Study on Challenges and Acceptance of HEALTH ATM in 10 Districts of Rajasthan

Wadhwani Initiative for Sustainable Healthcare
WISH
Scaling up innovations
Transforming healthcare

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Wadhwani Initiative for Sustainable Healthcare

WISH

Scaling up innovations Transforming healthcare

Giving wings to big ideas

Scaling up promising innovations for maximum impact

Mining of promising innovations

Acceleration of promising innovations to be scale-ready

On-ground demonstration of scalable innovations

Replication and scaling up of successful innovations

Program Locations

scale
राजस्थान
नई सोच, नए तरीके, बेहतर स्वास्थ्य घर-घर में

Problem Statement

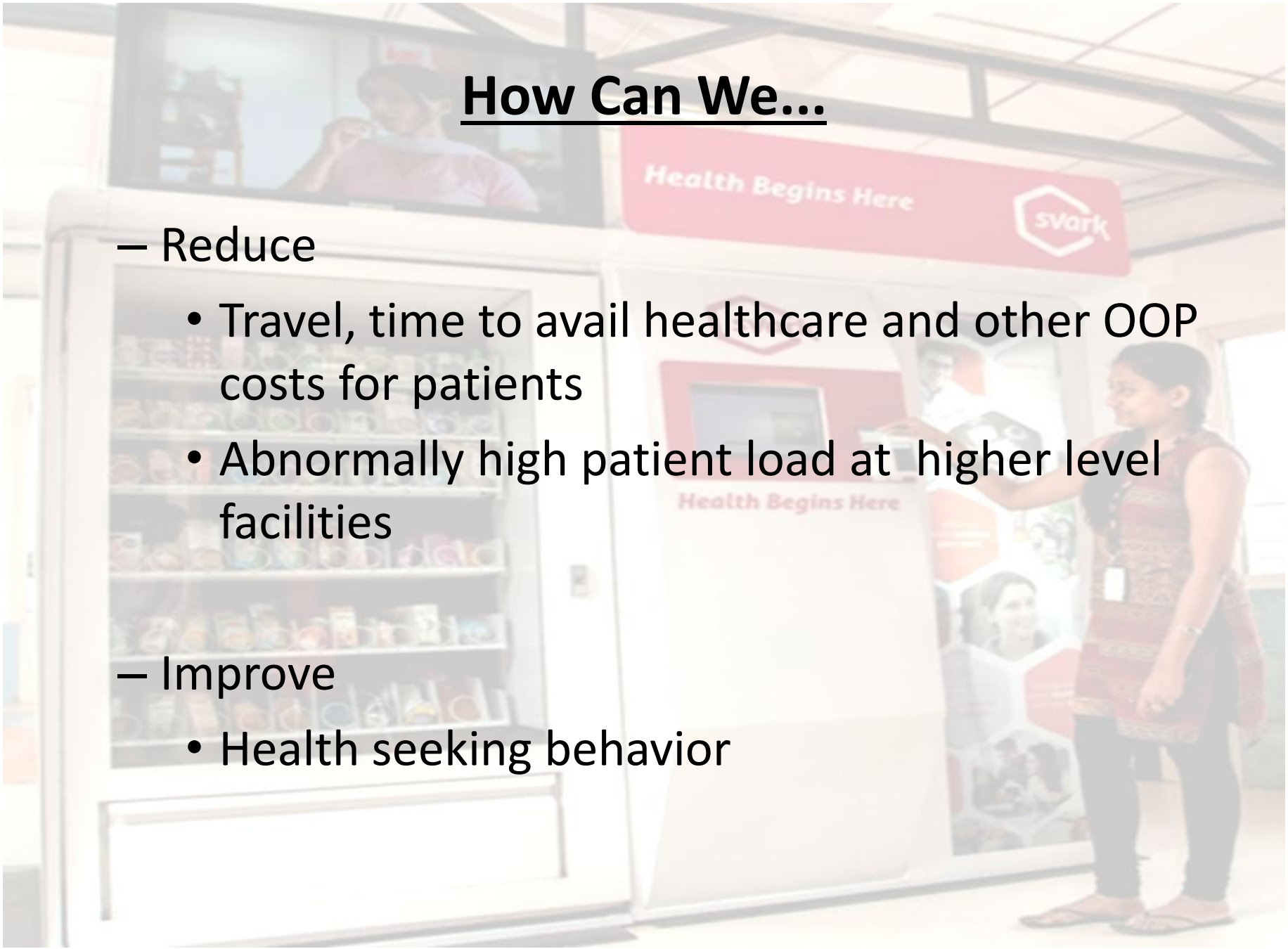
Acute manpower shortage, weak management and non-functional health facilities at primary level lead to

- Increased travel
- Loss of time
- High OOP costs for patients

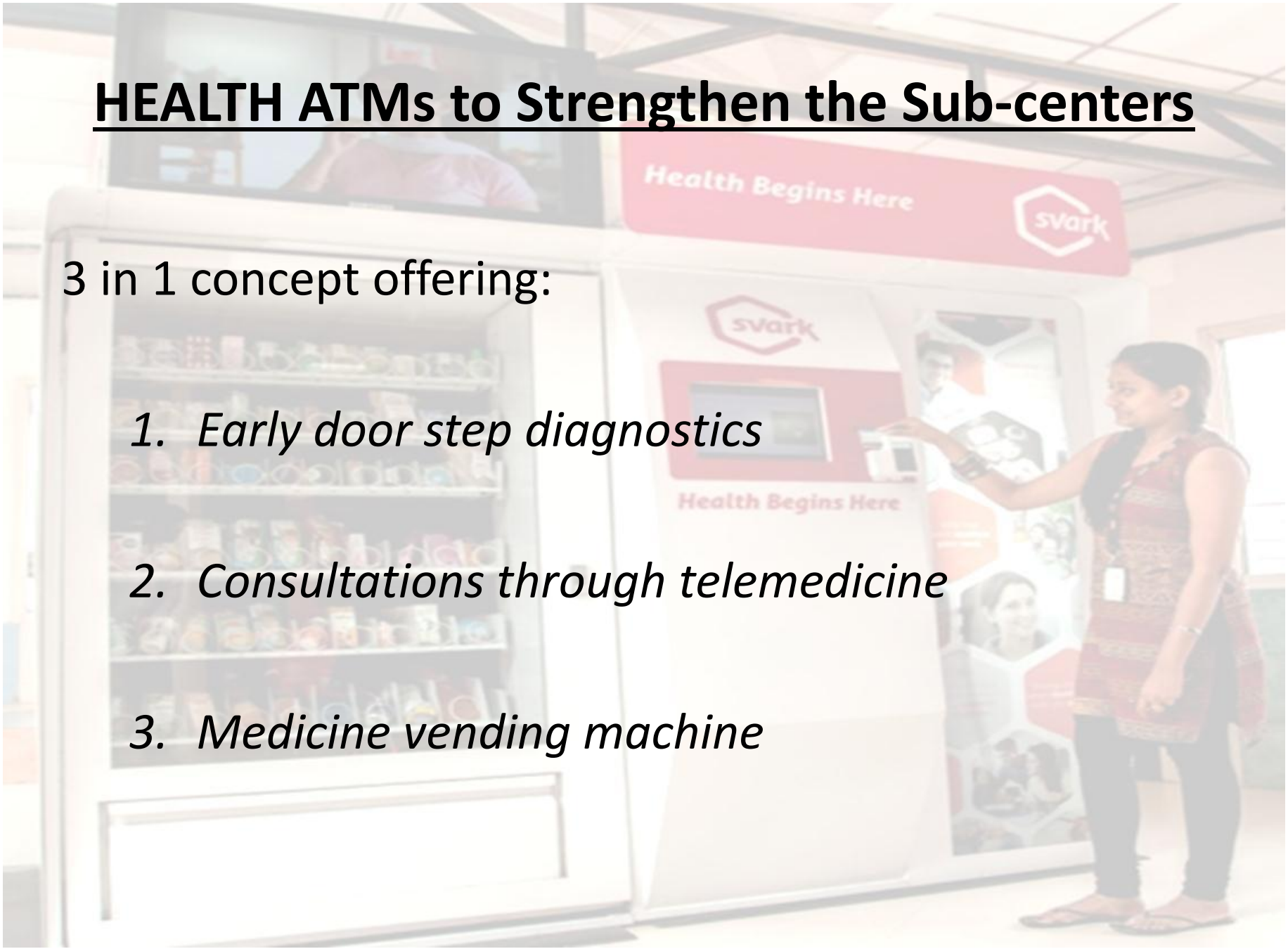
which further lead either to abnormally high patient load at higher level facilities, or poor health seeking behavior at preventive & early stage of disease due to high expenditure

How Can We…

- Reduce
  - Travel, time to avail healthcare and other OOP costs for patients
  - Abnormally high patient load at higher level facilities
- Improve
  - Health seeking behavior



HEALTH ATMs to Strengthen the Sub-centers



3 in 1 concept offering:

1. *Early door step diagnostics*
2. *Consultations through telemedicine*
3. *Medicine vending machine*


Health Begins Here
svark
svark
Health Begins Here

Study Design and Methodology

- ***Type of study*** – Qualitative study (Exploratory study)

- ***Location of study*** – 10 Districts of Rajasthan namely Baran, Bundi, Jhalawar, Kota, Churu, Chittorgarh, Sawai Madhopur, Rajsamand, Pratapgarh and Udaipur

- ***Study subjects –***
  - Service providers including Innovator, ANMs, Doctors and District coordinators
  - Homogenous groups of 6-8 beneficiaries

- ***Sample Design*** – Non-probability convenience sampling

Study Design and Methodology

- ***Sample size*** – All the 10 districts where Health ATM will be established
- ***Technique*** – Primary data was collected through face to face interviews & FGDs
- ***Data collection tools*** – Semi-structured questionnaire for face to face interviews, FGD guidelines
- ***Data Process and Analysis*** – A qualitative analysis was performed on the collected data by reviewing the data and understanding the perspective of various stakeholders

Findings

Implementation Challenges - The Providers Perspective

Innovator

- Basic requirements of deploying Health ATM might be missing
- Working conditions in rural area

ANM

- Already overburdened
- Security of the Health ATM
- Questions on their own security
- Increased monitoring and supervision
- Additional reporting

Findings

Implementation Challenges - The Providers Perspective

Doctor

- Infrastructure in most of the Sub-centers is disintegrating
- Language issues
- Getting a doctor 24x7 online
- Responsibility in case of a drug allergy or death
- Irrational use of drugs among patients

District Coordinator

- Intensive training of the caretaker
- Cannot be self-sustainable, or scalable

Space & Technology Assessment of PHCs & Sub-Centers

Infrastructure	Availability at PHC	Availability at Sub-center
Space availability	Yes	For 7 SCs out of 17 building – NA; All the SCs buildings are falling off; Roofs leak
Consistent electricity & Power backup	Available at both PHCs	NA
PC and Internet	NA in both PHCs (data was fed at BCMHO office in Chhabra)	NA
Phone	Govt. phone NA	NA
Road Connectivity	Extremely poor	Very poor for almost all the centers

Challenges in Acceptance

- Difficult to handle technology on their own
- Patients might miss the human touch
- Informal providers present in the community:
  - this might hamper their business and since they are trusted by the community they can badly publicize the entire concept

Challenges Identified


Infrastructure


Technology


Human Resources


Security

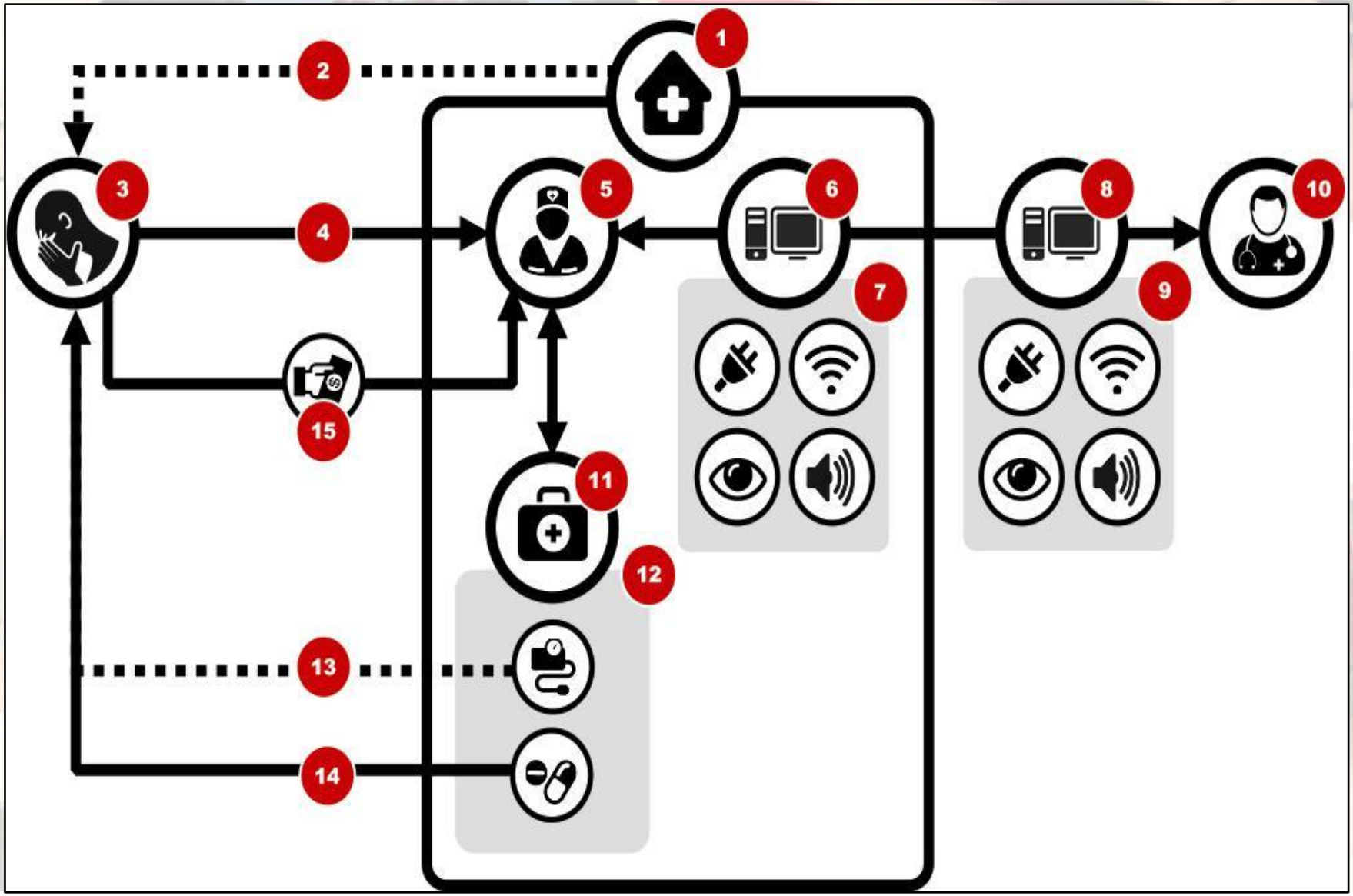

Others

Proposed Step Forward

- A basic prototype of a simple tele-consulting system with medicine distribution would be put in place to learn more about the resident's behavior and the practicality of the basic model

- The prototype experiment will be to evaluate the challenges and benefits of seeking medical consultation and medicine through virtual presence of doctors

The Prototype



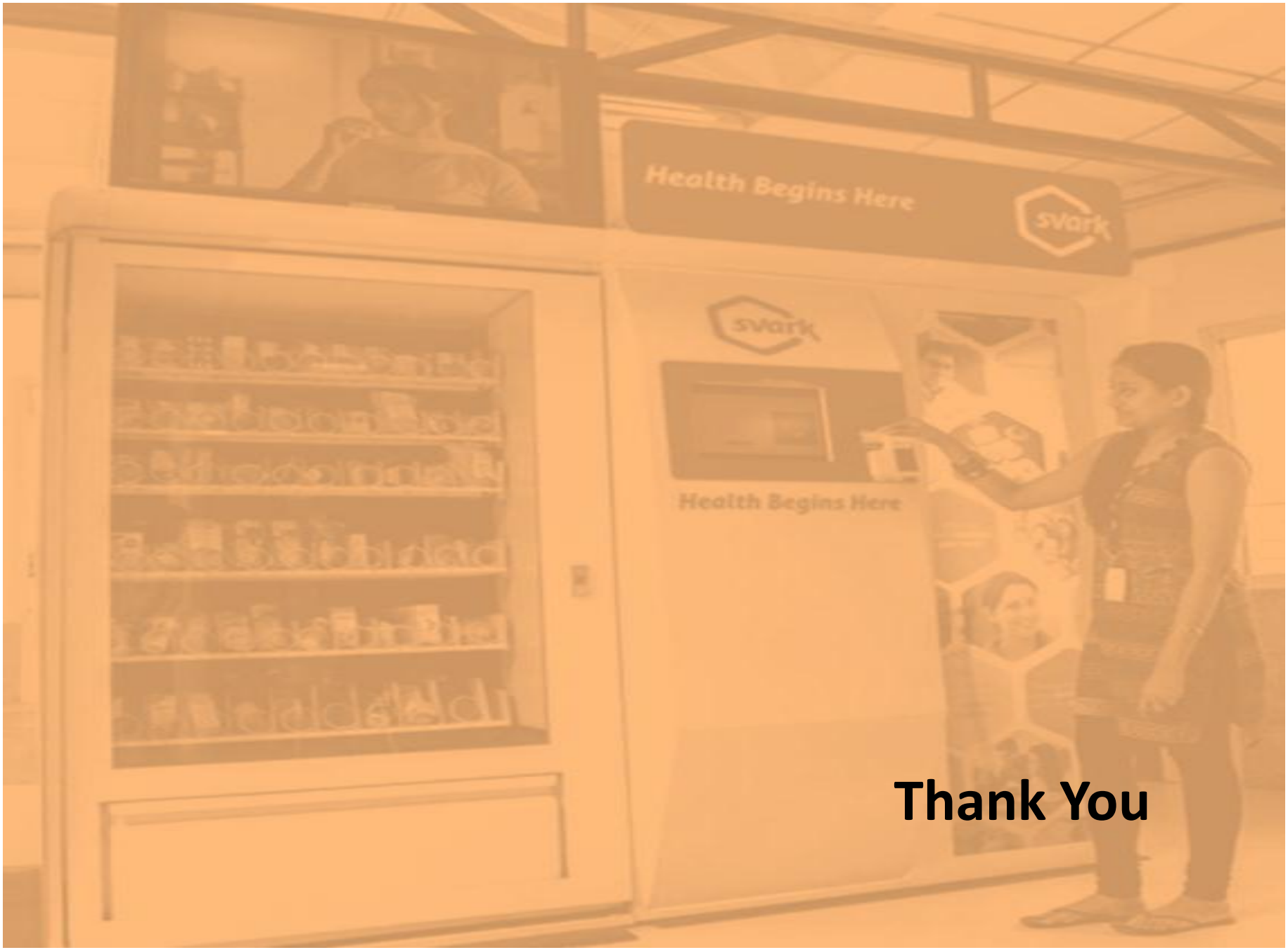
Plan for Prototype Run

- The SCALE districts are categorized into four categories:
  - **Extreme Climate**: Churu (Desert)
  - **Tribal area**: Dungarpur, Baran, Udaipur and Banswara
  - **High Human Development Index and better health seeking behaviour shown by better health indicators:** Jaipur and Kota
  - **Others:** Sawai Madhopur, Jhalawar, Bundi, Chittorgarh, Pratpgarh and Rajsamand

- The pilot will run in 4 locations with the same prototype setup for a period of 30 days. The locations are Churu, Baran, Kota and Jhalawar

Conclusion

This study is an exploratory one and builds the base for the subsequent study which will be conducted in the coming months that will confirm the suitability of the on-ground implementation plan



Thank You