

Third party Impact assessment

Niramaya program:

Infrastructure and equipment support to one Primary Health Centre,
Hattimattur Haveri, in rural Karnataka

HDFC ERGO General Insurance Co. Ltd. (FY 2021-2022)

February 2024

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List of Abbreviations

Abbreviations	Definitions
Co. Ltd	Company Limited
CSR	Corporate Social Responsibility
SDGs	Sustainable Development Goals
PHC	Primary Health Centre
FGDs	Focus group Discussions
KIIS	Key informant Interviews
NHP	National Health Policy
UHC	Universal Health Coverage
OPD	Outpatient Department
MCH IP	Maternal and Child Health Implementing Partner
NHFS	National Family Health Survey
DFY	Doctors For You Second Division
SDA	Assistant
SOW	Scope of Work
IPD	Inpatient Department
NGO	Non-Governmental Organization
DHO	District Health Officer
ANC	Antenatal care
PNC	Postnatal Care
ECG	Electrocardiogram
UTI	Urinary Tract Infection
RTI	Reproductive Tract Infection
kw	Kilowatts



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Executive summary

HDFC ERGO General Insurance Company Limited (HDFC ERGO) formed through a JV between Housing Development Finance Corporation limited (HDFC Ltd) (now merged with HDFC Bank) and ERGO International AG, a key player in the Munich Re Group, the Company draws upon the rich legacy of these industry leaders. The Company offers a wide range of general insurance products ranging from motor, health, travel, home and personal accident insurance in the retail space, weather, cattle and crop insurance catering to the rural markets and products like property, marine and liability insurance in the commercial space.

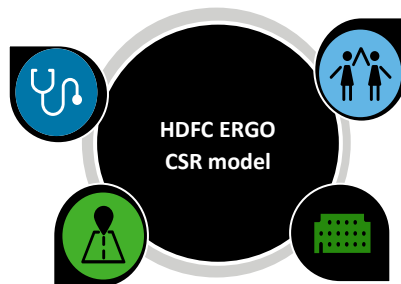
As a socially conscious global corporate, HDFC ERGO promotes the growth of local economies and communities, which benefits both the community and the individual. The Corporate Social Responsibility (CSR) initiatives of HDFC ERGO are in line with the Sustainable Development Goals (SDGs) 2030 of the United Nations. The organisation has a strategic focus on education, health, rural development, environment, and sustainable communities. Additionally, employees volunteer their time to support the CSR initiatives that stem from this global focus. The wide charter of operations specified in Schedule VII under Section 35 of the Companies Act 2013 includes HDFC ERGO CSR efforts, which are in line with HDFC ERGO CSR policy.¹

Niramaya- Healthcare Program

Initiatives to support affordable healthcare, including awareness & preventive programmes for various communicable & non-communicable diseases, supporting mental health and differently abled, public & community health initiatives for the underprivileged sections of society, addressing malnutrition amongst women & children, provision of clean & safe drinking water to communities, etc.

Supath- Road Safety Program

Initiatives towards improving road conditions and infrastructure to reduce accidents and fatalities, facilitating and/or providing enabling conditions for driving and traveling on roads and supporting post trauma interventions, thereby providing better travel conditions and saving lives.



Roshini- Women Welfare Program

Initiatives for supporting women through interventions like sustainable livelihood initiatives for unemployed / dropout women from rural and urban areas, for, by assisting them with skill training (technical and non-technical), vocational and life skills training, etc. and enabling them to generate livelihoods and in turn contribute to the economy. This would also include initiatives towards women empowerment like education, confidence building, etc. to help women progress in their lives.

Education- Gaon Mera Program

Initiatives in the field of primary and secondary education, formal and non-formal literacy programmes, scholarships, teachers training & skills upgradation,

In FY 2021-22, the HDFC ERGO General Insurance Co. Ltd CSR portfolio reached more than 170 villages across the projects with an overall spend of INR 11.38 Crore on its CSR initiatives (the company has been consistently meeting its mandated CSR spends) that were delivered in partnership with its network of credible implementing partners.

Project overview:

In compliance with governance protocols that govern the decision-making and management of the CSR portfolio at HDFC ERGO General Insurance Co. Ltd, Deloitte was tasked with impact assessment of the *Niramaya* Program. The program was funded from FY21-22 CSR grants and implemented in the year 2021-22. The high-level detail of the project is presented in the table below:

¹ <https://www.hdfcergo.com/docs/default-source/about-us/legal-and-compliance/csr-policy.pdf>

Project	Strategic area of focus	Grant size (As per MoU)
Niramaya: The Government Health Infrastructure support program aims to support health facilities in dealing with the increasing burden of common ailments and disease outbreaks	Construction of Government Primary Health Centre (PHC) at Hattimattur, Haveri district, Karnataka	INR.18,974,637/- (Feb 2022 –Dec 2022)

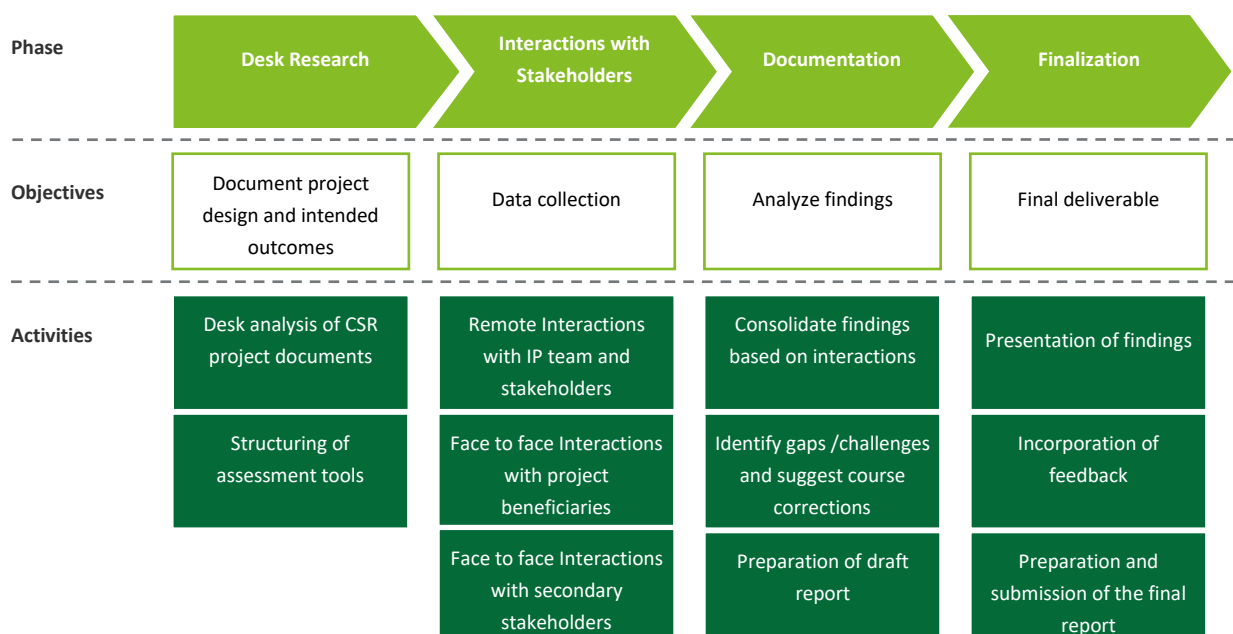
Approach and methodology:

Deloitte used a mixed research design using quantitative and qualitative study tools to conduct the impact assessment and answer the following research questions:

1. Are the CSR activities in line with the community development aims or pertinent to the needs and aspirations of the community?
2. What were the efforts' intended or projected outcomes? Are the outcomes of the programme tracking what was expected?
3. Did the evolving pandemic create any disruptions to the original plan? What modifications were made to the general design to prevent any more interruptions to the programme?
4. What has been the impact of the CSR activities on stakeholders and beneficiaries? Explore developments in the physical, economic, and socio-cultural environments. How do the beneficiaries and other stakeholders perceive the CSR initiatives undertaken?
5. How was the sampling plan executed? What methodology was employed to interview the stakeholders, and how many FGDs and KIIs were conducted?
6. Do the initiatives ensure sustainable solutions to the community developmental issues? Which components of the project design have been included to ensure the outcomes' sustainability?
7. Determine whether any more implementation issues are preventing the best possible outcomes.

The impact assessment data was obtained through specific data collecting tools such as document/report analysis and key informant interviews with relevant stakeholders at the Primary Health Centre, Arogya Mattu Kshema Kendra in Hattimattur village, Savanaur block in Haveri district of Karnataka supported through the upgradation of government Primary Health Centre (PHC) during the period August- October 2023.

The data collection was done using remote and in-person site visits to gauge the impact of the project through discussions with a range of stakeholders. The latter of the assessment period was utilized to analyse and document observations, constraints, and findings. The programmatic review and impact assessment of the CSR initiative was executed in a phased manner with primary data collection taking place during October 2023 to January 2024. The four main phases are outlined below:



Summary of findings:

The current report presents detailed documentation of Deloitte's observations and findings of the impact assessment of HDFC ERGO General Insurance Co. Ltd.-funded *Niramaya*-the Government Health Infrastructure support program implemented by *Doctors for You*. A summary of the findings is presented in the table below, while an elaborated documentation is available subsequently in the report.

Key parameters	Findings
Relevance/need for the project:	<ul style="list-style-type: none"> PHCs often serve as the first point of contact for local communities within the nation's health. The National Health Policy, 2017 recommended strengthening the delivery of primary health care, through the establishment of "Ayushman Bharat-Health and Wellness Centres" as the platform to deliver comprehensive primary health care to help these centres better serve people's healthcare needs throughout their lifetime. Upgradation efforts enhance reproductive, maternal, and neonatal health service readiness.² Ayushman Bharat or "Healthy India" national initiative was launched as recommended by the National Health Policy 2017, to achieve the vision of Universal Health Coverage (UHC). This initiative has been designed along the lines of meeting SDG 3- Good health and wellbeing and its underlining commitment, which is "leave no one behind".³
Usage and uptake:	<ul style="list-style-type: none"> Delivering quality health services to the targeted population of approximately 33,900 people in Hattimattur village of Savanaur block in Haveri district of Karnataka. Extending outreach to sixty-five (65) villages in the entire Savanaur block covering 1.6 lakh+ population size as compared to a previous outreach of up to 10 villages. The upgraded facility is now providing quality primary healthcare services to One hundred fifty (150) daily OPD patients on average.
Impact created:	<ul style="list-style-type: none"> PHC building prior to intervention was a ten bedded, older structure which was due for upgrade of structure for the past 10-12 years. The PHC, in addition to the upgradation of equipment and infrastructure, needed inputs in terms of deployment of human resources, provision of support equipment in the OT and handholding for expansion of services at the hospital. The building was upgraded, and wards were created for expanded provision of services such delivery and family planning surgeries, however, effort towards staffing of additional medical officers at the PHC is still warranted. This will enable the expansion of services (especially labour room facilities, Sick-new-born care unit (SNCU) and Family planning services at the facility. Currently, the PHC houses a single bedded labour room with attached sanitation services, a recovery room and a 5-bedded ward for women in the premises. The PHC has been taking up 10-12 uncomplicated deliveries per month owing to the availability of upgraded labour room in the facility. The PHC has also reported increased patient footfalls, convenient access to primary health services and reduction in the need for extensive travel for treatment seeking. The PHC is currently not able to handle emergency cases due to lack of available medical staff round the clock. The state (Karnataka) has been reporting a reduction in maternal and neonatal mortality rates over the past 3-4 years. The newly constructed maternal and child wing at the PHC premises contributes to this by providing a safe and efficient environment for childbirth and neonatal care. Efforts have been made by the PHC staff towards enhancing awareness among pregnant women and lactating mothers regarding various central/state government schemes post-delivery. This helps the women to seek and utilize the support provided, contributing to their well-being and that of their new-borns.

² <https://main.mohfw.gov.in/sites/default/files/9147562941489753121.pdf>

³ <https://ab-hwc.nhp.gov.in/>

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- The installation of eco-friendly sources like solar panels or backup generators, has improved the electricity availability in the healthcare facility.

Sustainability:

- The successful enhancement of healthcare infrastructure through the provision of advanced equipment and high-quality services, provides a platform to the PHC to improve its service provision.
- Increase in patient footfall, trust from the community in the new PHC structure and the uptick in the in-patient services has been noted owing to the PHC.
- Thereby, there is potential for reduced dependency on public and private hospitals at district level, which are an extensive distance from the current facility (>17 km). However, a system-strengthening approach towards upgradation of the PHC is important to ensure sustained impact on rural health services.


Overall Rating

- The project expectations are met by providing quality healthcare services to the population, especially women and children, resulting in significant improvement in MCH service delivery including antenatal care, deliveries, and childcare services in the entire Savanaur block.

Opportunity areas:

-
- To ensure that infrastructure and equipment are used efficiently, following future funding opportunities for HDFC ERGO can be considered:
 - Projects integrating skill enhancement and quality improvement parameters alongside infrastructure upgradation will help in integration of equipment usage into daily PHC operations.
 - Provision of air-quality management and sanitation systems at the Labour room and Operation theatre are important infection prevention mechanisms during patient care. Investments towards these areas will create fully enabled systems enabling quicker integration of these systems into patient care.

Introduction

Project title	<i>Niramaya- Infrastructure and Equipment support to PHCs in rural Karnataka</i>
Implementing partner	Doctors For You
Project overview	HDFC ERGO General Insurance Co. Ltd supported, <i>Niramaya</i> project aims to support health facilities in dealing with the increasing burden of the disease outbreak in India and ensuring that the target population has access to basic and essential health services.
Project period	Feb 2022- Dec 2022
Grant amount	INR 1,89,74,637 under HDFC ERGO General Insurance Co. Ltd
Project location	Hattimattur, Haveri, Karnataka
Problem statement	<p>The progress and development of a country depends highly on the balance of physical and mental well-being of the population. India, being the second most populous country contributes to the highest number of undernourished occupants as per a recent study by the Worldometer¹. ⁴Among 19.4 million malnourished people in India, children alone constitute a total of 90% as per the Government of India's National Family Health Survey 5 (NFHS 5). India's institutional deliveries increased to 88.6% in 2019-2021 (National Family Health Survey 5 (NFHS-5) from 40.8 % in 2005-06 (NFHS 3).⁵ Public health infrastructure is grossly inadequate to cater healthcare demands of the 1.28 billion population of India. According to the United Nations Development Programme's Human Development Report 2014, in a set of 187 countries, India ranked 135th on the human development index, life expectancy at birth was 66.4 years, under-five mortality rate was 56/1000 live births, and maternal mortality ratio was 200 deaths/100,000 live births⁶, still far behind millennium development goals.</p> <p>To support institutional delivery Govt of India introduced many schemes. Schemes incentivising institutional delivery are not enough to ensure a safe delivery. A holistic approach is needed to address Govt hospital infrastructure because there is a shortage of healthcare professionals and adequate infrastructure.⁷</p> <p>Keeping this in view, Doctors For You received funding from HDFC ERGO General Insurance Co. Ltd to undertake the <i>Niramaya</i> initiative. This project will meet all necessary needs and aid in the comprehensive growth of government health services.</p>
SDG alignment	
Sampling	Purposive/Convenience sampling was deployed at Haveri (Karnataka) to include thirty (30) stakeholders [DFY project coordinator, District Health officer, Nurse, pharmacist, SDA, Dhahii (caretaker), patient, and patient caretaker using FGDs and KIIs. (Date of visits: 25.10.2023 and 06.02.2024)

⁴ <https://www.wfp.org/countries/india>

⁵ https://rchiips.org/nfhs/NFHS-5_FCTS/India.pdf

⁶ <https://hdr.undp.org/system/files/documents/human-development-report-2014.human-development-report-2014>

⁷ <https://pib.gov.in/pressreleaseshare.aspx?prid=1576128>

Approach and Methodology

Deloitte’s tailor-made approach for evaluating the impact of the HDFC ERGO General Insurance Co. Ltd.-funded CSR project was based on substantial experience in conducting evaluations of similar nature and scope of work (SOW). Mixed-method research design was deployed for the assessment capturing insights through quantitative and qualitative tools. The primary data collection was carried out through in-person and remote interactions through key informant interviews, and focused group discussions with the identified stakeholders between August and October 2023, supplemented/triangulated with the help of relevant secondary data from the project reports and stakeholder interactions. The data collection was followed by a phase of analysis and documentation of observations and findings to arrive at the key impact narrative within the report.

Description of sample

A stakeholder mapping exercise for the *Niramaya*-the government health infra support program, based on the desk review, was conducted to identify the range of interactions that would be required to document multiple perspectives about impact. The documentation of multi-stakeholder interactions was critical to validating findings through triangulation.

Sampling plan

The final set of respondents was selected purposively. A snapshot of the sample covered is given below:

Project location	Sample covered	Type of sampling
Primary Health Centre, Maternal and child health block, Arogya Mattu Kshema Kendra Hattimattur village, Savanaur block, Haveri district, Karnataka	<ul style="list-style-type: none"> •District health officer:1/ Taluk Health officer: 1 •Hospital staff (Nurse, pharmacist, midwife, accountant): 4 •Patients at the PHC: 20 •Attendants at the PHC:5 •Implementing Partner personnel: 2 	Purposive, Convenient

Study tools

A range of tools were customized to meet the objectives of the assessment. The table below presents a snapshot of the methods and tools used to document various stakeholder perspectives during the assessment.


Stakeholder	Key points covered	Study tools employed
Direct beneficiaries (OPD/IPD Patients)	Feedback on the project Perception of impact Gap areas and needs addressed by CSR support	KII and FGDs
Project management/field team	Program implementation team- Project Coordinator Program Manager Vendor management Program monitoring	KII and FGDs

Limitations


The Implementing partner’s support to the PHC, though initially brief, it provides an opportunity to enhance ongoing communication with hospital staff and district officials, fostering better engagement with various stakeholders at the project location to thoroughly document the impact.

Project coverage


The HDFC ERGO General Insurance Co. Ltd. supported *Niramaya program* has been instrumental in supporting the upgradation of the public health facility and delivering quality primary health services to approximately 33,900 targeted population in Hattimattur village of Haveri district in Karnataka. In comparison to 10 villages covered under the Hattimattur block, the upgraded facility is now rendering its services to an additional 65 villages of the Savanaur block of Haveri district. Further, the impact of this upgrade is intended to provide an extended outreach to more than 1.6 lakh population covering the two blocks. The details of the outreach of this initiative implemented in FY 21-22 (February 2022 to December 2022) grant are presented below.



33,900 population covered in Hattimattur village
Upgraded healthcare facility directly benefitting 1,61,500+ population in Savanaur block



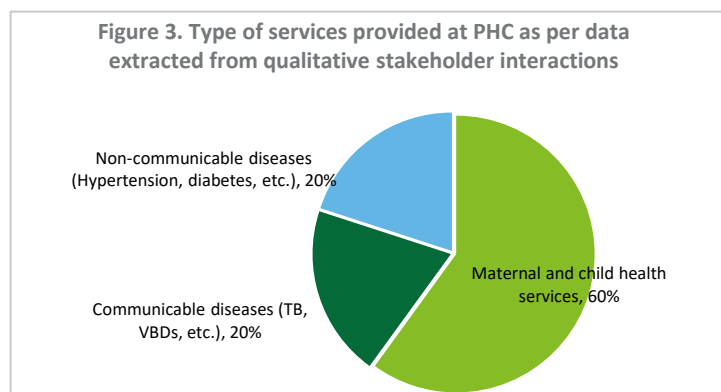
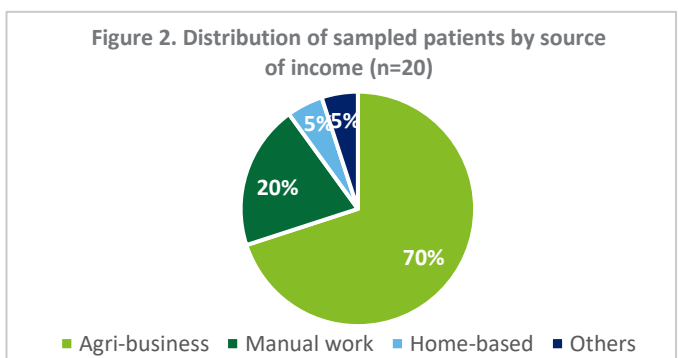
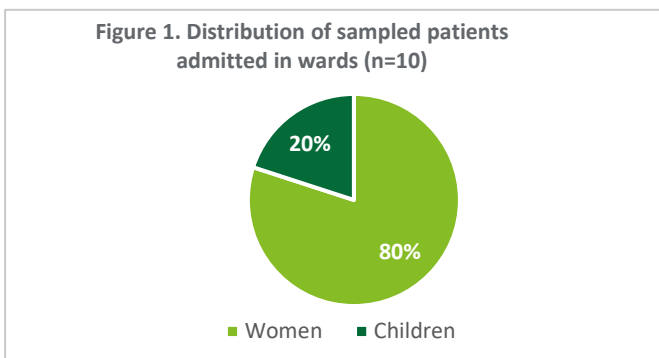
Average daily OPD caseload of 150 patients
Patients' demographics encompass women, children, and individuals with common illnesses



75+ villages outreached in the Savanaur block
The upgraded facility extends its coverage to 10 villages in Hattimattur and 65 villages in the Savanaur block

Description of beneficiaries

The HDFC ERGO General Insurance Co. Ltd. supported *Niramaya program* directly addresses the healthcare delivery and accessibility challenges faced by the community residing in the Hattimattur village. The upgradation of the government primary healthcare center (PHC) has provided services to women, children, and patients presenting with common illnesses, seasonal infections, general ailments, etc. by delivering quality healthcare services at the PHC. A detailed demographic analysis of the surveyed beneficiaries conducted as part of the impact study is presented below.



Intervention Model

The HDFC ERGO General Insurance Co. Ltd. supported the **Niramaya** programme aiming to improve the availability of healthcare services at PHC by upgrading the existing facility. The intervention builds on a successful healthcare delivery model prescribed by the National health systems resource centre (NHSRC) and supports linkages in comprehensive healthcare services through provision of essential equipment and infrastructure at the identified Primary Healthcare Center (PHCs). Below is an illustration of the detailed intervention model for the *Niramaya* programme.

Figure 4: Intervention model adopted by Doctors for You to implement the HDFC ERGO’s CSR initiative, FY 21-22

Needs assessment

Perform a detailed need analysis to determine the reconstruction and refurbishment requirements for the identified PHC complying to standard protocols and as per community needs

Sustainability in practice

Handover to the District Health & Family Welfare department to sustain the services rendered by the upgraded hospital with proper maintenance and quality services



Vendor management

Identify the vendor and develop a detailed action plan for PHC upgradation for a new MCH ward, installation of solar panels and replacement of the equipment

Facility refurbishment/upgradation

Enhanced infrastructure by assessing the existing state of the facility and available equipment at the Primary Health Centre (PHC)



Newly constructed OPD and Labor room in Haveri, Picture credit: Deloitte



Monitoring team from Deloitte engages with hospital staff and program staff during a visit to the PHC in Haveri, Picture credit: Deloitte

Strategic differentiators



Leveraged the existing Government health care facility to improve delivery of primary health care services, closer to the community and addressing their relevant needs



Supported the access to healthcare services through infrastructure, which allows for higher patient outreach and delivery of wider range of services

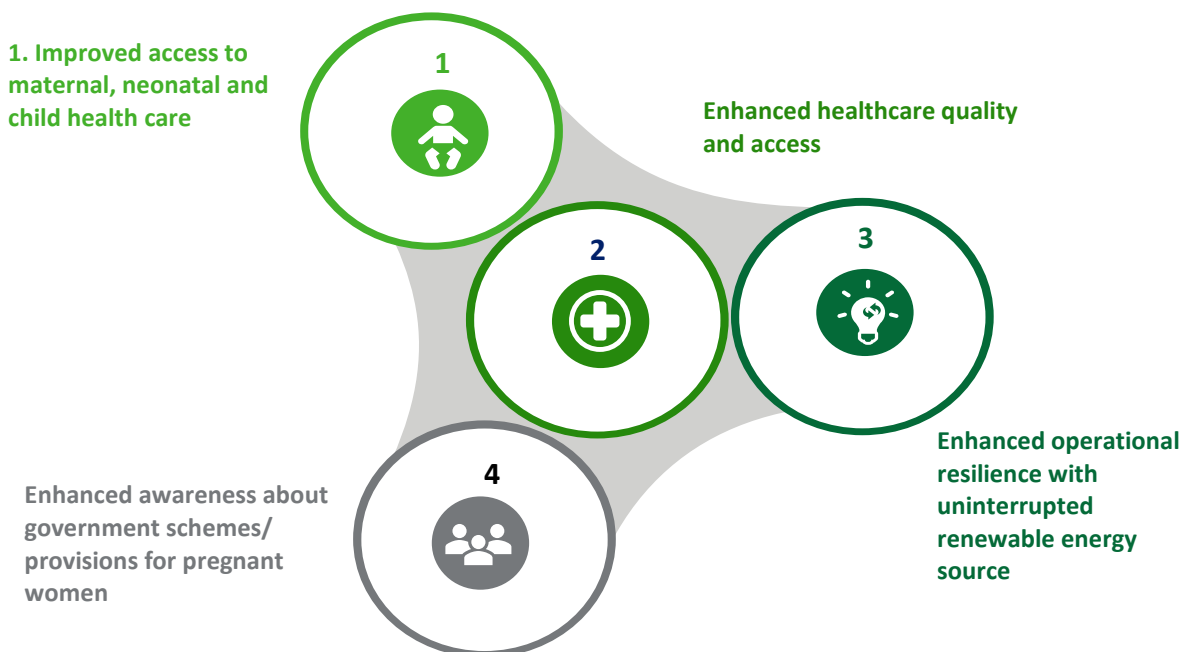


Facilitated a 24*7 availability of electricity through installation of solar panels for an uninterrupted power supply, which is crucial at critical times of PHC operationalization

Key impact findings

The account presented below is based on the analysis of key informant interviews/ Focus group discussions, and a detailed analysis of the narratives recorded during Deloitte's interactions with the multiple sample stakeholders. The findings below have been documented through in-person interactions by the Deloitte team with the stakeholders and beneficiaries at the Primary Health Centre, Arogya Mattu Kshema Kendra Hattimattur village in Haveri district project intervention site i.e., the PHC. s at Hattimattur block in Haveri district

Figure 5: Key Impact Findings of HDFC ERGO General Insurance Co. Ltd.'s *Niramaya* CSR initiative



Improved access to maternal, neonatal, and child healthcare

The HDFC ERGO General Insurance Co. Ltd. grant for FY'22 provided financial assistance for the upgradation of the maternal and child health ward, and the overall development of the physical infrastructure of the primary health center. The newly constructed ward enables the provision of a well-equipped facility for the delivery of maternal and child health services to the community. Spanning a catchment population of 33,900 people, the upgraded facility, now equipped with a general operating theatre, labor room, post-operative ward, neonatal care unit, and OPD rooms, plays a vital role in meeting the healthcare needs of the community as the next nearest health center is situated 30 Km away from the center. The upgrade has resulted in improving the patient footfall of this facility. Among sixty-eight other Primary Health Centers (PHCs) in Haveri district, the PHC has seen spike in footfalls after the construction project.

The increased numbers are attributed to the well-equipped facility for handling maternal and child health (MCH) cases including antenatal care, deliveries, and childcare services. Notably, the center has now been operationalized as a PHC level delivery point- expanding critical delivery services to new mothers and neonates up to 48 hours of birth. The following key points elaborate on the positive impact observed after the construction of the facility center:



Enhanced access to quality maternal and neonatal care through the establishment of a fully equipped maternal and child health ward, offering modern facilities and equipment.



Reduced maternal and neonatal mortality rates as a direct outcome of the newly constructed maternal and child health ward, providing a safe and efficient environment for childbirth and neonatal care.

Improved access to walk-in Out-patient care at the facility

At the time of the assessment, patients at the PHC were accessing family health and well-being services including antenatal care, post-natal and childcare, breastfeeding, immunization, nutrition advice, etc. The staff at the hospital reported an improved focus on the on the management of disorders such as fevers, diarrhea, anemia, immunization etc. during the period of visit at the PHC.

Improved access to inpatient MCH services at the facility

The operationalization of the MCH facilities at the PHC has been instrumental in improving the inpatient load at the PHC related to the pregnancy, labour and delivery and the pediatric care services. During the time of the assessment, it was established that the footfalls to the PHC for inpatient care was largely comprised of women (90%) and children (10%). This is attributable to two factors- recency of operationalization of the MCH wing and the extent of facilities provided at the PHC. While in-patient primary care was provided at the centre as per norms, care for more complicated illness and trauma still needed to be sought at higher centres of healthcare such as Community Health centre and District Hospital.

- The PHC was reported to provide inpatient services (beyond labour and delivery) to non-complicated illnesses such as fever, food poisoning, Jaundice, low blood pressure, minor trauma, etc.
- Out of the **20 beneficiaries admitted at the PHC at the time of assessment, 25% (n=5)** of them were admitted to the maternity ward for pre-natal (1) and post-natal (4) care. Additionally, care was provided to 2 pediatric cases of fever owing to jaundice and food poisoning.
- 100% of deliveries at the primary health center (PHC) are normal deliveries conducted by skilled doctors/nurses/midwives; with complicated ones being referred to the nearest district hospital including cesarean sections.
- At the time of assessment, 2 post-natal patients reported being treated for up to six days post-childbirth, beyond the government mandated 2-day post-childbirth stay. PHC medical officers reported that these extended stays enable infant survival due to adequate diet to mothers and protection from economic challenges faced by these families.
- The PHC also plays a role in disseminating information about various government schemes such as Janani Suraksha Yojana under the National Health Mission and Pradhan Mantri Matru Vandana Yojana (maternity benefit programmes run by the Govt. of India). These helps educate the mothers and their family members/caregivers about the schemes, as 99% of those served are poor and mostly unaware, but in dire need of the critical benefits offered by these schemes.
- Additionally, the PHC provides immunization services to all infants per government guidelines. Health Inspecting Officers deployed by the Department of Health and Family Welfare, Karnataka support the PHC personnel by conducting home visits to improve full immunization rates and reduce drop-out rates.

Enhanced healthcare quality and access

The hospital staff and the sampled beneficiaries have reported that the upgradation of the healthcare facilities, along with the installation of high-quality medical equipment, has significantly improved the quality of patient care and efficacy of patient diagnosis. The maternity ward is now fully equipped with all the necessary tools for conducting safe deliveries, including informed staff as well as beneficiaries on measures to be followed during and after childbirth, such as improved sanitation, waste disposal, and better hygiene practices. Below are a few of the key findings:

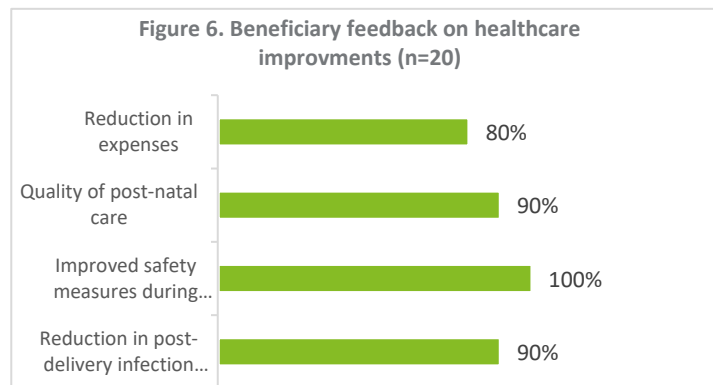


Upgradation of healthcare facilities and infrastructure has significantly improved the quality of care, creating a more patient-centric environment.



The use of calibrated and specialized equipment has resulted in more accurate diagnosis and treatment, enhancing overall healthcare outcomes.

- Operationalization of several primary health care services has been possible due to the upgrade through the provision of an almirah, stool, baby cot, baby warmer, delivery table, examination table, side tables, BP apparatus, trays, weighing machine, infantometers, amongst many other items.
- 100% of the sample beneficiaries reported that the upgradation of the healthcare facility has reduced the out-of-pocket healthcare costs owing to reduction in travel time (80%), wait times (75%), and availability of free health services (100%).
 - 80% patients also reported cost savings attributed to the improved access of comprehensive treatment services, eliminating the need for extensive travel and associated inconveniences in accessing services at private facilities or higher centers.
- 90% of the surveyed beneficiaries reported a significant reduction in the chances of infection such as UTI/RTI which they faced while undergoing institutional deliveries during previous deliveries, majorly due to poor sanitary conditions of the toilets and the PHC premise in general.
- 100% of those admitted to the maternity recovery ward post-delivery acknowledged the improved safety measures adopted by the doctors and nurses during delivery, thus, ensuring enhanced intrapartum benefits.
- Additionally, 90% of them shared positive feedback regarding the quality of post-natal care received during the PHC stay.
- 100% of sample beneficiaries reported the positive impact of the facility upgrade owing to the increase in the ward's bed capacity from six to ten, effectively addressing challenges during peak patient flow such as at times of seasonal infections and disease outbreaks.
- Furthermore, better seating arrangements have alleviated the inconveniences faced earlier by the patients/attendants, significantly improving overall patient satisfaction scores at the facility.
- Of the total surveyed five hospital staff, 40% (n=2) acknowledged the benefits of the facility upgrade both for patients as well as staff as 24*7 power supply in turn led to improved functional status of these equipment.



Enhanced operational resilience with uninterrupted renewable energy source

The installation of a 15kw solar panel system has effectively mitigated vulnerabilities caused by frequent power cuts during OPD timings, and while conducting surgeries, institutional deliveries, and other medical emergencies. During Deloitte’s field visit at the PHC, all hospital staff reported that the availability of a 24*7 power supply has significantly improved the availability of healthcare services. This improvement in power reliability directly translates into enhanced patient safety and care quality with fewer disruptions.

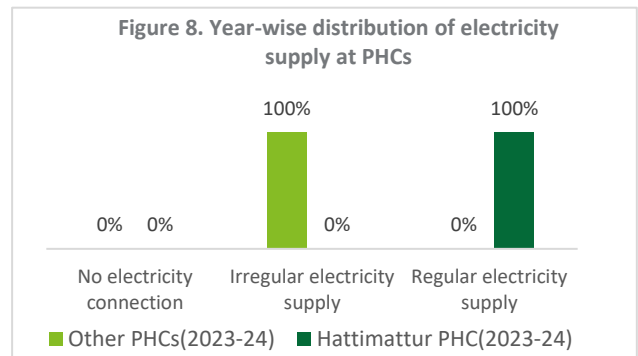
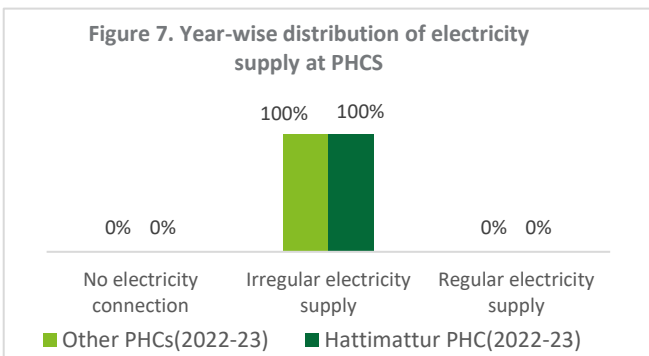


Access to a reliable and consistent power supply empowers all hospital staff to deliver higher-quality healthcare services with confidence.

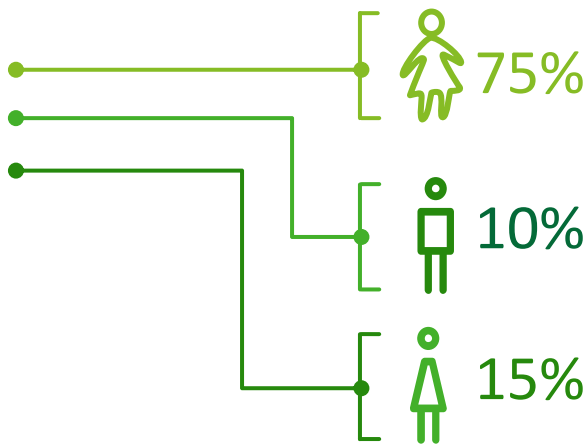


The installation of eco-friendly sources like solar panels or backup generators, not only promotes environmental sustainability but also leads to significant long-term cost-savings for the healthcare facility.

- 90% of the interviewed hospital staff reported a consistent electricity supply, in contrast to other PHCs in the area, attributed to the recent installation of solar panels.
- As reported by the patients and hospital staff, 100% of PHCs in Haveri district have electricity access. However, irregular power supply is a common issue throughout the district. Post intervention, Hattimattur PHC stands out as the sole facility with a 15KW solar energy system, effectively addressing the problem and resulting in a higher patient influx as they feel empowered and trust the newly developed facility to avail health services.
- As depicted in the below figures 9 and 10, in the year 2022-23, all PHCs were equipped with electricity but faced challenges with irregular power supply, potentially affecting the quality of patient care. In contrast, Hattimattur PHC, powered by solar energy panels, ensured uninterrupted services. In FY 23-24, it not only handled increased patient flow due to notable improvement in power supply but also set a noteworthy achievement by recording the highest number of deliveries in a month totaling 56 in the first month of operation of PHC (January 2023).
- The consistent power supply played a crucial role, enabling the PHC to manage emergency cases, stabilize primary cases, and refer them to higher centers for appropriate care as required, showcasing the broader impact of 24*7 power availability.



Enhanced awareness about government schemes/provision for pregnant women



75% of the interviewed beneficiaries were previously unaware of the available programs. The dissemination of information about the schemes/programs has provided them with financial assistance, reducing the economic burden on their families, and ensuring provision of better prenatal and post-natal care.

10% of the surveyed beneficiaries shared that the awareness of government schemes contributes to a holistic improvement in the well-being of families, fostering a healthier and more supportive environment for both mothers and newborns.

15% of the sample beneficiaries and their attendant shared that sensitization about various government provisions has impacted the community in a positive way. The sensitization has created a positive ripple effect in the community by promoting a culture of informed decision-making and proactive health management.



Interaction with PHC staff and beneficiaries during Deloitte's field visit, Picture credit: Deloitte

Stories from field Stakeholder quotes

“I am thrilled with the infrastructure upgrade and the installation of the solar panel system. It has significantly enhanced healthcare services. We no longer struggle with frequent power cuts that used to occur while waiting for the diesel generator to restore power. Furthermore, the consistent power supply, coupled with access to essential medical equipment, has greatly elevated the quality of healthcare services we provide. This positive transformation is reflected in the increased patient inflow and heightened levels of patient satisfaction.”

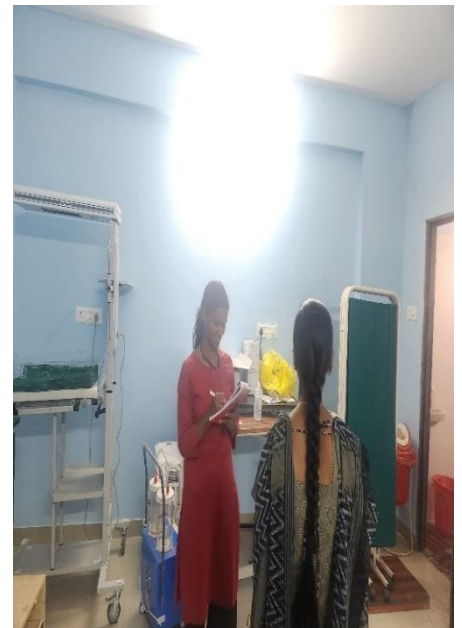
- Krishna, Accountant, Hattimattur PHC

“I have been working here from the past 15 years. Throughout my time here, I have devoted myself to siding mothers during childbirth. Prior to the establishment of the new facility, we were confronted with numerous challenges- there was no labor room, and there was only one confined ward with 6 beds, with persistent equipment malfunctions. Performing deliveries amid another patient was quite challenging. The facility’s upgrade, including the installation of solar panels, has been a game-changer. We express our gratitude to HDFC-ERGO for their invaluable assistance.”

- Kavitha, Nurse, PHC Hattimattur

“Previously we had to travel long distances to do an ultra-sound or an ECG, since the upgradation of the new facility, we no longer need to travel far for ultrasounds or any common illness. The new environment is cleaner, with convenient seating arrangements for both patients and attendants. Additionally, the 24*7 power supply ensures a reliable healthcare environment.”

- OPD patient, Hattimattur



Interaction with the PHC staff, Taluk Health Officer & PHC Medical Officer, and beneficiaries at the maternity ward and PHC administration office during Deloitte’s field visit, Picture credit: Deloitte team

Case studies



Case study 1: Enhancing maternal and neonatal care delivery for rural households.

Name of the patient: Lakshmi (name changed), Kadakola village, Karnataka

Lakshmi, a 32-year-old woman from Kadakola village, located 7 km from Hattimattur, recently underwent her third delivery at PHC Hattimattur. While sharing her experience, Lakshmi expressed that she faced numerous challenges during her previous childbirths. Citing her discomfort, she shared that she faced a lack of privacy and sub-standard facilities. This time, however, Lakshmi's experience took a positive turn with the significant improvement of services provided at the PHC, ensuring a more comfortable and secure environment for mothers like Lakshmi. Notably, she was allocated a separate ward, contributing to a heightened sense of privacy and well-being.

The upgraded PHC has cleaner wards and optimal quality baby warmers, addressing the concerns that Lakshmi had faced previously. The upgraded facility has alleviated her worries, providing a more reassuring atmosphere for her third delivery. Lakshmi expressed her contentment with the renewed safety measures available at the PHC. The implementation of proper safety protocols has contributed to her overall sense of well-being, as compared to her previous experiences.

Lakshmi's positive experience highlights the transformative effect of improvements in the Hattimattur PHC. The upgraded PHC not only addressed her past concerns but also provided a benchmark for enhancing maternal care in similar settings.



Case study 2: Ensuring care throughout the lifecycle continuum.

Name of the patient: Manjula, Hattimattur, Karnataka

Manjula, a 42-year-old resident of Hattimattur village, faced health challenges, including low blood pressure and weakness, leading to her admission at the PHC. She appreciates being allocated a separate ward and receiving proper medication, contributing significantly to her recovery.

She shared that the increased bed capacity and upgraded provisions addressed the earlier issues of overcrowding and patient waiting times. According to her, all necessary medicines are now readily available at the PHC dispensary, which further help them to cut down their expenses to travel far to different hospitals for purchases, also saves time. Importantly, these medicines are provided free of charge at the PHC. According to Manjula, the

enhanced healthcare facility not only addressed the immediate health concerns of patients like her but also mitigated other systemic challenges, ensuring timely and comprehensive healthcare services. Manjula expressed her sincere gratitude for providing accessible, efficient, cost-effective healthcare facilities for the well-being of the community people.



Case study 3: Healthcare journey with Renuka Amma

Name of the patient: Renuka Amma, Hattimattur, Karnataka

Renuka Amma, a 55-year-old resident of Hattimattur, has had a longstanding association with the PHC spanning more than three decades. From her own delivery granddaughter's recent delivery, the PHC has been the consistent healthcare service provider for her family. Visiting the facility as an attendant Attending the for her daughter-in-law's delivery, she recalled her past times and expressed profound joy seeing the recent transformation of the PHC. She highlighted the convenience brought about by the upgraded facility, where necessities like hot water, diaper wipes, bottles, and nipples etc. are readily available, and considering the small needs they need not have to go home to bring such small items.

Renuka Amma extends her gratitude for providing the facilities at free of cost. She shared that people found the new facility convenient and its easy accessibility has significantly impacted the well-being of patients and their families. She emphasised on the importance of having a well-equipped healthcare facility and reflected on the positive impact of recent developments of the PHC.

Way forward

The project reviewed by Deloitte reported frameworks and systems that allowed for timely reporting and adherence to agreed outputs and outcomes. The assessment however, outlined certain opportunity areas to enhance the effectiveness of the grant and maximize impact. Specifically, certain modifications to the implementation model could be made, which are presented as project wise recommendations in the table below:

Opportunity areas

- To ensure that infrastructure and equipment are used efficiently, following future funding opportunities for HDFC ERGO can be considered:
 - Projects integrating skill enhancement and quality improvement parameters alongside infrastructure upgradation will help in integration of equipment usage into daily PHC operations.
 - Provision of air-quality management and sanitation systems at the Labour room and Operation theatre are important infection prevention mechanisms during patient care. Investments towards these areas will create fully enabled systems enabling quicker integration of these systems into patient care.
-

Annexure A:**Details of Field interactions**

Sr. No.	Category/ Thematic focus#	HDFC ERGO's intervention	Achievement** - as per availability of stakeholders and beneficiaries on the ground at the time of assessment and short updates on discussion
1.	Infrastructure Support	Access to basic and essential health services as a prerequisite to reduce the burden of disease outbreak in general among rural population	<p>Primary stakeholders:</p> <ul style="list-style-type: none"> Primary Interaction with 20 primary beneficiaries (patients) and 6 care-givers (Family/support relatives) admitted/seeking care at the PHC <p>Secondary stakeholders:</p> <ul style="list-style-type: none"> Interaction with medical officer (MO I/C)- Dr. Chandrakala FGD with Three (3) Hospital staff: <ul style="list-style-type: none"> Staff Nurse- Ms. Kavitha, Pharmacist- Ms. Geetha Auxiliary Nurse Mid-wife at PHC- Ms. Prema KIIs with Three (3) Government officials: <ul style="list-style-type: none"> District health officer- Dr. Raghavendra Swamy Block (Taluk) Health Officer- Mrs. Chandrakala PHC Accountant- Krishna KIIs with 5 community members: <ul style="list-style-type: none"> Smt. Renukamma, Smt. Shanthakala, Smt. Kalavathi, Smt. Yellamma, Smt. Shardha FGDs with Implementing partner <ul style="list-style-type: none"> Program staff (2) Mr. Vinod- Administrative staff
2.	Promoting Quality Health	A good attention to every department's important infrastructure needs in a holistic manner, including capacity building of staff	
3.	Solar Panel Installation	Solar plant installation for uninterrupted power supply	
4.	Sanitation and drinking water Facility	Dustbins and Water Purifier were provided as basic essentials under hygiene factors.	

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