merrygold
HEALTH NETWORK

FACILITY ASSESSMENT REPORT

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Pahal
Partnerships for Affordable Healthcare Access and Longevity

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Contents

Acronyms

ANC	Antenatal Care
ASHA	Accredited Social Health Activist
BoP	Base of Pyramid
FP	Family Planning
GNM	General Nursing and Midwifery
HLFPPT	Hindustan Latex Family Planning Promotion Trust
HMIS	Health Management Information System
IBM	Inclusive Business Models
IUCD	Intra-Uterine Contraceptive Device
JSY	Janani Suraksha Yojana
MCH	Maternal and Child Health
MGHN	Merrygold Health Network
MT	Merry Tarang
MoHFW	Ministry of Health and Family Welfare
NICU	Neonatal Intensive Care Unit
ORW	Out Reach Workers
PAHAL	Partnerships for Affordable Healthcare Access and Longevity
PCPNDT	Pre-conception and Pre-Natal Diagnostic Techniques
PMKVY	Pradhan Mantri Kaushal Vikas Yojana
PPFP	Postpartum Family Planning
RTI	Reproductive Tract Infection
STI	Sexually Transmitted Infections
USAID	United States Agency for International Development

Executive Summary

Designed and managed by IPE Global, in technical and financial partnership with The United States Agency for International Development (USAID), Project PAHAL – Partnerships for Affordable Healthcare Access and Longevity is a Market Systems Innovation Initiative, which aims to increase access to and utilization of high quality primary healthcare[1] with a special focus on Maternal, Neonatal, Child Health, Family Planning services and improved health seeking behavior. PAHAL, responds to global and national priorities of reducing morbidity and mortality among women and children in the underserved urban communities by leveraging private markets and community engagement.

To achieve the above objective of improving maternal and child health outcomes, PAHAL program has partnered with Hindustan Latex Family Planning Promotion Trust (HLFPPT). HLFPPT is a not-for-profit organization, promoted by HLL Lifecare Ltd., a Government of India enterprise under MoHFW, established in 1992. A pioneer in promoting Public Health through Social Marketing & Social Franchising strategies, the Merrygold Health Network (MGHN) is a social franchising program by HLFPPT. MGHN is India's largest social franchising model with an aggregated network of 700 private hospitals providing affordable care to over one crore population across seven states. The network offers quality affordable maternal care, childcare, family planning services.

Social franchising model works on the concept of aggregating fragmented network of private sector facilities working in the field of improving maternal and child health issues for urban poor and giving them support in the form of demand generation, community outreach, marketing and brand identity creation. The ultimate aim of MGHN program is to provide access to affordable and quality healthcare and create awareness of maternal health services at private facilities. As part of the MGHN model, franchisee (hospital) pays an annual franchising fee to the franchisor (HLFPPT) and offers services linked to standards and protocols. PAHAL has partnered with HLFPPT and provides MGHN with strategic advisory, technical assistance and capital growth services to scale up and significantly improve current operations. Key technical interventions include redesigning and testing of sustainable models of community engagement, developing brand equity for MGHN network to increase linkages between the health facilities and communities and technology advisory for program data monitoring.

To contextualize the above technical and strategic assistance, PAHAL undertook a Facility Assessment Survey covering 53 MGHN facilities in 24 districts of Rajasthan to gather in-depth information on variety of aspects of the network in Rajasthan. The assessment has aggregated comprehensive market intelligence on key operational, service details and credit profile of facilities. It has also helped garner extensive data to understand the existing business model of franchisee hospitals, current community engagement activities, the infrastructure and technology need gaps, insurance penetration and franchisee experience of the MGHN network model.

This report outlines key findings of the survey, categorized into quantitative analysis and qualitative aspects of facility and community. The findings will be used to plan and create need-based solutions, on training and skilling programs, access to affordable equipment and develop a sustainable healthcare delivery model in the coming months.

The aim of MGHN program is to provide access to affordable and quality healthcare and create awareness of maternal health services at private facilities

1 Primary Healthcare: Promotive preventive, management of common ailments and referrals. Project Focus will include IBMs categorized in primary and/or secondary and with linkages with tertiary level healthcare facilities to ensure a client-centric continuum of healthcare.

Facility Assessment Survey Results

43
out of total 53 facilities, have a catchment population of more than 75,000. The largest range of the population is from 75,000-100,000, and 21 facilities cater to it.

86%
of the facility buildings are owned the doctors themselves. They manage most of clinical and administrative work at the facilities.

40%
40% of hospitals have been part of the MGHN network for over a year, majority of MGHN facilities offer Maternal Care and Family Planning services.

36%
of the facilities have a bed capacity in the range of 16-30 and on an average 10 beds are reserved for maternity patients.

58%
facilities reported to have an ambulance or any other transport service available. All the facilities had operation theatres (OT) and it was noted that 40% had more than one OT.

19%
of the surveyed facilities had the availability of equipment such as bilirubin meter, defibrillator and 14% reported having an incubator.

Level of neonatal care is limited to Level I, and advanced infant care solutions (Level II) like NICU is not available with majority of the facilities, signifying a critical gap in higher care.

58%
of the facilities does not have Ultrasound machines due to the regulatory compliances required as per the PCPNDT Act.

39%
the the percentage of C Section procedures across MGHN network, which is quite close to Rajasthan state average of 23%.

72%
the average revenue reported by the facilities, was approximately ₹1.5 Crore, of which 53% was reportedly from MCH and FP services.

Low penetration of technology (HMIS, data management at facility level) with majority of the documentation still done manually.

A high need for training and skilling of nursing and paramedical staff.

Lack of proper data management and analytics, with no reporting and feedback system to MGHN.

Compliance to some of the critical components of pricing is inadequately adhered to.

10
facilities were linked to JSY, where as most of the facilities are linked with government run health insurance schemes like Bhamashah Yojana.

High need for marketing activity to increase visibility; repositioning and strengthening brand identity of MGHN as a low cost, quality healthcare service provider

43%
of the facilities reported a willingness of the community towards enrolling for any healthcare insurance product, which will reduce the out of pocket expenditure of the patients. This highlights a huge opportunity for a demand driven insurance product.

High need to standardize the fee package of service offerings across all facilities.

Need for community mobilization to avail MCH services in private facilities.

The final output of the assessment survey report is expected to provide detailed insights for planning and implementation of PAHAL program activities as well as mapping the healthcare delivery system at franchisee level (Profiling of franchisee in terms of business model, services, infrastructure etc.)

The PAHAL Project

The urban poor or the Base of Pyramid (BOP) population spending less than $8 per day, are chronically underserved when it comes to basic necessities, especially healthcare. Despite challenges of access, the BOP population represents a significant unfulfilled demand. While there has been growing policy and project focus on addressing the health needs of the urban poor through the public health systems, there are gaps and challenges in the service delivery, which makes this group vulnerable and dependent on the private sector which exceeds public health spending but is also highly fragmented. The private sector provides more than 75% of healthcare services to this segment and it is largely financed through out-of-pocket payments.

This has led to the growth of private-sector led Inclusive Business Models (IBMs) and growing recognition that poor are "clients" rather than just "beneficiaries" creating a potential market for affordable and quality healthcare. Several IBMs today exist in healthcare delivery, outreach and medical technologies with significant potential to improve the landscape and health outcomes for the poor. There is improving level of support for IBMs from government, donors and the private sector (impact investors, angel investors, PE funding, etc.). However, while the environment is improving for IBMs, they still face a number of challenges especially when it comes to those focusing on urban primary health care because of the nature of services and type of cliental.

Towards the same, **USAID** and **IPE Global**, have partnered to leverage financial and technical resources via project **PAHAL – Partnerships for Affordable Healthcare Access and Longevity**.

Reach 10 Million Urban Poor in India

By 2020 Pahal will

Reduce Out-of-Pocket (OOP) expenditure by 30%

PAHAL aims to catalyze the private sector in developing quality and affordable healthcare solutions for the urban poor. **PAHAL** is a collaborative platform which seeks to connect, capacitate and catalyze innovative Inclusive Business Models (IBM) focused on improving health outcomes and with a potential to scale.

PAHAL, was created with a vision to build an inclusive and self-sustainable health ecosystem that will strengthen private healthcare networks to expand and scale-up their services and coverage for the urban poor.

The project identifies that the private sector, with its strong entrepreneurial culture, exemplary skill sets and access to capital, has the potential to solve some of the biggest healthcare challenges faced by the urban poor with a special focus on maternal, neonatal, child health, family planning & TB services for underserved urban communities.

The **Program Goal** is to reduce preventable morbidity and mortality among women and children in urban areas through improved access to affordable, quality RMNCH+A services and better health seeking behavior.

The intended PROJECT outcomes are:

- Increased access to affordable & quality health care ensured for 10 million urban poor
- Out-of-Pocket (OOP) Expenditure for urban poor for health care reduced by 30%

PROJECT STRATEGIC FRAMEWORK

PAHAL follows an ecosystem approach leveraging partnerships & innovations to promote inclusive and sustainable healthcare solutions. The strategic focus of the Project will hinge on providing **technical and financial advisory** to Inclusive Business Models catering to the urban poor, which will in turn help to improve access to quality affordable healthcare solutions.

In its first year, the Program established partnerships with a key healthcare provider Merrygold Health Network aligned with the goal of improving access to affordable primary care for India's underserved.

Merrygold Health Network is India's largest social franchising model of Hindustan Latex Family Planning Promotion Trust with scale up potential to reach over 20,000,000 and scale up to 1,000 network hospitals and 700 MGHN facilities. The network offers quality affordable maternal care, childcare, family planning services.

Introduction

The GOI launched the National Urban Health Mission (NUHM) to reach an estimated 22.5 million urban poor spread out in over 1000 cities. The National Health Policy was also launched in 2017 (NHP, 2017) with the aim of achieving universal health coverage and delivering quality healthcare services to all at affordable costs. The policy looks at problems and solutions holistically with private sector as a strategic partner. The private sector, with its strong presence in urban areas, has the potential to plug in service gaps for the urban population including under-served urban poor. In a short span of time, PAHAL has partnered with private healthcare sector providers or Inclusive Business Models[2] (IBMs), which have the potential to scale-up and serve a large urban poor community. One such partner is HLFPPT, and PAHAL, has entered into a partnership to provide technical, strategy and financial advisory and assistance towards strengthening the Merrygold Health Network (MGHN).

The MGHN brand was initially developed to align with the parent company's mission of "Offering Innovative, Affordable and Sustainable Reproductive Health Solutions". Over a period of time the network had undergone a tremendous change including not only maternal health services but also many family planning solutions. In order to determine the current situation of the MGHN network facilities and to gain deeper insights of the functioning of the MGHN network, a Facility Assessment Survey was recently conducted across 53 urban facilities, located in urban and peri-urban areas of Rajasthan.

A facility assessment is a useful first step for understanding the current facility profile, physical infrastructure, the services it provides, equipment deployed, quality of provider-client interaction and the need gaps which need to be addressed. This information will help the PAHAL project plan, prioritize and evaluate the impact of intervention and advisory activities. A qualitative community assessment was also done using a detailed questionnaire and also with the team conducting face-to-face interviews of a clients and Merry Tarang workers to gain insights on the community health seeking behavior and the experience of using facilities under the MGHN network. MGHN facility owners were also interviewed to assess their experience and challenges with the MGHN network.

2 IBM: An enterprise that by design helps expand access to goods, services and livelihood opportunities to those at the base of the pyramid (BoP) in a commercially viable, scalable way

OBJECTIVE OF CONDUCTING THE FACILITY ASSESSMENT

Overall objective of the survey was to aggregate detailed information and develop a comprehensive understanding and market intelligence for planning on all programmatic goals with respect to MGHN in Rajasthan.

The specific objectives of the survey are:

- To evaluate the range of services offered especially for mothers and newborns.
- To assess the availability of infrastructure, technology and resources for optimal functioning of the MGHN facilities and identify the need gaps.
- To understand staff qualifications, health financing products, community linkages, prescribed quality and cost of services.
- To understand community health seeking behaviour and challenges faced in accessing healthcare and developing the community engagement model
- To recognize/identify gaps in the processes and quality of healthcare services provided at MGHN facilities.

ASSESSMENT METHODOLOGY

Facility assessment survey was done by collecting primary data- both quantitative and qualitative, through an online data capturing tool (ODK) which was developed in-house and configured on the smartphones of field representatives of HLFPPT. The data was captured in the form of excel sheets, used to fast track the process of recording, minimizing errors and analyzing the data.

Key components covered in the facility assessment survey are:

- Geographical coverage of the hospital
- Need-gaps in infrastructure and health services
- Technology and medical equipment
- Human resource and training needs
- Health financing schemes
- Franchisee expectations and assessment

KEY ASSUMPTIONS

- Feedback from the community is based on the qualitative survey conducted with limited number of people (total sample is 28 including 9 clients (2 male and 7 females) and 18 MT workers, all female) and their health seeking behavior may not be applicable to the entire catchment population.
- Clients interviewed in the survey are a mix of people who have availed some services from MGHN franchisees and it also includes those who have never visited any of the MGHN network hospitals.
- Data collected from the facility is based on the inputs provided by the franchisee and the team's physical observation of the facility (e.g. name and brand of medical equipment).

MGHN facility owners were also interviewed to assess their experience and challenges with the MGHN network

Facility Assessment Findings

The delivery of health services requires a wide range of resources and continuous support from a number of sub-systems to facilitate the health care delivery process. Discussion in this section includes assessment of data collected from 53 urban MGHN facilities on key areas affecting health care delivery services in the MGHN network.

FACILITY PROFILE

MGHN Rajasthan is a two year old network of hospitals offering maternal and child health services targeting urban and peri-urban areas. Out of the total of 53 facilities, at least 43 facilities have a catchment population of more than 75,000. The largest range of the population is from 75,000-100,000, and 21 facilities cater to it.

Figure 1: Facility Catchment Population

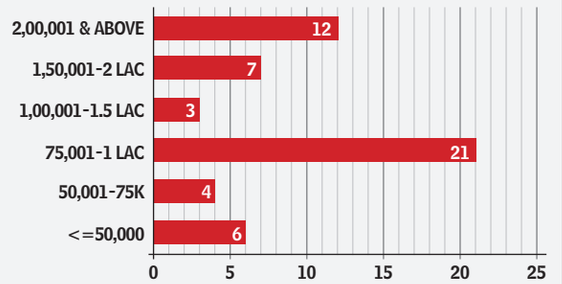
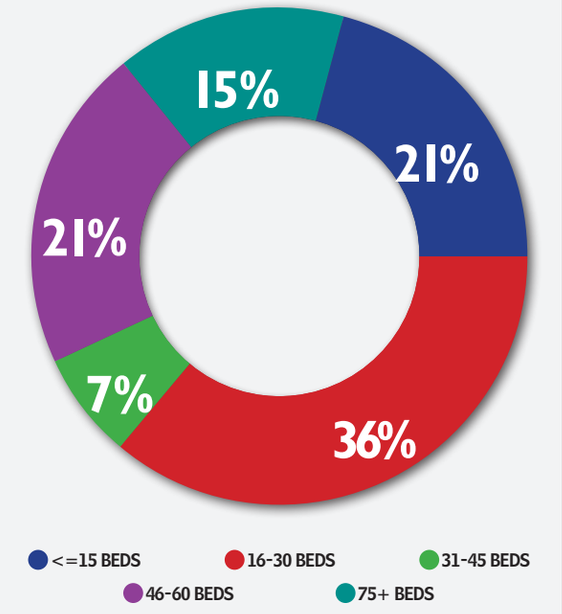


Figure 2: Bed Capacity Percentage



Most of the facilities were established by doctors residing in their respective local areas, having strong ties and popularity in the surrounding community. 86% of the facility buildings are owned the doctors themselves. They manage most of clinical and administrative work at the facilities. The age of the oldest hospital is 32 years while the average age of hospital in the MGHN network is 12 years. Almost 40% of hospitals have been part of the MGHN network for over a year. The length of association of franchisee hospital with MGHN network highlights the potential of the network in mobilizing the community to utilize private sector services for MCH.

INFRASTRUCTURE AND HEALTHCARE SERVICES

MGHN facilities reported an overall good coverage on the infrastructure parameters. Majority of franchisee have reliable backup electricity, satisfactory premises cleanliness, clean drinking water and separate toilets for male and females. However key findings regarding availability and use of facility ambulance service revealed that only 58% of the facilities reported to have an ambulance or transport service available for the patients. All the facilities had operation theatres available and it was noted that 40% of facilities had more than one operation theatre.

Infrastructure available at the facility in terms of bed capacity and utilization varies greatly from one region to the other. In order to understand the capacity utilization at the MGHN facilities, they were grouped in categories based on overall number of beds available. It was noted that a majority of

the facilities, about 36% under the scope of this assessment, have a bed capacity in the range of 16-30 beds followed by 21% of facilities having a bed capacity less than 15 beds. On an average 10 beds are reserved for maternity patients.

Majority of the facilities were found to have an average of 50% bed occupancy rate which clearly highlights a need and scope for improving the unutilized capacities of MGHN facilities. What is also evident from the graph given is that the facilities with more number of beds were found to have a higher occupancy rate. 11 facilities having a bed capacity of 45-60 beds had an occupancy rate of 61%.This can be attributed to any of the following reasons:

- Wider range of services offered
- Longer years of establishment/existence in the market
- Availability of specialized doctors
- Accreditation with government schemes like JSY[3]

Majority of the facilities offer Maternal and Child Health and Family Planning services. Major MCH and FP services include Antenatal and Postnatal services, Normal delivery, C-Section, Hysterectomy, and Sterilization. 49% facilities reported to provide pediatric consultation and neo natal care was being provided at 45% of the facilities.

There are certain additional specialties being offered by MGHN facilities, which includes – Dental, Orthopedics, ENT, and Cardiology as illustrated below.

Figure 3: Bed Capacity vs. Occupancy

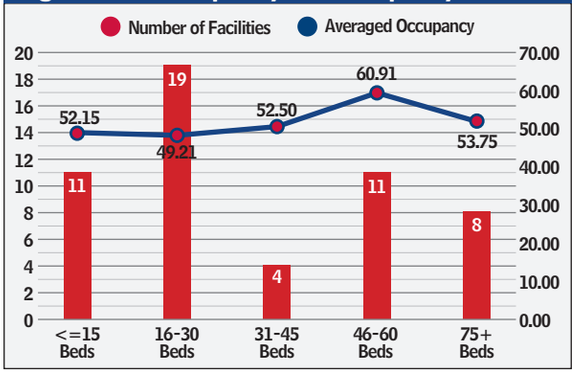
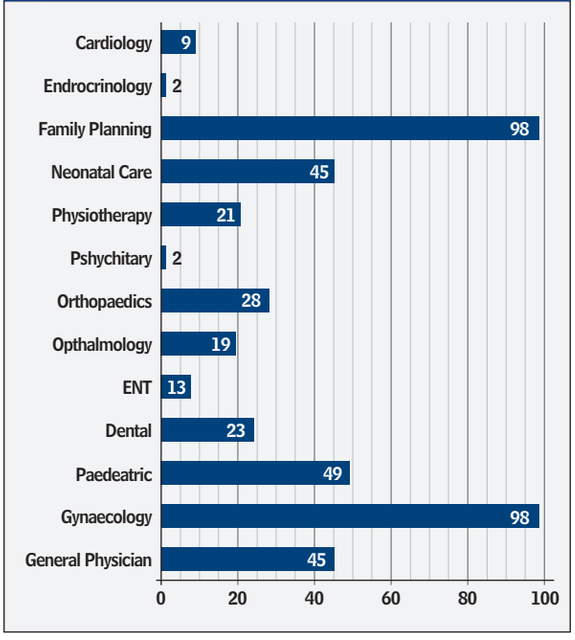


Figure 4: OPD Services at MGHN Facilities



MEDICAL TECHNOLOGY

For the purpose of the assessment, equipment and devices for MCH were covered and the term medical technology as referred to in the below given section can be broadly divided into two:

- Medical devices & equipment
- Hospital Information management systems.

Medical Devices & Equipment

Since most of the franchisees are offering MCH services, they have the necessary essential equipment and medical devices required for delivering maternal care. 97% of facilities provided basic neonatal resuscitation services and 86% of

3 JSY is a government scheme to promote Institutional deliveries. Under this, the beneficiary will get financial incentives (₹1,500-₹2,500) in government facilities and accredited private facilities. The government has provided JSY accreditation to private hospitals in around 22 districts so far and empanelment is not provided to facilities at District Headquarters. Based on the information from MGHN franchisees, private hospitals can charge ₹500 for Normal and ₹1,500 for C Section deliveries.

Table 1: MCH Equipments	
EQUIPMENT NAME	**AVAILABILITY**
Anaesthesia/Boyle's Machine	84.91%
Infant Warmer	84.91%
Patient Monitor	77.36%
Infant Resuscitation Device	75.36%
X-Ray – Fixed	62.26%
Ultrasound Device – Color Doppler	49.06%
CTG Machine (Fetal monitor)	43.40%
Ultrasound Device – Normal	43.40%
LED Phototherapy Equipment	41.51%
Hysteroscope	28.30%
Cystoscope	26.42%
Infusion Pump	26.42%
Ventilator	26.42%
Bilirubin Meter	18.87%
Defibrillator	18.87%
Incubator	18.87%
X-Ray – Portable	18.87%
Anaesthesia	7.55%
CT Scanner	7.55%
Infant T-piece Resuscitator	7.55%
Deep Freezer	5.66%
Mammography	1.89%

Table 2: Other Equipments	
EQUIPMENT NAME	**AVAILABILITY**
Blood Pressure Machine	96.23
Glucometers	81.13
Autoclave	75.47
ECG Machine (Paediatric & Adult unit)	69.81
Cell counter	67.92
Microscope	60.38
Bio-analyzer	52.83
Urine Analyzer	24.53
Optometer	9.43
ECG Machine	5.66
ABG Machine	1.89

facilities reported to have an Infant warmer. However, the assessment highlighted the limited infrastructure of these facilities for providing any advanced infant care solutions like NICU, as it is not available in majority of the facilities. Only 19% of the surveyed facilities had the availability of equipment such as bilirubin meter, defibrillator and about 14% reported having an incubator.

Some key highlights from the medical equipment analysis are as follows:

- There is a huge gap, especially related to mother and child healthcare devices.
- Less than 50% of facilities reported to have any kind of ultra sound device.
- The level of care for neonatal is largely limited to basic and Level I.
- While 85% facilities reported to have infant warmers, only 9% of the hospitals had the complete Level II Neonatal Intensive Care Unit (NICU) which includes Infant warmer, LED phototherapy equipment, Incubator, Ventilator and monitor.

One of the main reason associated with non-availability of NICU is the perceived risk of probability of neonatal mortality at facility, patient's affordability and lack of trained staff in the local region to handle high end solutions like NICU.

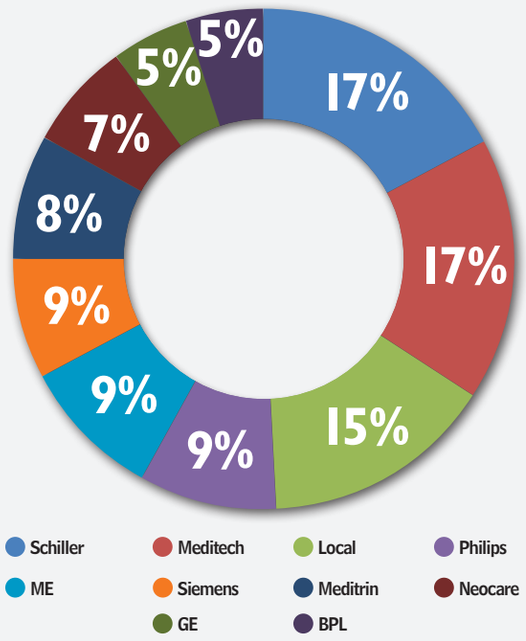
Additionally, it has been observed that Ultrasound machine is not available in 28% of the facilities. This can be attributed to the regulatory compliances and cumbersome paper work required as per the PCPNDT[4] Act. The following table lists the percentage availability of various MCH and other equipment at the MGHN facilities.

In terms of medical device manufacturer penetration, most facilities own devices which are mix of domestic and international brands. Amongst international brands, GE has the maximum share of 17% followed by Siemens and Philips (8%). BPL was found to be leading the domestic manufacturer's market share, with 17% followed by Neocare, Meditrin, ME dominating the market share. Some key brands in healthcare equipment space found at the various facilities are given.

Hospital Information Management Systems

All facilities were found to have a personal computer with an internet connection, with at least 89% having Wi-Fi connectivity. Atleast 58% of the facilities claimed to be using a Health Management Information System (HMIS) software with the most popular one being Global HM. However, these are not true form of HMIS solutions, but local MIS software developed for capturing basic patient information without any linkages and flow of patient information between various departments. Survey reveals that the MIS is not fully computerized, thus the level of digitization of patient records and reports is very minimal and only those patient records are entered in the system, which are required for reporting purpose either by franchisor (HLFPPT) or government authorities (like Ultrasound scan report as per PCPNDT compliance).

Figure 5:Top 10 MCH Equipment Manufacturing Brands



UTILIZATION & PRICING

Facility utilization was assessed for IPD and OPD patients visiting the facility since majority of MGHN facilities offer Maternal Care and Family Planning services. Percentage of C Section procedures across MGHN network was found to be 28%, which is quite close to Rajasthan state average of 23%

Some of the key service utilization indicators derived from the assessment of 53 facilities are as follows:

1,761 Average Monthly OPD

2.53 Normal to C-section Delivery Ratio

274 Average Monthly IPD

28% Percentage of C Section Procedures

35 Average Monthly Normal Deliveries

13.93% ANC to Delivery Ratio

13 Average Monthly C Section

4 PCPNDT – Pre conception and Pre Natal Diagnostic Techniques (Prohibition of Sex selection) Act -1994 prohibits sex determination, before or after conception, and for regulation of prenatal diagnostic techniques. Due to increasing cases of female foeticide especially in states like Rajasthan, government has strictly implemented this Act. As part of reporting and monitoring, government has mandated private hospitals to maintain a proper documentation and reports of each patient undergoing USG scan.

MGHN has defined its pricing structure for key maternity services (Annexure 1) and for other services in the facilities as follows:

₹150
Average OPD Charges
(General Consultation)

₹600
Average Ultrasound Investigation

₹200
Average X- Ray Investigation

These prices are applicable for patient referred by MT worker under MGHN network. In addition, franchises follow their own pricing structure for their private patients. However, in few facilities it was observed that MGHN patients are being charged higher rates than the agreed subsidized rates. The reasons provided by franchisees are the very low rates offered by MGHN. MGHN rates for a normal and C-section delivery are ₹3,999 and ₹10,999 respectively, while on an average the price being charged to private patients for normal delivery is ₹5,676 and ₹16,216 for C-section. This is almost 41% and 36% higher than the prescribed rates by MGHN.

In terms of price variation between facilities, maximum charge for normal delivery is ₹10,000 and maximum charge for C-Section has been reported at ₹25,000. It has been reported that 15-20% of facilities are charging in the above mentioned price range.

Pricing Analysis Between Regions

(For Normal and C Section procedures)

A pricing analysis for Normal delivery and C-Section procedures has been done across various geographies in MGHN network of Rajasthan. It should be noted that the prices depicted in the graphs is the average price charged for private clients by franchisees.

These prices are applicable for patient referred by MT worker under MGHN network

In **cluster 1**, it was noted that the prices charged for the services in Jaipur and Alwar cities is the highest amongst all of the geographies. This is largely due to community profile, and high paying power of the population.

In **cluster 2**, facilities in Jhalawar have maximum prices both for Normal and C-Section followed by the facilities in Kota and Sikar.

In **Udaipur** region, Banswara and Udaipur has the maximum charges for C-Section followed by Pratapgarh and Dungarpur. In Banswara and Pratapgarh, only one MGHN facility is available.

In **Jodhpur** region, all the cities reported to have the same average price for Normal delivery and C-Section respectively.

Figure 6: IPD Services Rate Comparison

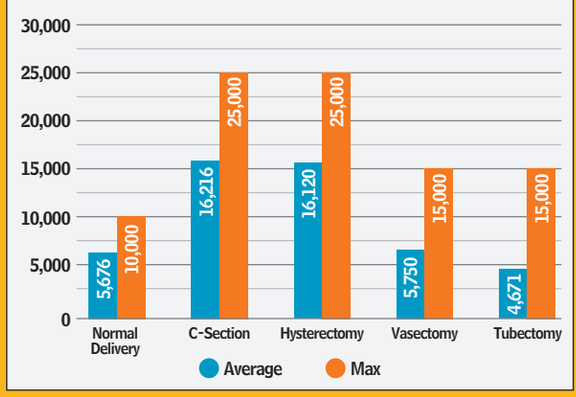


Figure 7: IPD Services Rate Comparison (Cluster 1)

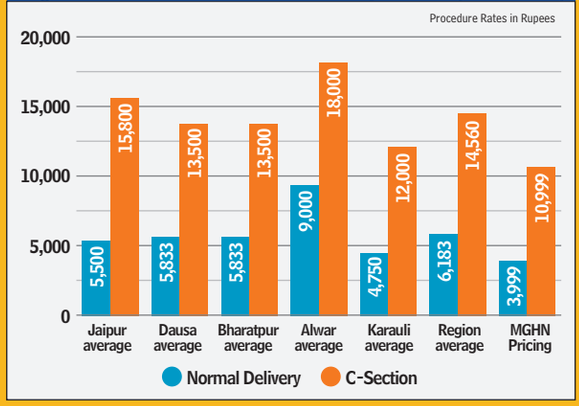


Figure 8: IPD Services Rate Comparison (Cluster 2)

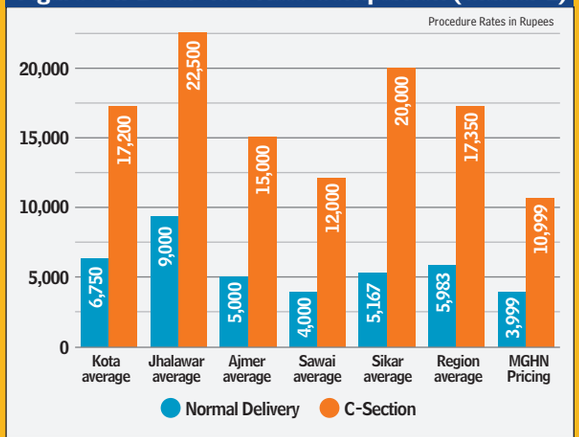


Figure 9: IPD Services Rate (Udaipur)

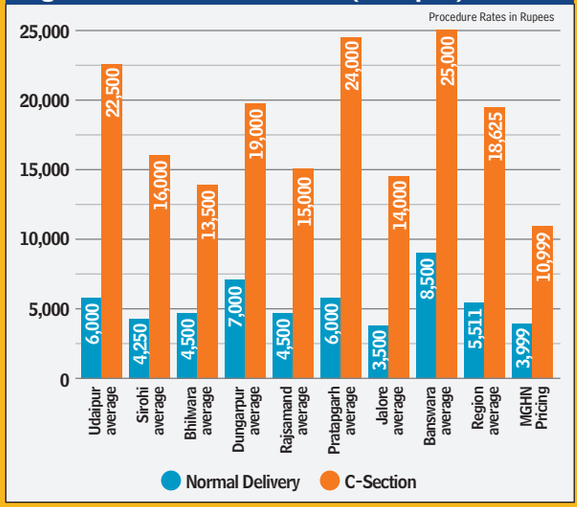
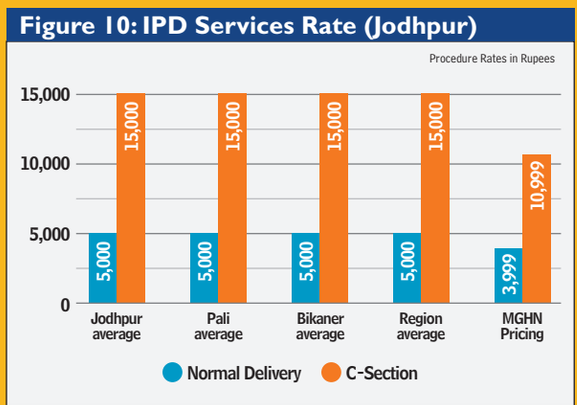


Figure 10: IPD Services Rate (Jodhpur)



HR AND TRAINING

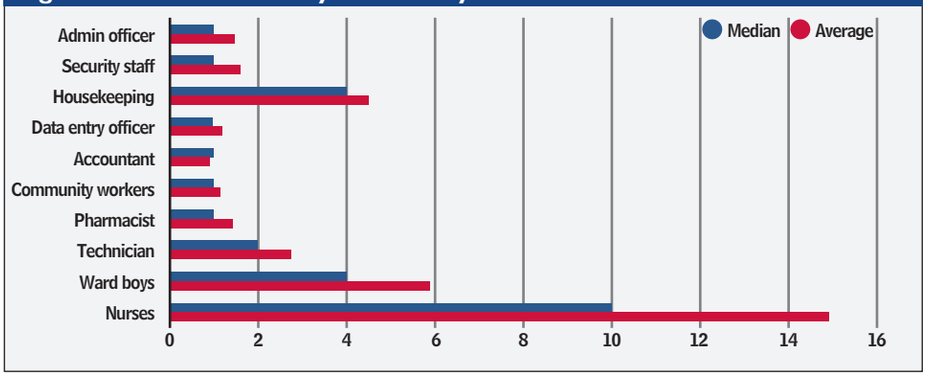
Most of the facilities included in the assessment are adequately staffed, though some face shortage of nursing and paramedical staff. The average number of staff per facility is 24 which includes Doctors, Nurses, Paramedics and Administrative staff. 94% of the facilities reported to have a full time Gynecologist, while the percentage availability of full time Pediatrician, Surgery and Medicine specialist was 55%, 57% and 49% respectively. Majority of the facilities reported to have 10 nurses, with a nurse to bed ratio of 1:3.

Assessment of the data reveals that on the human resources front there are challenges of turnover, and skills especially around the use of specialized equipment like NICU. Nursing staff qualification includes GNM and ANM. In a few facilities, nursing staff is equipped to handle normal deliveries and Cesarean section is done by Doctors with assistance from nursing staff. Currently, training is provided as part of the job, but a clear need of clinical and soft skill training has been identified in majority of the facilities.

Nursing staff is equipped to handle normal deliveries and C-section is done by Doctors with assistance from nursing staff

It has also been observed that there is no standard practice for performance management, reward and recognition for the nursing and paramedical staff. Though, the level of qualifications of persons employed in the hospitals are not updated with such practices, but introduction of such practices can improve staff retention and motivation. One of the opportunity area for HR will be training and skilling of nursing and paramedical staff. If more nurses can be enrolled under skill development programs like PMKVY[5], it will help in managing the workload at the facilities. To address shortage of nursing staff, task shifting approach should also be taken up, where nursing/paramedical staff are provided with trainings to handle cases of normal delivery, noting down patient vitals etc. This will allow doctors to spend more time with patient during consultation and also allow them to perform more complex surgeries than the routine ones.

Figure 11: Staff Availability Per Facility



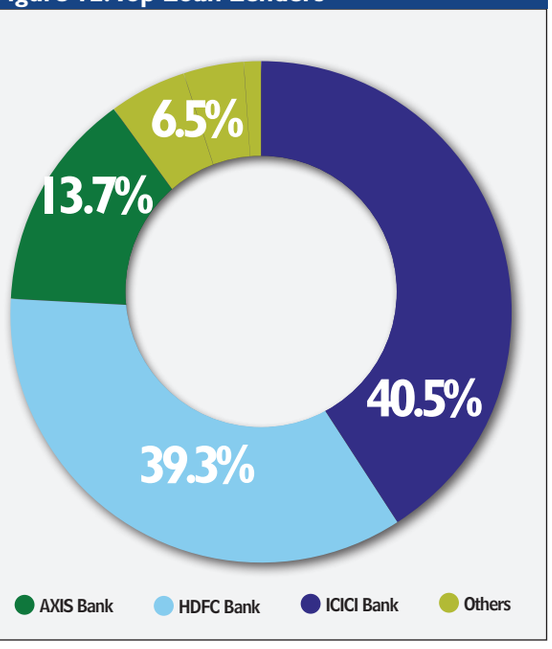
5 PMKVY: Pradhan Mantri Kaushal Vikas Yojana is the flagship scheme of the Ministry of Skill Development & Entrepreneurship (MSDE). It offers industry-relevant skill training courses through 34 Skill Councils.

FACILITY FINANCIALS

The average revenue reported by 72% of the facilities was approximately ₹1.5 Crore of which 53% was reportedly from MCH and FP services. IPD services were found to be the biggest contributor of the total revenue earned by majority of the facilities. While 51% reported to provide in house diagnostic facilities but the revenue garnered from these was not more than 18-20% of the total revenue share.

21 facilities reported to have availed a certain loan in setting up the facilities which amounted to nearly 14% of the total setup cost. 25 facilities reported to have plans for expansion out of which nearly 75% wanting to invest in equipment purchase and 65% in expanding their existing infrastructure and service offerings. 10 facilities have reported a need for a loan amounting to ₹10 Crore to carry out any expansion activity.

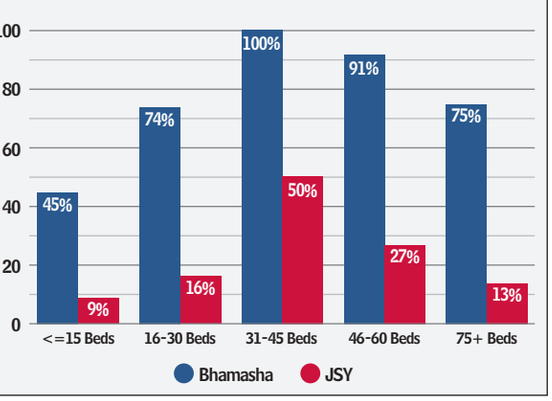
Figure 12:Top Loan Lenders



HEALTH FINANCING SCHEMES

Of the 53 facilities assessed 40 are reported to be linked with the government run healthcare insurance scheme particularly the Bhamashah Yojana. Linkages with Bhamashah Yojana is more evident in facilities with higher bed capacities, ranging from 31-60 beds. However, the government support is not enough to cover the medical bills of beneficiaries. Moreover a huge backlog has been created with the funds not released by the government to these facilities. 20 facilities reported a cumulative outstanding of ₹1.86 Crore till date. Also observed was that out of the 53 facilities assessed, only 10 reported to be linked with JSY. One of the prime reasons is a government regulation which provides JSY accreditation to private facilities located in the rural areas only.

Figure 13: Government Linked Entitlements



It was interesting to note that nearly 43% of the facilities reported a willingness of the community towards enrolling for any healthcare insurance product, which will reduce the out of pocket expenditure of the patients. This information highlights a huge opportunity for a demand driven insurance product.

Community Assessment Findings

Franchiser Perspective

In addition to facility assessment survey, a specially designed questionnaire was administered for the MGHN network franchisees to capture data on key issues pertaining to the community as highlighted by the providers and the strategies deployed to resolve these issues at the facility level.

The survey covered the following important observation areas by the healthcare providers:

- Key social and health challenges in accessing healthcare services
- The Disease profile of the community
- Community Engagement Strategy by providers
- Franchisee Feedback

Most of the clients belong to poor socio-economic backgrounds which affects their health seeking behaviour

CATCHMENT COMMUNITY – HEALTH CONDITIONS

The survey conducted revealed that the key social and health challenges in accessing healthcare affecting the community around the MGHN facilities in Rajasthan are as follows:

Social Challenges

The key social challenges faced by the community at large and discovered by the survey as illustrated below, are unemployment at 17.2% closely followed by alcoholism and low literacy levels at 15.8% and 13.3% respectively. According to the franchise owners, most of the clients belong to poor socio-economic backgrounds which affects their health seeking behaviour.

Figure 14: Key Social Challenges

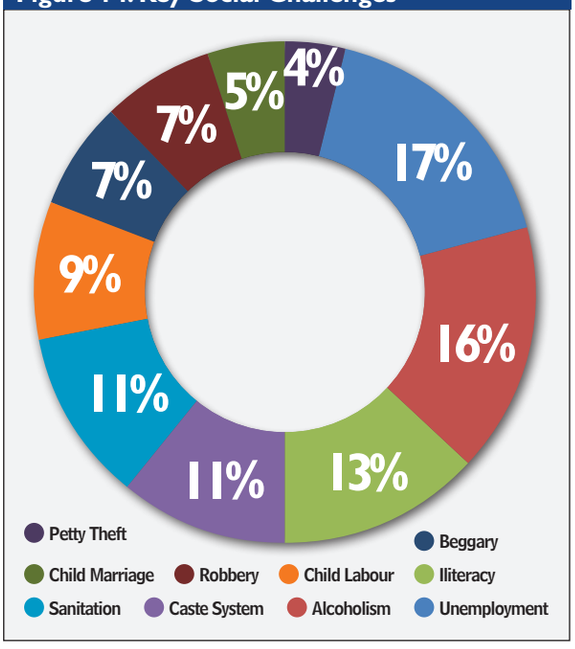
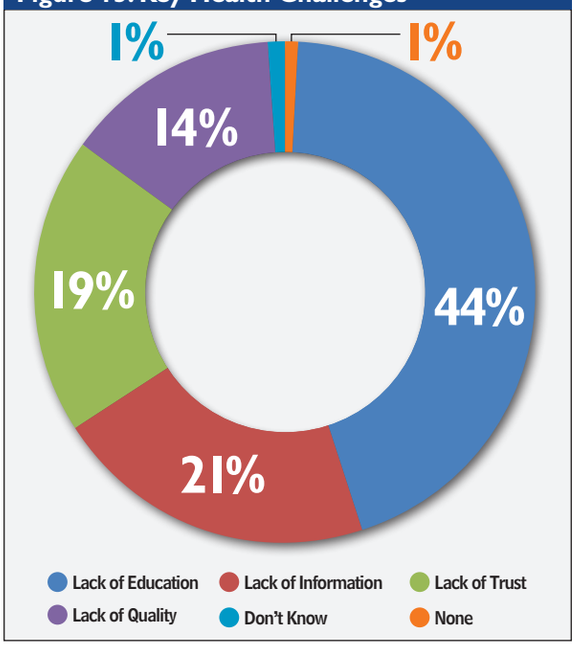


Figure 15: Key Health Challenges



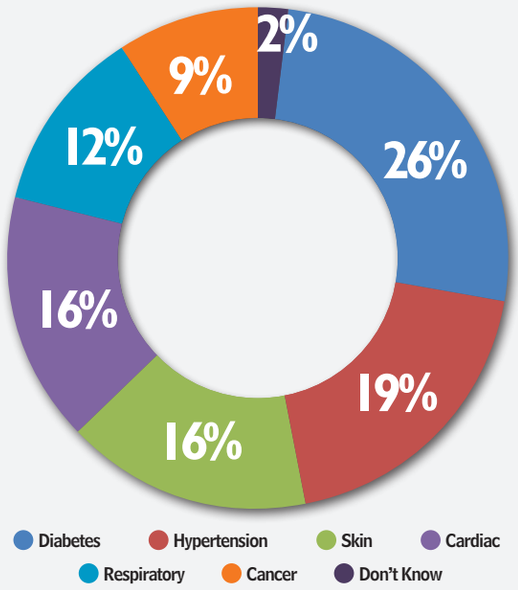
Health Challenges

Lack of health education at an alarming level of 43.7% and lack of information on key health issues at 21.4% is also identified as a major health challenge. All this information can be closely linked to the low paying power and lack of awareness on how to address key health issues affecting them.

Disease Profile

The survey revealed that the providers identified non-communicable disease, diabetes as a major disease prevalent in the areas affecting nearly 26% of the population. This was closely followed by hypertension affecting nearly at 18.9%. Cardiac diseases affected nearly 16% of the population.

Figure 16: Key Health Conditions

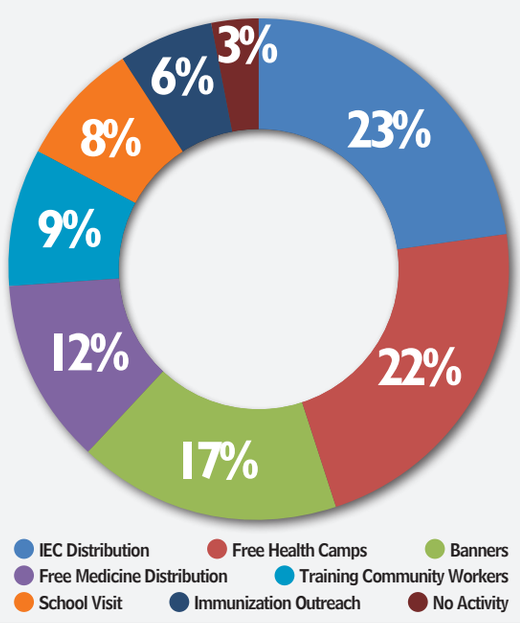


COMMUNITY ENGAGEMENT STRATEGY BY MGHN FRANCHISE

The MGHN franchisees were also interviewed as per the qualitative survey to gauge their expectations, experience and to assess the way forward for the social franchisee model of MGHN and private health facilities. An in-depth discussion was also held to understand their vision for community engagement and the ongoing efforts in this direction.

On an average the facilities have spent ₹164.2K on community outreach activities in the last year. While the facilities undertake a variety of community engagement activities on their own, some of the key community interventions that are facilitated by the Merrygold.

Figure 17: Community Engagement Strategy



Health Networks

Health Camp

Health camps are organized by hospital and Merrygold at community level and sometime at facility level also. The health camps aim to provide MCH, family planning services by a qualified team of doctors. During health camps, patients are offered free heath checkup, information on nutrition, spacing between births and PPFP. ANC/PNC, RTI/STI screening and tracking of high risk pregnancy cases is also undertaken. These camps aim at promoting long term health seeking behavior.

Training Community Workers

The objective of MT worker meeting is to give orientation on MGHN program, training on patient communication, and distribution of MGN brochures/pamphlet. Participants in the meeting also include ORW, District Coordinator and PRO as hospital representative.

Godhbharai Ceremony

Godhbharai is an Indian name for baby shower. The event is meant for pregnant women in their last trimester of pregnancy cycle to visit the MGHN facility. The beneficiaries are distributed nutritional products (Dry fruits, food supplement etc.). Merrygold Health Network has given a new dimension to this tradition by adding a medical touch to the occasion with counselling woman & family members about the importance of medical care during pregnancy, at the time of child birth & after delivery. They are also be educated on the importance of conducting proper ANC and institutional delivery. Free ANC checkup and few other facilities are also provided. This initiative is a targeted intervention to increase the number of deliveries at the MGHN facilities.

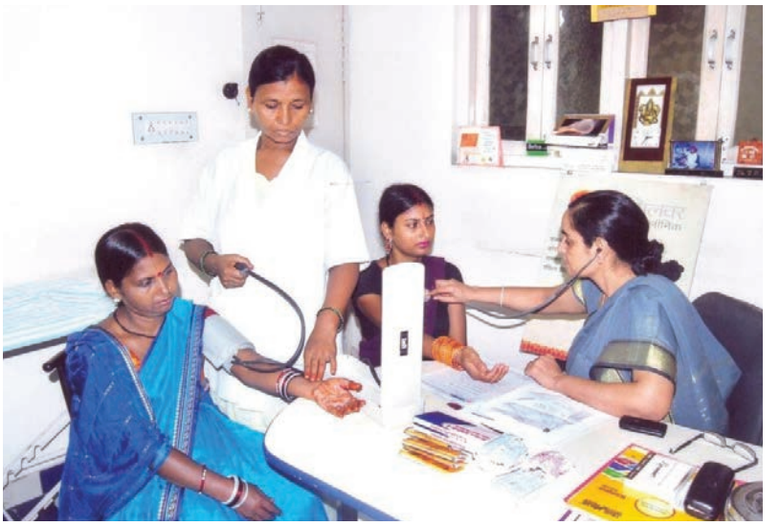
Godhbharai is meant for pregnant women in their last trimester of pregnancy cycle to visit the MGHN facility

FRANCHISEE FEEDBACK

The survey assessment from the Merrygold franchisees revealed that there is a slowdown of community mobilization activities due to reduced donor funding reinforcing the need to remodel and develop sustainable community engagement models. Many of them highlighted the fact that the non-availability of JSY scheme also lowers the footfall at the facility.

There is also a disparity on the disbursement of incentives to Merry Tarang workers (ASHA) by HLFPPT which lowers their morale to bring new patients to the facilities. According to the survey there is still a great need to galvanize local patients to visit the facilities with the help of MT workers and more community engagement activities.

Shortage of trained staff to manage child care services like NICU was another issue highlighted at the facility level. A standard set of services and protocols need to be adhered to across all facilities to ensure quality. The facility owners said that there is a high need for repositioning and strengthening brand identity of Merrygold as their position as a low cost, quality healthcare service provider is not established in the community and most of the facilities are functioning because of the brand name and goodwill of the Doctor running the facility. The branding support in form of wall paintings, hoardings etc. is not being fulfilled by HLFPPT currently and this needs to be changed.



No regular practice of giving feedback to the MGHN network was found. This can be attributed to the lack of proper data management at facility level which affects proper monitoring and also leads to underreporting of MGHN work. At community level also, data being collected by Outreach workers needs to be digitized and there is an opportunity to generate more insights and analytics to understand the community health seeking behavior. Franchisee owners also suggested that there is a need to focus on process improvement in data collection and driving data analytics for better program monitoring and reporting.

Also, the franchisees felt that there is an increased need for improving relations between the franchisor and HLFPPT and a regular interaction will be much appreciated to discuss updates, training needs, reports etc.

EXCERPTS FROM FRANCHISEE

"I don't want to compromise on quality for the sake of increasing the footfall. We have good enough footfall in our hospital but we want to give services to the poor people on lower rates, so that they should be aware about the health seeking behaviour and we can contribute to national health goals."

I am interested in accreditation of my hospital and implement highest standards of quality protocols but it will also increase cost of my operations. Ultimately, patient has to bear the cost."

A standard set of services and protocols need to be adhered to across all facilities to ensure quality

Community Assessment Findings

Community Perspective

In addition the team conducted a community survey with 27 people (Clients: 9 and MT workers: 18) to understand and assess the client perspective on the following parameters:

- Health seeking behavior of beneficiaries
- Factors influencing the selection of a particular service provider (Preference of public vs private providers)
- Options available for maternal and child health and Family planning services
- Awareness about Merrygold Health Network
- Feedback from Community Outreach workers

HEALTH SEEKING BEHAVIOR OF BENEFICIARIES

Several private and public facilities are available to these communities that provide primary, secondary and tertiary healthcare services. For common health ailments like fever, cold etc. they prefer to visit local doctors and use over the counter medicine. For specialized treatment, they prefer to visit district hospitals owing to the affordability factor. For lab test and other investigations, patient prefers to visit government facilities as they are more affordable as compared to private facility.

Most of the women in the community are fairly educated and are active decision makers in health related matters of the family

Most of the women in the community are fairly educated and are active decision makers in health related matters of the family. In terms of health seeking behavior for maternal care, pregnant women are informed and educated about safe pregnancy, nutrition and maternal care. They also mentioned that earlier, there were certain myths associated with sterilization like fear of death, loss of productivity etc., but now with increased awareness and education by ASHA workers they are more aware of the benefits of sterilization.

According to the survey, there is low awareness about the Merrygold Health network in the urban poor community in Rajasthan. It is reported that MGHN communities are willing to access services from private sector provided the cost of treatment is affordable as most of them found the services at the government hospitals to be un-reliable and visit the private facilities only as a last resort for severe health conditions.

Feedback from the MGHN clients however highlight that subsidized rates agreed between Hospital and HLFPPT are not provided to the clients. This shows a great need to standardize the pricing structure of the health services being offered at the MGHN facilities.

FEEDBACK FROM MERRY TARANG WORKERS

Merrytarang members are the backbone & key driving force of Merrygold Health Network. They are ASHA workers who have been enrolled in the MGHN for mobilizing patients to MGHN facilities for ANC check, USG and institutional delivery services. They are equipped to provide information to the community on birth preparedness, importance of safe delivery, breast-feeding, immunization, contraception and prevention of common infections including reproductive tract Infection/sexually transmitted infections (RTIs/STIs) and care of the new born child.

On an average, MT workers are associated with MGHN for two years and one of the main reasons for joining MGHN is to earn more money in the form of incentives. They motivate all patients for institutional and safe delivery but loose some to government hospital, due to the free services, incentives provided and also due to the fact that most of the private facilities are not JSY accredited.

Many of the MT workers voiced the lack of planning, direction and support from MGHN to the outreach workers for community mobilization. MT workers also work towards increasing awareness of MGHN brand, but inconsistency in messaging by the outreach teams on the brand MGHN is leading to low brand recall and access. MT workers suggested that the Godhbharai ceremony should be made into a regular practice at the facilities as it helps attract the patients and acts as a method for MT workers in tracking dropout cases. Another suggestion provided was that some gift (like Baby kit) should be provided by Merrygold after the delivery to build a longer relationship with the beneficiary.

MT workers are associated with MGHN for two years and one of the main reasons for joining MGHN is to earn more money in the form of incentives

Conclusion

Facility Assessment for the 53 urban facilities part of the MGHN in Rajasthan was done with the aim of base lining the facilities on common parameters, finding common ground for setting up initiatives to strengthen the facilities and also get a sense of how the facilities are aligned with the larger philosophy of the network. This is a crucial assessment to lay the basis of planning any new intervention for the network impacting both the health outcomes as well as the overall sustainability of the network. The use of the MGHN facility and community assessment outcomes can facilitate lasting and substantial improvements by creating an understanding of the factors that affect the hospital operations, infrastructure requirements, community health and outreach programs and thus lead to increased quality, access and affordability of the service offerings.

Majority of the facilities in the network are set up by Doctors residing in the local areas with strong community ties. With good hospital infrastructure, specialized doctors offering Gynecology and Family Planning services, and adequate essential medical devices required for delivering maternal care, the standard of healthcare across the facilities was of considerably high quality. However, the concern area was an average 50% bed occupancy rate which clearly highlights a definitive scope for improvement. IN addition there is scope to establish advanced care solutions like NICU in several of these facilities.

A standard for operations, data management and quality standards has been set by the MGHN network, but the uptake varies across the facilities

A standard for operations, data management and quality standards has been set by the MGHN network, but the uptake varied across the facilities. Areas like training and skilling of nursing and paramedical staff if addressed in a comprehensive manner can help ease the workload of doctors as well as address shortage of nursing staff etc. Introduction of staff performance and rewards program could be some of the key steps to improve staff retention and motivation.

Assessment also highlighted disparity in the charges of key services across the network and also scope within the network to increase the subsidized rates for MGHN patients for better sustainability of the network itself. Most of the facilities were found to be linked to the Rajasthan government insurance scheme - Bhamashah Swasthya Bima Yojana offering cashless quality medical services in empaneled private facilities. Only 10 facilities were found to be linked to JSY scheme highlighting a huge opportunity for private demand driven insurance products.

Lack of health education, lack of information on health issues, unemployment and rampant alcoholism were the key health and social challenges at the community

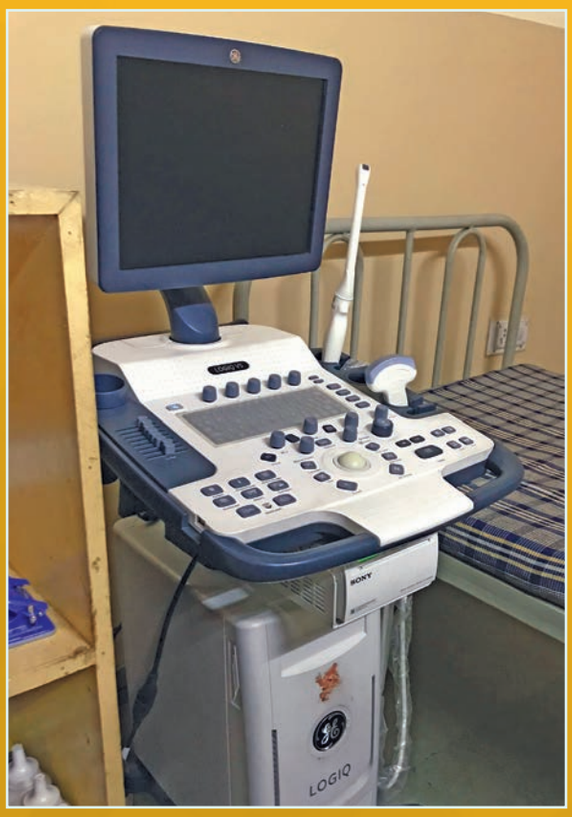
A clear need for strategic marketing and branding activities to improve visibility was one of the most important outcomes of the survey

level. Most of the community people are willing to access services from private sector provided the cost of treatment is affordable.

A clear need for strategic marketing and branding activities to improve visibility along with standardized fee-package of service offerings across all facilities are two most important outcomes of the survey. Support in the form of incentivizing MT workers to bring more footfall in the facilities was felt as a requirement by most franchisees. To summarize, the assessment reveals an overall need to galvanize local patients to visit the facilities with the help of MT workers and community engagement activities.

A strategic approach would be to explore multi-sectoral partnerships with the government and private institutions alike to create need-based solutions on financial support, training and skilling, data collection & analysis and access to affordable technologically advanced equipment. In coming months PAHAL, will focus on strengthening the monitoring of existing operations through revisiting operational strategies and finalize the community engagement strategies to develop a sustainable healthcare model.

Facilities


SONY
LOGIQ


मेरिगोल्ड
हमारी सेवाएं
स्त्री रोग एवं प्रसूति सेवाएं
परिवार नियोजन
सम्पूर्ण टीकाकरण


Female
General Ward
Female

Annexure

ANNEXURE 1
RATE LIST OF MGHN

Services	MGHN Rate
Normal Delivery (2 day package)	
General Ward	₹3,999
Semi Private Ward	₹4,999
Private ward	₹5,999
C-Section	
General Ward	₹10,999
Semi Private Ward	₹11,999
Private Ward	₹13,999
Female Sterilization	**Free**
Hysterectomy	
General Ward	₹10,999
Semi Private Ward	₹11,999
Private Ward	₹13,999
ANC/PNC Check up (8 am - 8 pm)	₹50
ANC/PNC Check up (8 pm - 8 am)	₹100
Copper – T/IUCD insertion	₹100
IVF Consultation	₹300
Cancer Screening	₹300
Pediatrics Consultation	₹300

ANNEXURE 2
SURVEY QUESTIONNAIRE FOR MGHN FRANCHISEES IN RAJASTHAN

Objective: This is a short survey for MGHN franchisees to understand their experience of working with Merrygold franchisee program, critical issues, and suggestions on improving the franchisee model.

1. Which are the areas you think has added value in your business operations after you enrolled in Merrygold franchisee program?
   - Increase in patient volumes
   - Increased revenues
   - Improved brand image and competitive advantage
   - Any other
2. What are the critical issues in the Merry Gold franchisee model?
3. What are your suggestions on addressing these issues?
4. What is the support you received from the franchisor as part of partnership agreement?
   - Marketing/Advertisement
   - BCC
   - Training of Merry Tarang workers
   - Half yearly newsletter
   - Staff training
   - Annual meeting of franchisees
5. How many Merry Tarang workers are attached to your facilities? How many of them are active?
6. How often do you participate in meetings, workshops organized by franchiser? When was the last time you have attended the meeting/workshop?
7. What is the mechanism of patient's feedback and what are their feedback on hospital services?
8. Do you have Standard Operating Procedures (SoPs) for hospital operations?
9. Would you like to continue the franchisee agreement for next year also?
10. What is your opinion on Merrygold pricing of services?
11. Are you profitable?

Pahal
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Urban Health (USAID) Project

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