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BRIEF HISTORY

ACCESS Health is an international think tank, advisory group, and implementation partner to national and international organisation. They work to improve access to high quality and affordable healthcare. ACCESS Health was founded in 2007. Since then, they have expanded operations globally.

20+
International
Projects

100+
Global
Partners

125+
Publications

VISION AND MISSION

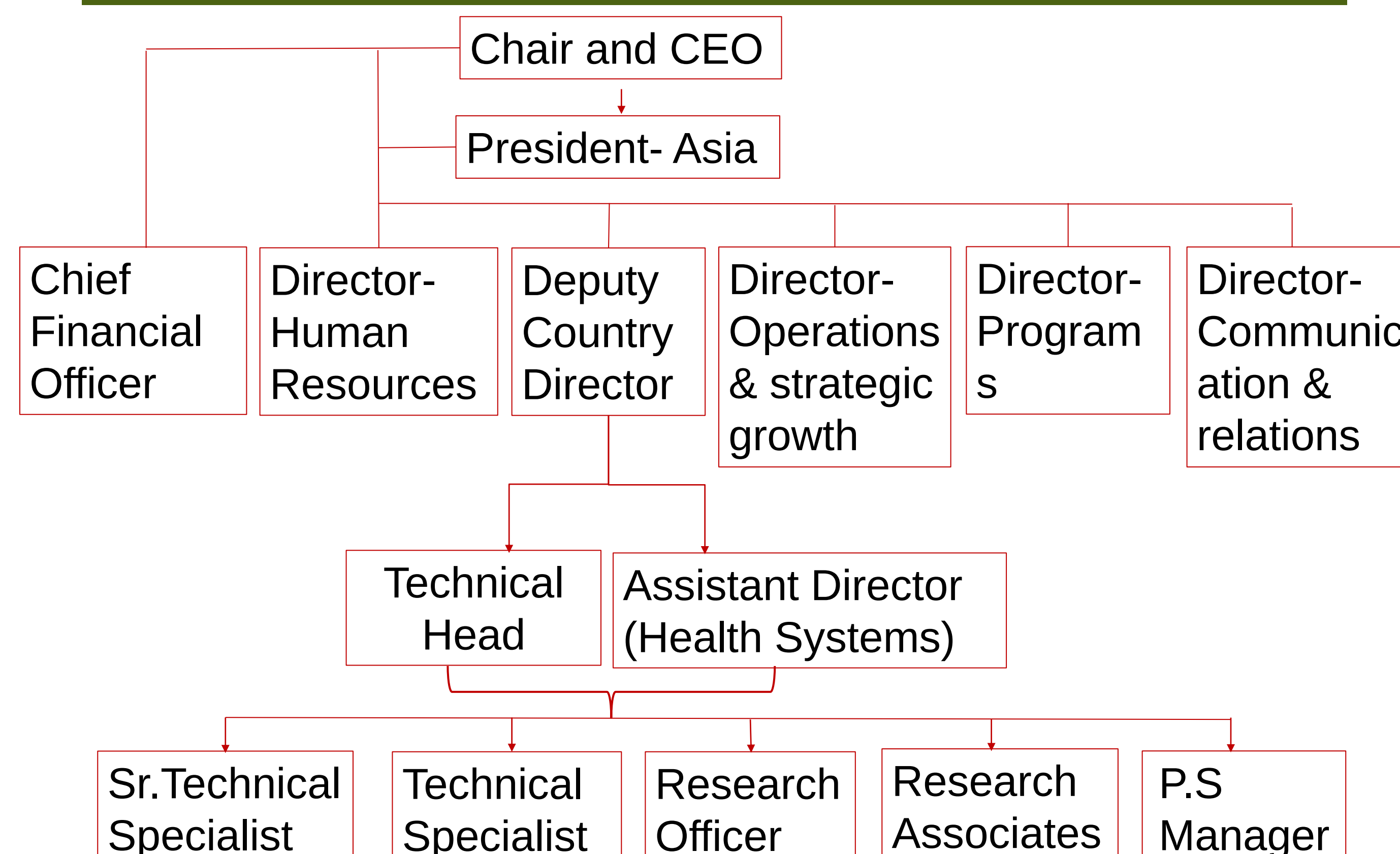
Vision: "All people no matter where they live, no matter what their age, have the right to access high quality and affordable healthcare and to lead healthy and productive lives."

Mission: "We strive to be recognized as a thought leader and preferred knowledge partner in health systems research, advisory, and capacity building

SWOT ANALYSIS

	INTERNAL FACTORS	EXTERNAL FACTORS
POSITIVE	STRENGTHS - Technical Strength - Broad Client base - Working with National & International Partners (Inc. Union & State Govts & donors) - Repetitive Clients	OPPORTUNITIES - Policy Advocacy - Partnership/ Collaboration with the government and international organizations - Capacity Building and Training
NEGATIVE	WEAKNESSES - Small teams, high workload - Limited Visibility - Dependency on External Funding - Niche area of functionality	THREATS - Domain experts like JPIEGO, PATH, IPE - Consulting firms like KPMG, Deloitte

ORGANISATION STRUCTURE

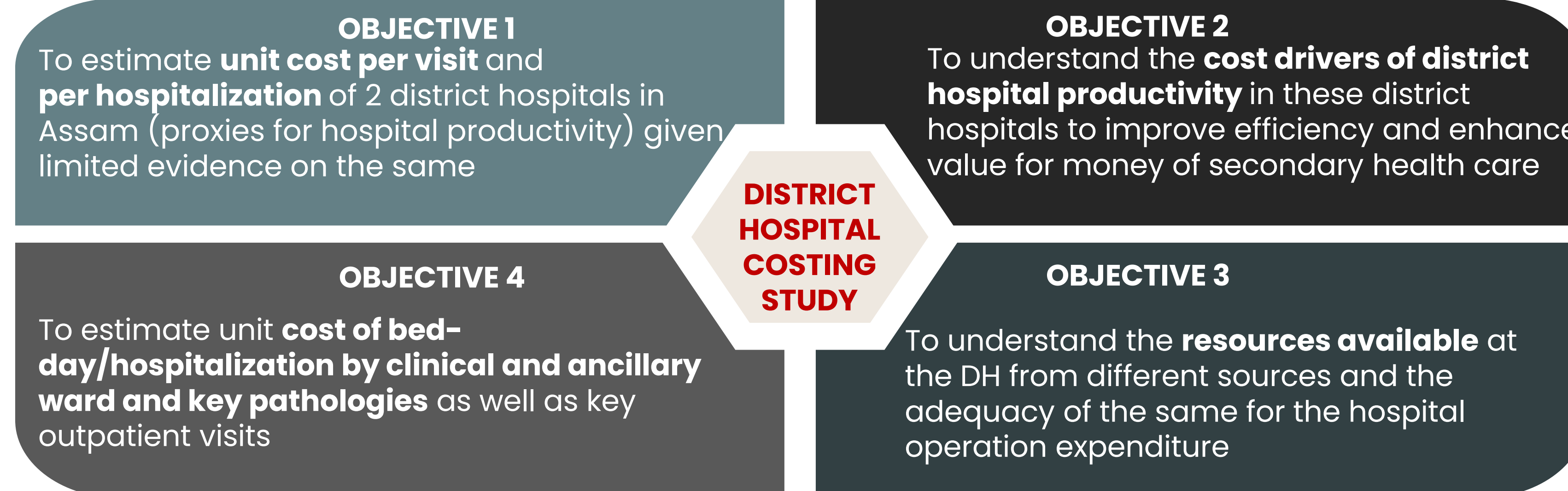


THE WORLD BANK

PROJECT DESCRIPTION



The **WORLD BANK** project on District Hospital Productivity and Costing Analysis in Assam



EXPECTED OUTCOMES



OUTCOME 01

Total recurring cost per District Hospital (DH)



OUTCOME 02

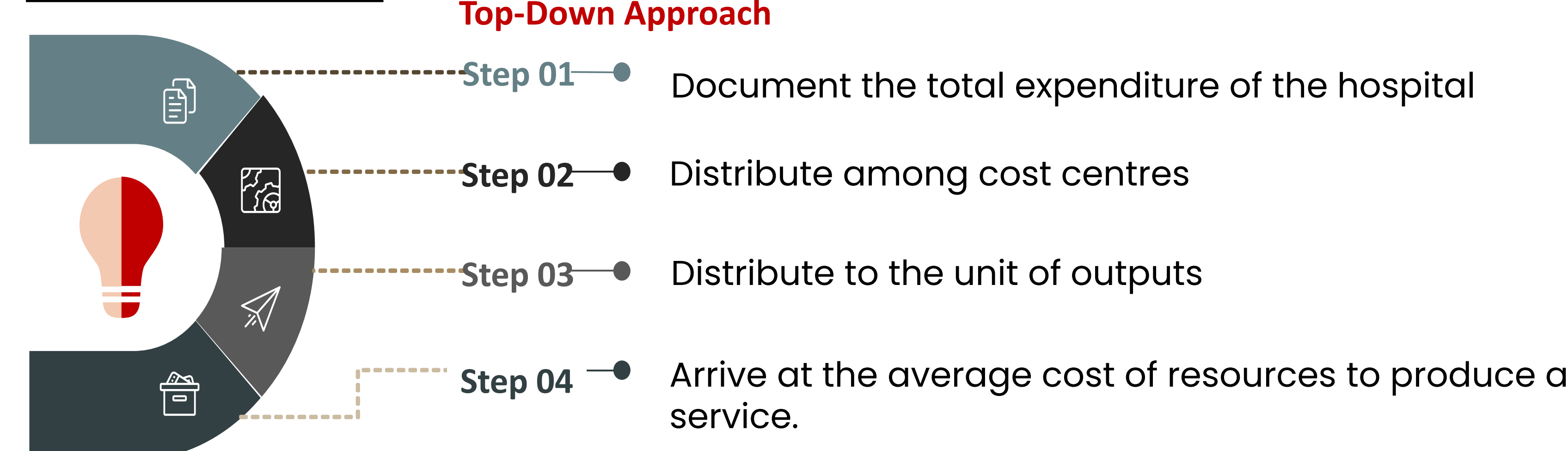
Average total cost per consultation and bed-day.



OUTCOME 03

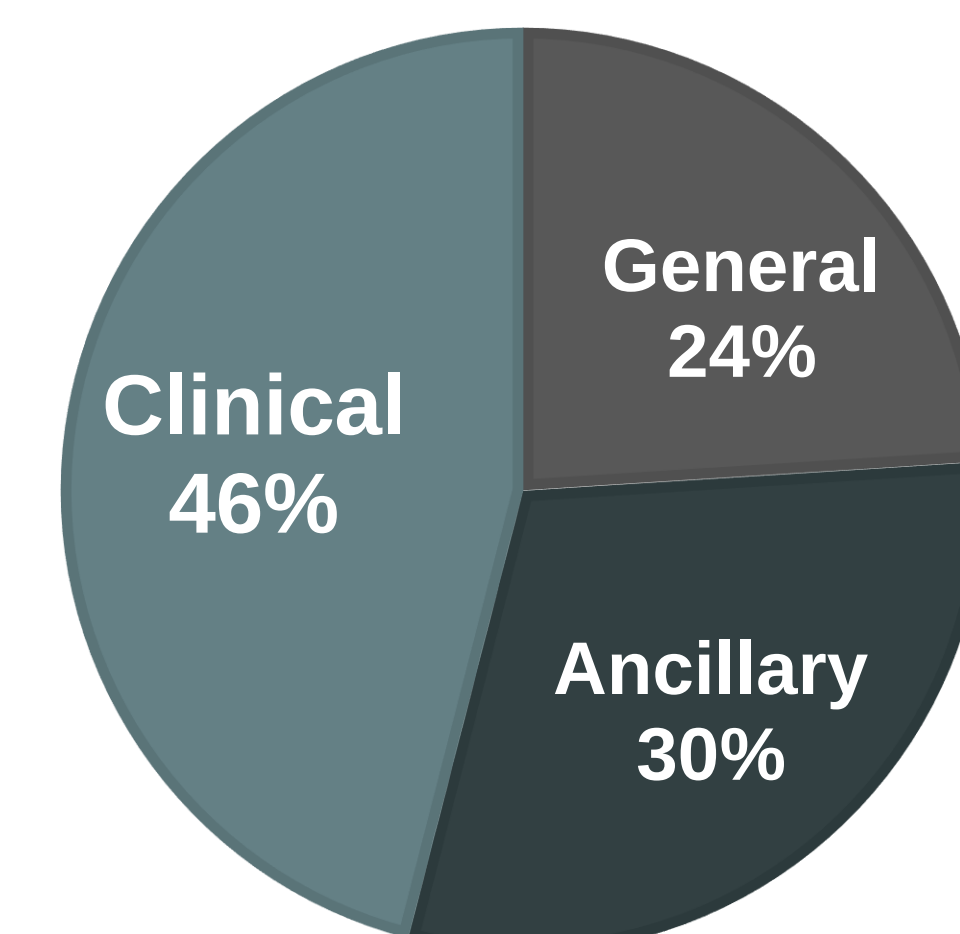
Allocation factors as required. (e.g. space, full-time equivalent (FTE)

METHODOLOGY:

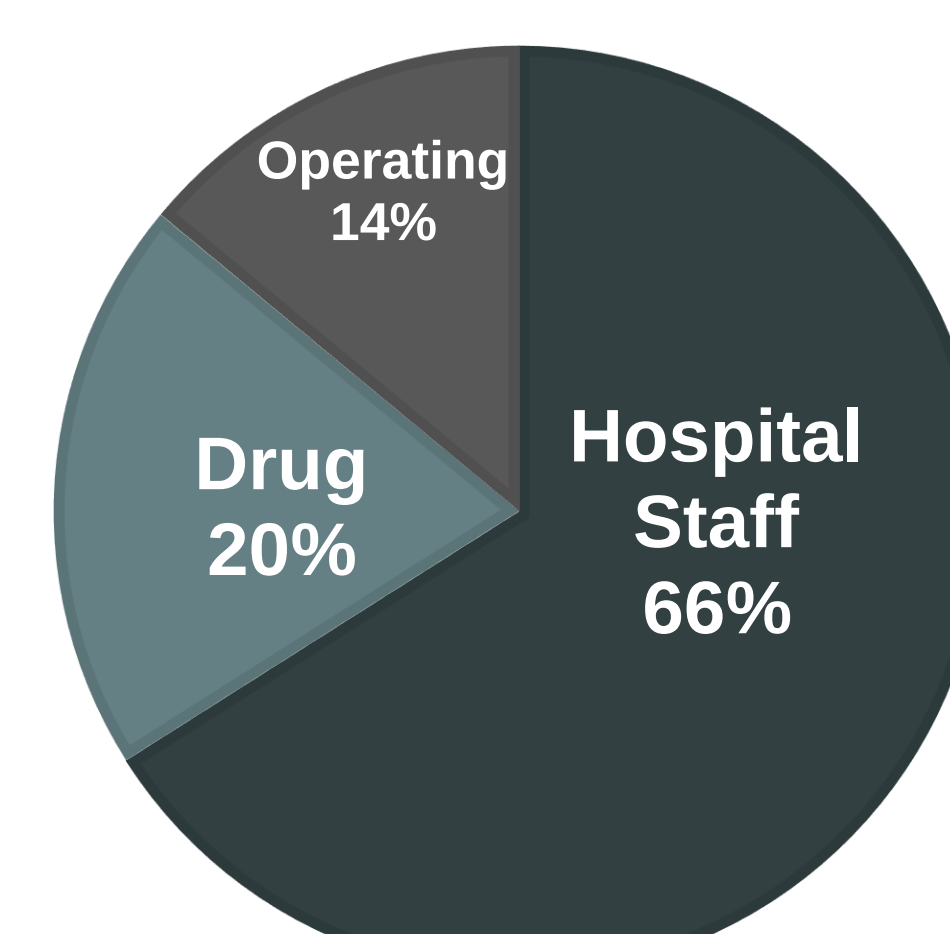


RESULTS:

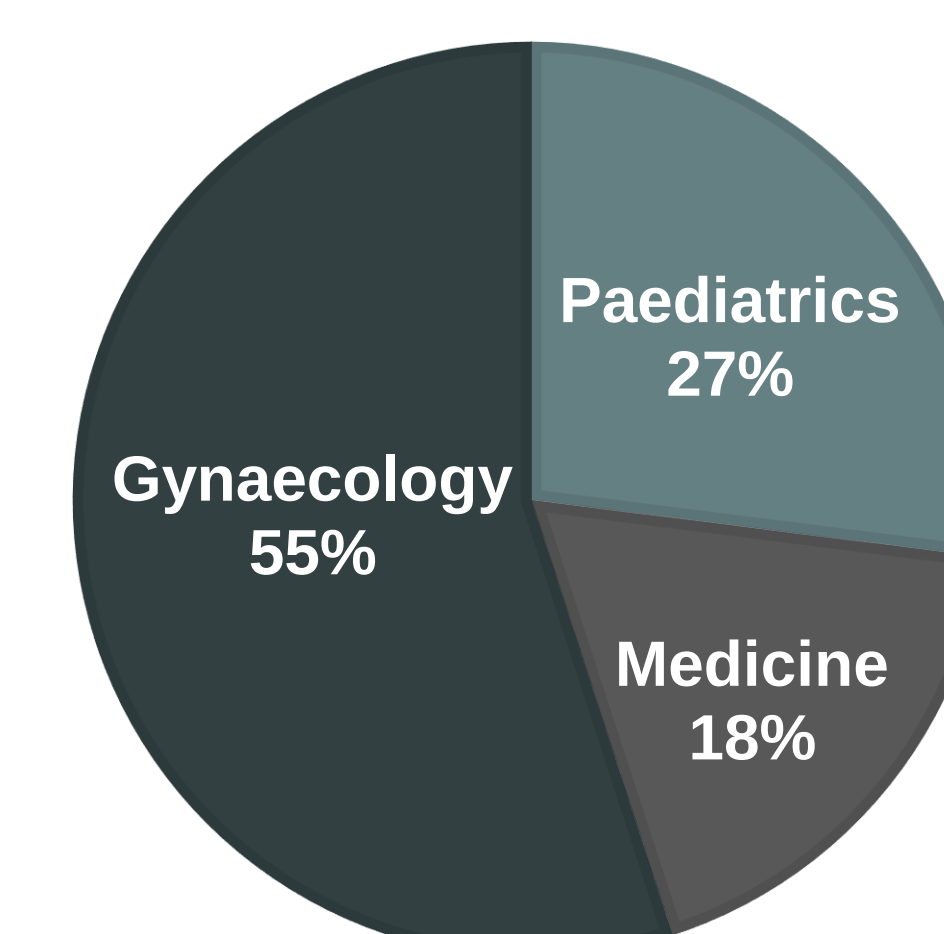
Break-down of Total Cost by Cost-Center



Break-down of Total Cost by Budget line



Break-down of Total IPD Cost by Department



Cost Centres	Silchar DH
	% of Total Cost
General Departments	24%
Ancillary Departments	30%
Clinical Departments	46%
Total	100%

Budget Lines	Silchar DH
	% of Total Cost
Hospital Staff Costs	66%
Drug Costs	20%
Operating Costs	14%
Total	100%

IPD Department	Silchar CH
	% of IPD Total
Paediatrics	27%
Medicine	18%
Gynaecology	55%
Total	100%

This presentation is part of a larger study conducted in 5 State viz. Assam, Nagaland, Meghalaya, Mizoram and Andhra Pradesh.

LEARNINGS DURING INTERNSHIP

Public Health Learnings:

1. Financing sources of District hospitals like AB-PMJAY, OP/IP Collections, Kayakalp, etc and its utilization for operating expenses, salaries, etc
2. Learned about how we can effectively use costing data to reflect upon hospital productivity
3. Role of local leadership in service delivery
4. Details of hospital costing studies and its policy implications
5. Prepared & Submitted a blog on Top-down Costing Approach
6. Data-driven decision-making
7. Health system strengthening initiatives (National and State Schemes)

Management Learnings:

1. Project Management
2. Field visit planning and execution
3. Stakeholder Engagement and Communication skills
4. Problem Solving and Decision-Making
5. Teamwork and Collaboration

USEFULNESS OF INTERNSHIP

1. Interaction with government officials at state level
2. Experiencing on-field and off-field operations
3. Practical application of theoretical learnings

DIFFERENCE BETWEEN PRACTICAL EXPOSURE & THEORETICAL UNDERSTANDING

1. Theoretical Understanding:

Modules helped me learn Health Systems, Financial Accounting, Research Methodology concepts which I could apply on my on-site practical domain.

2. Practical Exposure:

The practical exposure helped me understand ground issues of the system by engaging directly with the real world data and stakeholders.

CHALLENGES FACED DURING INTERNSHIP

1. Handling huge hospital data
2. Poorly maintained data prolonged data collection time

SUGGESTIONS TO THE ORGANISATION

The organisation should consider expansion of their offices across India

