



Impact Assessment - PRI Dispensary

Insights Presentation

Updated: 05th July 2022



Contents

- 1 **Overview of Healthcare in India**
- 2 **Overview of PRI's CSR activities**
- 3 **Sattva's Approach**
- 4 **Overview of Study**
- 5 **Findings of the Study: Kadarapur, Gurgaon, Behror, Dindori**
- 6 **Program level findings**
- 7 **Recommendations**

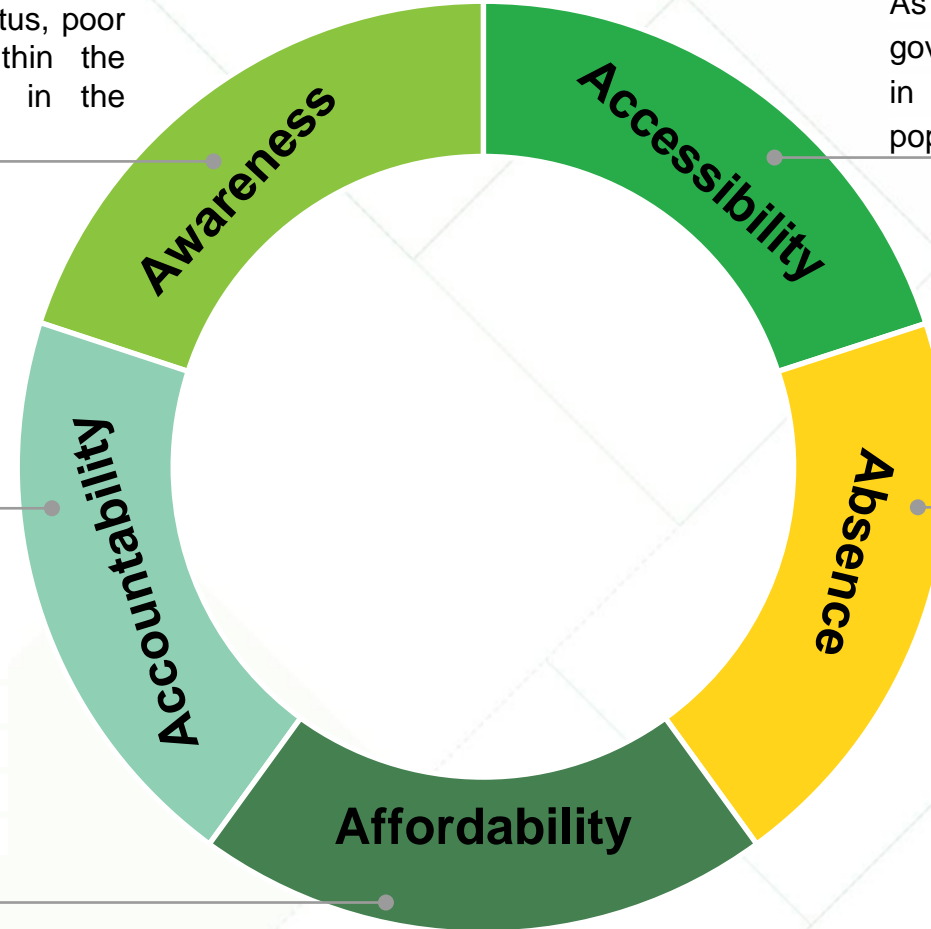
Overview of Healthcare in India

Indian public health system faces a 5-fold challenge in delivering healthcare

Lack of awareness stems from low educational status, poor functional literacy, low accent on education within the healthcare system, and low priority for health in the population, among others.

NHRM gives great importance to accountability with increased community ownership of healthcare systems through community-based health workers, village health and sanitation committees etc. However, its **implementation across the country has faced challenges.**

Almost **75% of healthcare expenditure comes from the pockets of households**, and catastrophic healthcare cost is an important cause of impoverishment. Public spending on health is low: at a little over 1% of GDP in 2016-17, while the world average is 5.99%



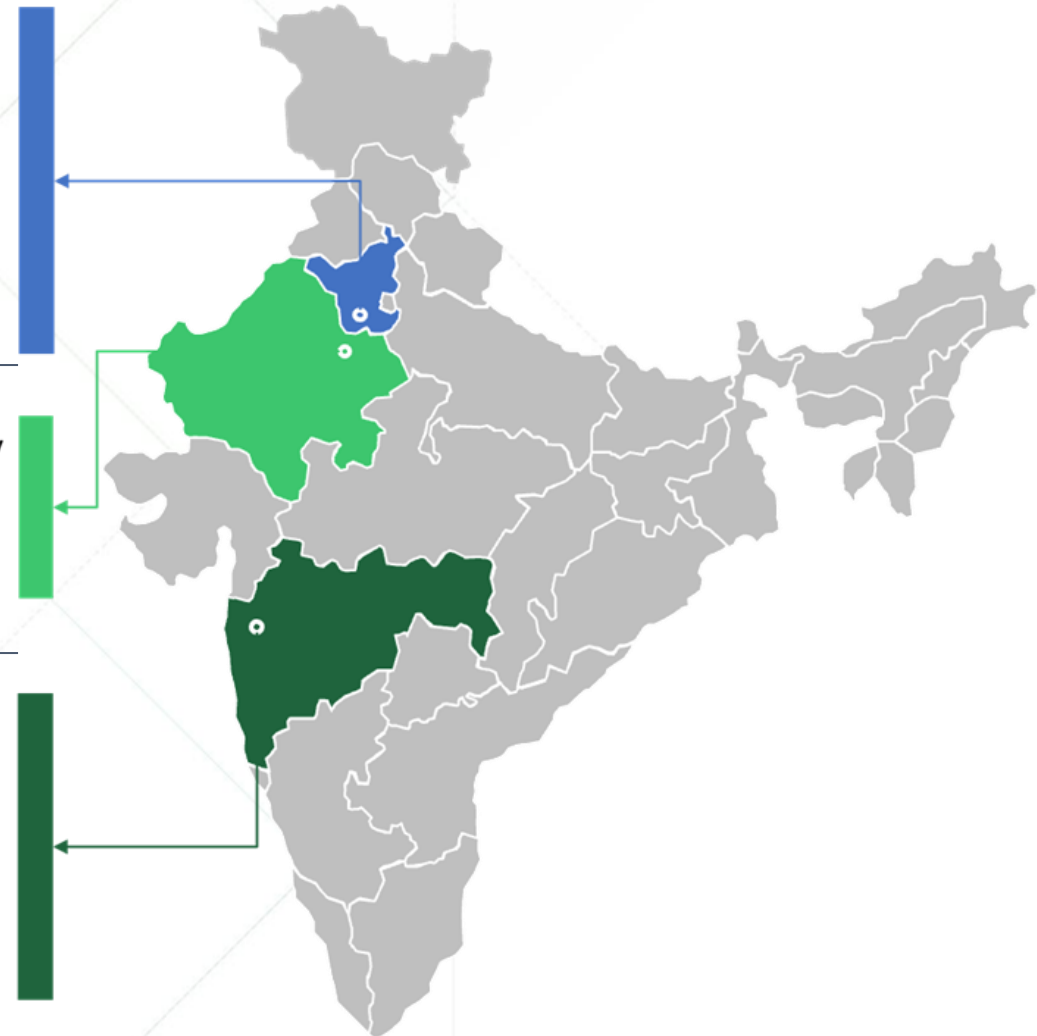
As per a report dated 2019, in India there is one government allopathic doctor for 10,926 patients. This is in contrast to the WHO guidelines stating a doctor population ratio of 1:1000.

A 2011 study estimated that India has roughly **20 health workers per 10,000 population**, with allopathic doctors comprising 31% of the workforce, nurses and midwives 30%, pharmacists 11%, AYUSH practitioners 9%, and others 9%

Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6166510/>
<https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-019-0448-8>
https://www.niti.gov.in/sites/default/files/2021-10/District_Hospital_Report_for_digital_publication.pdf
<https://www.medicalbuyer.co.in/only-one-government-doctor-for-10926-people-in-india-report/>

Across Gurgaon, Behror, and Nashik; the number of health care facilities supported by the government are dismal and usually understaffed

- In public health care Gurgaon and nearby areas (including **Kadarpur**) has total 3 general hospitals, 12 community/public healthcare centers (CHC/PHC's), 1 special protection group's hospital and 4 ESI dispensaries.
 - There are total 378 Nos. beds in government hospitals.
 - Public health care presence is only 13.4% of total beds capacity, 9.4% of total ambulances and 11.1% of total blood banks in Gurgaon
-
- As of 2017, Alwar (**Behror**) has 760 health sub-centres (HSCs), 120 primary health centres (PHCs), 36 community health centres (CHCs) and 1 district hospital.
 - 15% medical officer positions and 61 specialist positions remain vacant.
-
- In **Nashik**, public hospitals are mostly overcrowded in addition to lacking specialist health workers.
 - 10% doctors are in public sector and 70% specialist positions are vacant in rural hospitals.
 - Only 22% beds are owned by government hospitals.



Overview of PRI's CSR activities

PRI's Healthcare predominantly focuses on free primary healthcare through dispensaries and government PHCs

Pernod Ricard India Foundation (PRIF) is a non-profit subsidiary of Pernod Ricard India (P) Ltd. (PRIPL). Recognizing the need to strengthen the reach of essential healthcare services and quality medicines to underserved and unreached communities as encapsulated in SDG target 3.8, PRI's four primary healthcare centers (PHCs) in Dindori, Behror, Kadarapur (Haryana) and Gurgaon have served a total of 1,098,886 patients as of April 2019.

PRI's focus sectors



Conservation, clean water, and Sanitation



Livelihoods (both farm-based and non-farm-based)



Education



Healthcare



Life on land (revival of natural ecosystem and climate change)



Responsible consumption of alcohol

PRI's Dispensary Project

Objective of the program

To deliver free primary health care according to the ADCR formula (A – Awareness, D – Diagnosis, C – Cure, and R-Referral)

Target Locations

Kadarapur, Gurgaon - Haryana
Behror - Rajasthan
Dindori - Maharashtra

Target segment

Target population is usually the unserved and underserved communities of rural India with focus on vulnerable groups (women, children, elderly)

Partner organisation

Wockhardt Foundation

Sattva's Approach

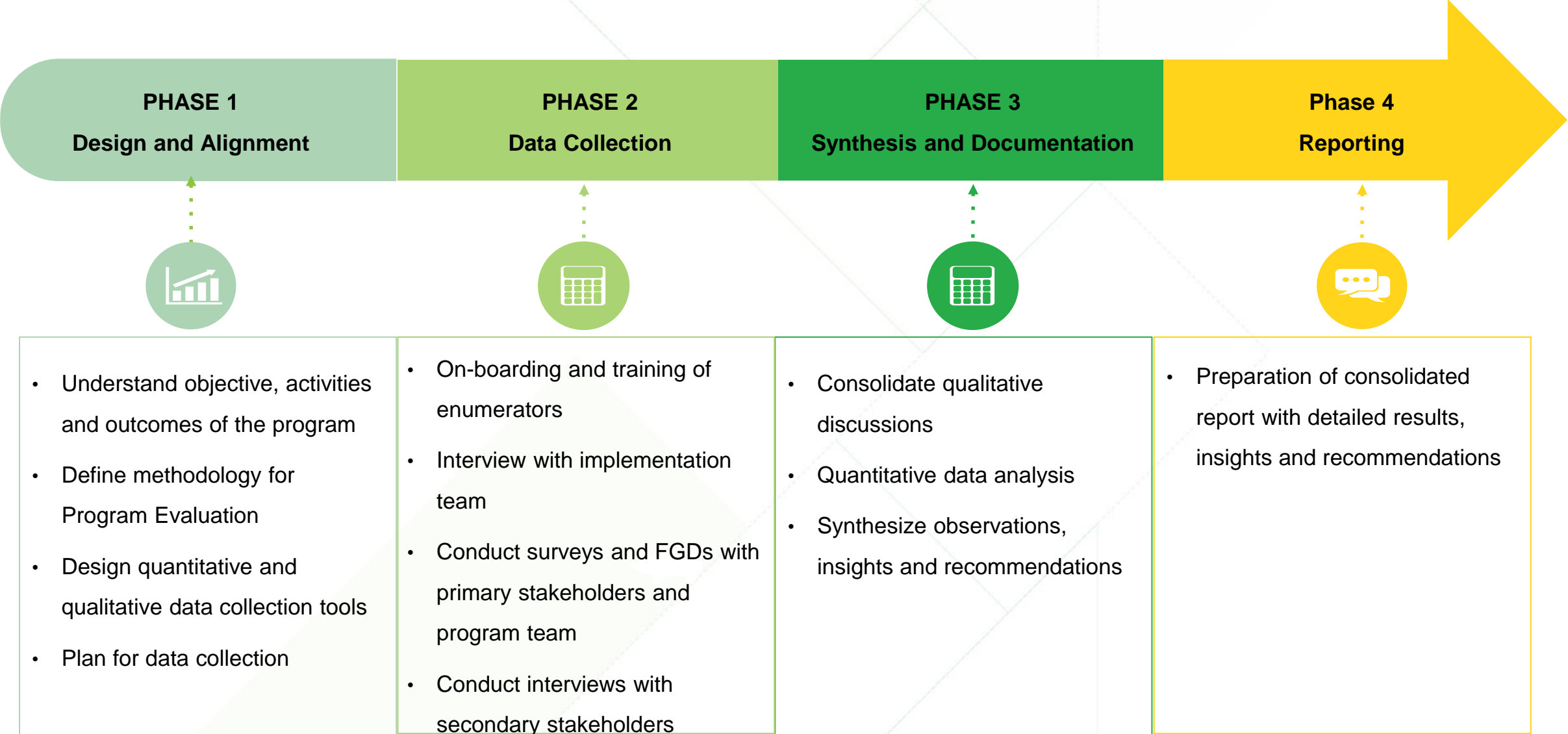


SCOPE OF THE STUDY

To conduct Impact Evaluation for the Dispensary project run by PRI in order to:

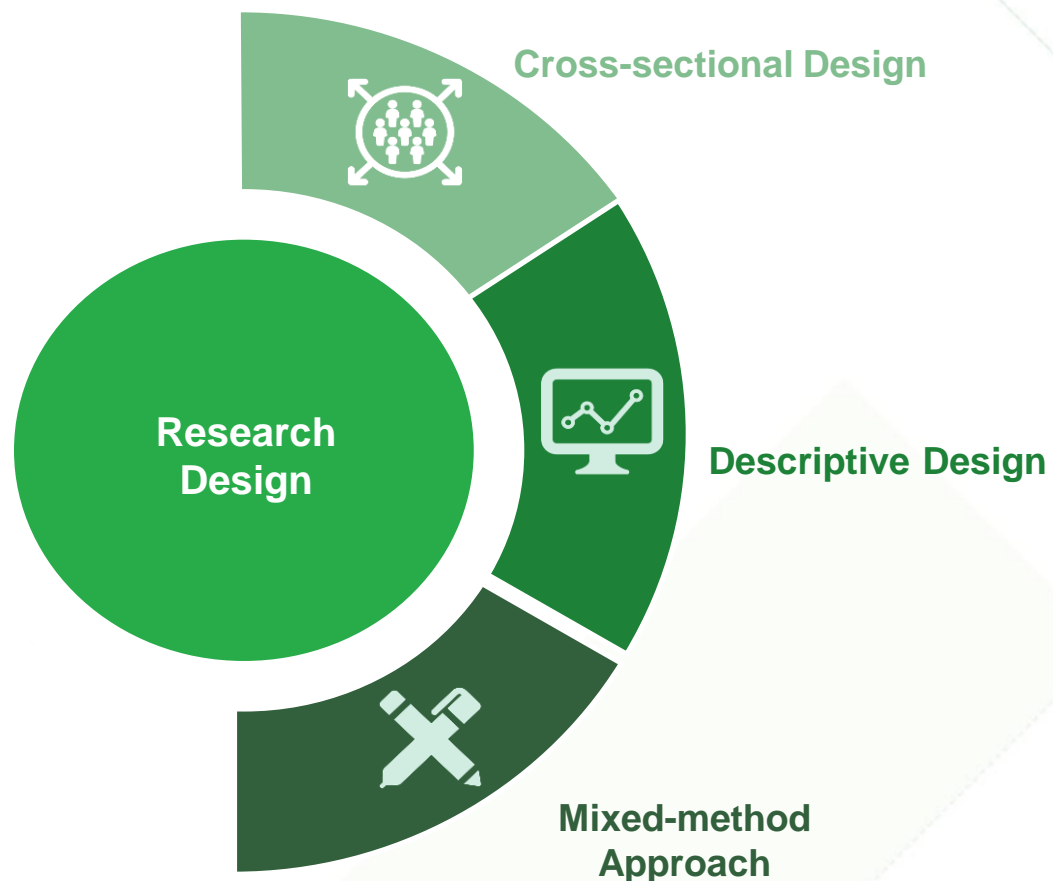
- To assess the impact created by the Dispensary in the region and any change in knowledge/awareness/access to the beneficiaries
- To assess the change in the behaviour and utilization of the resources in the beneficiaries
- To assess the relevance and need of the Dispensary and the purpose is served during the COVID-19 pandemic
- To assess the change in health outcomes and well-being of the community
- To assess the effectiveness of operations and functioning of dispensaries

Approach of the assessment



Research design

Sattva adopted a 3-fold design approach for the PRI Dispensary study to gather valuable **impact** related insights from a 360-degree perspective across the stakeholders involved and is fundamental to providing recommendations towards fine-tuning the model and scaling up in the long term.



The study incorporated a **descriptive cross-sectional design** method where data will be collected from a representative population of the beneficiaries to provide a snapshot of the outcome and the characteristics associated with it, at a specific point in time. The following aspects were assessed:

1. Whether the intervention worked as expected to achieve its objectives, and
2. How the objectives were achieved, what the process was, and what the timeline for impact was

The in-depth study will leverage Sattva's extensive experience of more than 10 years in Impact Assessments, an in-built knowledge repository, and tech enabled data collection solutions.

The study will incorporate **mixed-method** approach consisting of **quantitative and qualitative** data collected from primary and secondary sources. This will help gather valuable **impact** related insights from a 360-degree perspective across the stakeholders involved and would be fundamental to providing recommendations towards fine-tuning the model and scaling up in the long term.

Outreach for data collection

Stakeholder	Sample size	Survey Planned	Actual Survey	Planned FGD	Actual FGDs conducted	Planned IDIs	Actual IDI conducted	Mode of data collection
Community (Gurgaon & Kadarapur)	192 in each location (dispensary+van)	384	389	-	-	-	-	Mixed
Community (Behror)	30	30	31	-	-	-	-	Mixed
Community (Dindori)	30	30	30	-	-	-	-	Virtual
PHC staff (across 4 locations)	1-2 in each location	-	-	4-5	3	-	-	Mixed
Doctors (across 4 locations)	1 in each location	-	-	-	-	4	4	Mixed
Project Partner (Wockhardt)	2	-	-	1	1	-	-	Virtual
CSR team (PRI)	1	-	-	-	-	1	1	Virtual

Note:

- Gurgaon dispensary is not operational since 31st December 2021. However, the dentist and ophthalmology doctors from Gurgaon dispensary consults their patients at Khadarapur dispensary currently. Sattva team interviewed these patients.
- Dindori dispensary is not operational since 31st December 2021. However, the community avails the services from the vans. Sattva team reached these beneficiaries.

*IDI - In depth Interviews, FGD - Focused Group Discussions

Limitations of the study

- 1. Patient's reluctance to participate in surveys because of lack of time:** Patients were were hesitant to participate in the survey citing time constraints. A few of the respondents also left in between the survey, leading to the discarding of those responses.
- 2. Closure of dispensaries at Gurgaon and Dindori:** As the dispensaries at Gurgaon and Dindori are not operational since 31st December, 2021, it was difficult to reach the patients who availed services in these locations. However, the patients at Gurgaon were reached via a house-to-house survey and Dindori patients were reached over phone calls.
- 3. Limited data availability of program (particularly key activities/interventions during 2006 - 2018) :** There was limited documentation and data available for the years 2006 until 2018. To gather an understanding of the design and initiation of the program during this duration, Mr. Sashidhar Vempala, Head- Sustainability & Responsibility Pernod Ricard India and Director PRIF, was contacted. A few more documents were made available for the study from Wockhardt, after they took over program implementation.

Executive Summary

Overview as per DAC Framework

<p>Relevance</p>	<p>The Program addresses a critical need of the community. For 70% of the surveyed population across all 4 locations, PRI dispensary or mobile medical van is the first choice of healthcare for any illness. However, there are gaps in alignment with the evolving community needs and latest public health interventions.</p>
<p>Coherence</p>	<p>The program aligns with certain objectives of key national programs like Ayushman Bharat to provide continuum of care, however, services provided at the PRI dispensaries are not comprehensive. Of the range of services to be provided under the AB scheme, PRI dispensaries has a convergence of only 33%.</p>
<p>Effectiveness</p>	<p>The program lacked a systematic approach in its design, however over time, certain parameters to streamline implementation were identified and adopted. The program needs to strengthen awareness and diagnosis aspects of the Awareness, Diagnosis, Care and Referral (ADCR) formula which is implemented at the dispensaries.</p>
<p>Efficiency</p>	<p>There is significant difference between budget of government PHC and PRI dispensaries are structured which needs to be rationalised as the starting point towards efficiency**.Further, there is lack of documentation and information regarding fund allocation as well as utilisation, which is concerning.</p>
<p>Impact</p>	<p>The program has created change in help seeking attitude of the community - around 70% across 4 locations are willing to avail institutional healthcare services, healthcare services are now accessible, and led to long term behavioral changes where the community knows the importance of using a medical institution for healthcare needs instead of resorting to home-care or unprofessionals</p>
<p>Sustainability</p>	<p>Sustainability aspect has not been explored in program design and implementation. The program lacks an exit strategy, and have not explored linkages with existing public health infrastructures at a community level. PRI being the sole supporter of the project since inception, financial sustainability of program is not explored.</p>



Satisfactory



Needs Improvement



Unsatisfactory

** Based on analysis of financial information of 2 quarters

Key Findings

1

Across all the 4 locations, there is a critical gap in existing healthcare facilities - **proximity, over-utilisation, lack of specialised treatments and emergency care**. Other than the PRI dispensary, nearby health facilities are minimum **8-10 kilometres away from settlements / villages**. Patients use public buses or local, shared transport to reach to these facilities, making PRI dispensaries most accessible.

For almost **70% of the surveyed population** across all 4 locations, **PRI dispensary or mobile medical van is the first choice of healthcare for any illness**.

Majority of the surveyed population requested for diagnostic/ test facilities to be provided at the dispensary or van

2

3

With the presence of PRI dispensary and vans, there is an increase in willingness to avail medical help if required. One key reason for this is the low cost and affordable care provided at the PRI facility.

During the period Wockhardt Foundation took over the dispensaries, the activities have been streamlined after identifying disease patterns, and based on the needs of the community. One key change is extending the timings of the dispensary based on demand.

4

5

In Gurgaon and Kadarpur, per person utilisation is higher than the allocated budget, whereas in Dindori and Behror it is lower.

Key Findings - Location-wise

Kadarpur

- Given that the only cost for patients to bear is Rs. 10 for each visit, PRI dispensaries are the most affordable in the region.
- The level of comfort in discussing the medical history was reported high.
- Limited availability of specialist doctors especially for treatment of NCDs, skin, gastro-intestinal, ENT and gynecology is a challenge.
- The patients in Kadarpur reported that they require additional diagnostic lab facilities and tests, especially X-Ray and ultrasound facilities.

Gurgaon

- Patients' (88%) willingness to undergo diagnosis has reportedly improved post the intervention.
- Reported increase in awareness about nutrition intake during pregnancy has reduced the number of miscarriages
- Lack of health facility in the region to cater to the different needs of the community is a challenge and this is further increased with the dispensary closing down its operations.

Behror

- Reported improvement in perception of approaching and utilising the medical facilities available in the region, and there is an uptake of proactive preventive care.
- Quality of infrastructure facilities such as building, equipment, beds and restrooms available at the dispensary were reported sufficient and well-maintained.
- Reported difficulty in accessing specialist healthcare especially gynecology and pediatric care.

Dindori

- Patients go through major apprehensions while visiting the doctor which PRI has managed to bring down by creating awareness in the community
- Increase in the adoption of better health practises by women due to gynecologist-led health camps on nutrition, menstrual hygiene, ANC, and PNC.
- Increased awareness about proper diet and medicine has led to reported reduction of Genetic diseases such as asthma and diabetes.

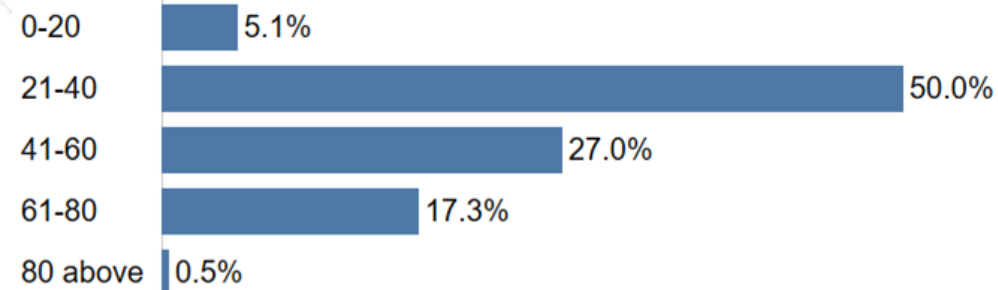


Findings of the Study - Kadarpur

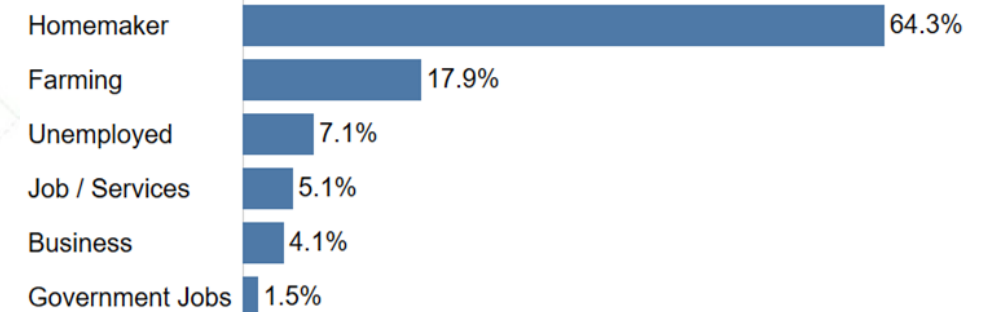
Demographics: 50% of the respondents were between 21-40 years of age and 66% were women; over 75% of the respondents had an annual HH income of less than 1 lakh

1. Majority of the respondents who were part of the survey belonged to the **age group of 21-40 years**. Of the total respondents, **67% are women**.
2. The **male respondents predominantly work in farm and related activities**, and also work as daily wage labourers, rickshaw drivers, shopkeepers etc. Of the **women respondents, almost 99% are homemakers**.
3. The **yearly household income among 76 % of the respondents is less than INR 1,00,000**.

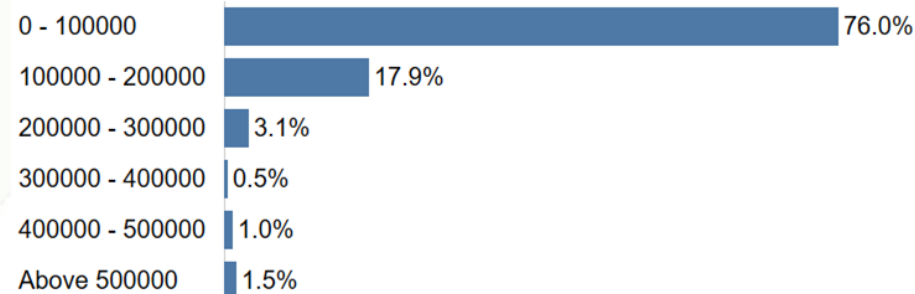
Age (n=196)



Occupation (n=196)



Yearly Household Income (n=196)



There is a significant gap in meeting the existing health needs of the community, which is further aggravated in case of specialist care

1. A large section of community faces difficulty in **accessing a healthcare facility**
 - 58.7% feels that there is **less number of healthcare facilities**
 - 32.7% feels the **distance between their homes and the nearest health facility is high**
 - 13.8% finds **challenge in getting transportation to reach a health facility**
 - 4.1% finds the **existing facilities to be overcrowded**

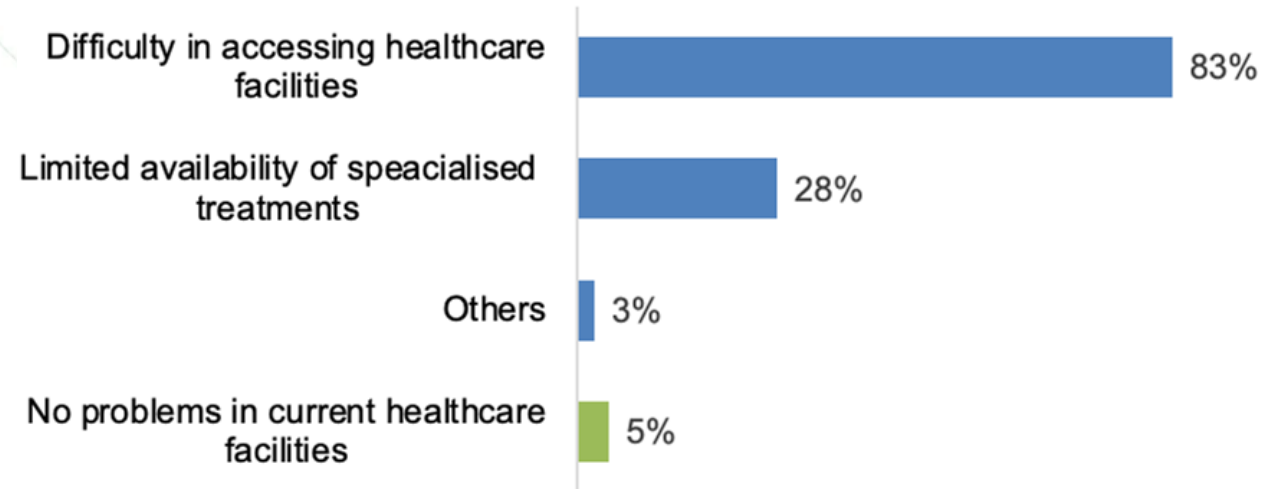
2. **Limited availability of specialist doctors** especially for treatment of skin, gastro-intestinal, ENT and gynecology is a challenge. Hence, such cases are referred to other secondary or tertiary hospitals.

3. A large section of community have visited the dispensary to **receive treatment for general or seasonal illness such as cold, fever etc.**

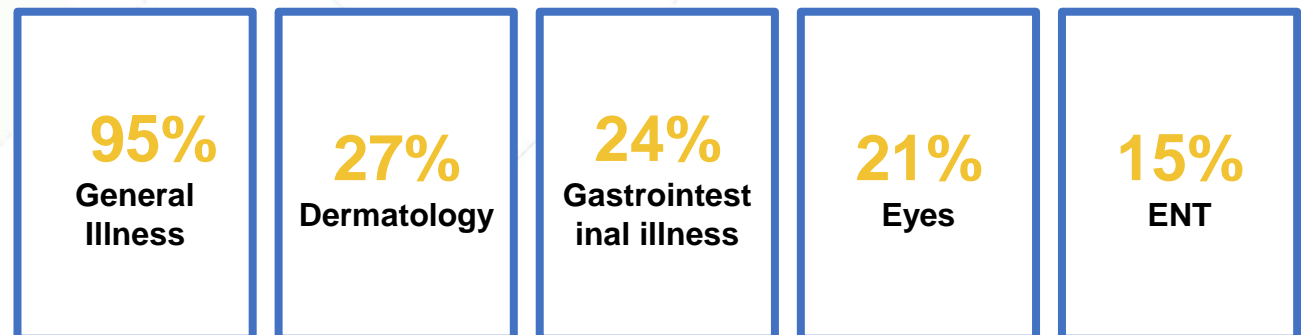
4. The **presence of ophthalmologist and dentist** at Kadarpur dispensary has **helped in creating awareness around eye and oral care and hygiene and has shifted community's perception on early usage of spectacles**

5. As per the SoP, the dispensary provides Primary health care services through the ACDR formula (A – Awareness, D – Diagnosis, C – Cure, and R- Referral). **Availability of facilities** is important to ensure that the awareness generated is followed up through actions.

Current challenges in healthcare (n=196)



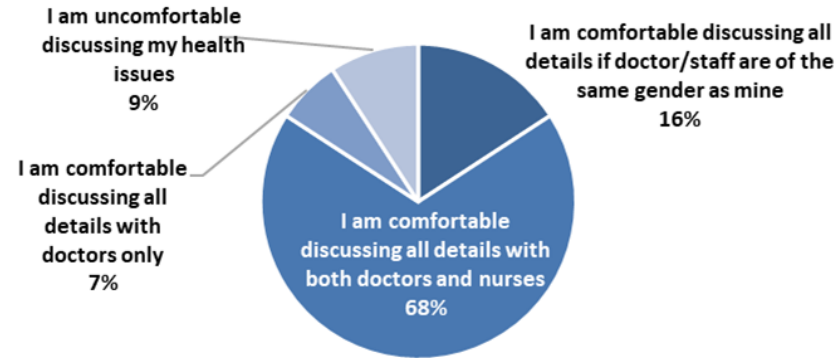
Purpose of visiting the dispensary / van (n=196)



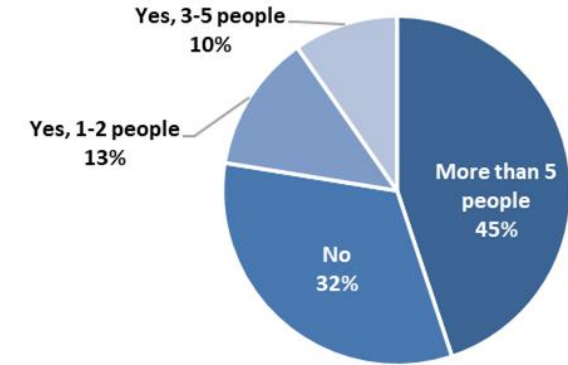
All the respondents found PRI dispensaries to be most affordable and most of them found it comfortable to discuss medical details with doctors and staff

- Given that the only **cost for patients to bear is Rs. 10 for each visit**, PRI dispensaries are the **most affordable in the region**. In public health care Gurgaon has total 3 general hospitals, 12 community/public healthcare centers (CHC/PHC's). However, these are outside the radius of 8-10 km from Kadarapur.
- The **level of comfort in discussing the medical history is also high**. However, **1/3rd of women patients pointed out that they find it comfortable discussing medical details only with female doctors and staff**. Further, the **patients who are uncomfortable expressed having faced a lack of interest from the doctor**.
- 68% patients have referred at least one person outside of their family to PRI dispensary, with **45% referring more than 5 people**.
- A majority of elderly and children have availed the services at the dispensaries. Approximately 200 children were dewormed over the period of 2020-22. Most patients reported to suffer from Non-communicable diseases such as Blood Pressure and Sugar. Other common illnesses included seasonal diseases, skin problems, body pain and heart related issues.

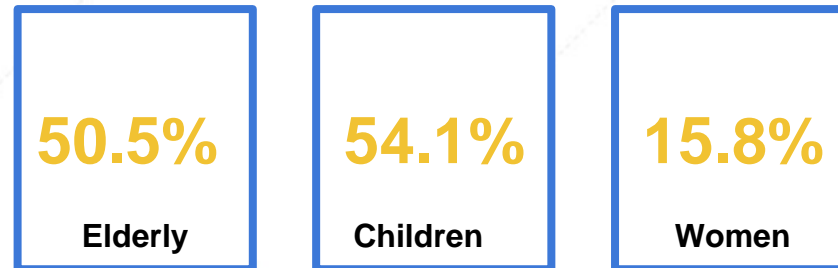
Comfort level in discussing your medical history and health conditions with doctors and nurses at PRI dispensary (n=196)



Whether referred or recommended someone to visit the PRI dispensary outside family (n=196)



Family members that availed healthcare services at a PRI Dispensary (n=196)



43.8% of the respondents reported that they attended health awareness camps

Although general medicines are available at the dispensary, the patients highlighted a need for delivery of diagnostic services

- Availability of medicines and tests:** 61% of the respondents are **satisfied with the medicines and the diagnostic facilities available** at the dispensary.
- More recently (2-3 years), there have been **challenges in accessing the prescribed medicines and tests** at the dispensary. Though medicines can still be bought from pharmacies, diagnostic tests remain a challenge. The doctors and staff cite covid and related restrictions as one reason, whereas patients claim that access to medicines were easier when PRI was running the dispensaries.
- The doctor also substantiated that currently, **only clinical assessments are done and referrals to other government hospitals are made considering the lack of financial resources of the community.** This has brought about a dissatisfaction among the patients as they see a fall in quality of services since the last 2 years.
- As the **stock of medicines is limited**, the doctors tend to prescribe those that are easily available. Further, the doctors **prefer smaller quantities of medicines as this ensures that patients come back for follow-ups.**
- The **feedback form** at the dispensary collects rating on different aspects such as quality of staff, doctors, medicines, services and response time. However, a majority of the surveyed respondents reported that feedback was **collected verbally.**

Rating of the availability of medicines and tests provided by the dispensary (n=196)



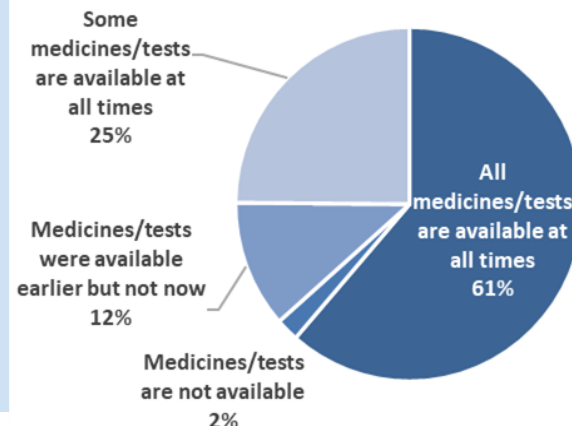
Rating of the current ease of follow ups (n=196)



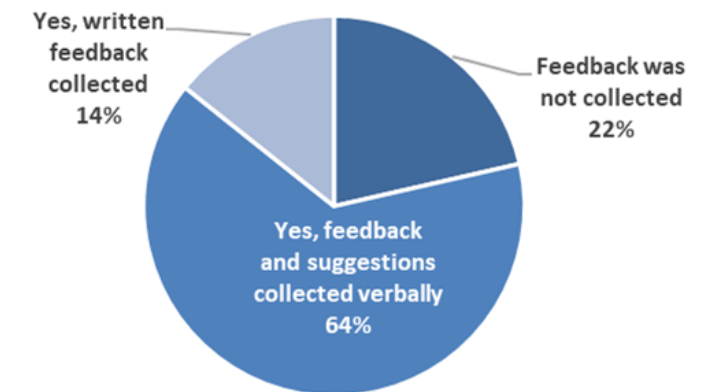
Rating of the quality of infrastructure (building, equipment, beds/restrooms) (n=196)



The most appropriate statement regarding availability of medicines and test facilities in the dispensary (n=189)



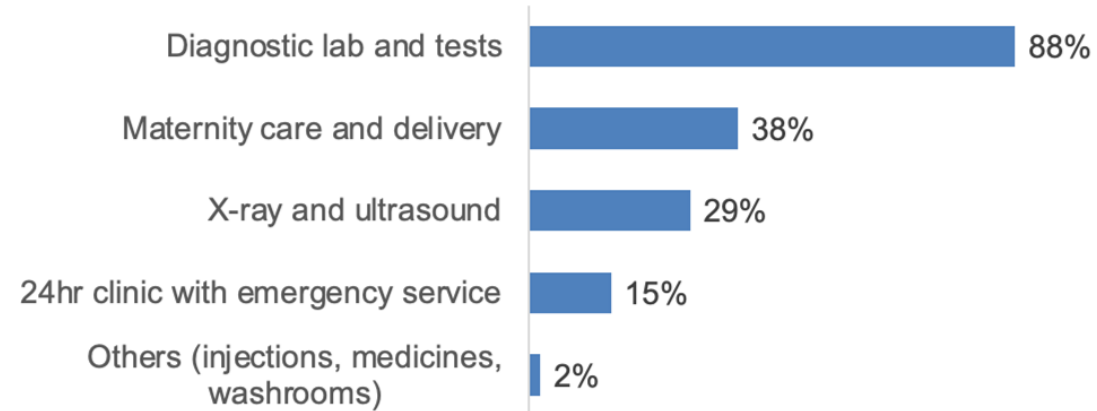
Whether feedback was collected from the patients (n=196)



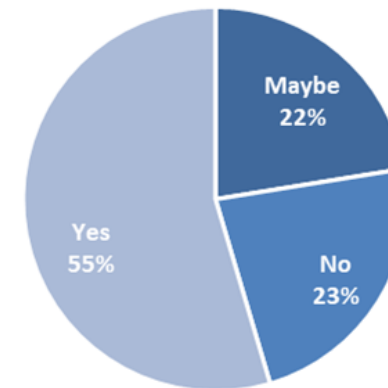
To further meet the medical needs of the community, complimentary services such as common lab tests, maternal, and emergency care are requested by the respondents

1. The patients in Kadarapur reported that they **require additional diagnostic lab facilities and tests, especially X-Ray and ultrasound facilities.**
2. The doctors and staff also reported that **prior to Covid, a wide range of diagnostic facilities were offered, and this had to be cut down owing to a reduction in the number of staff and patients.**
3. The community faces **difficulty accessing gynecology and pediatric care and reported complications in pregnancy, risky the mother and the baby as one key challenge.** This is further highlighted through their request for maternity care and delivery at the dispensary.
4. A **24 hour medical facility in the region is currently missing**, and the respondents pointed out to setting up one with the emergency service provided
5. Patients are willing to support the functioning of the dispensaries by creating awareness of the same among the community and through referral.

Services and improvements requested (n=196)



Whether the patient would like to contribute in maintenance activities for dispensaries and vans (n=196)





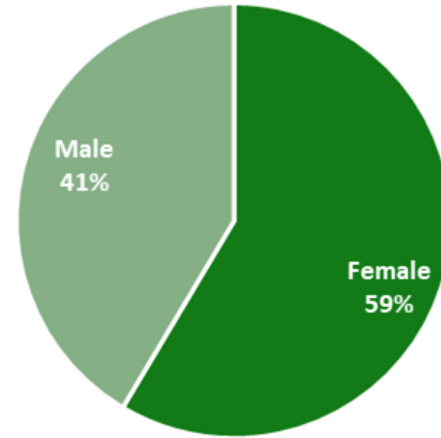
Findings of the Study - Gurgaon

Demographics: 59% of the respondents were women, primarily homemakers; 72.54% of the respondents earn upto 1 lakhs annually

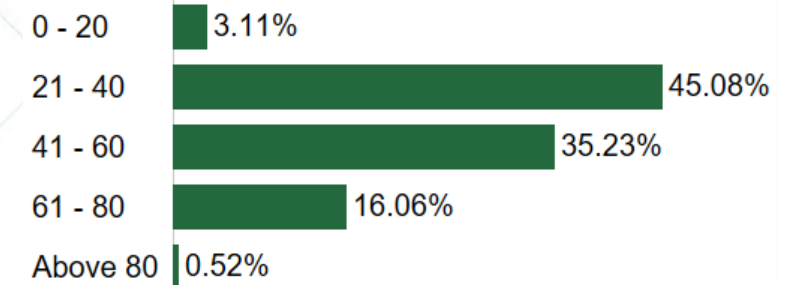
Demographic details:

1. 64.25% of the respondents are homemakers with 72.54% of them earning upto INR 1 Lakh annually.
2. **Majority of the respondents (59%) were females**, 26.94% of them were aged between 21-40 years, out of which majority (46.11%) of the **females were homemakers and few were employed as house-help, construction workers etc.**
3. 41 percent of respondents were **males**, with the **majority** (18.13 percent) being between the ages of 21 and 40. They are **employed in private companies, work as labourers or are unemployed.**

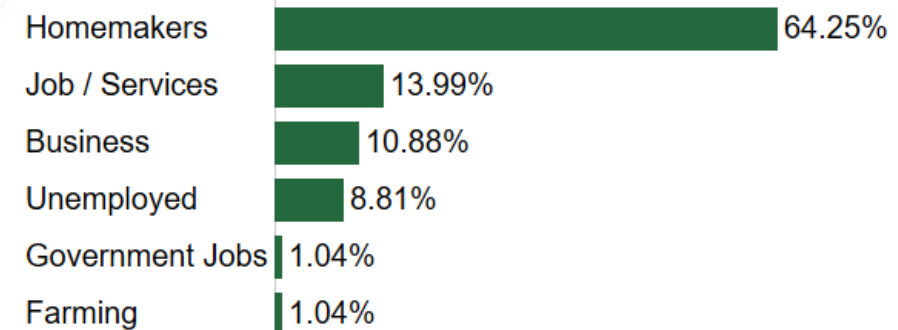
Gender (n=193) (Gurgaon)



Age (n=193)



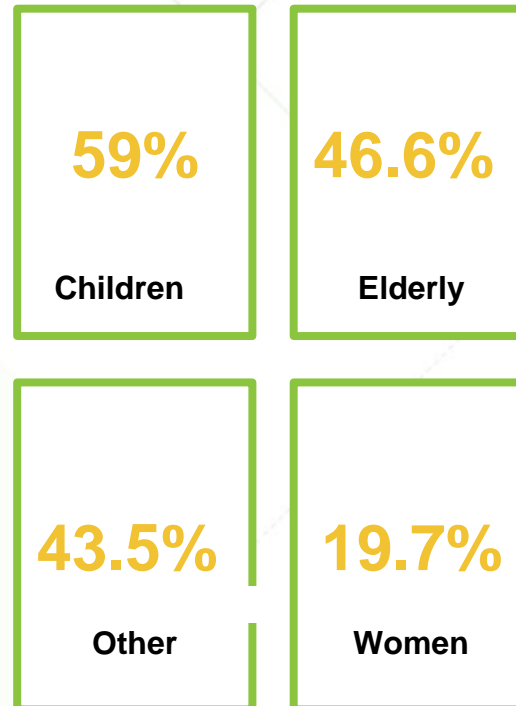
Occupation (n=193)



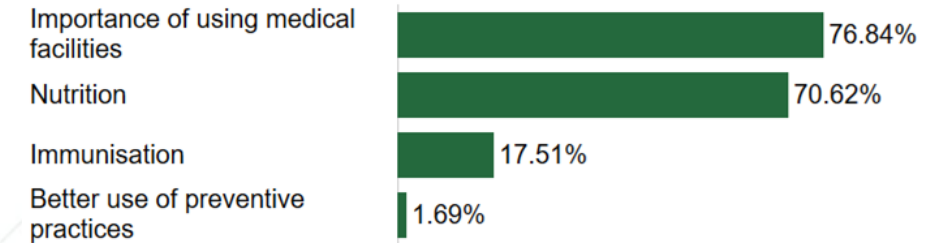
Over the years of its presence, PRI dispensaries have contributed in increasing awareness and willingness of the community to avail healthcare services

1. Reported **increase in awareness about nutrition intake during pregnancy** has reduced the **number of miscarriages**.
2. Awareness camps were conducted in the villages, especially among school children that discussed the importance of using spectacles.
3. **Patients' willingness to undergo diagnosis has reportedly improved**, with **88 percent** of respondents indicating a **willingness to undergo diagnosis at PRI dispensary if the facility is made available**.
4. **95% of respondents** (who claimed to have diagnosed a disease in themselves or someone in their family) reported that they were **cured** after **visiting the PRI Dispensary**.
5. A majority of elderly and children have availed the services at the dispensaries. Approximately 140 children were dewormed over the period of 2020-22. Most patients reported to suffer from Non-communicable diseases such as Blood Pressure and diabetes. Other common illnesses included seasonal diseases, skin problems and body pain.

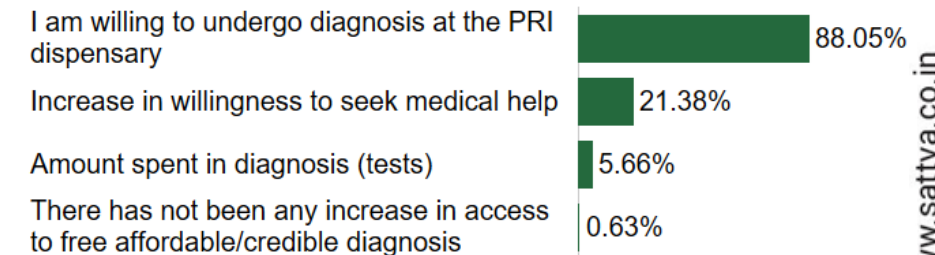
Family member that utilised services at PRI Dispensary (n=193)



Increase in awareness in terms of healthcare needs among the following (n=193)



change that PRI dispensary has brought in terms of accessing diagnostic facilities (n=193)

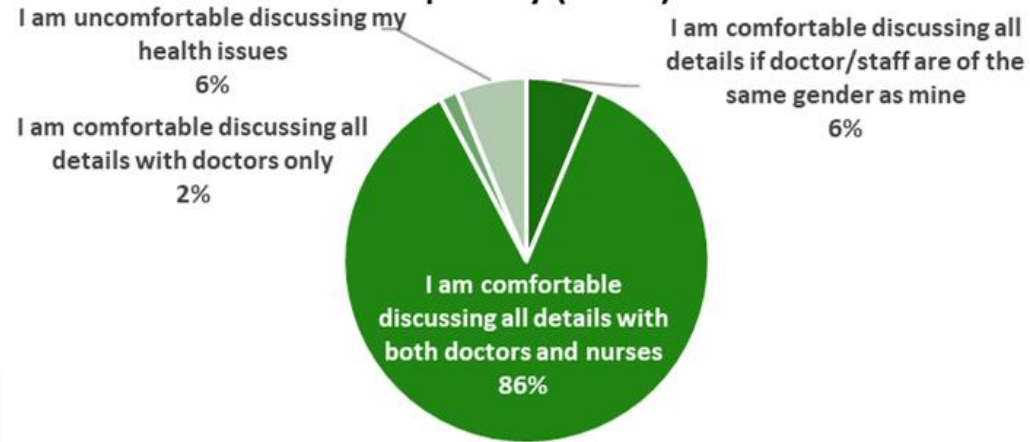


78.5% of the respondents reported that they attended health awareness camps conducted on topics including best practices during Covid and vaccination.

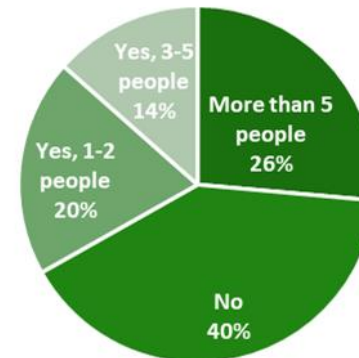
During its operations, feedback and suggestions were sought from majority of the patients to improve services and 60% of patients have recommended PRI to others

1. **73% of the respondents** reported that **PRI Dispensary** was their **first choice of health services** for any illness.
2. **A significant number of respondents wanted the dispensary to be reopened.** Emergency care, test facilities (XRy, MRA scan), and pregnancy and delivery care are requested.
3. **45% of the respondents expressed their interest in supporting the dispensaries,** by creating more awareness among the community about the facilities and by recommending more people. Further, they recommended PRI to others, outside of their family.

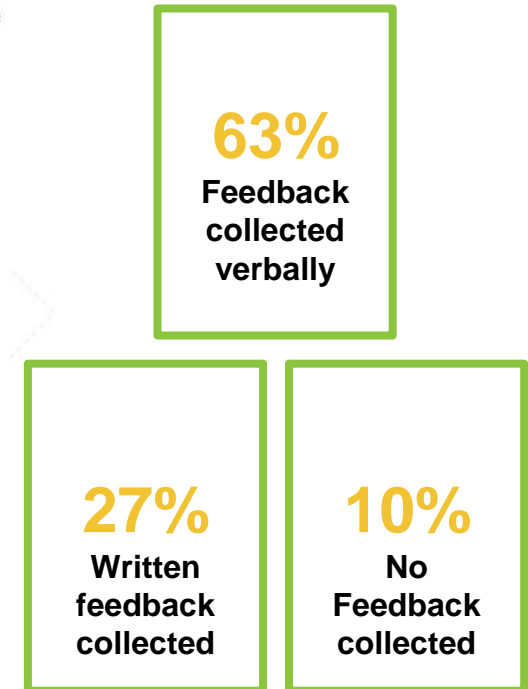
Comfort level in discussing your medical history and health conditions with doctors and nurses at PRI dispensary (n=193)



Whether referred or recommended someone to visit the PRI dispensary outside family (n=193)



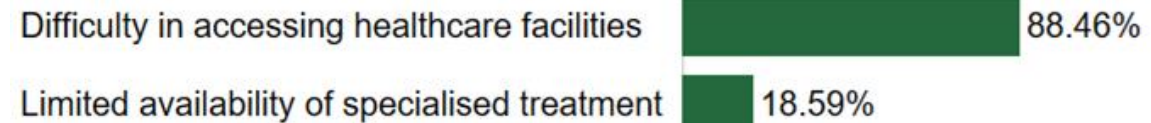
Whether feedback was collected (n=193)



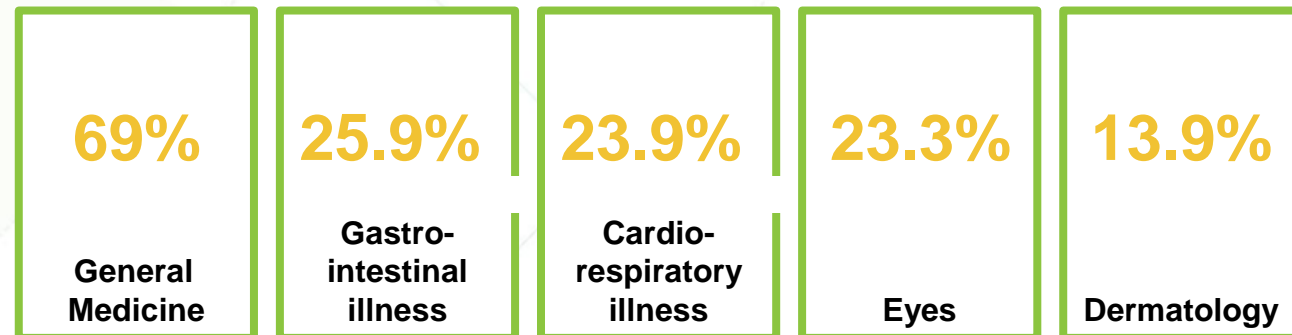
However, with increasing demand, the patients felt that the existing healthcare facilities was insufficient to cater to the needs of the community

1. A large section of community faces difficulty in **accessing a healthcare facility**
 1. 37% feels that there is **less number of healthcare facilities**
 2. 18% finds the **existing facilities to be overcrowded**
 3. 16% feels the **distance between their homes and the nearest health facility is high**
 4. 9% finds **challenge in getting transportation to reach a health facility**
 5. 9% finds **challenge in accessing full-time doctors.**
2. PRI dispensary was the first choice of health facility for **any illness for 73% of the respondents**. For another 24% it was the first choice of health facility for general/ common illnesses.
3. The **lack of health facility in the region to cater to the different needs** of the community is a **challenge** and this is **further increased with the dispensary closing down its operations.**
4. **Majority of patients** visited the dispensary for **general illnesses including allergies**, followed by gastrointestinal illness and cardio-respiratory illness
5. **Awareness camps on children's immunisation, deworming etc.** were **conducted on the request** of the community.

Challenges faced regarding health needs (n=193)



Purpose of visiting the dispensary / van (n=193)



The community was satisfied with the quality of infrastructure, however since the dispensary not operational there was a challenge in availing follow ups

1. The respondents were satisfied with the **quality of the infrastructure** including rooms, beds and equipment. The dispensary was reported to be clean with a dedicated agency (Vulcan Waste) for collecting biodegradable waste.
2. PRI Dispensary had partnerships with Mata Shitala Diagnostic (govt) and other organisations for scans, lab tests, etc, which was helpful for the patients to avail diagnostic services.
3. The **challenge**, however is in **accessing follow-up services** as the dispensaries are not operational anymore. A few patients who consulted the ophthalmologist and dentist continue to visit them at the Kadarapur dispensary.
4. It was reported that **general medicines for cough, cold, fever, aches etc, as per the scope of the program, were available at the dispensary.**
5. At least **12% of respondents reported that they faced difficulty in communicating with the doctors**, and they felt that they were not understanding their issues.

Rating of the quality of infrastructure (building, equipment, beds/restrooms) (n=193)



Rating of the current ease of reaching PRI dispensary (n=193)



Rating of the availability of medicines and tests provided by the dispensary (n=193)



Rating of the current ease of follow ups (n=193)





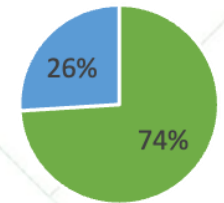
Findings of the Study - Behror

Demographics: Of the respondents, 35% belong to the age group of 21-40 years, 26% were women

Demographic details:

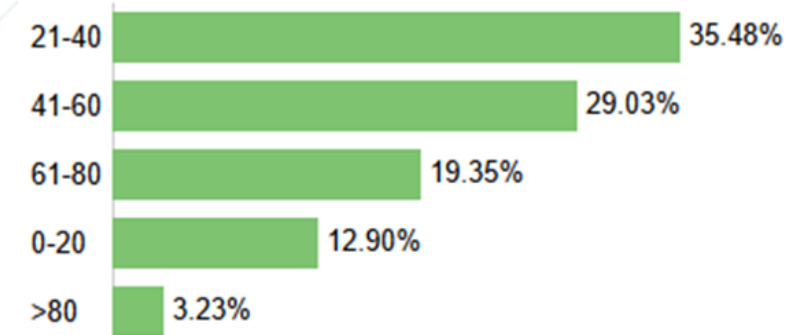
1. Only **26% of the respondents** in Behror were **women** with an average age of 51 years. Of these, **majority were homemakers**, and 37.5% worked were involved in farm and related activities
2. Majority of the **male respondents were engaged in agriculture and related activities**, with 23% working in service sectors and undertaking their own businesses.
3. The **average annual household income of respondents in Behror is INR 1,35,806**

Gender (n=31)

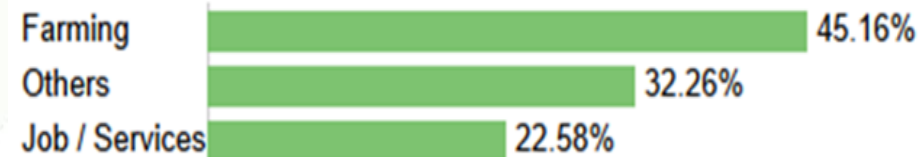


■ Male ■ Female

Age (n=31)



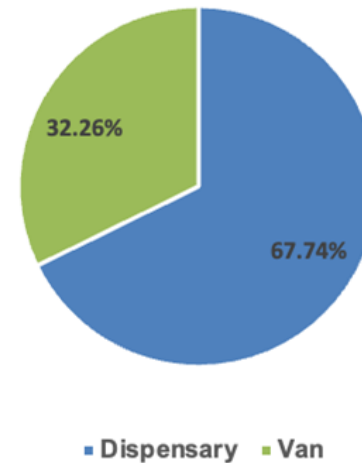
Occupation (n=31)



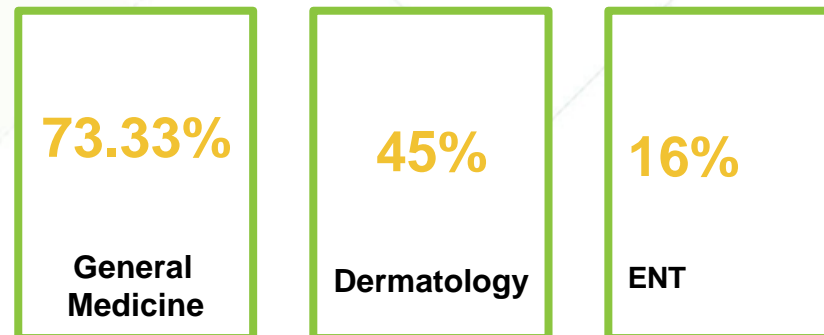
About 32% of the respondents use the medical facilities from the vans. Despite this, the community finds it challenging to avail timely health facilities

1. The mobile medical van and **dispensary at Behror caters to around 15-20 villages**, with a **daily footfall of 30-40 patients**.
2. The **common illnesses** that are handled at the dispensary/van include **allergies, skin infections and seasonal illnesses like cold, fever etc** with 73% visiting the dispensary/van to avail general medications.
3. In behror, **32% of the respondents** have **availed medical services** from the Sanjeevani vans. Despite this, it can be noted that the community faces a **challenge in accessing medical services especially tests as they have to travel a long distance and the existing healthcare facilities are not sufficient**. The vans are stationed at a fixed location, usually at the central point in the village, causing challenge for those in the peripheries.
4. There is also **difficulty in accessing specialist healthcare especially gynecology and pediatric care**.

Usage of vans and dispensaries (n=31)



Purpose of visiting the dispensary / van (n=31)



The patients reported satisfaction on infrastructure and ease of follow-ups due to the presence of vans; however there is a lack of test facilities at the dispensaries and vans

1. A significant number of patients reported that they find the **quality of infrastructure facilities such as building, equipment, beds and restrooms available at the dispensary are sufficient and well-maintained.**
2. A significant number of patients also reported that **at present, they do not face any challenges in following up with the doctors.**
3. However, there is a **lack of availability of testing facilities at the dispensaries** and vans. The doctor also pointed out that for a brief period, **ECG facility was available.** Apart from this, no tests are done. The medical vans have thermometer, BP machine and first aid kits.

Infrastructure including building, equipment, beds and restrooms



Ease of follow ups



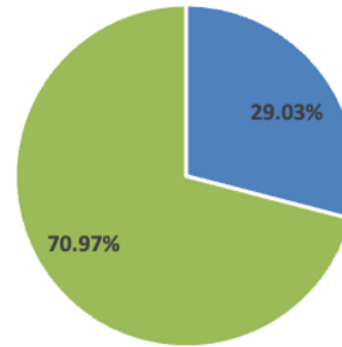
Availability of medicines and tests



There is an improvement in community's awareness of utilising medical facilities and use of preventive care

1. For all the patients surveyed, PRI dispensary or mobile medical van is the first choice of healthcare facility. For almost 71%, it is the first choice or point of healthcare for any illness.
2. There is an improvement in perception of approaching and utilising the medical facilities available in the region, and there is an uptake of proactive preventive care. However, relatively awareness on immunization and nutrition is less.
3. PRI organised camps on child immunisation and malnutrition, as well as lab facilities, but these are no longer available after the Wockhardt Foundation took over. Additionally, no additional medical facilities have been added after the wockhardt foundation intervened the program.
4. A majority of elderly have availed the services at the dispensaries. Approximately 130 children were dewormed over the period of 2020-22. Most patients indicated that they suffered from seasonal illnesses and non-communicable diseases such as Blood Pressure.

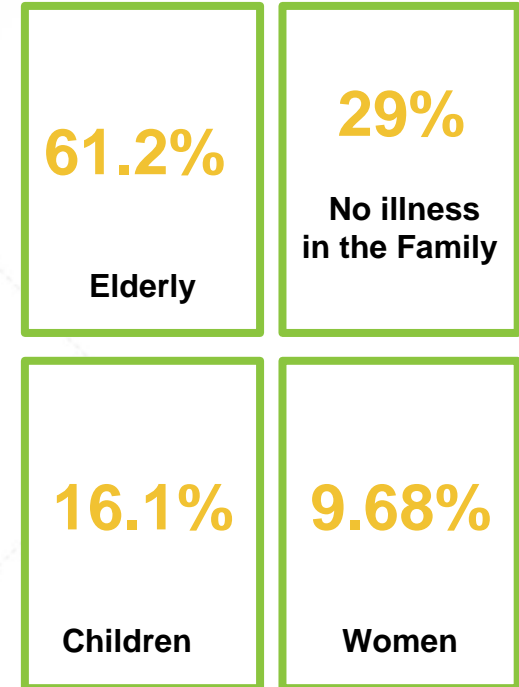
Reasons for using PRI services (n=31)



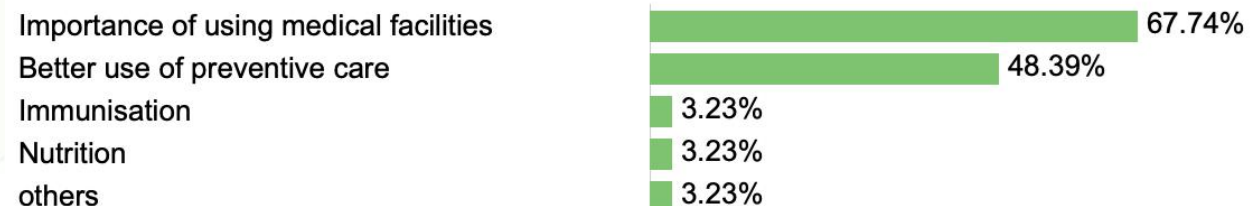
■ PRI is first choice for common illness ■ PRI is first choice for any illness

5.6% of the respondents reported that they attended health awareness

Family member that availed healthcare services at a PRI Dispensary (n=31)



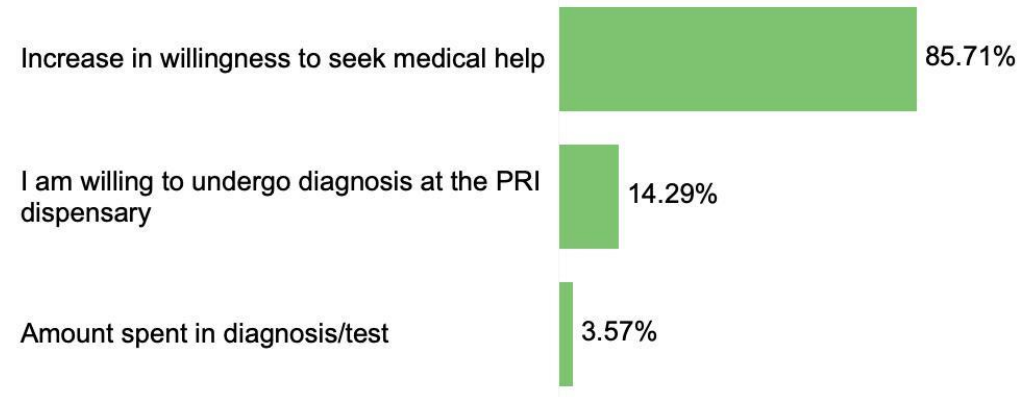
Increase in awareness in terms of healthcare needs (n=31)



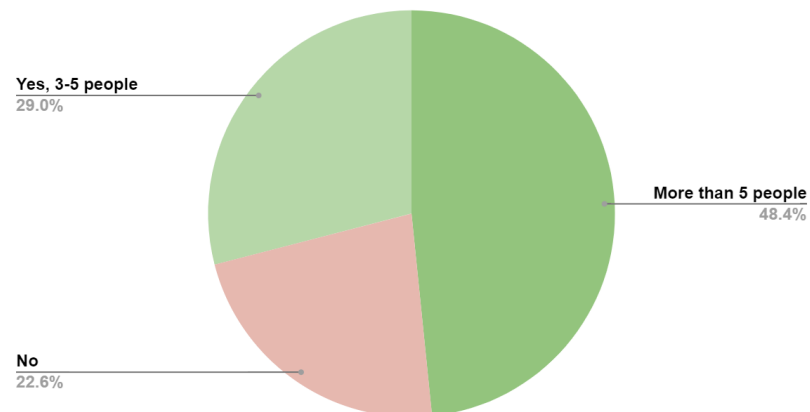
PRI has enabled affordable healthcare in the community, and this has brought about an increase in willingness to seek medical help in case of need

1. A key apprehension in seeking medical help is cost. However, with PRI providing affordable healthcare, a significant number of patients reported that they are **more willing to seek medical help in terms of visiting a hospital in case of need.**
2. There is still a lack of **willingness to undergo diagnostic tests and in the amount spent in diagnosis** as these **facilities are either unavailable or very limited.**
3. **An average amount of Rs. 10- 20** is spent by the patients during **each visit** to the dispensaries. This amount is put towards the maintenance of the dispensaries. The Wockhardt team also informed that this was also used in buying masks and sanitizers during Covid.
4. 56% of the respondents reported that they are looking forward to the opening of **specialist clinics, more doctors and test facilities.**

Change PRI dispensary brought in terms of accessing medical facilities (n=31)



Whether referred or recommended someone to visit the PRI dispensary outside family (n=31)





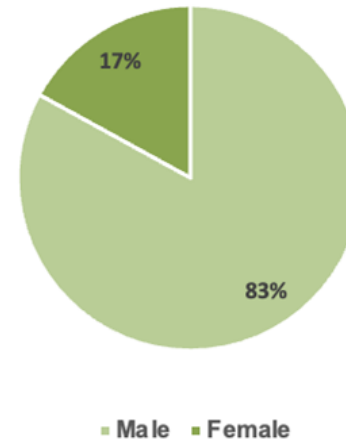
Findings of the Study - Dindori

Demographics: Of the respondents, 69% belonged to the age group of 21-40 years, and only 17% were women

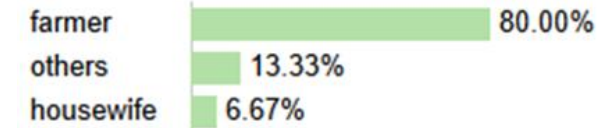
Demographic details:

1. Of the surveyed group, majority belonged to the age group of 21-40 years.
2. **50% of the female respondents were working in agriculture and related activities**, 33% of them were homemakers and others undertook informal activities such as tailoring, manual labour etc.
3. **87% of the male respondents were farmers** while the remaining stated tailoring and driving as their main occupation.
4. The **average annual income of respondents in Dindori is INR 327500.**

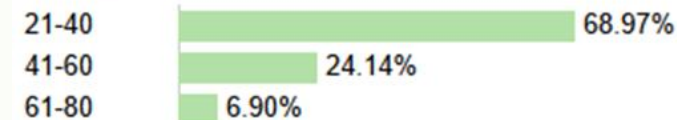
Gender (n=30)



Occupation (n=30)



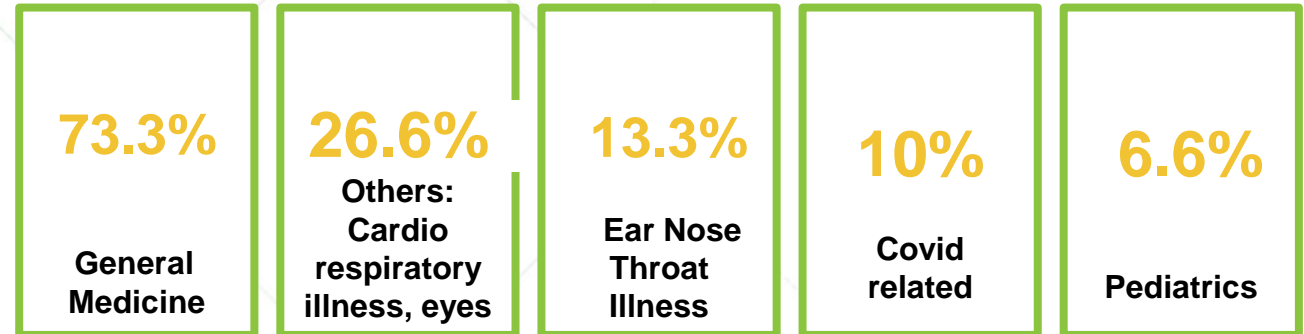
Age (n=30)



Majority of the community visit the PRI dispensary for general medicine, and find it challenging to receive specialist treatments

1. **Difficulty in accessing a healthcare facility and limited availability of specialized treatment** are the major challenges faced by the community
2. **In addition to this, the doctors also feel that patients go through major apprehensions while visiting the doctor** such as fear of what kind of disease they would have, what will the doctor suggest, what kind of treatment or tests will be advised and so on.
3. This was aggravated during covid, the **patients were scared as there was a lack of awareness**. However, **availability of O2 cylinder, ambulance, stock of medicines, some pills like febiflu**, helped the PRI Dispensary in Dindori to handle the situation in the region. Additionally, **medicines were delivered door to door**.
4. **Major risks such as cardio-illnesses etc are difficult to diagnose**. However, with the **availability of ECG, Aquafield Ambulance, and BP check up facilities help in mitigating these risks** to some extent.
5. Relationship with the referred hospitals are limited to informing the hospital about the seriousness of the patients and admit the patients. Patients with secondary or tertiary concerns are referred to the nearest hospital.. They are treated at the dispensary otherwise.

Purpose of visiting the dispensary / van (n=30)



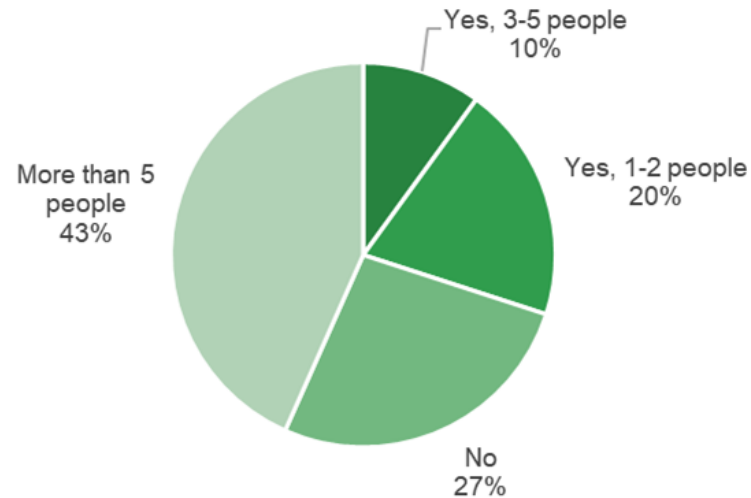
Challenges faced regarding health needs (n=30)



PRI dispensaries are affordable as compared to other facilities, and offer quality care, ensuring that the community refers more people to it

1. **73% of the respondents utilise** the medical services offered from the **mobile medical vans**. This has made medical care more accessible to the community.
2. 83.33% of the respondents reported that the **medicines were cheaper at PRI Dispensary** than any other health facility which has made medicines affordable for them. Hence, on an average, **the patients rated the access of medicines and tests at the PRI dispensary as 4.9.**
3. 73% of the **patients have recommended the dispensary** to at least one person

Whether referred or recommended someone to visit PRI dispensary outside family (n=30)



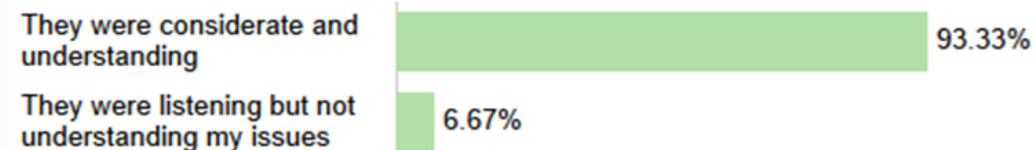
Infrastructure including building, equipment, beds and restrooms (n=30)

3.6

Behaviour of staff towards the patients at PRI dispensary (n=30)

4.9

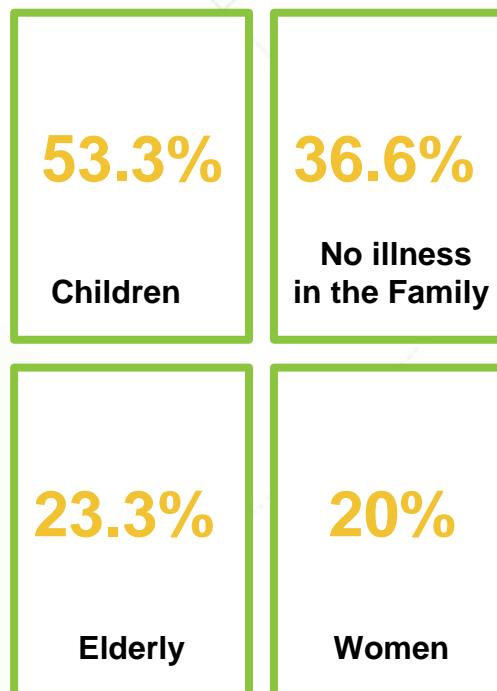
Rating of how patients felt on being heard/listened to by doctors and staff (n=30)



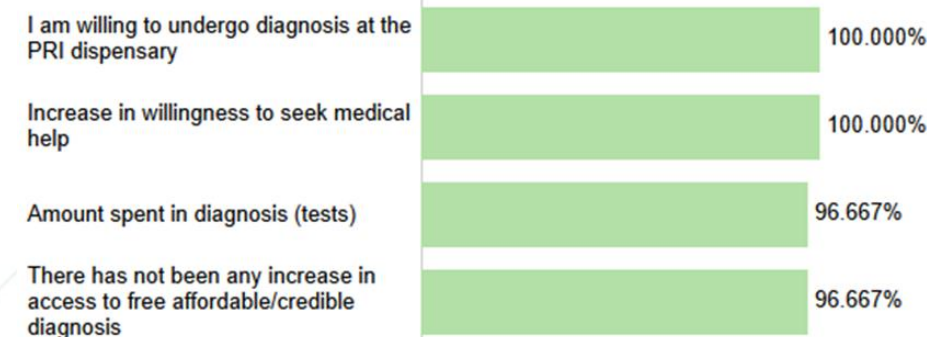
Increased awareness and accessibility of healthcare has impacted the women, children and elderly positively, primarily by reducing apprehensions among the patients

1. Reported increase in accessibility to healthcare services have helped in reducing the apprehensions of patients.
2. As per the doctor, the women in the community tend to neglect their health. Taking this into consideration, PRI conducted gynecologist-led health camps to create awareness on nutrition, menstrual hygiene, antenatal and postnatal care (ANC/PNC). This resulted in an increase in the adoption of better health practises by women.
3. Additionally, PRI Dispensaries organised eye camps and camps for child immunization. There has been a reported increase in response for the same camp as well.
4. There has been a reported increase in terms of disease prevention, cure and awareness of diseases such as BP, Diabetes, NCD among the elderly.
5. A majority of children have availed the services at the dispensaries. Approximately 25 children were dewormed over the period of 2020-22.

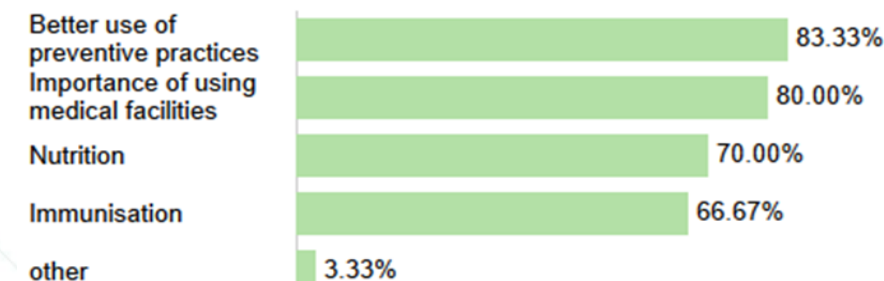
Family member that availed healthcare services at a PRI Dispensary (n=30)



Change PRI dispensary brought in terms of accessing diagnostic facilities (n=30)



Increase in awareness in terms of healthcare needs (n=30)



57% of the respondents reported that they attended health awareness discussions happening at the dispensary

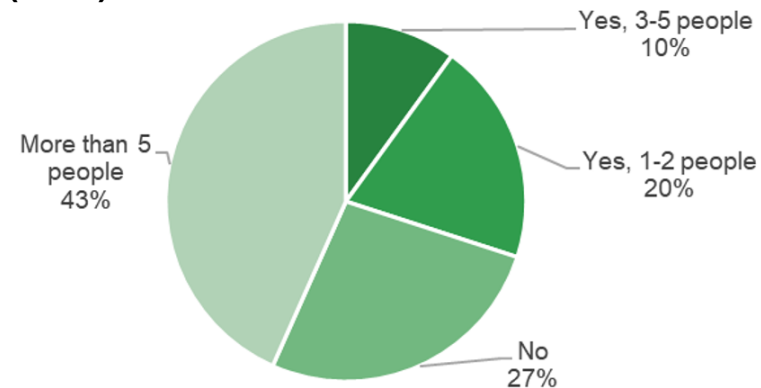
Patients do not have a medium to share their feedback with the concerned staff due to which their needs are not adequately captured, communicated, or addressed

1. As reported by the patients, the **unavailability of existing health facility makes the existence of PRI Dispensary even more crucial for them.**
2. The community requested that the van come multiple times to the village, as there is no nearby hospital or healthcare center.
3. Further, the community faces an issue with the timings of the van - there needs to be a schedule and it should adhere to the schedule.
4. Additional test facilities for diabetes and BP, and treatment for pregnant women, TT injections, blood thinners etc. were requested by the community.
5. Currently, the community has reported requirements for regularly scheduled vans with fixed timings, increase in the frequency of times the van visits the villages (due to lack of a hospital nearby) and additional test facilities. However, due to lack of a feedback collecting mechanism, these grievances are not adequately captured.
6. Collecting feedback actively would help in meeting the needs and streamlining the services for the benefit of the community.

Whether feedback was collected (n=30)



Whether referred/recommended anyone outside their family? (n=30)





Program-level findings

The program lacked a systematic approach, however over time, certain parameters to streamline implementation were identified and adopted

Key Challenges*

Lack of perspectives on the community needs and program objectives:

- Healthcare sector, being the focus area, PRI dispensaries were started as per the vision of the then leadership (2005-2006)
- At the launch and during the course of the program, **there had not been any systematic needs assessment** done specific to the locations
- The **objectives of program were not defined and documented**

Operational difficulties at dispensaries

- Guidelines for functioning of dispensaries and oversight on doctors and staff were non-existent, leading to inefficient management, resource wastage (both over-qualified doctors and mismanagement)

Mitigation measures undertaken**

- A preliminary evaluation of data at a district level was compiled as part of the scoping exercise by Wockhardt at the beginning of their engagement with PRI
- Based on the preliminary evaluation, WF decided to prioritise free healthcare based on ADCR approach

- Created and implemented SOPs to streamline dispensary management
- Regular training and development for both medical and non-medical staff is conducted
- HR Application and MIS system and other non-conventional methods of monitoring such as (whatsapp video calls, surprise visits, GPS tracker in mobile vans) have been implemented to ensure adherence to processes

Both, the PRI and the Wockhardt teams, flagged concerns regarding the intent, design, governance, and way of implementing the dispensary project. Mitigating the same, however, is beyond the scope of implementation team.

*Source: Discussions with PRI team and survey data

** Source: Discussions with Wockhardt team, document review

Initiating systematic approach has created visible impact in the community, however full adoption will require time and support

1

Creating Help-seeking behaviour

Across locations, there is a change in willingness to seek institutionalised healthcare with about 70% of surveyed population stating the same. If the dispensaries discontinue, there is high chance for the community to fall-back to alternate practices (traditional healers, quacks).

2

Democratising institutional availability

Low cost/No cost services offered at the PHC has made healthcare services accessible to marginalised and underserved populations. With the closure of dispensaries, the community fears that accessing a health facility would go up by multiple times (cost of healthcare + cost of transport).

3

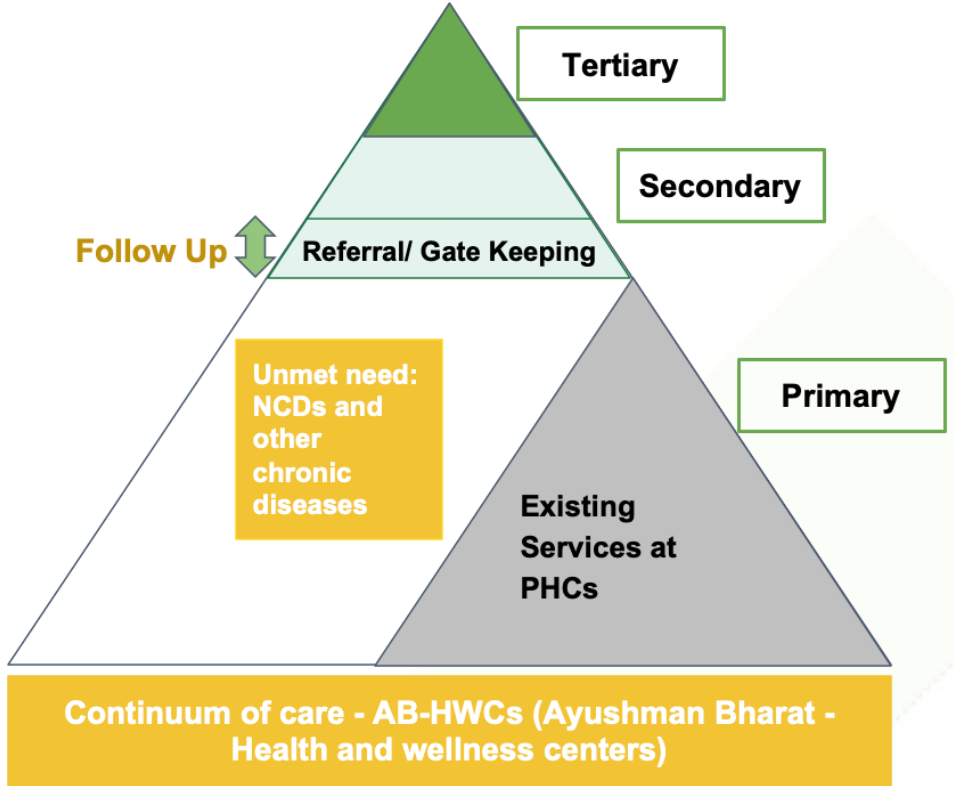
Long-term behavioral changes among community

The community has gained a sense of ownership, expectation and demand for quality healthcare and a sense of responsibility; with them being exposed to the PRI dispensaries

Source: Discussions with PRI team

Services at PRI dispensaries align with objectives of key national programs to provide continuum of care, however they need to be more comprehensive

The Ayushman Bharat program aims at providing Continuum of Care through the Health and Wellness Centers (HWCs) through services at existing PHCs. The existing services include Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCHA) and others as listed.



#	Service provision through AB-HWCs (PHCs)	Convergence at PRI dispensaries
1	General OP care	✓
2	Family planning and reproductive healthcare	✗
3	Neonatal and infant healthcare	✗
4	Care in pregnancy and childbirth	✗
5	Childhood and adolescent healthcare	✓
6	Communicable diseases under national health programs	✗
7	Screening and management of NCDs	✗
8	Screening and management of mental health	✗
9	Care for common ophthalmic and ENT	✓
10	Basic dental health	✓
11	Geriatric and palliative healthcare	✗
12	Basic trauma care and emergency medical services	✗

Organisations working in primary care are focusing on widening the basket of care offered, bringing data centric innovation, modernising centres, and community linkages

Organisation	Location	Model	Focus areas
Karuna Trust - Comprehensive PHC innovation	Maharashtra	Public-Private Partnership	<ul style="list-style-type: none"> Integrating specialised care - vision, dental, community mental health, emergency medical services, management of communication disorders, mainstreaming traditional medicine enabling 24x7 services with the staff headquartered at PHCs
Biocon Foundation - eLAJ Smart Clinics	Rajasthan	Supporting govt run PHCs	<ul style="list-style-type: none"> Facilitate effective preventive and primary healthcare intervention Technology-enabled clinics allowing vital signs monitoring, multiple diagnostic tests and generation of electronic patient records. Focus on low healthcare access communities
Honeywell Hometown Solutions India Foundation (HHSIF) - a health-focused relief and development organization	Three districts across Maharashtra	Supporting govt run PHCs	<ul style="list-style-type: none"> Strengthen primary healthcare centers (PHC) in rural areas Provide modern equipment required to strengthen services at these PHCs
ARMMAN - a maternal health focused NGO	Maharashtra, Haryana	Public-Private Partnership	<ul style="list-style-type: none"> Developing maternal health service capabilities at PHCs and community health service providers Digitising and modernising the PHC and ASHA workers Enabling multi pronged support to the pregnant woman customised their individual needs

Organisations working in primary care are focusing on widening the basket of care offered, bringing data centric innovation, modernising centres, and community linkages

Organisation	Location	Model	Focus areas
Swasth Foundation	Maharashtra, Haryana	NGO	<ul style="list-style-type: none"> Setting up primary, preventive healthcare clinics in Mumbai Backward integration with pathology labs, warehouses etc.
Apollo Charitable Foundation	Maharashtra, Rajasthan	NGO	<ul style="list-style-type: none"> Focus on reproductive and child health, with emphasis on vaccination To provide, guide, educate and to create health awareness program and to make, develop, build, promote Health Care Centre for the underprivileged children and women
Swasti	Maharashtra, Rajasthan, Haryana	NGO	<ul style="list-style-type: none"> Addressing systemic bottlenecks through the Health Systems Strengthening (HSS) Program Improving efficiencies of functions including workforce, finance, governance; information, medical products, vaccines, technologies and service delivery
Tata Trust	Haryana, Maharashtra, Rajasthan	Trust	<ul style="list-style-type: none"> Strengthening the existing healthcare system Context-specific technical assistance to design health systems that meet public health goals



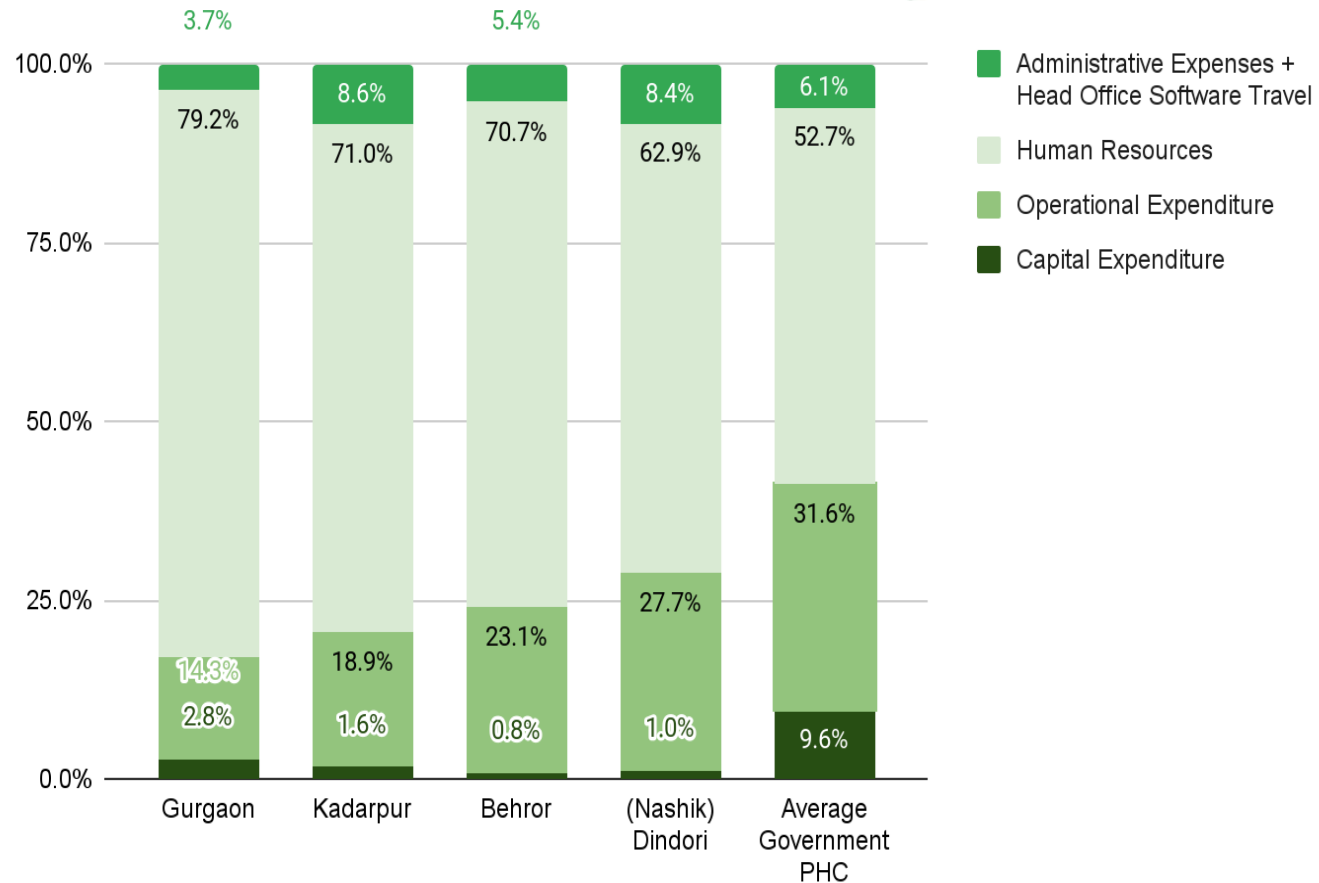
Efficiency Analysis

Limitations in Efficiency Analysis

The minimum data required to conduct efficiency analysis is as follows:

- 1. Location specific quarterly continuous budget, utilisation and patient numbers.** For any donor agency, quarterly budget utilisation report is part of minimum reporting requirement. Hence, a lack of the same is concerning. Furthermore, due to lack of financial data, an efficiency analysis for 2018 - 19, 2019 - 20 and 2020 - 21 could not be done. Financial data was maintained for two quarters (November 2020 - January 2021 and April 2021 to June 2021). A location specific efficiency model based on these two quarters has been detailed.
- 2. Understanding of the rationale behind budgeting to make comments on the allocation and utilisation.** However, documents and information on these finer details were not available. The following analysis section largely includes observations and the questions which PRI itself needs to address with the implementation partners.
- 3. Additionally, observations made are for select periods, and these periods also have anomalies caused due to COVID-19.** Hence it might not give the most accurate picture of efficiency of the program.

There is significant difference between the budget of a government PHC and the PRI dispensaries which needs to be rationalised as the starting point towards efficiency

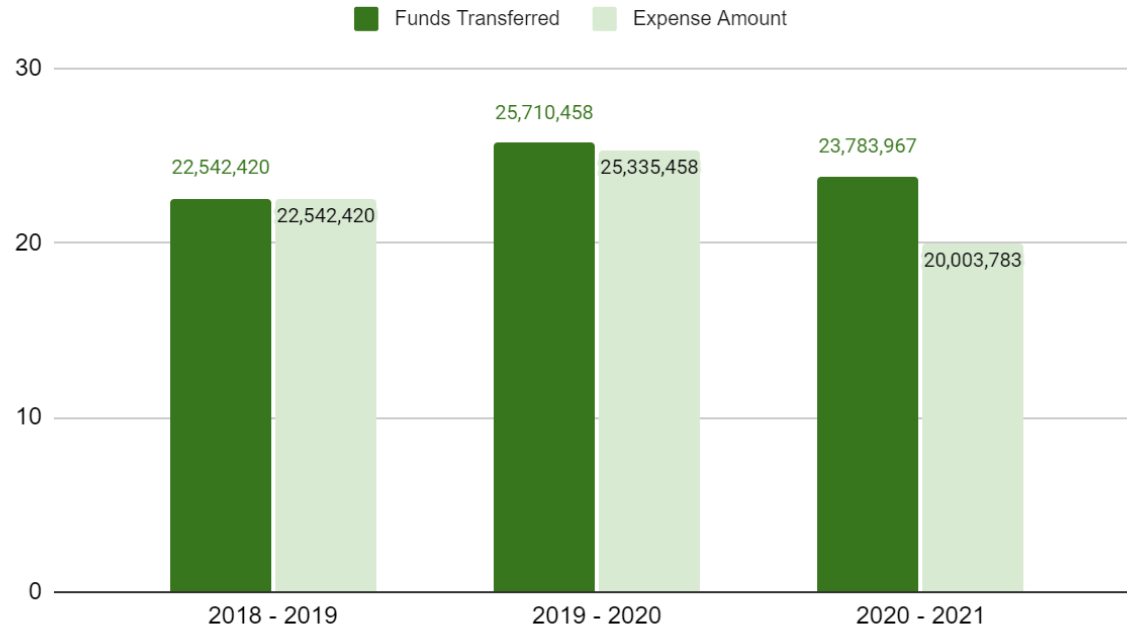


- While benchmarking the budget with the average actual spend for a government PHC*, allocation for **HR across 4 locations is higher by 10% to 27%**. The reason for this can be overqualified and highly paid doctors at the PRI dispensaries than required (as stated by Wockhardt team)
- **CAPEX is substantially low** as compared to government PHCs. Our assumption is that as the basic infrastructure is being provided by government or PRI.
- As compared to the **operational expenses** at government PHCs (drugs and consumables, lab investigations), **PRI dispensaries seems under-allocated for the same**. Even the two dispensaries Kadarpur and Dindori, with same number of patient targets, have very varied expense allocations- the Dindori PHC receives half the budget of what Kadarpur does.

*https://www.researchgate.net/figure/Cost-of-delivering-healthcare-services-in-seven-Community-Health-Centers-from-north-India_fig9_306285197

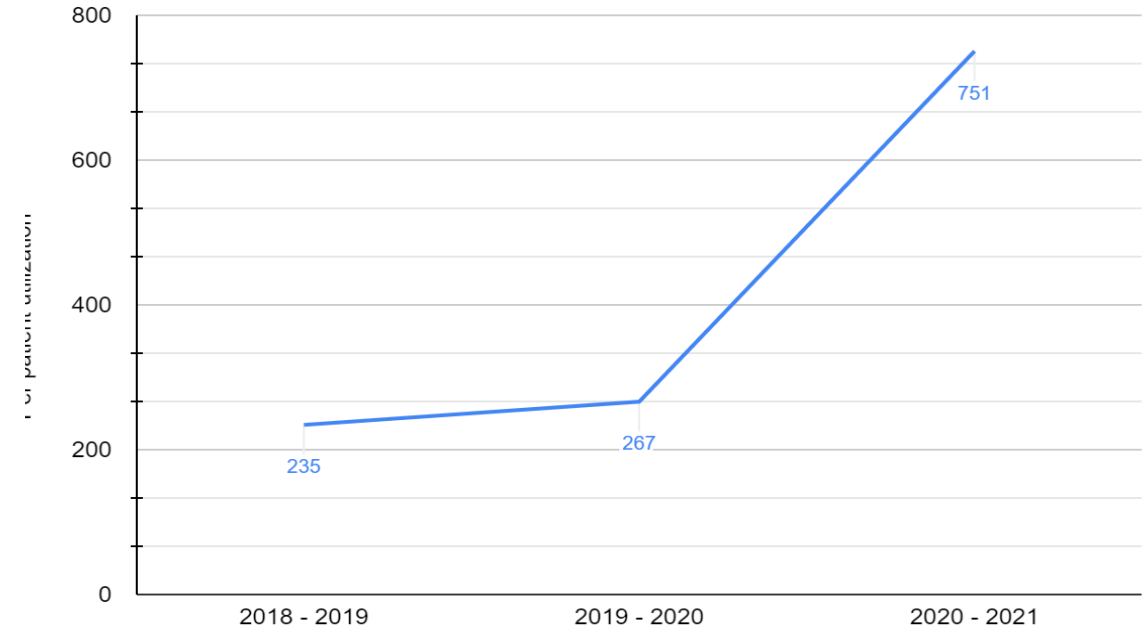
Per patient utilization for 2018 - 2019, 2019 - 2020 and 2020 - 2021

Funds transferred vs. expense amount for 2018-19, 2019 - 20 and 2020 - 21



Scale factor: 1,000,000

Per patient utilization for 2018 - 19, 2019 - 20 and 2020 - 21

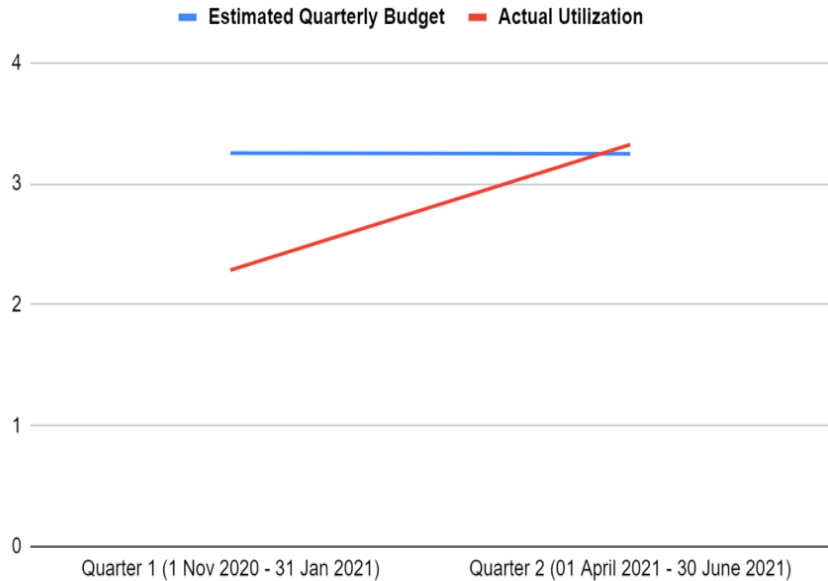


Note:

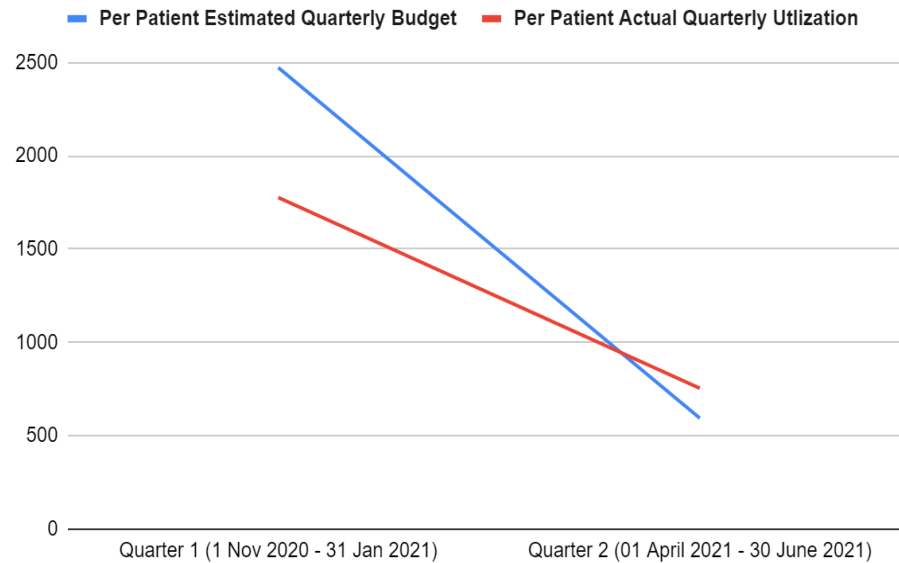
1. Due to Covid - 19, the dispensaries were closed from March 2020 till June 2020 and subsequently operations were conducted at a limited capacity.
2. In 2020 - 21, dispensaries were operating at a limited capacity, the patient footfall numbers were lower. As a result, the per patient utilization increased drastically.
3. Due to lack of financial data, an efficiency analysis for the three financial years could not be done. Financial data was maintained for two quarters (November 2020 - January 2021 and April 2021 to June 2021). A location specific efficiency model based on these two quarters has been detailed on the subsequent slides.

Observation: In Gurgaon, per patient utilisation is higher than allocated budget in both quarters; there is no utilization for outsourced pathology and biomedical waste (1/2)

Gurgaon-Quarterly Budgeted vs Utilised



Gurgaon- Quarterly per- patient Budgeted vs.Utilised



Actual utilisation of the allocated budget

Actual utilisation	Heads for which budget was allocated	
	November 2020-January 2021	April -June 2021
0% (No Utilisation)	Outsourced pathology, Logistics, Biomedical waste	Outsourced pathology, Water charges, Awareness, Biomedical waste
0-80% (Minimal Utilisation)	Tablet, Medicine, Awareness, Electricity charges, Maintenance, Fuel,	Logistics, Fuel
80%-110% (Optimum Utilisation)	Manpower, Administration, Water charges	Administration, Manpower, Electricity charges
>110% (Over Utilisation)	-	Medicine, Maintenance

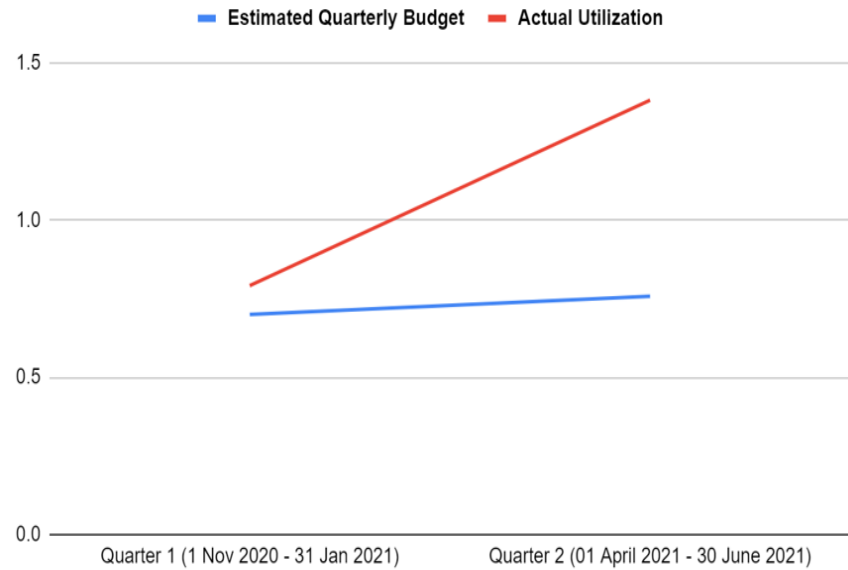
1. In Gurgaon, there is **zero utilisation of outsourced pathology**. The primary data indicates that the PRI Dispensary had partnerships with Mata Shitala Diagnostic (govt) and other organisations for scans, lab tests, etc. which were not being availed.
2. There is **zero utilisation of the money allocated for biomedical waste** for both quarters, which is concerning as the data indicates the services of an agency named Vulcan Waste to manage the biomedical wastes in the dispensary.
3. Utilization for **medicines also has a mismatch** between the two quarters. In the first quarter, the utilization is only 34%, (despite patients reporting a lack of medicines) whereas in the second quarter this drastically increases to 256%. According to PRI, this increase in utilisation may be justified by the instruction to Wockhardt to exhaust the budget.

Observation: In Gurgaon, per patient utilisation is higher than allocated budget in both quarters; there is no utilization for outsourced pathology and biomedical waste (2/2)

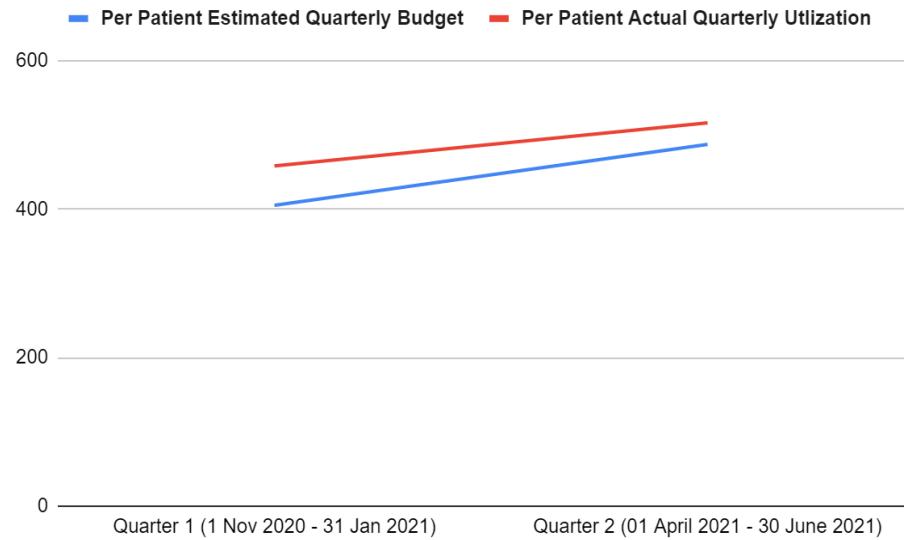
		Quarterly (01 Nov 2020 - 31 Jan 2021)			Quarterly (01 Apr 2021 - 30 Jun 2021)		
#	Particulars	Budgeted- Estimate (INR)	Actual Utilization (INR)	Utilization (%)	Budgeted - Given	Actual Utilization (INR)	Utilization (%)
1	Capital Expenditure	90,000	12,500	14%	0	0	NA
2	Operational Expenditure	4,65,000	94,480	20%	5,49,000	8,23,802	150%
3	Human Resources	25,77,900	20,58,738	80%	25,77,900	23,79,840	92%
4	Administrative Expenses	1,20,000	1,20,000	100%	1,20,000	1,20,000	100%
	Grand Total	32,52,900	22,85,718	70%	32,46,900	33,23,642	102%

Observation: In Kadarpur, per patient utilisation is higher than allocated budget in both quarters; there is minimal utilisation for budget allocated for awareness

Kadarpur - Quarterly Budgeted vs Utilized



Kadarpur- Quarterly per- patient Budgeted vs.Utilised



Actual utilisation of the allocated budget

Actual utilisation	Heads for which budget was allocated	
	November 2020-January 2021	April -June 2021
0% (No Utilisation)	MMU Statutory Dues	-
0-80% (Minimal Utilisation)	Awareness, Electricity charges, Fuel, Maintenance	Awareness, Electricity, Water charges, Maintenance
80%-110% (Optimum Utilisation)	Medicine, Water charges, Administration	Administration
>110% (Over Utilisation)	Tablet, Manpower	Medicine, Fuel, Manpower

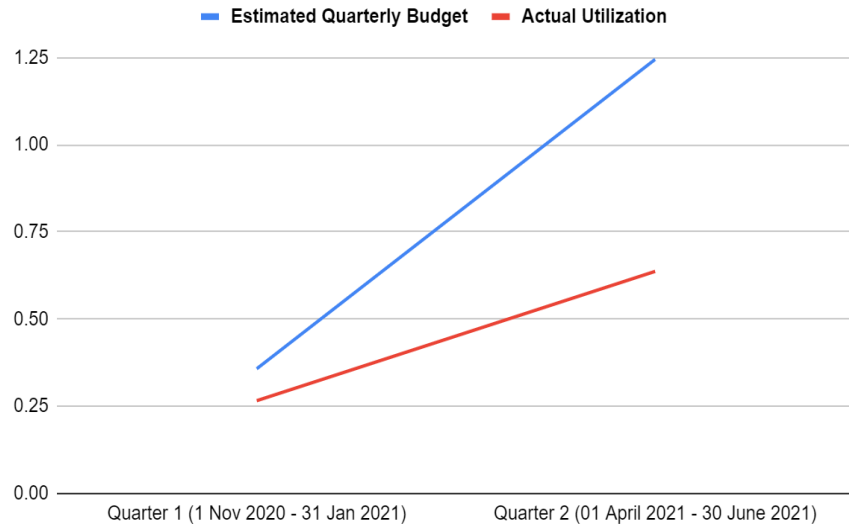
1. The budget for **manpower is over utilised by 120-170% in both quarters**. This can be substantiated with Wockhardt's team concerns of program engaging highly salaried doctors at the dispensaries
2. The budget for **awareness is utilised only 17% and 1%** in the first and second quarters respectively. No dedicated awareness activities were conducted, apart from doctors discussing about certain issues with the patients at the dispensaries.

Observation: In Kadarapur, there is no utilization for MMU Statutory Dues in the first quarter

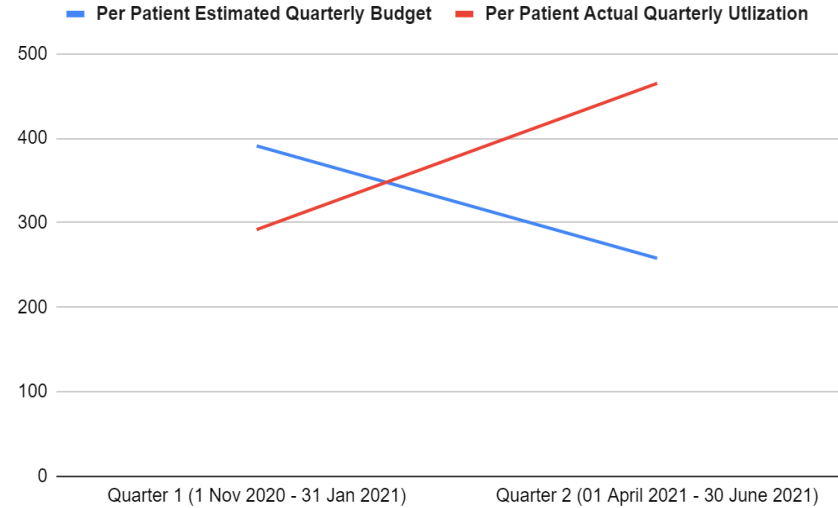
		Quarterly (01 Nov 2020 - 31 Jan 2021)			Quarterly (01 Apr 2021 - 30 Jun 2021)		
#	Particulars	Budgeted- Estimate (INR)	Actual Utilization (INR)	Utilization (%)	Budgeted - Given	Actual Utilization (INR)	Utilization (%)
1	Capital Expenditure	11,250	12,500	111%	0	0	NA
2	Operational Expenditure	1,32,000	1,13,793	86%	2,01,000	4,77,539	238%
3	Human Resources	4,96,500	6,05,151	122%	4,96,500	8,43,306	170%
4	Administrative Expenses	60,000	60,000	100%	60,000	60,000	100%
	Grand Total	6,99,750	7,91,444	113%	7,57,500	13,80,845	182%

Observation: In Dindori, per patient utilisation is less than allocated budget in first quarter and more in the second; there is no utilization for electricity and water charges

Dindori - Quarterly Budgeted vs Utilized



Dindori- Quarterly per- patient Budgeted vs.Utilised



Actual utilisation of the allocated budget

Actual utilisation	Heads for which budget was allocated	
	November 2020- January 2021	April -June 2021
0% (No Utilisation)	Tablet, Electricity charges, Water charges,	Electricity charges, water charges
0-80% (Minimal Utilisation)	Manpower	Manpower
80%-110% (Optimum Utilisation)	Medicine, Administration	Administration
>110% (Over Utilisation)	-	Medicine

Note:

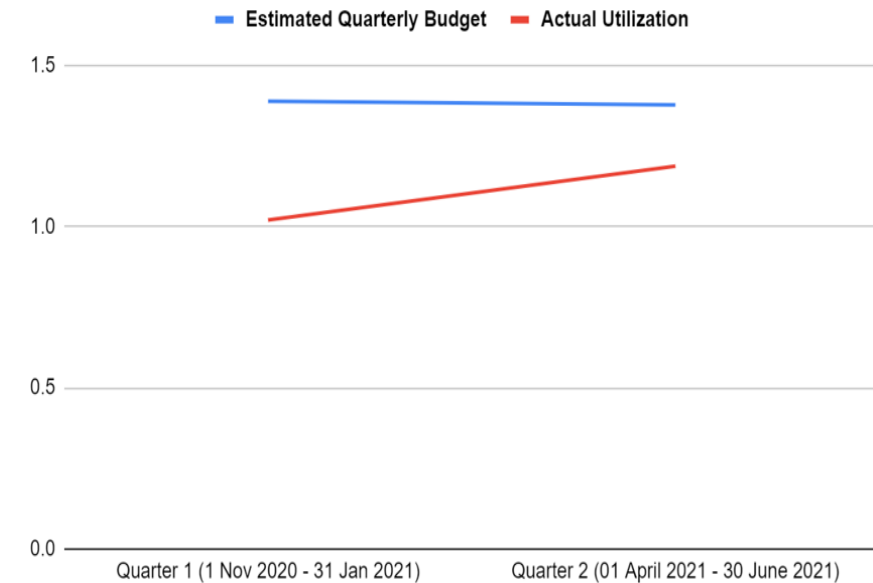
1. In Dindori, there is **0% utilisation for electricity and water charges in both quarters**, the reason of which is unclear as the dispensary was operational till December 2021, and reported regular visits from patients
2. There is huge over-utilisation for medicines in the second quarter. The surge in Covid leading to the distribution of basic medicines and PRI's instruction to exhaust the budget are cited as the reasons for this.

Observation: In Dindori, there is no utilization for electricity and water charges

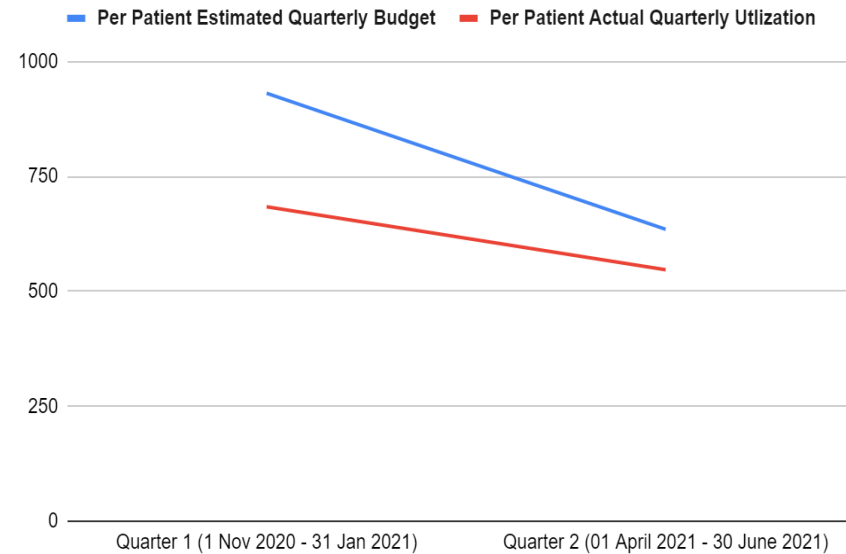
		Quarterly (01 Nov 2020 - 31 Jan 2021)			Quarterly (01 Apr 2021 - 30 Jun 2021)		
#	Particulars	Budgeted- Estimate (INR)	Actual Utilization (INR)	Utilization (%)	Budgeted - Given	Actual Utilization (INR)	Utilization (%)
1	Capital Expenditure	3,750	95,000	2533%	9,90,000	4,64,200	47%
2	Operational Expenditure	99,000	1,41,213	143%	5,49,000	8,23,802	63%
3	Human Resources	2,25,900	30,000	13%	25,77,900	23,79,840	100%
4	Administrative Expenses	30,000	2,66,213	887%	1,20,000	1,20,000	180%
	Grand Total	3,57,750	5,32,426	149%	32,46,900	33,23,642	80%

Observation: In Behror, per patient utilisation is lower than allocated budget in both quarters

Behror - Quarterly Budgeted vs Utilized



Behror- Quarterly per- patient Budgeted vs.Utilised



Actual utilisation of the allocated budget

Actual utilisation	Heads for which budget was allocated	
	November 2020-January 2021	April -June 2021
0% (No Utilisation)	Tablet, MMU Statutory Dues, Awareness, Electricity charges, Water charges, Logistics, Maintenance, Fuel, Biomedical waste	Awareness, Water, Logistics, Fuel, Biomedical waste
0-80% (Minimal Utilisation)	Medicine, Manpower	Electricity charges, Maintenance, Manpower
80%-110% (Optimum Utilisation)	Administration	Administration
>110% (Over Utilisation)	-	Medicine

1. In Behror, there is **0% utilisation for all operational items** including electricity, water and biomedical wastes in the first quarter, however the second quarter sees a 21% utilisation for electricity and 66% for maintenance.
2. There is almost a **4 times increase in utilisation for medicines** from about 67% in quarter one to over 200% in Q2. Similar to the other locations, the surge in Covid along with the instruction to exhaust budget are the reasons for this.

Observation: In Behror, there is no utilization for water charges, logistics and biomedical waste

		Quarterly (01 Nov 2020 - 31 Jan 2021)			Quarterly (01 Apr 2021 - 30 Jun 2021)		
#	Particulars	Budgeted- Estimate (INR)	Actual Utilization (INR)	Utilization (%)	Budgeted - Given	Actual Utilization (INR)	Utilization (%)
1	Capital Expenditure	11,250	0	0%	0	0	NA
2	Operational Expenditure	3,21,000	1,30,000	40%	3,21,000	4,85,182	151%
3	Human Resources	9,91,000	8,15,059	83%	9,81,000	6,26,792	64%
4	Administrative Expenses	75,000	75,000	100%	75,000	75,000	100%
	Grand Total	13,88,250	10,20,059	73%	13,77,000	11,86,972	86%

Recommendations

At present, financial data provided to Sattva for the efficiency analysis itself is very limited. Based on discussions with the PRI and Wockhardt team, we understand that there are gaps in financial data management and recording. The following are recommendations to institutionalise budgeting systems and processes:



Program plan needs to have a close alignment with the financial plan. This can be undertaken by having quarterly checks on expenditure to monitor costs and cost control.



Financial plan should have objectives for allocation of budget and have clear rationalisation for the line items. Evaluation of location specific needs and average footfalls per clinic can be used as a starting point to prioritise requirements and budget allocations.



Use standard benchmarks to understand the efficiency in comparison with existing structures so that there is an external ecosystem context (similar programs, existing PHCs). This can help in minimising the over allocation and under allocation of funds while bolstering efficiency.



Key Recommendations

PRI should continue the program by re-looking at the community needs and shape strategies to mitigate operational inefficiencies

1

Re-evaluate the needs and adopt focused, need-based approach to improve efficiency and resource allocation

Bring in more components of community orientation in understanding the local needs and aligning the offerings at the PHCs in accordance to that. This can be done by rigorous evaluation of operational data and periodic needs assessment (3-5 years, as per the program visibility, nature of community and the shifts in the healthcare ecosystem).

2

Identify and prioritise preventive healthcare approaches

Continuous evaluation of patient data, recommended above will also help in identifying disease patterns which then should be used to identify and prioritize localised preventive health care. This will give PHC level priorities for disease prevention.

3

Build community awareness to adopt preventive practices

Based on PHC wise priorities and the community dynamics, strategies around awareness building and behavioural change at community level should be developed. A mix of digital, community health infrastructures such as ASHA and Anganwadi workers may be deployed for dissemination.

4

Expand community reach through mobile medical units

Improve accessibility through mobile medical units to reach areas that are beyond 5km from the clinic. Using data in terms of availability of community, and specific needs to plan the mobile unit visits will help optimise its route and resource utilisation.

To raise its profile in the healthcare space and to strengthen the program by leveraging ecosystem level levers

Ecosystem level Recommendations

Expanding reach through community linkages

There are public health resources available at the community level like ASHA workers, anganwadi workers who have a rapport with the local community. Given that most of these locations have access issues, these infrastructures can be integrated with the programs to ensure better reach of care.

Shift to preventive approach through digitisation

For preventive approach in healthcare, patient data and history is critical as common lifestyle patterns and early symptoms that lead to NCDs often go unnoticed due to the lack of these data points. While Wockhardt has brought in some level of digitisation, for a long term preventive strategy more robust and advanced management of patient's medical history, behaviour, and interaction with local healthcare professionals is needed and should be pursued.

Build and leverage partnerships for continuum of care

Due to the limitations of PHCs, in terms of resources, scale and scope, it has to rely on a network of public and private healthcare resources to fully meet the local healthcare needs. This means both at the institution level and at the geography level, there needs to be partnerships identified and built to provide full breadth of healthcare services needed by the community.

While relooking at program, serious thoughts can be given on the sustainability of the program from the following lenses

Sustainability Components

Observations

Recommendations

Exit Strategy

There is no exit strategy in the program design at present

As the donor agency, the extent to which PRI will support any PHC needs to be defined (expert support may be sought to define this) and creating community ownership or operational sustainability will be important

Ground level institutional resources

No linkages with ground level institutional resources have been explored.

Strategies to leverage resources such as ASHA workers, Anganwadis etc. should be developed. This can aid the process of spreading awareness and following up with patients.

Convergence with government

At the initiation, PHCs began functioning in collaboration with the government. Over time, the relationship has changed.

One of the options to exit is to hand over the operations to government after a mutually decided success point. To do so, deeper relationships need to be built with governments especially health departments in the relevant geographies.

Behavioural change in community

There is a positive behavioural change among the community

More local, need-based approach may be taken to increase the effectiveness and impact created among the community

THANK YOU