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Impact Assessment Report

Support for undertaking "Jan Arogyam Community Healthcare Programme" in Nuh Aspirational District, Haryana

Implementing Partner: Bisnouli Sarvodaya Gramodyog Sewa Sansthan (BSGSS)

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Path to Sustainability

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CONTENTS

01. EXECUTIVE SUMMARY

Project Background

The Jan Arogyam Community Healthcare Programme, implemented by Bisnouli Sarvodaya Gramodyog Sewa Sansthan (BSGSS) in partnership with CSR partner Bharat Petroleum Corporation Ltd. (BPCL) in Nuh, Haryana, aims to revolutionise healthcare accessibility in rural areas. This initiative focuses on deploying Health Clinics (HCs) and establishing community health clinics to deliver essential medical services directly to underserved populations. Through free consultations, health education, and the provision of medicines, the programme addresses prevalent health issues such as communicable diseases and chronic conditions like diabetes and hypertension, fostering long-term health improvements and resilience among vulnerable communities.

Project Details

Implementation year
FY 2021-22

Assessment year
FY 2024-25

Total Beneficiaries
30,000

Locations
Nuh, Haryana

Project Budget as per MOU
₹ 79,10,000/-

Cumulative Project Expenditure :
₹ 79,10,000/-

Sample Size
150

Implementing partner
Bisnouli Sarvodaya Gramodyog Sewa Sansthan (BSGSS)

SDG Goals

Project Activities

- Establishing a Health Clinic (HC) to provide healthcare services.
- Conducting free consultations and examinations for various health issues.
- Providing free medicines and basic pathology tests.
- Educating patients on prescriptions, diseases, and dietary restrictions.
- Referring patients to specialised healthcare facilities when necessary.
- Monitoring and managing chronic diseases like hypertension and diabetes.
- Promoting health awareness and preventive care in the community.

Key Outcomes

99.6%
of respondents always feel the doctor properly listens to symptoms.

98.8%
of respondents report that BP and pulse rate are examined during visits.

99.6%
of respondents receive explanations on prescriptions, disease, and diet restrictions.

96.8%
of respondents always receive prescribed medicines.

54.8%
of respondents have access to necessary pathology tests.

53.2%
of respondents do not require referrals to other facilities.

62.0%
of respondents rarely wait in queues.

100.0%
of respondents follow instructions for regular intake of medicines and prescribed diet.

Key Impacts

82.0%
of respondents prefer the BSGSS Clinic over other facilities post-intervention.

97.6%
of respondents do not need to pay for services at the HU.

66.4%
of respondents have undergone treatment for lifestyle and communicable diseases.

100.0%
of respondents suffering from communicable and lifestyle diseases reported faster recovery.

97.6%
of respondents are satisfied with the duration and frequency of HU services.

92.8%
of families are engaged in farming, potentially benefiting from reduced healthcare expenses.

CHAPTER 2
OVERVIEW OF THE PROJECT

Beneficiary Interaction at Health Unit

PROJECT BACKGROUND

The Jan Arogyam Community Healthcare Programme aims to revolutionise healthcare accessibility in rural areas by establishing Health Clinics (HCs) equipped to deliver essential medical services directly to underserved communities. Through this initiative, free consultations, examinations, and medicines are provided to address prevalent health issues such as communicable diseases and lifestyle disorders like diabetes and hypertension. The programme emphasises health education, empowering community members with knowledge about disease prevention, treatment adherence, and healthy living practices.

Collaborating with local healthcare providers and leveraging community outreach, Jan Arogyam not only aims to enhance healthcare access but also to foster long-term health improvements and resilience among vulnerable populations.

ABOUT BHARAT PETROLEUM CORPORATION LTD. (BPCL)

Bharat Petroleum Corporation Ltd. (BPCL) is a leading integrated oil and gas company in India, engaged in the entire spectrum of activities from exploration and production of oil and natural gas to refining crude oil and distributing petroleum products.

Headquartered in Mumbai, Maharashtra, BPCL operates refineries across Maharashtra, Kerala, and Madhya Pradesh. The company's diverse portfolio includes a focus on renewable energy alongside its production of oil products such as light and middle distillates. BPCL markets its products through a vast network of retail outlets, dealers, and distributors under well-known brands like Mak, Speed, and Bharat Gas. Additionally, BPCL plays a crucial role in supplying fuel to both domestic and international airlines, contributing significantly to India's energy sector and economy.

ABOUT NGO PARTNER: BISNOULI SARVODAYA GRAMODYOG SEWA SANSTHAN (BSGSS)

Bisnouli Sarvodaya Gramodyog Sewa Sansthan (BSGSS) is a voluntary organisation dedicated to empowering women and fostering socio-economic development through healthcare, education, vocational training, and social mobilisation initiatives. Founded on June 15, 1994, under the Societies Registration Act 1860, BSGSS operates primarily in Delhi, Uttar Pradesh, Punjab, and Haryana. It plays a pivotal role in raising awareness about socio-economic issues among women, providing foundational training in microfinance, and equipping them with diverse skills aimed at achieving financial independence. Supported by a dedicated team of volunteers, BSGSS collaborates with like-minded organisations, government institutions, and the private sector to expand its impact and create sustainable community development solutions.

MEDICINE DISTRBUTION AT THE HEALTH CLINIC

CHAPTER 3
RESEARCH METHODOLOGY

OBJECTIVES OF THE STUDY

The primary objective of this study is to comprehensively evaluate the immediate and long-term impacts of the Jan Arogyam Community Healthcare Programme on healthcare delivery, health education, and community health outcomes in Nuh, Haryana. Specifically, the research seeks to analyse the effectiveness of Health Clinics (HCs) and community health clinics in enhancing healthcare access, improving health literacy, and fostering community resilience against prevalent health issues.

RESEARCH DESIGN

This study employs a Mixed-Method Approach, integrating both quantitative and qualitative techniques to provide a holistic understanding of the programme's outcomes. The combination of these methods allows for a nuanced exploration of the programme's impact from diverse perspectives, including healthcare providers, community members, and programme beneficiaries.

APPLICATION OF QUANTITATIVE TECHNIQUES

Quantitative methodologies involve structured surveys administered to a sample of 100 beneficiaries selected through simple random sampling. This approach ensures representative data collection and allows for statistical analysis to measure the programme's effectiveness in improving healthcare accessibility and health outcomes in Nuh, Haryana.

APPLICATION OF QUANTITATIVE TECHNIQUES

Qualitative methods include in-depth interviews conducted with key stakeholders, including healthcare providers, programme administrators, and community health workers. These interviews aim to gather detailed insights into personal experiences, challenges, and contextual factors influencing the programme's outcomes.

ENSURING TRIANGULATION

To enhance the credibility and reliability of research findings, triangulation is employed by integrating data from both quantitative surveys and qualitative interviews. This approach ensures comprehensive validation of findings and reduces biases, providing a robust assessment of the Jan Arogyam Community Healthcare Programme's impact in Nuh, Haryana.

SAMPLING FRAMEWORK

The study includes eight in-depth interviews and data collection from beneficiaries through simple random sampling. This sampling strategy is designed to capture a diverse range of perspectives and experiences within the beneficiary population, reflecting the socio-economic and demographic diversity of Nuh, Haryana. Key stakeholders involved in the study include Bisnouli Sarvodaya Gramodyog Sewa Sansthan (BSGSS), healthcare providers, programme beneficiaries, and community leaders in Nuh, Haryana.

DATA COLLECTION

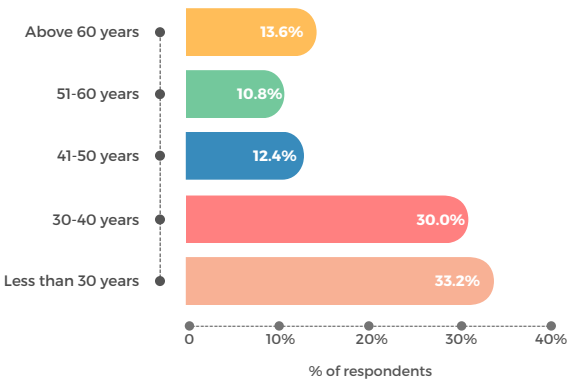
Primary data collection involves structured surveys administered online and in-person, supplemented by in-depth interviews conducted face-to-face with key stakeholders. The use of technology for data collection ensures accuracy, efficiency, and real-time insights into the programme's implementation and impact.

COMMITMENT TO RESEARCH ETHICS

The research adheres to stringent ethical guidelines to protect participant confidentiality, ensure informed consent, and uphold data security throughout the study in Nuh, Haryana. Ethical considerations are central to maintaining the integrity and validity of the research process and respecting the rights and privacy of all stakeholders involved.

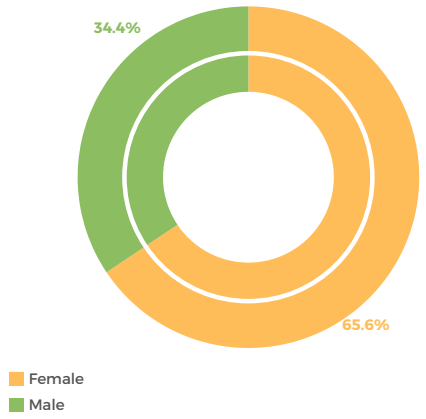
CHAPTER 4
KEY FINDINGS

CHART 1: AGE GROUP DISTRIBUTION



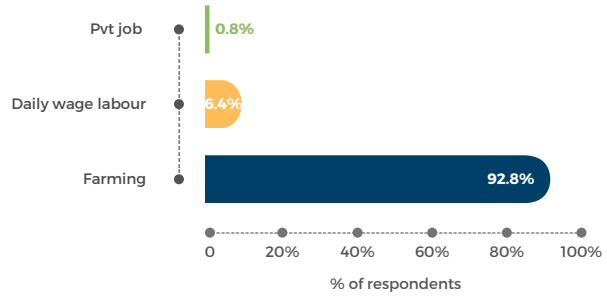
The study covered respondents from different age groups benefitting from the project intervention.

CHART 2: GENDER WISE DISTRIBUTION



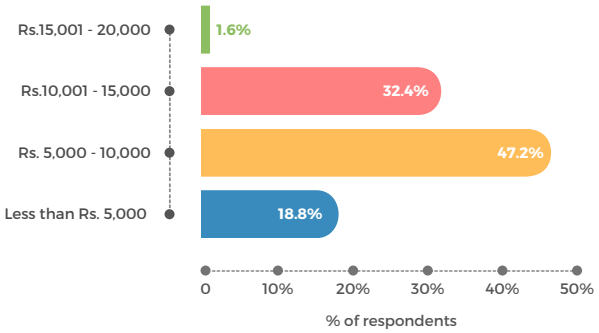
The findings reveal a significant majority being female. This distribution suggests a pronounced representation of women beneficiaries from the intervention.

CHART 3: FAMILY OCCUPATION



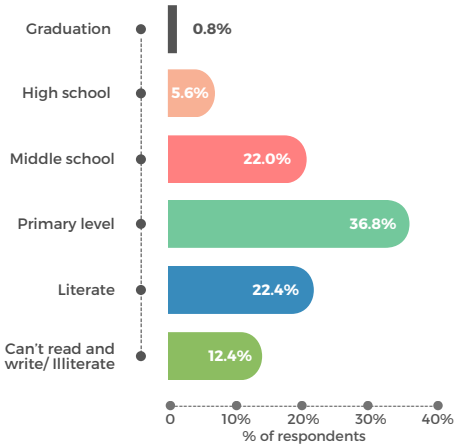
A significant majority of respondents are engaged in farming, with smaller numbers involved in daily wage labour and private jobs. This distribution highlights a predominant reliance on agriculture as a primary occupation among the respondents.

CHART 4: MONTHLY FAMILY INCOME



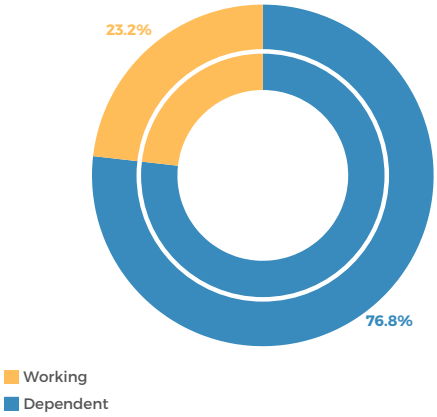
A significant majority of respondents are engaged in farming, with smaller numbers involved in daily wage labour and private jobs. This distribution highlights a predominant reliance on agriculture as a primary occupation among the respondents.

CHART 5: EDUCATION STATUS OF THE RESPONDENT



The findings reflect a diverse educational background among respondents, ranging from illiterate individuals to those with varying levels of formal education.

CHART 6: PRESENT EMPLOYMENT STATUS OF THE BENEFICIARY



The study indicates that a majority of respondents are dependent, while a smaller proportion is actively employed. This distribution suggests a significant reliance on external sources of support among the surveyed population, potentially reflecting economic challenges.

CHART 7A: PREFERRED HEALTH CARE FACILITY BEFORE THE MHU

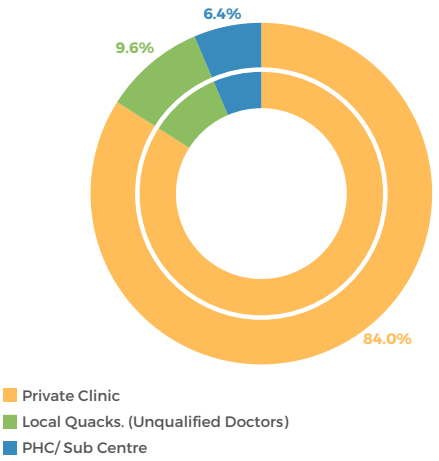
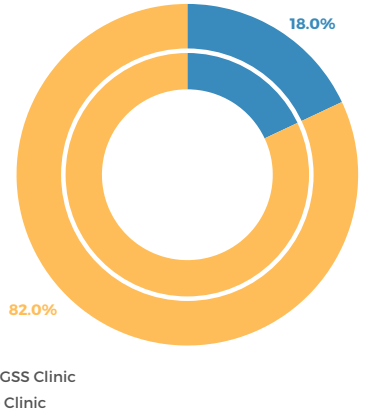


CHART 7B: PREFERRED HEALTH CARE FACILITY AFTER THE INTERVENTION OF CLINIC



Before the intervention, a majority of respondents preferred private clinics for healthcare, with smaller numbers opting for local unqualified doctors or public health centres/sub-centres. After the intervention, a significant shift occurred towards utilising the BSGSS Clinic, indicating a substantial increase in preference for the newly introduced healthcare facility provided by BSGSS. This transition suggests a positive response to the clinic's services and possibly improved accessibility, or quality of care compared to previous options.

CHART 8A: DISTANCE TRAVELLED EARLIER TO GET MEDICAL CARE FROM THE HEALTHCARE FACILITIES BEFORE THE MHU

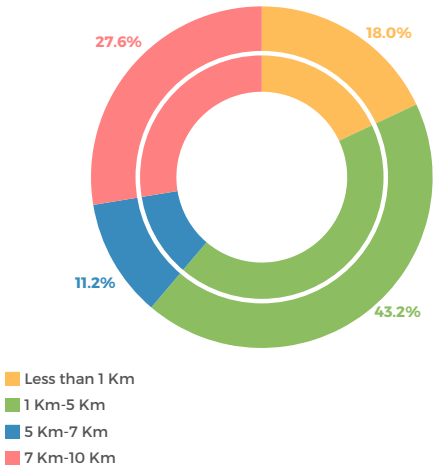
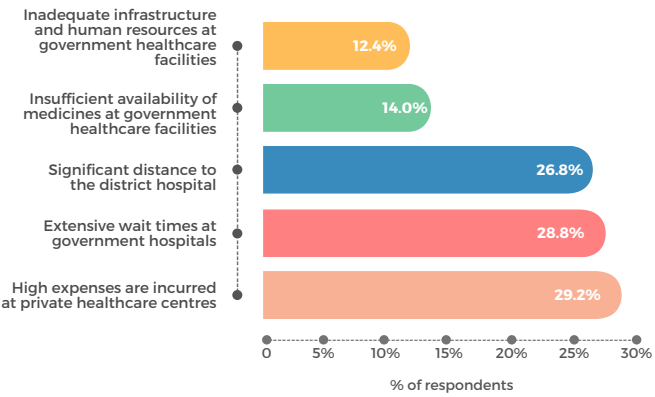
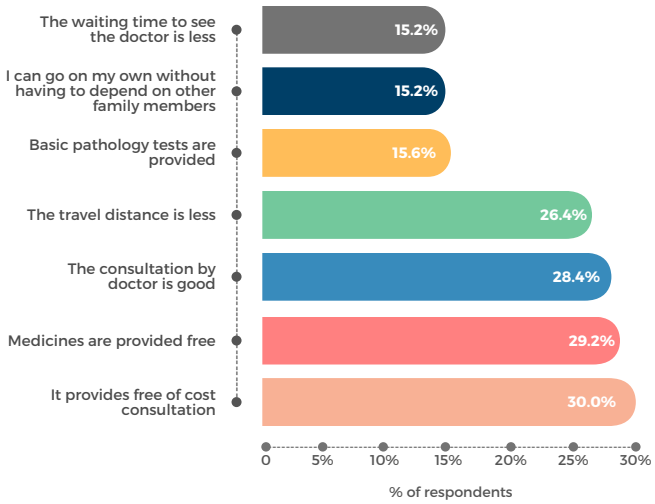


CHART 8B: CHALLENGES ENCOUNTERED WHILE ACCESSING HEALTHCARE FACILITIES IN THE PAST



The study indicates that a majority of respondents are dependent, while a smaller proportion is actively employed. This distribution suggests a significant reliance on external sources of support among the surveyed population, potentially reflecting economic challenges.

CHART 9: REASON FOR CHOOSING THE SERVICE OF HU OVER OTHER HEALTH CARE FACILITIES



The study indicates that respondents opt for the Health Clinic (HC) due to its convenient accessibility, cost-free services, and perceived quality of care. This preference reflects a positive reception towards the HC's ability to overcome traditional barriers to healthcare access, emphasising its role in improving service availability and convenience for the community.

INTERACTION WITH THE BENEFICIARY

CHART 10A: WHETHER NEED TO PAY ANY AMOUNT FOR ANY OF THE SERVICES

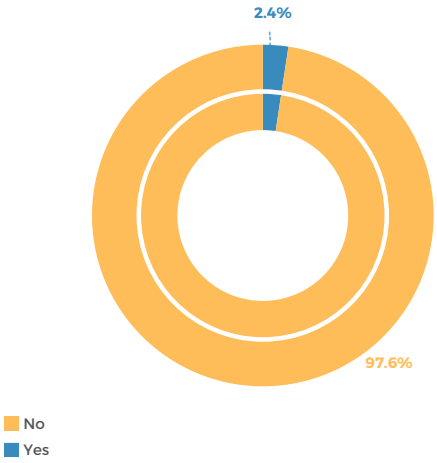
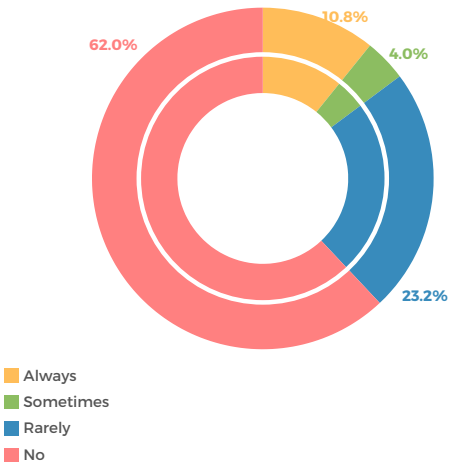


CHART 10B: WHETHER NEED TO WAIT IN A LONG QUEUE AT THE HEALTH CENTER



Respondents overwhelmingly reported not needing to pay for any of the services provided, with a small minority indicating otherwise. Regarding waiting times at health centres, a majority rarely or never faced long queues, suggesting generally manageable waiting periods for healthcare services. These findings indicate a favourable reception towards accessibility and affordability aspects addressed by the healthcare services provided.

CHART 11: EFFICIENCY OF THE SERVICES PROVIDED TO PATIENTS

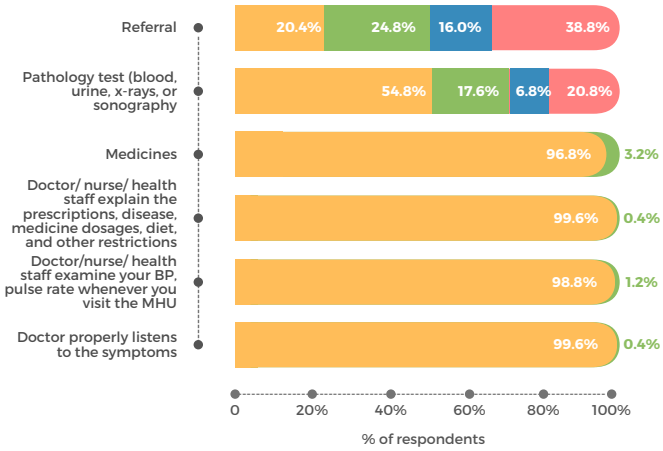


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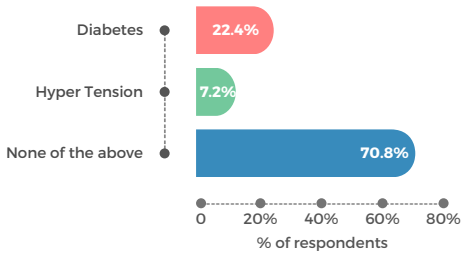
CHART 12B: LIFE STYLE DISEASES FROM WHICH THE RESPONDENTS HAVE SUFFERED IN THE PAST 3 YEARS AND MORE



The findings suggest that over the past year, a minority of respondents experienced communicable diseases such as cold and fever, diarrhoea, skin problems, and gastro-intestinal disorders. In terms of lifestyle diseases over the past three years, a smaller proportion of respondents have been affected by diabetes or hypertension, while a majority reported no such issues. This indicates that communicable diseases are relatively more common among respondents compared to lifestyle diseases.

CHART 13A: HAVE YOU UNDERGONE TREATMENT FROM THE MHU FOR LIFE STYLE AND COMMUNICABLE DISEASES?

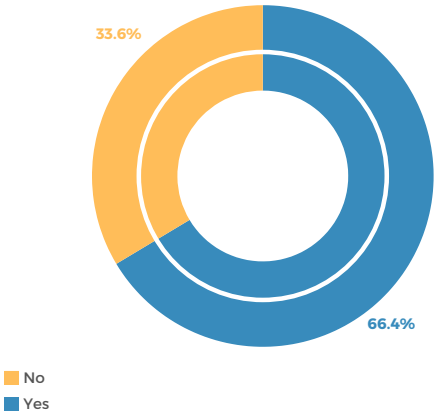
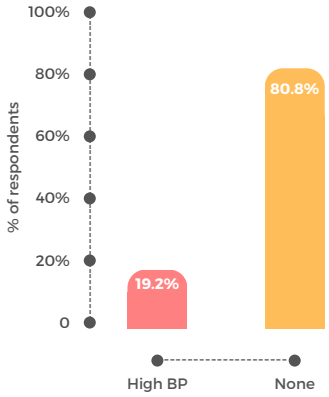


CHART 13B: LIFE STYLE DISEASES DIAGNOSED FIRST TIME AT THE MHU



The study indicates that a significant portion of respondents have sought treatment from the Health Clinic (HC) for both lifestyle and communicable diseases. Additionally, among those diagnosed with lifestyle diseases for the first time at the HC, a small number were identified with high blood pressure. This suggests that the HC plays a crucial role in diagnosing and managing both types of diseases, highlighting its importance in providing essential healthcare services to the community.

CHART 14A: HEALTH CENTERS WHERE DOCTORS OFFER GOOD CONSULTATION FOR A COMMUNICABLE DISEASE (POST-INTERVENTION)

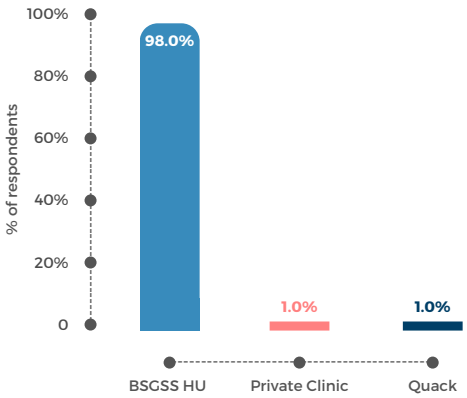
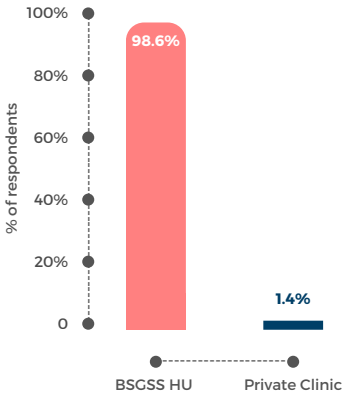
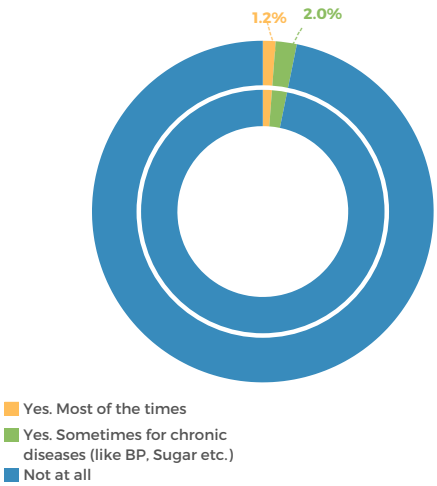


CHART 14B: HEALTH CENTERS WHERE DOCTORS OFFER GOOD CONSULTATION FOR A LIFESTYLE DISEASE (POST-INTERVENTION)



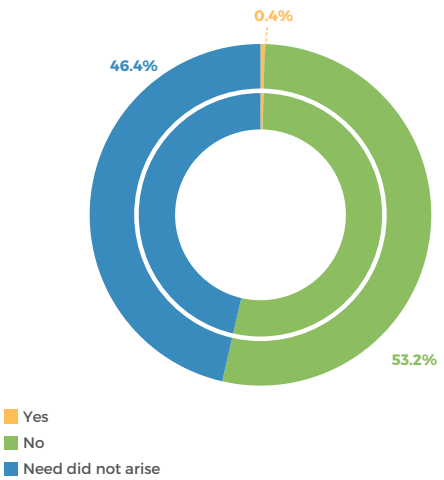
The study indicates that post-intervention, respondents overwhelmingly perceive the BSGSS Health Clinic (HC) as providing excellent consultation for both communicable and lifestyle diseases. Very few respondents favour private clinics or unqualified practitioners. This suggests a strong confidence in the quality of care provided by the BSGSS HC, underscoring its effectiveness and trustworthiness in addressing a wide range of health issues within the community. All the respondents who suffered from communicable or lifestyle diseases reported that HC provides faster recovery.

CHART 15: WHETHER GOT MEDICINES FROM THE MHU WITHOUT CONSULTING THE DOCTOR



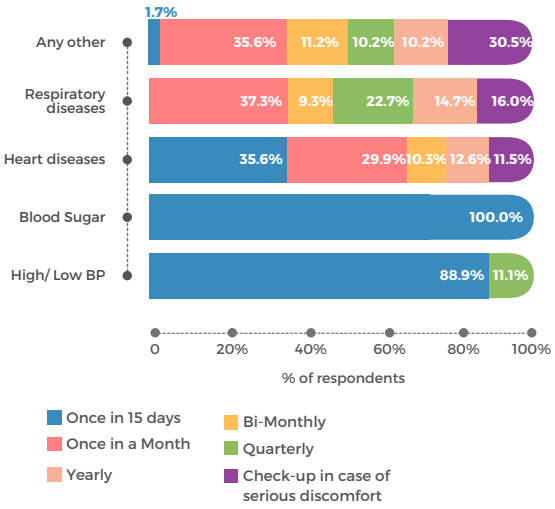
The study Indicates that the vast majority of respondents do not receive medicines from the Health Clinic (HC) without consulting a doctor. This suggests that the HC maintains a strict protocol ensuring that medical consultations precede the dispensing of medications, reflecting a focus on responsible healthcare practices.

CHART 16: WHETHER BEEN REFERRED TO ANY OTHER HEALTHCARE FACILITY LIKE A MULTI-SPECIALITY HOSPITAL, GOVERNMENT FACILITY ETC BY THE MHU STAFF



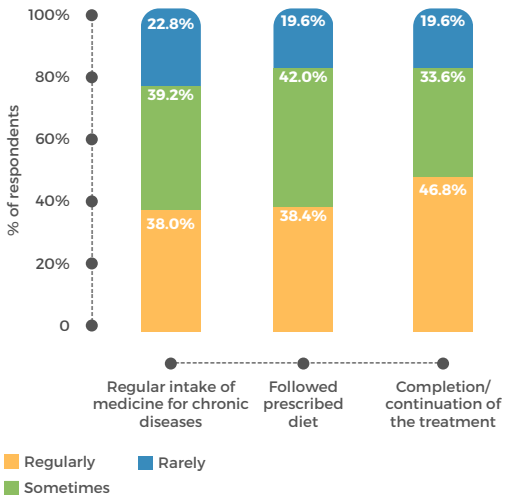
Referrals to other healthcare facilities by the Health Clinic (HC) staff are rare. Most respondents either did not require a referral or have not been referred to another facility. This indicates that the HC is largely capable of addressing the healthcare needs of the community on its own.

CHART 17: FREQUENCY OF CHECK-UPS



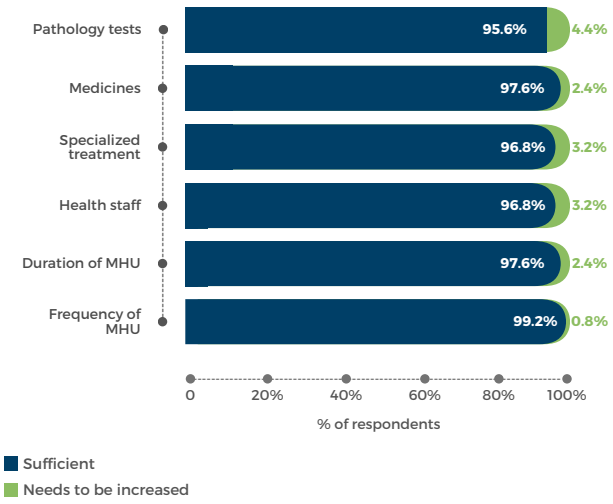
The findings reveal diverse frequencies of medical check-ups based on different health conditions. Individuals with blood sugar issues have the most consistent check-ups, occurring every 15 days. Those with heart diseases and respiratory conditions show varied frequencies, from bi-monthly to annual check-ups, and many visit only when experiencing serious discomfort. This pattern indicates tailored healthcare approaches, with some conditions requiring more frequent monitoring while others are managed with less regular visits.

CHART 18: FREQUENCY OF FOLLOWING INSTRUCTIONS



The findings suggest that while a significant portion of respondents adhere to prescribed medical routines, such as regular intake of medicines and following a prescribed diet, consistency varies. Nearly half of the individuals consistently complete or continue their treatment. This highlights the need for enhanced support and education to improve adherence to medical advice.

CHART 19: RECOMMENDATION FOR THE IMPROVEMENT



The study indicates that the majority of respondents are satisfied with the current frequency, duration, and availability of health staff, specialised treatment, medicines, and pathology tests provided by the HC. Only a small fraction believe that these services need to be increased, suggesting that the HC is largely meeting the community's healthcare needs effectively. This highlights the overall positive impact of the HC services while also pointing out minor areas for potential enhancement.

Case Study 1

Dr. Rahul, a BAMS doctor at the BPCL-BSGSS Jan Arogyam Kendra in Gangauli, Haryana, operates the health unit six days a week, providing essential services like OPD, eye check-ups, RBS, BP, and ECG. The clinic's establishment has significantly improved healthcare access in the community, which previously relied on non-functional facilities. Chronic diseases were prevalent before the clinic's establishment, but now, 30 to 40 patients visit daily, and the health unit covers multiple nearby villages. The unit has been effective in reducing dependency on quacks, addressing common diseases like BP, diabetes, skin allergies, and UTI, and offering referrals for advanced treatments. The program has also seen a positive impact on women's health issues, anaemia, and lifestyle diseases, with a high percentage of women now using sanitary napkins.

The health unit has played a crucial role in COVID-19 management through awareness camps and vaccination drives in collaboration with the district health department. This collaboration has extended to other joint programs aimed at enhancing community health awareness and service outreach. Despite initial challenges in gaining community trust, the continuous intervention has led to significant improvements in health outcomes and lifestyle changes. The program's success is evident in the reduced prevalence of waterborne and airborne diseases and better management of chronic conditions among the elderly and general patients. Moving forward, recommendations include maintaining the current momentum and potentially increasing the frequency and duration of health unit visits to further strengthen the community's health infrastructure.

Dr. Rahul - Doctor

Case Study 2

Mrs. Darshan, an Aanganwari Worker in Gangauli, Nuh, plays a pivotal role in community health, focusing on addressing prevalent health issues among women, children, and the elderly. Before the establishment of health facilities like CHC and Nuh, the community faced challenges related to skin ailments, hypertension, and diabetes. With the HelpAge India Health Clinic/HC now operational, significant improvements have been noted. The clinic offers essential services such as ECG, BP monitoring, RBS, eye tests, and OPD, benefiting both the general population and pregnant or lactating mothers.

One of the notable achievements has been the improvement in women's health, with 100% usage of sanitary napkins observed among adolescent girls and women. This initiative, coupled with regular awareness programs and community mobilisation efforts involving ANM and ASHA workers, has led to increased awareness of health issues and improved hygiene practices. The clinic's interventions have effectively reduced the dependency on local quacks, minimised the severity of health problems, and enhanced the community's overall health literacy. Through continuous orientation and training for frontline health workers, including ANM, ASHA, and Aanganwadi workers, the community has shown a positive shift in attitudes towards communicable diseases and lifestyle issues, dispelling myths and taboos related to menstruation hygiene.

Mrs. Darshan - Aanganwari Worker

Case Study 3

The BPCL-BSGSS Jan Arogyam Kendra in Gangauli, Haryana, under the dedicated leadership of Vedan Kumari, G.N.M., has transformed healthcare accessibility and outcomes for the community. Operating six days a week, the clinic provides essential services such as OPD consultations, diagnostic tests, and specialised care for chronic diseases like hypertension and diabetes. Before its establishment, local residents faced limited healthcare options, often resulting in untreated chronic conditions. Since its inception, the clinic has seen a steady flow of 30 to 40 patients daily, offering crucial treatments and conducting regular home visits for bedridden patients, significantly improving their health outcomes and quality of life. Collaborative efforts with the district health department during COVID-19 underscored the clinic's role in crisis management and community health education, contributing to a reduction in waterborne and airborne diseases and promoting women's health through comprehensive awareness programs.

Mrs. Vedan Kumari- General Nursing and Midwifery.

Case Study 4

Yashpal Singh, a dedicated pharmacist at the BPCL-BSGSS Jan Arogyam Kendra in Gangauli, Haryana, has been instrumental in transforming healthcare access for the community of Jakhopur Sohna. Operating six days a week from 9:00 AM to 1:00 PM, the clinic offers a range of essential services, including OPD consultations, eye check-ups, ECG tests, and more. Before the clinic's establishment, residents faced significant challenges accessing healthcare, particularly for chronic conditions like hypertension and diabetes. Since its inception, the clinic has become a lifeline, serving 30 to 40 patients daily and conducting regular home visits for bedridden patients, ensuring comprehensive care reaches those most in need. Collaborative efforts with the district health department during the COVID-19 pandemic further highlighted the clinic's role in crisis management and community health education, significantly reducing the incidence of waterborne and airborne diseases through proactive awareness programs.

The BPCL-BSGSS Jan Arogyam Kendra exemplifies a successful model of community healthcare, addressing prevalent issues such as skin allergies, UTIs, and gynaecological concerns among women and adolescents. With a strong focus on improving lifestyle and health literacy, particularly in managing anaemia and malnutrition, the clinic has achieved remarkable results in enhancing the overall well-being of the community. Looking forward, leveraging government health schemes, and expanding outreach initiatives will be crucial to sustain and enhance the clinic's impact, ensuring continued improvements in healthcare accessibility and outcomes for the residents of Jakhopur Sohna and surrounding villages in Gangauli.

Mr. Yashpal Singh - Pharmacist

Case Study 5

Sachin Tanwar plays a pivotal role at the BPCL-BSGSS Jan Arogyam Kendra, where he ensures that essential healthcare services are accessible to the community of Chirwari and surrounding villages six days a week from 9:00 AM to 1:00 PM. Before the clinic's establishment, residents lacked access to basic healthcare facilities, relying on irregular visits to distant health centres. Since its inception, the clinic has transformed healthcare delivery, catering to 30 to 40 patients daily and covering several villages weekly. Common ailments like hypertension, diabetes, malaria, and typhoid are now effectively managed through regular OPD consultations and proactive disease awareness programs. The clinic's impact extends beyond treatment, focusing on lifestyle improvements and regular follow-ups, significantly enhancing the overall health outcomes of the community.

In Sachin's leadership, the clinic has successfully reduced dependency on local quacks and minimised the prevalence of waterborne and airborne diseases through comprehensive health education initiatives. The team's proactive measures during the COVID-19 pandemic, including awareness camps and distribution of masks, underscore their commitment to community health. Collaborative efforts with the district health department and local ASHA workers have further strengthened the clinic's outreach, facilitating seamless referrals to higher healthcare facilities when necessary. Looking ahead, sustained engagement with government health schemes and increased community participation will be critical to further enhance the clinic's effectiveness and ensure continued access to quality healthcare for all residents of Chirwari and nearby villages in Gangauli, Haryana.

Mr. Sachin Tanwar - Lab Technicain

Case Study 6

Anup Kumar, serving as the Project Coordinator at the BPCL-BSGSS Jan Arogyam Kendra in Gangauli, Haryana, has been instrumental in transforming healthcare access for the community of Nuh and neighbouring villages. Operating six days a week from 9:00 AM to 1:00 PM, the clinic addresses a significant gap in healthcare services that previously left villagers without access to essential medical care. Before the establishment of the HC, chronic diseases like hypertension, diabetes, and anaemia were prevalent among the population. Now, with daily visits from 30 to 40 patients, the clinic provides critical services such as general OPD consultations and disease management. Elderly patients particularly benefit from regular monitoring of conditions like high blood pressure and diabetes, while the overall community has seen a reduction in waterborne and airborne diseases due to the clinic's robust awareness programs.

Under Anup's leadership, the clinic has effectively reduced dependency on unqualified healthcare providers and increased referrals to higher facilities for specialised treatment when necessary. During the COVID-19 pandemic, the clinic played a crucial role in spreading awareness and distributing protective gear, contributing significantly to community health resilience. Collaborations with local government health services, including Anganwadi workers and health talks, have strengthened the clinic's outreach and engagement with government health schemes. Moving forward, Anup emphasises the importance of sustained community participation and continued government support to further enhance the clinic's impact and ensure comprehensive healthcare access for all residents in the region

Mr. Anup Kumar - Project Coordinator

Case Study 7

Gayatri, serving as the Village Health Worker at the BPCL-BSGSS Jan Arogyam Kendra in Gangauli, Haryana, has been pivotal in improving healthcare accessibility and outcomes for her community. Operating six days a week from 9:00 AM to 1:00 PM, the clinic offers a range of essential services, including general OPD consultations, eye checks, and ECG tests, filling a critical void left by the non-functional previous healthcare facilities in the area. Before the establishment of the HC, chronic diseases like hypertension, diabetes, and skin ailments were prevalent among residents. Now, with an average of 30 to 40 patients daily, the clinic not only manages these conditions but also addresses issues like anaemia and women's health concerns such as white discharge and menstrual issues.

In Gayatri's guidance, the clinic has seen significant improvements in community health, marked by reduced dependency on unqualified healthcare providers and increased referrals to higher facilities for specialised care. Through continuous awareness programs, the clinic has successfully reduced waterborne and airborne diseases, emphasising preventive healthcare and regular follow-ups. Collaborations with local government health services, especially during the COVID-19 pandemic, have further strengthened community resilience and awareness. Moving forward, Gayatri underscores the importance of sustained government support and community participation to continue improving healthcare access and outcomes in Gangauli and neighbouring villages.

Mrs. Gayatri - Village Health Worker

CHAPTER 6
RECOMMENDATIONS

Increasing the frequency and duration of visits by Health Clinics (HCs) to further strengthen healthcare infrastructure. This would ensure more regular access to essential medical services for residents of remote villages.

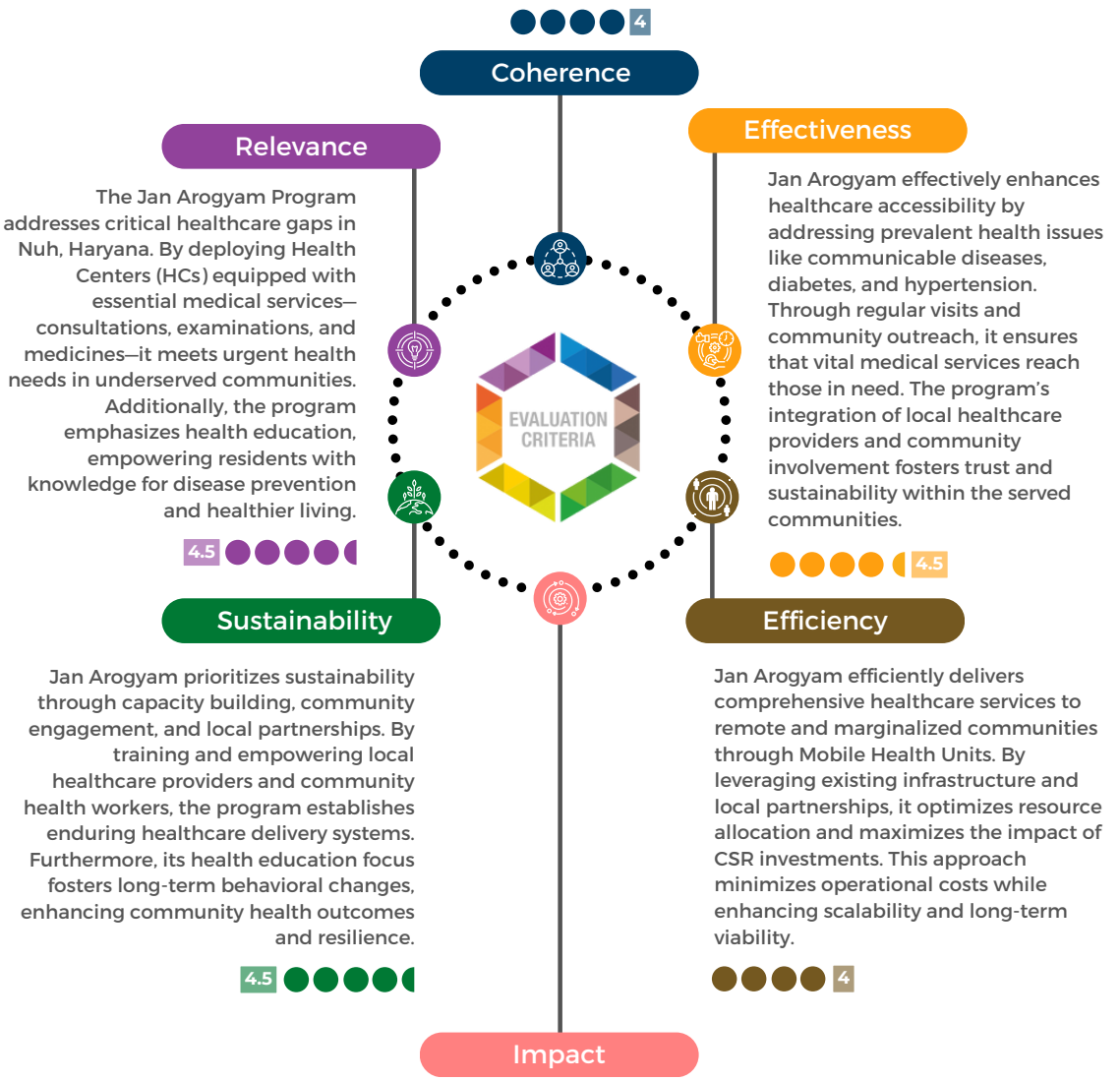
To expand the range of healthcare services offered at the clinics to include more specialised treatments and diagnostics. This expansion could cater to a wider spectrum of health needs within the community.

It is recommended to further integrate the Jan Arogyam Kendra with existing government health schemes. This collaboration would ensure sustainability and long-term support for the healthcare initiatives, leveraging government resources and expanding reach.

Exploring opportunities for integrating technology into healthcare delivery, such as telemedicine and digital health records.

06. OECD FRAMEWORK

The Jan Arogyam programme demonstrates strong coherence with the Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being). Focusing on improving healthcare access through Health Clinics (HCs), the initiative directly addresses the goal of ensuring healthy lives and promoting well-being for all. This alignment underscores the programme's strategic relevance to global sustainability efforts, emphasising inclusivity and health equity in rural areas.



The programme has a significant positive impact on community health and well-being in Nuh, Haryana. Through its comprehensive healthcare services and health education initiatives, Jan Arogyam has not only improved access to medical care but also empowered community members to take charge of their health. The measurable reduction in disease prevalence, increased treatment adherence, and enhanced health awareness underscores the programme's transformative impact on individuals and families, paving the way for sustainable health improvements in the region.

4

Index : 5 Points - Very High ; 4 Points - High ; 3 Points - Moderate ; 2 Points - Low ; 1 Point - Very Low

CHAPTER 7
CONCLUSION

The Jan Arogyam Community Healthcare Programme, a collaborative initiative between Bisnouli Sarvodaya Gramodyog Sewa Sansthan (BSGSS) and BPCL as the CSR partner, has demonstrated profound impact and sustainability in Nuh, Haryana. This comprehensive healthcare intervention is aimed at addressing the region's healthcare challenges through accessible, affordable, and quality healthcare services. By establishing a robust network of healthcare facilities, mobile health units, and community outreach programs, the project effectively bridged gaps in healthcare accessibility and improved the overall health outcomes of the underserved communities in Nuh.

Throughout the project's implementation, BSGSS and BPCL leveraged their respective strengths to create a holistic healthcare ecosystem. BPCL's strategic support not only enhanced infrastructure development but also facilitated the integration of sustainable healthcare practices. The establishment of the Jan Arogyam Healthcare Centre not only provided primary healthcare services but also served as a hub for health education, preventive care, and community engagement. This approach not only addressed immediate healthcare needs but also empowered community members to take charge of their health through awareness and education initiatives.

STUDY TOOLS

TOOLS FOR THE STAKEHOLDERS

Sr. No	Item	Response options
General Profile		
1	Name of the beneficiary	
2	Address –	
3	Name of the village	
4	Panchayat	
5	State –	
6	Contact Number –	
Demographic Profile		
7	Age –	
8	Gender -	Male Female
9	Family occupation –	**a.** Farming **b.** Daily wage labour **c.** Small enterprise **d.** Pvt job **e.** Government job **f.** Others
10	Monthly Family Income –	**a.** Less than Rs. 5000/- **b.** Rs. 5000 - Rs.10000/- **c.** Rs.10001 - Rs.15,000/- **d.** Rs.15,001 - Rs.20,000/- **e.** More than Rs.20,000/-
11	Total number of family members	First of all When any Patients come to us, they are registered then medical checkup and surgery is done as per requirement. During this time arrangements are made for its food, drink and living.
12	Education status of the respondent –	**a.** Can't read and write/ Illiterate **b.** Literate **c.** Primary level **d.** Middle school **e.** High school **f.** Higher secondary education **g.** Graduation **h.** Others (PG, Diploma etc.)

Sr. No	Item	Response options
13	Present employment status of the beneficiary –	**a.** Dependent **b.** Working **c.** Retired but getting a pension
Relevance of the program		
A	**Accessibility of the Healthcare facilities before and after the HC**	
14	What was your preferred Health Care Facility before the HC?	**a.** Private Clinic. **b.** PHC/ Sub Centre. **c.** District Government Hospital. **d.** Local Quacks. (Unqualified Doctors) **e.** Getting medicines across the counter (From Pharmacies on my own).
15	What is your preferred Health Care Facility after the Intervention of Clinic?	**a.** The BSGGS Clinic. **b.** Private Clinic. **c.** PHC/ Sub Centre. **d.** District Government Hospital. **e.** Local Quacks. (Unqualified Doctors).
16	What would be the distance you used to travel earlier to get medical care from the above healthcare facilities before the HC?	**a.** Less than 1 Km **b.** 1 Km-5 Km **c.** 5 Km-7 Km **d.** 7 Km-10 Km **e.** Above 10 Km [In case of option e. Above 10 Km- Specify the distance]
17	What challenges did you encounter while accessing healthcare facilities in the past?	**a.** High expenses are incurred at private healthcare centres. **b.** Extensive wait times at government hospitals. **c.** Significant distance to the district hospital. **d.** Inadequate infrastructure and human resources at government healthcare facilities. **e.** Insufficient availability of medicines at government healthcare facilities.
18	The reason for choosing the service of HC over other healthcare facilities is (Choose more than one option)	**a.** It provides free of cost consultation. **b.** Medicines are provided free. **c.** The consultation by the doctor is good. **d.** The travel distance is less. **e.** I can go on my own without having to depend on other family members. **f.** The waiting time to see the doctor is less. **g.** Basic pathology tests are provided.
Efficiency of the project (Process indicators related questions)		
B	**System Impact (Prevention and curative which includes screening, medication, referral service, pathology test, and other medical support)**	
19	Do you need to pay any amount for any of the services?	1. Yes 2. No
20	If yes, mention the service and amount.	

Sr. No	Item	Response options
21	Do you need to wait in a long queue at the Health centre?	1. Yes 2. No 3. Sometimes 4. Rarely
22	Efficiency of the services provided to patients (Put a tick mark as per the regularity of services)	

Services	Always	Sometimes	Rarely	Never
Doctor properly listens to the symptoms.				
Doctor/nurse/ health staff examine your BP and pulse rate whenever you visit the HC				
Doctor/ nurse/ health staff explain the prescriptions, disease, medicine dosages, diet, and other restrictions				
Medicines				
Pathology test (blood, urine, x-rays, or sonography)				
Referral				

C	**Health status of the patient**	
23	Can you tell which communicable diseases you suffered in the last one year? (Can choose more than one option)	a. Cold and Fever b. Diarrhoea c. Dengue/Malaria/ Chikungunya d. Urinary Infections e. Gastro-Intestinal disorders f. Skin Problems g. Any other h. None of the above i. If Others, Specify .....
24	If yes, mention the service and amount.	a. Diabetes b. Hypertension c. Cholesterol d. Kidney diseases. e. Heart Conditions. f. Osteoarthritis. g. Nervous Disorders. h. None of the above.

Sr. No	Item	Response options
25	Have you undergone treatment from the HC for Lifestyle and communicable diseases?	a. Yes b. No
Effectiveness of the HC intervention		
26	Which of the following Lifestyle diseases were diagnosed for the first time at the HC?	a. BP b. Blood Sugar c. Cardiovascular diseases (heart diseases) d. Respiratory diseases e. Any Other f. None g. If Any Other, please specify ..... (Text Fill)
27	Doctors in which of the below facilities offer good consultation for a communicable disease? (Post-Intervention)	a. HC b. Private Clinic. c. PHC/ Sub Centre. d. District Government Hospital. e. Quack
28	Among the below-listed healthcare facilities, doctors in which of the below facilities offer good consultation for a Lifestyle disease? (Post-Intervention)	a. HC b. Private Clinic. c. PHC/ Sub Centre. d. District Government Hospital. e. Quack
29	Among which of the following do you find faster recovery in case of a communicable disease? (Post-Intervention)	a. HC b. Private Clinic. c. PHC/ Sub Centre. d. District Government Hospital.
30	Which of the following health facilities helps you with better managing your lifestyle disease? (Post-Intervention)	a. HC b. Private Clinic. c. PHC/ Sub Centre. d. District Government Hospital.
31	Have you received medicines from the HC without consulting the doctor?	a. Yes. Sometimes for chronic diseases (like BP, Sugar etc.) b. Yes. Most of the times c. No. Not at all.
32	Apart from the facility of HC, which other facilities are you still visiting for treatment?	
33	Have you been referred to any other healthcare facility, like a Multi-speciality Hospital, Government facility, etc by the HC staff,	a. Yes b. No. c. Need did not arise.

Sr. No	Item	Response options
D	**Behavioural changes of the patients**	
34	How often do you go for check-ups for the following diseases?	
Diseases Name		
	High/ Low BP	
	Blood Sugar	
	Heart diseases	
	Respiratory diseases	
	Any other	
	In the case of Sl. No. 5 – "Any other disease" – Kindly mention the name of the disease (Text fill)	
35	Frequency of following instructions:	
	Instructions	
	Regular intake of medicine for chronic diseases (you/ family member)	
	Followed prescribed diet	
	Followed prescribed lifestyle modification	
	Completion/ continuation of the treatment	
36	Recommendation for the improvement	
	Recommendations	**Needs to be increased**
	Frequency of HC	
	Duration of HC	

Sr. No	Item	Response options
	Health staff	
	Specialised treatment	
	Medicines	
	Pathology tests	
HEALTH UNIT DOCTOR & STAFF'S TOOL		
1	Name	
2	Designation	
3	Qualification	
4	Contact No-	
5	Village	
6	State	
7	Name of the HC/ clinic	
8	How many days do you open/visit the centre?	
9	How frequently does HC come to the particular village?	
10	What is the timing of the centre/HC?	
11	How many staff are there in the clinic/HC?	
12	What kind of services do you offer to the patients?	
13	What were the previous healthcare facilities in the community?	
14	Did most of the patients suffer from chronic diseases before the HC/ Clinic got established in this community?	
15	Nos of patients visited per day:	• HC • CLINIC
16	How many villages do the HC cover in a week?	Whether patients are referred to hospitals for further treatment. If yes, the average no. of patients referred per month.

Sr. No	Item	Response options
Present Status (Effectiveness of the program)		
17	Where do the patients go for health check-ups nowadays?	
18	What kind of common diseases do you get daily among elderly patients?	
19	What kind of common disease do you get daily among the general patient?	
20	Have the waterborne and airborne diseases reduced in the community due to the awareness program by MHCU staff?	
21	Does the elderly population come up with their health complications more than earlier?	
22	Do the doctors and staff pay the home visit for the bedridden patients?	
23	What types of improvements in their lifestyle become enhanced due to the continuous intervention?	
24	How many COVID cases were registered in the last three waves? (If applicable)	
25	How did you handle the treatment procedure?	
26	Have you taken any initiative on awareness generation and vaccination drives?	
27	What is the disease trend since its inception? (Seasonal disease and lifestyle disease) (Age group-wise disease trend) Gender-wise disease trend - Rate of the patients affected by the diseases and the recovery rate or minimisation of the recurrence of the diseases. Mortality trend – elderly and general patients – (MHCU/Clinic data)	
28	Does the dependency on quacks reduce more than earlier?	
29	What is the status of women and adolescent girls suffering from Anemia, menstruation issues, and calcium deficiencies?	Women's disease trend (%) Anemia Gynecological Issues Malnourishment Any screening for breast cancer
30	What is the status of ANC and PNC care?	
31	How do you address women's health? (Through immediate medication, in-depth investigation of reproductive health?) through special screening and awareness programs for adolescent girls and women	

Sr. No	Item	Response options
32	What is the percentage of usage of sanitary napkins among adolescent girls and women?	
33	MHCU and the role of Government Health Services? How is it being leveraged, if done? If not, why, and what is the scope? Assess awareness to access govt's existing services/ health schemes. Assess the changes in outreach of health services over a period of time. Are beneficiaries aware of the services offered and open to discussion?	
34	How do you engage the government resources? (Treatment/ use of IEC material/outreach program)	
35	Have you ever organised any joint program? If yes, how effective was the program?	
36	If not, what are the challenges you faced with the government department?	
37	Do the joint programs help to reduce overall program costs? (Explain)	
38	How many villagers get access to the government health scheme through MHCU support? What exact service do you provide them?	
39	What kind of challenges do you face while implementing the health clinic/ HC in the community?	
40	Recommendations for the betterment of the project?	
ANM/ ASHA WORKERS' TOOL		
1	Name	
2	Contact No	
3	Designation	
4	Village	
5	Panchayat	
6	Subcenter	
7	What were the previous healthcare facilities in the nearby areas?	
8	What were the common problems related to healthcare services in your community?	

Sr. No	Item	Response options
9	What were the problems the elderly population used to face in the healthcare sector?	
10	What are the common diseases among the elderly, general, women, and children population?	
11	Did morbidity and mortality occur among the elderly population due to a lack of treatment facilities or negligence earlier?	
12	What is the anaemia status among women and adolescent girls?	
13	Do the women and adolescent girls use sanitary napkins?	
14	Do the women and adolescent girls come up with their menstruation issues?	
15	In case of emergency, where do they go for treatment?	
16	What is the malnourishment status among the children?	
17	What are the gynaecological Issues among the women?	
18	Does the Sub-centre cater to the elderly population regularly at the doorsteps?	
19	Are you aware of the HelpAge India health clinic/ HC centre in your community?	
20	Have you ever visited their clinic/HC?	
21	Do they coordinate with ANM or ASHA workers for community mobilisation or awareness programs?	
22	Does the elderly population get the proper treatment at their doorsteps on time due to the Help Age India intervention?	
23	What treatment facilities are available at the MHCU? List the facilities/ services provided	
24	Does the MHCU cater to the general population and Pregnant and lactating mothers?	
25	Do they cater to the different issues related to women's health? If yes, how?	

Sr. No	Item	Response options
26	Does the severity of the health problem reduce among them than earlier?	
27	Does intervention and awareness programs be able to minimise the fatal cases?	
28	Does the dependency on the local quacks reduce more than earlier?	
29	Do people become more aware of their problems than earlier?	
30	Do you observe changes in the attitudes of the general population towards communicable diseases, health hygiene practices, lifestyle diseases, myths, and taboos on menstruation hygiene?	
31	. Mention the changes -	
32	Do they come up with their health issues earlier?	
33	Do they offer any orientation or training for the ANM, ASHA or Anganwadi workers?	
34	Pls share the disease profile and the ANC and PNC record	

ANNEXURES

LIST OF FIGURES

ABBREVIATIONS

HC	Health Clinic
SDGS	Sustainable Development Goals
FY	Financial Year
CSR	Corporate Social Responsibility
BSGSS	Bisnouli Sarvodaya Gramodyog Sewa Sansthan
BPCL	Bharat Petroleum Corporation Ltd.
NGO	Non-Governmental Orgnisation
BAMS	Bachelor of Ayurvedic Medicine and Surgery
OPD	Outpatient Department
RBS	Random Blood Sugar
BP	Blood Pressure
ECG	Electrocardiogram
CHC	Community Health Centre
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
UTI	Urinary Tract Infection