs as partners in demand generation.
- Free drugs, subsidized and confidential treatment were provided to core community members

- Interim gaps in STI kit supply were managed by the partners, by mobilizing drugs through corporate philanthropy.

The partnership for this project achieved its intended objectives of expanding access, decreasing cost and improving quality of HIV/STI care to its target groups. It was a positive example of the potential of private sector involvement in providing services to vulnerable groups. If the cost of care can be negotiated to remain subsidized, this could be a sustainable model of care.

Hello+ Helpline Service

The hello+ helpline service was an innovative partnership initiative, conceptualized and developed by APAC in collaboration with TBSS and TANSACS. The main objective of this partnership initiative was to provide access to health information (HIV/AIDS/STI, sexual reproductive health and Tuberculosis), counseling support and referrals, in a confidential and supportive environment, to core community members and PLHAs. The toll-free helpline offered services from 8am-8pm in major languages through a team of 8 trained and experienced counselors.¹⁸



Partnerships in Hello+ Helpline

In addition to funding this initiative, APAC was involved in capacity building, mentoring and monitoring of counselors, and promotional campaigns through mass media and mid-media. Positive networks were actively engaged to popularize the helpline among PLHAs, while TANSACS popularized the helpline by incorporating the Hello+ number in all its IEC materials. TBSS was responsible for the day-to-day management of the call center for the helpline. The partnership with TBSS has resulted in significant cost reductions for the project. TBSS also waived initial set up costs, toll free number acquisition, primary rate interface, customer relationship management software, venue charges during trainings, recruitment, system maintenance and top management time.¹⁸ Due to this partnership initiative, around 5,77,000 individuals benefited from the service from different states, especially from southern India. Recently, there has been a significant increase in the number of calls from women and PLHAs as well.¹⁸

Key Highlights

- Positive networks played a crucial role in disseminating information about the services offered by Hello+ helpline
- The unprecedented response to this toll free helpline, the large population of repeat calls and increasing proportion of women callers, indicates the overall effectiveness of the program

APAC's partnership with TBSS has showcased the credibility of partnering with the private sector. For instance, negotiations with TBSS for subsidies post-transition were successful only because of the shared commitment of the partners to HIV prevention. Moreover, the successful implementation of the project rested on the meticulousness with which TBSS' managed operations. This partnership model could pave the way for replications in other settings.

Institutional Care Project at Institute of Road Transport, Perundurai Medical College Hospital (IRT-PMCH)

The Institutional Care Project at IRT-PMCH aimed at providing comprehensive, affordable, high-quality tertiary level institutional care and support services to PLHAs, and training health care providers in private sector.¹⁹

The project was managed and monitored by APAC, while IRT-PMCH implemented it. TANSACS supplied ART medications; SAATHII conducted training sessions; EDPN and NGOs referred PLHAs to the hospital, follow-ups through outreach workers, ran nutrition counseling workshops and promoted the project in the region.¹⁹

In total, around 7000 PLHAs benefited from the program. Around 750 in-patients and 15,000 out-patients were treated, and about 12,800 attended counseling sessions. A number of major and minor surgeries, caesarian and deliveries were also undertaken. It is evident that this partnership initiative ensured that PLHAs receive a non-stigmatizing & non-discriminatory care, considering the comprehensive high quality care and support.¹⁹

Key Highlights

- Tie-ups with major industries raised Rs. 8,00,000 towards subsidized clinical care to PLHA.
- Significant development in IRT PMCH infrastructure with all facilities under one roof, often serving PLHAs from across the state

During the earlier phase of the project, APAC worked with the STD department at IRT-PMCH to create an enabling environment for the project, through advocacy and training. To improve follow-up services at the institute, APAC partnered with positive networks to initiate outreach work. Outreach camps in the community also helped promote the project and gather community support. This partnership resulted in IRT-PMCH attaining ART link center status from TANSACS.

Partnerships with Private Sector Hospitals for Provision of ICTC services in Tamil Nadu

As a step towards expanding HIV facilities in both rural and urban areas, the need for private sector/not-for-profit/non-governmental organization's involvement in setting up NACO certified integrated counseling and testing centers (ICTCs) for HIV counseling and testing was realized as a significant proportion of people both in urban and rural areas of Tamil Nadu access such facilities. Towards this, private facilities were assessed to understand their capacity and their willingness to initiate ICTCs in their premises. Based on this assessment, 95 ICTCs were set up at various private hospitals in Tamil Nadu with the aim of increasing access to quality HIV testing, PPTCT and HIV/STI/ TB treatment services to PLHAs, HRGs and general population. The overall goal of the project was to reduce mother to child transmission of HIV and HIV/STI related morbidity and mortality in the private health sector in Tamil Nadu. The program further aimed to increase referrals from NGOs, positive networks and other private hospitals to the facilities.

An MOU was signed by TANSACS with these facilities. SAATHII helped set-up ICTC teams at the hospitals; partnered with PSG Medical College, DESH and SRL, to run a NACO training program for lab technicians and nurses; facilitated the supply of kits and medical supplies. Linkages were facilitated between the facilities and DAPCU for PPP team exposure visits to government ICTCs; for distribution of supplies to the sites by DAPCU; mentoring and monthly review meetings at DAPCU.

Key Highlights

- Continuous engagement with hospitals to meet standards of care and adherence to MOU terms
- Coordination with TANSACS and DAPCU to maintain consistent supply of HIV testing kits and drugs.
- Ongoing technical support and monitoring was essential to successful expansion and sustainability of the project

Providing capacity building, especially strengthening the management capacity of the private facilities was critical to the success of the project. As result, more than 20,000 people have been tested and counseled so far. The newly identified HIV positive including the pregnant women were referred to ART centers and followed up very regularly.

Other Major Partnership Initiatives with the private sector includes:

Arogya Health Center - Arogya health center, is an unique partnership initiative of APAC with Ashok Leyland, Krishnagiri District Administration, TANSACS and RIDS, established with the aim of providing comprehensive health care with a special focus on HIV/AIDS for industrial workers/migrants and truckers associated with the industries. A health centre was established at the premises of Government - Sparsh Trauma Care Center, in Hosur. The district administration provided the place for the Health center TANSACS supplied testing kits and condoms for free, and supported Ashok Leyland in advocacy. RIDS, an APAC supported NGO, helped in implementing the project and dissemination activities. Ashok Leyland provided financial support and was responsible for overall coordination and advocacy work for the project. APAC provided training to the out reach team and counselor, and provided technical support to develop systems and protocols. TANSACS supplied testing kits and condoms for free, and supported Ashok Leyland in advocacy. RIDS, an APAC supported NGO, helped in implementing the project and dissemination activities. The project reached 6000 truckers and migrants and another 800 individuals taking HIV tests. Increased treatment seeking Behavior, knowledge and awareness about STI/ HIV / AIDS among Truckers & Migrants were recorded as the result of this partnership initiative.²⁰

Sakthi Plus Program - It is an innovative initiative to provide comprehensive care and livelihood support program for female sex workers living with HIV in Trichy district of Tamil Nadu which was implemented in collaboration with four local NGOs (Sevai, LEAD, Anbalayam and PDI), Department of Women studies, Bharathidasan University. This partnership endeavor has resulted in better Quality Life and stabilized the economic capacity of the Female Sex workers.

Apollo Tyres Health Care Center– In association with Apollo Tyres and VEST, APAC established a clinic in Coimbatore to provide STI and general services for truckers and their families. The clinic reached more than 6000 individuals in 3 years with financial support from Apollo Tyres for human resources, rent and medications to the tune of 15 lakhs. Beneficiaries can also become members for a monthly fee of Rs.15 which includes consultation and medication for the entire family.

CETC (Continuing Education Training Centers) - It is an initiative to provide Quality STD Care Training for APPs & RIMPs, health care providers, NGOs, in collaboration with 6 premier research/academic institutions such as Tamil Nadu Voluntary Health Association(TNVHA), Meenakshi Mission Hospital and Research Centre, Rajah Muthiah Medical College Hospital, PSG Medical College Hospital and Christian Council for Rural Development & Research. This has resulted in increased capacity of various HCPs, NGO personnel and indigenous providers both in public, private and not-for-profit sector.

Clinical Intervention Program (CLIP) - APAC partnered with three private hospitals to ensure quality STI care for the general population and HRGs, during 1998.

Partnership with Southern Railway - a VCTC was set up at Chennai central suburban railway station, to provide counseling and testing services to passengers and general population. This project was eventually taken over by TANSACS.

Partnerships with private condom manufacturers – APAC partnered with JK Ansell, TTK limited and HLL, to distribute commercial condoms at non-traditional outlets with the aim of increasing accessibility to condoms for both general population and HRGs. APAC also worked with the partners to improve products, stocking and mass media campaigning.

In addition, partnership with the Catholic Bishop Council of India (CBCI) to provide sensitization training to catholic bishops on HIV and partnership with Dr MGR Medical University to provide residential training program to doctors, on HIV clinical care, are few other partnerships worth mentioning.

Partnerships with the Government

The success of any health program depends upon the close linkages and collaboration with the respective Governments. APAC, since its inception, has closely and actively collaborated with TANSACS, the state lead agency, in planning, organizing and implementing HIV/AIDS programs in the state. This close collaboration has increased the efficiency by avoiding duplication of efforts, shared learning and mutual technical support. APAC has also collaborated with various other ministries, Labor, Education, Social Welfare and Tourism, in order to mainstream HIV/AIDS programs in the state.

APAC is a key partner in the State Health Data Resource Center, along with TNHSP and CNSI. TNHSP and APAC conceptualized and initiated this program in collaboration with CNSI, who developed operational

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APAC is a key partner in the State Health Data Resource Center, along with TNHSP and CNSI. TNHSP and APAC conceptualized and initiated this program in collaboration with CNSI, who developed operational

guideline and implementation plan. The SHDRC aims to provide access to state and regional data findings as well as provide technical assistance in the collection of data. This would inform policymakers, program managers and researchers, and advance key health goals in the Tamil Nadu state.

APAC has closely worked with TNHSP, IIT-M and NRHM in carrying out several research studies in the area of health systems, biomedical waste management, gender issues in health and public-private partnerships.

Conclusion

Partnership initiatives of APAC indicate that, when appropriately structured and executed, partnerships can deliver results in terms of efficiency and enhanced service delivery. Moreover, strong management capacity, ability to negotiate, consult and network, are essential to maintain partnerships. APAC's focus on creating social capital, participatory management, faith in partners, accountability and capacity strengthening, were key to the success of its partnerships. These credible and trustworthy relationships with the public, private and not-for profit organizations, can be models for replication elsewhere.

Abbreviations

APAC	-	AIDS Prevention and Control project	NACO	-	National AIDS Control Organization
AIDS	-	Acquired Immunodeficiency syndrome	NACP	-	National AIDS Control Program
ART	-	Anti-retroviral Therapy	NGOs	-	Non-Governmental Organizations
CBCI	-	Catholic Bishop Council of India	NRHM	-	National Rural Health Mission
CBOs	-	Community Based Organizations	NTOs	-	Non-traditional Outlets
CETCs	-	Continuing Education Training Centers	PPP	-	Public Private Partnership
CLIP	-	Clinical Intervention Program	PPTCT	-	Prevention of Mother to Child Transmission
CSOs	-	Civil Society Organizations	PEP	-	Post-exposure Prophylaxis
DAPCU	-	District AIDS Prevention and Control Unit	PLHAs	-	People Living with HIV/AIDS
DESH	-	Deepam Education Society for Health	PSV	-	Participatory Site Visit
EDPN	-	Erode District Positive Network	SAATHII	-	Solidarity and Action Against the HIV Infection in India
ESRM	-	Experience Sharing Review Meeting	STI	-	Sexually Transmitted Infection
FBOs	-	Faith Based Organizations	TANSACS	-	Tamil Nadu State AIDS Control Society
FSWs	-	Female Sex Workers	TBSS	-	Tata Business Support Service Limited
HLL	-	Hindustan Lever Limited	TNHSP	-	Tamil Nadu Health Systems Project
HIV	-	Human Immunodeficiency Virus	USAID	-	United States Agency for International Development
HRGs	-	High Risk Groups	UNAIDS	-	Joint United Nations Program on HIV/AIDS
ICTC	-	Integrated Counseling and Testing Center	VHS	-	Voluntary Health Services
ICONHSS	-	International Conference on Health Systems Strengthening	VCTC	-	Voluntary Counseling and Testing Center
IDUs	-	Injection Drug Users	VEST	-	Victoria Education Society Trust
IIDs	-	Intensive Intervention Districts	WHO	-	World Health Organization
IIT-M	-	Indian Institute of Technology - Madras			
IEC	-	Information, Education and Communication			
IRT-PMCH	-	Institution of Road Transport – Perundurai Medical College and Hospital			
MARP	-	Most at-risk Populations			
MOU	-	Memorandum of Understanding			
MOHFW	-	Ministry of Health and Family Welfare			
MSM	-	Men who have sex with men			

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