SUCCESS OF PUBLIC-PRIVATE PARTNERSHIP IN HEALTHCARE:

A CASE STUDY OF THE GONDAWALE KHURD RURAL HOSPITAL

IN ASSOCIATION WITH

Mann Deshi Foundation

HSBC

Cipla **Foundation**

GEORGETOWN UNIVERSITY

SUCCESS OF PUBLIC-PRIVATE PARTNERSHIP IN HEALTHCARE: A CASE STUDY OF THE GONDAWALE KHURD RURAL HOSPITAL

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INDEX

FOREWORD

SHRI RAJESH TOPE
Hon. Minister of Public Health and Family Welfare, Maharashtra

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India has made incredible strides in the last decade in the healthcare sector, and civil society organisations have played a crucial role in creating healthier communities. Despite this, there are significant gaps in providing secondary and tertiary healthcare in the rural areas, especially in terms of operational challenges and human resource shortages.

To make "health for all" a reality and ensure every single person has access to and can afford safe and quality healthcare, these gaps must be plugged. This case study of the public-private partnership of the Gondawale Khurd Rural Hospital in Satara, undertaken by the Mann Deshi Foundation is a significant step in that direction.

In October 2020, Mann Deshi Foundation, in partnership with their corporate partners, HSBC India and Cipla Foundation, and the district administration of Satara, undertook a challenging task of operating a Rural Hospital in Gondawale Khurd, amidst the unprecedented pandemic, to serve the community. This partnership being one-of-its kind, gives us the opportunity to understand the nature of their collaboration and performance that helped save countless lives and paved the way for better health outcomes for rural communities in Maharashtra.

The uniqueness of this case study lies in how it has compiled the experiences of all stakeholders involved in the partnership and operation of the hospital, allowing us to see the partnership through various perspectives.

Mann Deshi Foundation's name is not new when it comes to supporting rural communities during disasters. Their drought-relief operations, particularly their "cattle camp" has been a model for drought disaster relief across Maharashtra. Similarly, their work is significant in other areas of women empowerment and community development, be it their business school for women, sports

programme for rural athletes or their farmer producer company led by women farmers.

I also want to appreciate the role played by corporate partners like HSBC India, Cipla Foundation, IndusInd Bank, Accenture, Dasra and Apax Partners, who generously extended their support to Mann Deshi and the government amidst this crisis. Such a spirit of collaboration is of utmost importance in the delivery of healthcare services to the last mile.

My hope is that this case study will encourage all people to demand better health service delivery, strengthen the state and country's health systems, and serve as a valuable resource and encourage government bodies, corporates and civil society organisations to undertake similar partnerships to provide quality healthcare to our people.

In the longer term, we can create a learning environment wherein partnerships can draw lessons from one another, share best practices and work collaboratively. This will act as a roadmap for hospitals, particularly those in rural areas, to upgrade their facilities and improve their service delivery.

The goal of the government's health programmes is to endeavour to provide quality health services to the population we serve. It is my belief that this report by Mann Deshi Foundation will help us all think and act in that direction and help healthcare reach the unreached sections of the society.

SHRI RAJESH TOPE
Hon. Minister of Public Health and Family Welfare, Maharashtra

FOREWORD

DR. NEELAM GORHE
Deputy Chairperson, Maharashtra State Legislative Council

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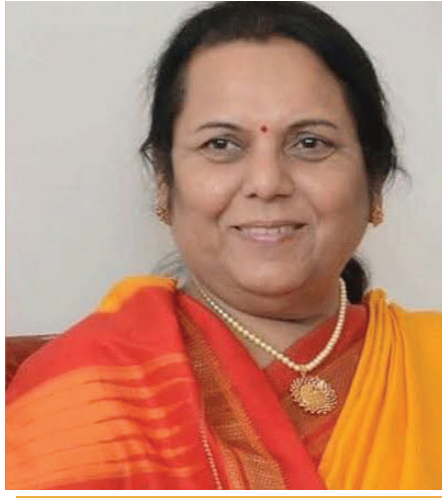
It gives me immense pleasure to write a foreword for this case study on the Gondawale Khurd Rural Hospital, especially because I had the honour of inaugurating it in October 2020.

Chetna Sinha and I go way back to a time when we were both young activists fighting for the rights of women and vulnerable communities. And, it has been an absolute joy for me to watch her build Mann Deshi from the ground up and to see it grow over the years into an organisation that has always been at the forefront of championing their community's rights.

When the pandemic hit rural Maharashtra hard in the second half of 2020, many challenges were faced. Unorganized and migrant workers, as well as the poorer sections of the society, had to deal with various problems such as food shortages, job losses, medical issues, care of covid patients and severe mental stress. As the Deputy Chairman of the Maharashtra Legislative Council, people were expecting a lot of help from us, and so we started that work digitally and with the help of government officials.

As the Chairperson of the NGO Stree Adhar Kendra, we too started providing different forms of support, including personal support, and counseling services digitally to women who were facing violence in such circumstances. When I became acquainted with the work of Chetna in the many endeavors of Maharashtra during COVID, I realised the importance of that work even more so because they were doing it in the rural areas. Their working system has been very participatory and it is based on the ideology of Empowerment of Women.

Chetna shared her experiences of seeing COVID19's impact on the ground in Satara. She told me how the rural communities in the Mann taluka were unprepared to fight the virus, and how Mann Deshi had stepped in to support them. She explained how they started with relief work in terms of
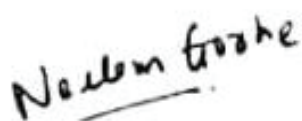
distributing ration to the rural families, medical supplies to the frontline workers, and disbursing small loans to their women entrepreneurs to migrate to digital platforms. However, it was now time for direct interventions. She went on to tell me how Mann Deshi would be partnering with the Satara district administration, and refurbishing and running the Gondawale Rural Hospital, with the support from their trusted partners at HSBC India and Cipla Foundation.

Mann Deshi has always been at the forefront to support women in accessing and controlling finance and communities in their development and sustainability. Healthcare, however, was an uncharted territory for them. But, if that is what the community needed, one could rely on Mann Deshi to rise to the occasion and not back away from a challenge. When Chetna asked me to inaugurate the hospital, I was most pleased with this proposition. I attended the hospital's inauguration ceremony virtually, but I could see the impact Mann Deshi's association had on the hospital, and the community surrounding it.

I also thank corporates like HSBC India, Cipla Foundation, IndusInd Bank, Accenture and Apax Partners for generously lending their support to Mann Deshi and the government amidst this crisis. The pandemic has affected us all in innumerable ways, and the only way we can fight it is together. Over the last year, the Gondawale Rural Hospital has helped save countless lives, and it is regarded as a centre of excellent COVID care across Maharashtra. This effort of bringing healthcare to the rural communities has been possible because of the commitment and dedication of all the partners involved.

Public-private partnerships, especially in healthcare, have immense potential waiting to be unlocked. So, Mann Deshi's effort at documenting their learnings and those of their partners through this case study is yet another step in the right direction, because I believe it will encourage others - governments, corporates and non-profits - to participate in taking public services to the last mile.

Healthcare is an area that requires immediate attention and leadership. Congratulations to Mann Deshi, the Satara district administration, HSBC India and Cipla Foundation on bringing it all together so wonderfully! And now that Mann Deshi has ventured into healthcare, I am eager to see their upcoming activities in this area. My best wishes to the team!

DR. NEELAM GORHE
Deputy Chairperson, Maharashtra State Legislative Council

EXECUTIVE SUMMARY

India's commitment to achieving Universal Health Care for all by 2030 is fundamental to her vision of achieving the Sustainable Development Goals. Although multiple efforts have been spearheaded by the government to meet the vast needs of our nearly 1.4 billion population, we have an ever-increasing need for healthcare services, and there is a significant gap in the availability and accessibility of healthcare services across all regions and sections of the society.

Private healthcare is one of India's fastest-growing sectors and while the private sector has been playing a significant role in bridging the gap in making healthcare available, it faces the challenge of providing affordable healthcare to a large section of the population, especially to those in rural areas.

In this context, a public-private partnership has the potential to provide accessible and affordable healthcare for those in unreached and underreached areas. And when the involvement and leadership of a community-based organisation is included in this partnership, it can put the patient at the centre of healthcare services and link healthcare with human dignity, social reform and community engagement, and ensure service delivery to the last mile.

However, such partnerships remain largely understudied, with a lack of awareness about their potential. Through this case study, about the public-private partnership of the Gondawale Khurd Rural Hospital in rural Satara, led by the Mann Deshi Foundation and supported by our corporate partners, HSBC India and the Cipla Foundation, and the district administration of Satara, we have endeavoured to bridge this gap.

The case study begins with a background of the pandemic and its spread and impact across Maharashtra, Satara district and the region of Mann taluka that the hospital aims to serve.

It further defines and elaborates on what a public-private partnership essentially is - its fundamentals, advantages and challenges.

Next, the study explores the reasons for the selection of the Gondawale Khurd Rural Hospital as a dedicated COVID-19 care centre in the Mann taluka as the district slowly turned into a hotbed of coronavirus during its second wave.

It then delves into Mann Deshi Foundation's role in the community and the factors that encouraged them to step into healthcare, a hitherto uncharted territory for them, in the middle of a pandemic.

The case study then discusses the conception and execution of the public-private partnership for the Gondawale Khurd Rural Hospital, with the involvement of Mann Deshi's corporate partners and

the Satara district administration, under the district collector. It also presents some very interesting statistics from the ground, further corroborating the quality of the hospital's patient care.

It then charts out the way forward by showing the success of the public-private partnership in providing healthcare to rural communities and puts forth relevant information for the replication of this model as well as policy recommendations based on our learnings.

To conclude the case study, we have oral narratives of the representatives of the major stakeholders in the partnership to gain a deeper understanding of the experiences of this unique partnership and experiment from different perspectives.

THE CASE STUDY

INTRODUCTION

The COVID-19 pandemic has impacted the entire world, leaving no corner of the globe untouched. The unexpected health, economic, and social crisis locked us all at home, slowed down the global economy, sent millions to hospitals, and most serious of all, ended the lives of many loved ones. While it is true that the virus itself is blind to socioeconomic status, gender, and religion, the most serious consequences of the crisis are being borne disproportionately by marginalized segments of society.

The pandemic unveiled the gaps in India's fragile and fragmented healthcare system. India was particularly affected by the second wave of coronavirus, which started at the beginning of 2021. From February to May, India had a nearly vertical coronavirus case growth curve.

Maharashtra, India's second-most populous and wealthiest (per capita) state, was at the top of the list of most affected states in the country. Hospitals were overcrowded, leaving them incapable of adequately assisting all the patients. As a result, the state had been facing a shortage of hospital beds and medical supplies.

Hospitals across India were running short on oxygen. Most rural areas were not even equipped with a center where community members could be treated for COVID-19. In many instances, the closest COVID-19 government facility was over 60 kms away, and it was packed to capacity. Not only did many residents of the Satara district lose their earnings overnight, but they were also unable to receive treatment when they contracted the illness.

In the midst of the chaos, Mann Deshi Foundation (MDF) stepped in to support its community. MDF is an organization that focuses on empowering women with the knowledge, skills, courage, access to markets, and capital to become successful entrepreneurs with the ultimate goal of gaining more control over their lives. At first, as part of their immediate COVID-19 relief work, MDF provided food packages for 25,000 families and partnered with the District Collector of Satara to provide 5,000 PPE kits, 2000 N-95 Masks, and 2060 liters of hand sanitizer.

Mann Deshi decided to expand its healthcare work in August 2020 as the rural communities in which they operated in were especially being ravaged by the virus' spread. Despite the foundation's lack of significant prior presence in and knowledge of the healthcare industry, their understanding and knowledge of the community pushed them to take on this role. With the support of external partners such as HSBC India and the Cipla Foundation, and the close relationship with the local government, MDF led a public-private partnership with an objective of bringing health care to remote communities.

The partnership allowed MDF to completely refurbish and operate a local rural hospital in Gondawale Khurd. The district government provided the facility and appointed doctors and nurses; Mann Deshi Foundation, through its funders' support, renovated the hospital and provided all the necessary equipment and technology. This facility now has 25 oxygen beds, 4 high flow oxygen concentrators, 44 oxygen cylinders, 5 para monitors, a computed radiography (CR) system machine, a haematology analyzer machine, an oxygen pipeline, and an X-Ray machine.

BACKGROUND OF COVID-19
MAHARASHTRA

The state of Maharashtra is located in the western region of India. As stated in the 2011 Census, Maharashtra is India's second-most populous state with 112,374,333 people, out of whom 58,243,056 are males and 54,131,277 females. This accounts for 9.28% of the total population in India. Out of the total population, 45.22% lived in urban regions while 54.78% in rural areas.

Maharashtra is also considered the third-largest state by area, with 307,713 square km. The state has 35 districts and includes major cities like Mumbai, Pune, Nagpur, Aurangabad, and Nashik.

In regards to the literacy rate, 82.34% of the population in Maharashtra was literate. The average literacy rate for urban regions was 88.69%, in which males were 92.12% literate while female literacy stood at 84.89%. Similarly, in rural areas, the average literacy rate was 77.01%. Out of which, the literacy rate of males and females stood at 85.15% and 68.54%, respectively.

In Maharashtra, approximately 44% of the population was engaged in work activities. 88.5% of workers describe their work as Main Work (employed for over six months). Of 49,427,878 workers engaged in Main Work, 26.23% were cultivators, while 22.39% were Agricultural laborers.

The first wave of COVID-19 did not hit rural Maharashtra very hard until September 2020. During this time, the state recorded over 35,000 new COVID-19 cases per day. The positivity rate for September averaged at around 25%, leaving approximately 400 deaths on a daily basis. Fortunately, the spread was able to be taken under control and by December 31, 2020 the positivity rate had decreased to 4.7%.

Just when it seemed that things were getting better, the second wave of COVID-19 hit. The number of positive cases in Maharashtra started to grow exponentially since February 2021. By mid-April, the positivity rate had increased back up to over 25%. The number of confirmed cases was over 65,000 on a daily basis. Over 800 people were dying daily.

In May 2021, Maharashtra contributed one-eighth of India's total COVID-19 cases and one-fourth of deaths. Pune and Mumbai were Maharashtra's districts with the highest number of confirmed COVID-19 cases with a total of 1,044,790 and 720,531 respectively[1]. Health experts and officials in Maharashtra blamed high population density, mobility, and non-compliance with COVID-19 norms for the high spread of the infection. Many people also believe that high testing could have been another factor that led to increased detection of COVID-19 cases in Maharashtra.

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1 - https://www.bing.com/COVID/local/maharashtra_india

As of June 19th 2021, India reported to have 1,271 government laboratories and 1,390 private ones as testing centers. Maharashtra had 102 government laboratories as testing centers and 149 private ones[2]. Unfortunately, at the beginning of April 2021, over 100 centers got shut down temporarily due to a vaccine shortage[3]. This left many residents frustrated, blaming the state government for their poor management skills by running out of vaccines a couple of hours after the vaccination sites opened. But despite all that, the state managed to conduct over 7 million tests each in April and May 2021, leading to positivity rates of COVID-19 cases of 24.5% and 14.4% respectively. Even when cases started to decrease, between November 2020 and January 2021, Maharashtra consistently carried out over 1.8 million tests every month[4].

A big issue during this critical time in Maharashtra was sourcing oxygen from outside the state. A state-wide lockdown was implemented in late April 2021 to attempt reducing infections and deaths[5]. The Maharashtra government announced a five-level unlock plan for the state based on the positivity rate and availability of oxygen beds. Under the plan, districts falling in "Level 1" will have the least restrictions, while those in "Level 5" will have near lockdown-like curbs. The state government announced that if the demand for oxygen beds crosses a certain threshold, stricter levels of lockdown would be implemented even in places where most liberal levels are currently in place[6]. For instance, if the demand for oxygen beds went above 45,000 the entire state would have been at Level 4 or Level 5 of lockdown.

Fortunately, the spread of COVID-19 started decreasing towards the end of May. As of Mid July, Maharashtra confirmed over 6.1 million COVID-19 cases. Although it is still a big number, the positivity rate has decreased to 4%, active ratio is 1.7%, death ratio is 2%, and recovery ratio is 96.2%. For every lakh people in Maharashtra, ~36,519 samples were tested.

Additionally, as of mid July, 6.7% of the entire population are fully vaccinated (2.2% increase since June 2021) and 24% have received at least one dose (5.8% increase since June 2021). This amounts to a total of 37.5 million doses administered.

2 - https://www.statista.com/statistics/1104075/india-coronavirus-COVID-19-public-private-testing-centers-by-state/
3 - https://www.timesnownews.com/india/maharashtra-news/article/maharashtras-satara-halts-vaccination-administra-tions-cry-of-shortage-of-doses-in-pune-mumbai/742409
4 - https://www.indiatoday.in/coronavirus-outbreak/story/why-maharashtra-kerala-continue-to-record-high-COVID-19-cases-1817732-2021-06-22?utm_source=taboola&utm_medium=recirculation
5 - https://www.statista.com/statistics/1106919/india-maharashtra-COVID-19-cases-by-type/
6 - https://indianexpress.com/article/cities/mumbai/five-level-unlockdown-plan-starts-maharashtra-mumbai-7344842/

MAHARASHTRA SPREAD TRENDS, JULY 2021

Confirmed
13 July
7,243 -360

Deceased
13 July
196 +50

Recovered
13 July
10,978 -4,299

Test positivity ratio
13 July
3.7% -0.6%
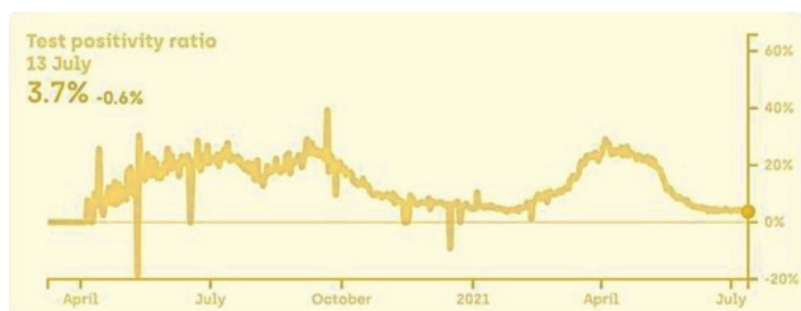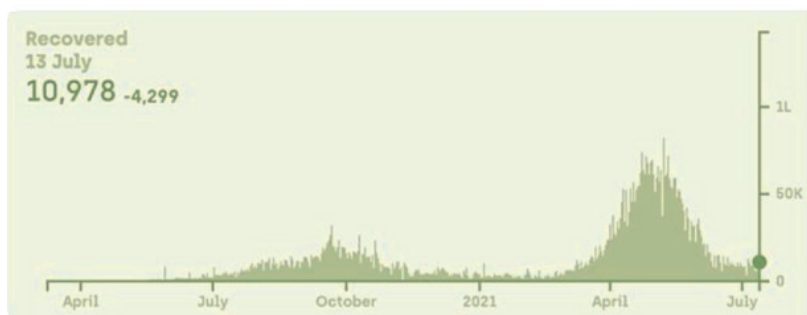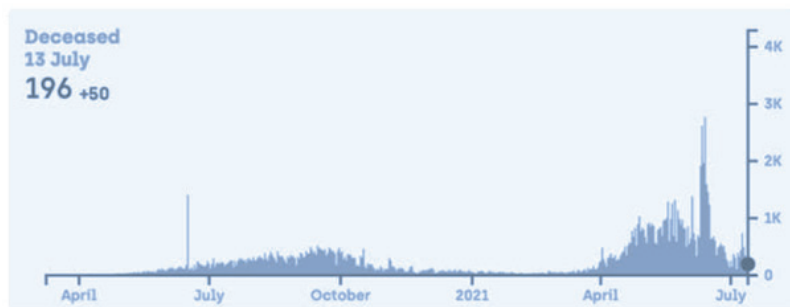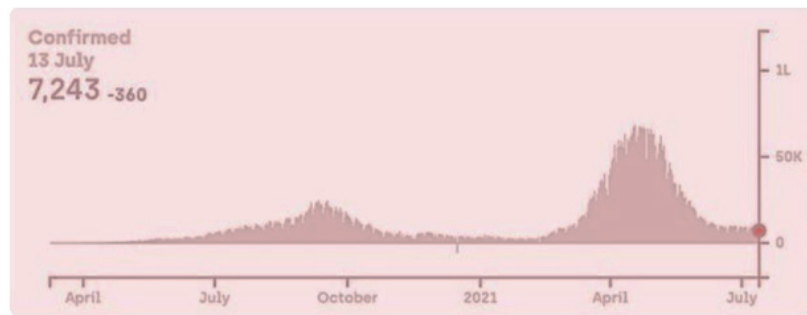
Source: Covid19india.org

BACKGROUND OF COVID-19
SATARA DISTRICT

The Satara district is located in the state of Maharashtra and consists of 7 subdivisions, 11 talukas, 1,719 villages, and 653,735 houses. It covers an area of 10, 480 sq km and boasts waterfalls, plateaus, and hill stations. According to the 2011 Census, Satara is home to 3,003,741 people, out of whom 1,510,842 are males and 1,492,899 females. 18.99% of Satara's total population live in urban regions while 81.01% live in rural areas. The population density is 287/ sq km. The 2011 census also recorded Satara district's literacy rate to be 82.87%, greater than the 82.34% average literacy rate in Maharashtra. In Satara, the male literacy rate was 89.42%, higher than the female literacy rate of 76.31%.

In regards to religion, 89.62% of the population in Satara identifies as Hindu, 4.89% as Muslim, and 4.7% as Bhuddist. Moreover, the population is 10.8% scheduled caste and 1% scheduled tribe. Out of the total population, 45.11% or 1,354,947 people were engaged in work. 87.4% of workers describe their work as Main Work while 12.6% were involved in marginal activities. Those engaged in Main Work consisted of 521,786 cultivators and 243,687 agricultural laborers[7]. In Satara, as of June 23, there were 187,414 confirmed cases of COVID-19 with 4,484 deaths and 175,844 recovered patients[8]. Satara is one of 9 districts in Maharashtra that, collectively, are responsible for around 50% of the entire state of Maharashtra's new COVID-19 cases. The new cases are largely attributed to the rural areas of these 9 districts. For reference, the state of Maharashtra consists of 36 total districts[9].

The Satara District Hospital is the only ICMR approved COVID-19 testing center in the district[10].

SATARA COVID CASES AS OF JUNE 23RD

Source: Covid19india.org

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7 - https://www.censusindia.co.in/district/satara-district-maharashtra-527

8 - https://www.bing.com/search?q=satara%20COVID&form=covlog

9 - https://www.hindustantimes.com/cities/mumbai-news/nine-districts-account-for-50-of-fresh-COVID-19-cases-in-maharashtra-101624245155336.html

10 - https://www.epfguide.com/COVID-19-testing-centres-in-satara/
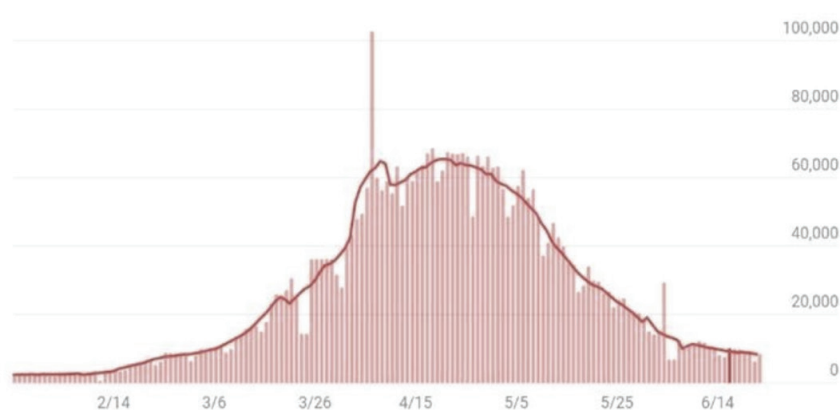
BACKGROUND OF COVID-19
MANN TALUKA
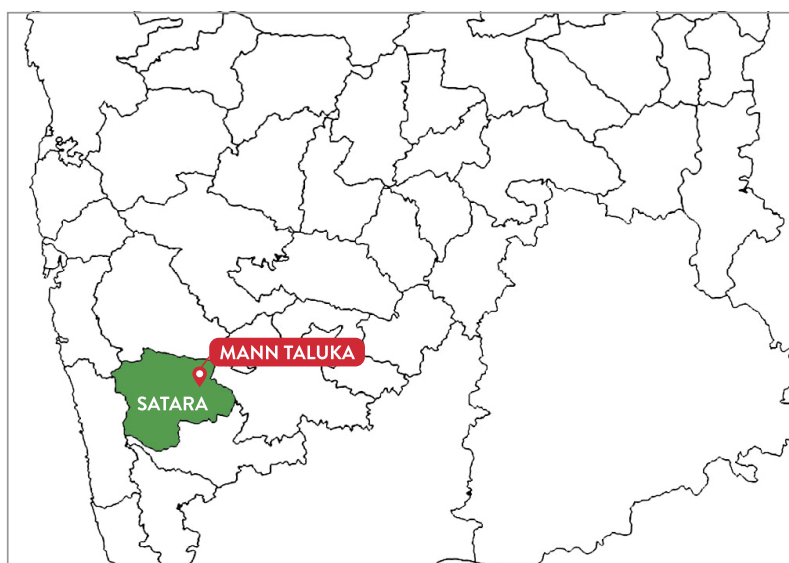
Mann Taluka is one of 11 talukas within the Satara district, located in the inland area of Satara surrounding the Mann River. Mann Taluka represents 104 villages and the town of Mhaswad with a total population of 225,634 within a total area of 1482.6 km.

Scheduled castes make up 12.57% of the population, and scheduled tribes make up 0.26% of the population. The literacy rate in Mann Taluka is 64% which is much lower than the averages within Satara, 82.87%, and Maharashtra, 82.34%.

Mann Taluka has had 11,867 positive tests for COVID 19 from March to June of 2021. Of these positive tests 7,182 are men and 4,685 are women. The total number of people who have died from COVID-19 during this period is 312 with 213 of these people were male and 99 were female.

POSITIVE COVID 19 TESTS IN MANN TALUKA 2021
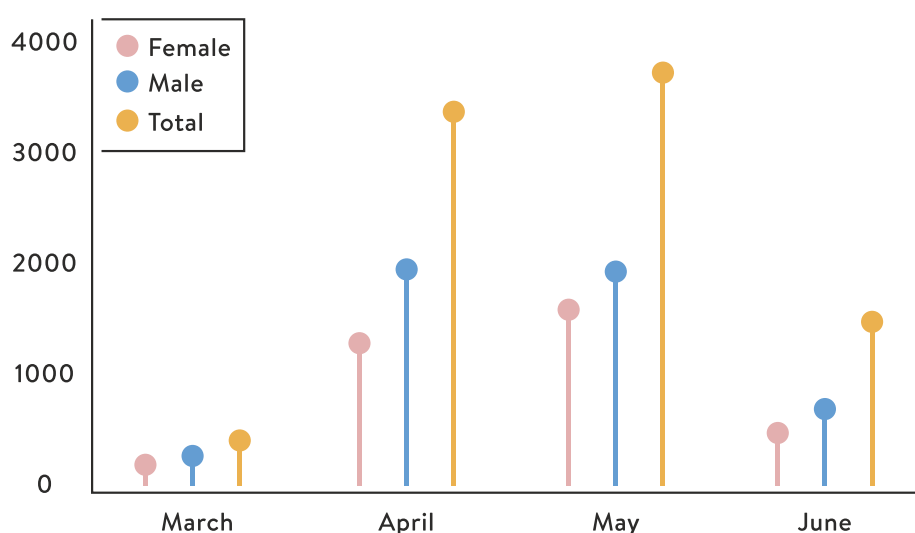
Source: Covid19india.org

PUBLIC-PRIVATE PARTNERSHIP
FOR HEALTHCARE

A public-private partnership (PPP) is a collaboration between the public and private sectors that enables the fulfillment of shared goals by financing, building, and operating projects that otherwise would be either unattainable or very difficult to complete. PPPs are built on the expertise of each partner that best meets clearly defined public needs through the appropriate allocation of resources, risks, and rewards. As in any other partnership, being successful requires consistent work, transparency, and a shared set of operating principles between the partners.

PPPs IN HEALTHCARE

In the healthcare industry, PPPs have a primary goal to ensure universal health coverage, focusing on Primary Health Care. Economic growth in a country is positively correlated to the standards of its social infrastructure. Education and healthcare are the two most essential areas of social infrastructure.[11] PPPs act as a channel to augment the health system by facilitating the exchange of skills and expertise between the public and private sectors. PPPs have the ability to strengthen and expand the health system by improving existing infrastructures and facilitating the creation of new ones.[12]

As stated by the World Health Organization (WHO), health is a state of complete physical, mental, social, spiritual, and environmental well-being and not merely the absence of disease. Investing in healthcare doesn't only symbolize making attainable a fundamental human right, but it also brings long-term benefits for society as a whole. A firm that employs healthy employees is likely to yield higher returns.[13]

At present India spends about 1% of its GDP on health care, which is less than the average of 2.8 percent of the GDP spent by some less developed countries

India has a serious shortage of doctors and nurses - there are barely 1.15 physicians per 1000 persons while WHO figures for other BRIC nations are, Russia (4.25), China (1.06) and Brazil (0.6)

Average amount a person spends on healthcare per year in India in US dollars is 82 as compared to 551 in Russia, 278 in China and 597 in Brazil

11 - https://www.csi-sigegov.org/1/13_353.pdf
12 - https://www.sciencedirect.com/science/article/pii/S1877042814058534
13 - https://www.csi-sigegov.org/1/13_353.pdf

ADVANTAGES OF PPPs

The role of PPPs is not limited to bringing private capital. It also aims at bringing private sector efficiencies and best practices in infrastructure management. In a fast growing but capital scarce economy, PPP is a viable alternative to public funding. When implemented in a balanced regulatory environment, as stated by The World Bank, *"PPPs can bring greater efficiency and sustainability to the provision of public services such as energy, transport, telecommunications, water, healthcare, and education."*[14] PPPs also help regulate the risk associated with implementing such projects while providing services to a broader audience by dividing the parties' responsibilities.

CHALLENGES OF PPPs

It's essential to recognize that PPPs can experience significant challenges. The main concerns surrounding this partnership lie around ensuring the quality of the projects over time and safeguarding that the private sector's profit maximization motive is not in the way of providing services to underserved communities. Private sectors may offer higher quality services but the potentially higher costs associated with these services renders them inaccessible to financially underprivileged populations. However, on the flip side, some literature argues that the private sector is often still the primary source of treatment for poorer communities.[15] For best operating results and resolving day-to-day conflicts, PPPs could greatly benefit from independent regulatory authorities that help resolve conflicts among stakeholders.

Additionally, PPPs in the health sector could also be affected by staff members' recruitment and retention rates. One of the main goals of PPPs in this sector is to expand healthcare coverage making it attainable to more underrepresented communities. However, building and running a hospital or clinic in more remote areas brings challenges. Distance is one of them. Incentives are needed to avoid this being an issue. Another challenge could be reimbursements for treatment of Government health scheme beneficiaries. Most of the interviewed hospitals in a study on non-for-profit hospitals (similar layout as PPP) cited perennially delayed refunds and long-pending amounts, despite their persistence, causing strain in their cash flows and burdening their operations.

14 - https://www.worldbank.org/en/topic/publicprivatepartnerships/overview
15 - https://cdn1.sph.harvard.edu/wp-content/uploads/sites/1989/2020/04/PPP-final-MDM.pdf

GONDAWALE KHURD COVID-19 CENTER – A CHALLENGE

While in the urban areas, the healthcare system is more skewed towards the private sector, the rural areas largely depend on the public healthcare system. The rural healthcare system of Maharashtra can be described as an elaborate pyramid - there are sub-centres at the bottom, public health centres in the middle, rural hospitals above them and district hospitals at the top.

The Gondawale Khurd Rural Hospital located in Gondawale Khurd Khurd of Satara district was established with the idea of making first referral care available to the rural population closer to where they live. It was approved in 1982 and opened to the public in 1999. However, over time, it was not successful in maintaining and upgrading its facilities with the changing times.

When COVID-19 first hit, the hospital was in pretty dire conditions. It was under-staffed, with poor infrastructure and low availability of diagnostic facilities. It took a lot of work to build it into what it is now. Laboratory rooms, bathrooms, outside areas, among other places, had to be completely redone. Waterproofing systems, oxygen pipelines, and medical equipment had to be installed. Additionally, renovations such as repainting had to get done. Redeveloping a pre-existing rural hospital into a COVID-19 hospital was not an easy task. Still, with perseverance and hard work, Mann Deshi, in support of the government and funders, was able to do so.

INFRASTRUCTURE AND EQUIPMENT
The Gondawale Khurd Rural Hospital had no dedicated oxygen or Intensive Care Unit (ICU) beds and no in-house medical testing available. It also did not have access to an ambulance and had continual problems with running water and plumbing. The physical infrastructure of the hospital was not continually upgraded, and in need of refurbishment and repairs.

OXYGEN SUPPLY
The entire country of India, especially during the second wave of the pandemic, experienced an extreme shortage of oxygen. Oxygen was even the source of physical conflicts as community leaders fought for extremely scarce resources. Not only did the Gondawale Khurd Rural hospital lack oxygen lines, but the entire country as a whole was in dire need of it. No hospital within 60 km of Gondawale had sufficient oxygen lines.

ACCESS TO STAFF AND PERSONNEL

Before October 2020, the Gondawale Khurd RH was understaffed, having a direct impact on the quality of patient care. Low salaries, poor working conditions and the remote location of the hospital made it diffcult for the hospital and its management to recruit and maintain adequate numbers of qualified staff.

2 DOCTORS

7 STAFF NURSES

4 WARD BOYS

1 VISITING PAEDIATRICIAN

1 PHARMACIST

3 LAB TECHNICIANS

2 COUNSELLORS

4 CLEANERS

ABOUT MANN DESHI

In 1996, Mann Deshi's founder Chetna Gala Sinha decided to set up a bank for rural women of Mann taluka in Maharashtra. She was inspired by Kantabai, a welder from Mhaswad who narrated an account of being repeatedly rejected by banks when she tried to set up a savings account because her savings were too meagre. This is how Mann Deshi Bank - the first bank for and by rural women of India - was born. The aim of the Mann Deshi Mahila Sahakari Bank is to address a lack of access to formal financial institutions and be a safe space for rural women to save their money. The Mann Deshi Foundation supports the bank by addressing needs beyond financing. It works on building business skills and facilitating market access for women entrepreneurs as well as their communities.

When the idea of embarking on the public-private partnership for healthcare first came to light, many within Mann Deshi's leadership team had reservations about it. What was in question was not necessarily the model itself, since the foundation has had a relationship with the local government and different partners for a long time. What made many doubt was the inexperience for the type of work they would have to deal with.

The foundation's goal, since its inception, has been centered around supporting and empowering a community of rural women to become self-sufficient through entrepreneurship and financial literacy. However, healthcare was a totally different sector. Even the funding seemed an easier task than setting up and running a hospital, as stated by Chetnaji during our interview. But just as in any entrepreneurial project, the hard part is always taking the first step because of the fear of the unknown, particularly when the field you're about to work on is not very familiar to you.

Nevertheless, the foundation's desire to support the community they work with was more significant than their fear of failing. The foundation had already stepped in to support the community during COVID19 by providing food, masks, and some medicine. But leaders like Prabhat Sinha weren't satisfied with that. They understood that that wasn't enough to save lives.

ABOUT MANN DESHI'S COVID-19 RELIEF WORK

ABOUT MANN DESHI'S COVID-19 RELIEF WORK

2
Hospitals supported

8,000+
Patients served

25,000+
Rural women vaccinated

500+
Patients provided oxygen cylinders free of cost

10,000+
Frontline workers supported with safety equipment

2,000+
Covid19 tests administered

24,000+
Migrant families provided with meals

20,000+
Community members reached through biweekly health camps

20,000+
Students reached through radio shaala each day

4,500+
COVID patients provided with nutritious meals

18,50,000+
Masks produced by 400+ rural women entrepreneurs

PPP AND THE
GONDAWALE KHURD RURAL HOSPITAL

Once the Foundation decided to move forward with the public-private partnership hospital, the next big challenge was actually getting it ready for use. The district government provided the facility and Mann Deshi, through its funders like HSBC India and the Cipla Foundation, renovated the hospital and provided all the necessary equipment and technology. However, this wasn't as easy as it sounds.

The public-private partnership between Mann Deshi Foundation, its corporate partners and the Satara District Government is a local partnership between a reputable civil society non-profit organization with a significant prior presence in the Satara community, its long-term dependable partners committed to a common vision and the Satara district government. Prior to the COVID-19 pandemic, Mann Deshi was already embedded within the community providing interest-free loans, business school training for women, and other civil society services.

The objective of this partnership was to create and operate the Gondawale Khurd Rural Hospital to-

> Respond to the COVID-19 pandemic in a rural area with insufficient and overwhelmed health infrastructure

> Create a permanent hospital for an underserved rural district that would continue to serve the community post-pandemic.

All three actors have collaborated to create this hospital.

MANN DESHI FOUNDATION

• Refurbish the selected public hospital (plumbing, painting, waterproofing, etc)

• Supply and distribute quality food and water to the patients

• Purchase essential equipment such as CR system, portable X-Ray machine, haematology analyzer machine, among others

• Provide oxygen concentrator machines to the patients and information on how to use them

• Provide oxygen pipeline and oxygen tanks to the hospital

• Recruit two specialised doctors and two other doctors to serve in the hospital, and offer additional remuneration to the doctors to ensure a sufficient salary

• Operate 2 advanced cardiac life support ambulances

• Manage the day-to-day operations of the hospital

CORPORATE PARTNERS

• Fund the hospital through Mann Deshi or permitting redirection of allocated project funds for the purpose of COVID-19 relief operations

• Purchase 2 advanced cardiac life support ambulances and provided them to Mann Deshi

DISTRICT ADMINISTRATION

• Select a suitable existing public hospital, in consultation with the other partners, with scope for refurbishment

• Pay basic salaries to the hospital staff

• Assign other essential medical personnel to the hospital

• Provide ambulances for hospital use

• Assist in logistics, wherever necessary

• Provide compliance, regulatory and procedural support to the partners in the hospital's operations

The Gondawale Khurd RH was inaugurated on October 27, 2020 by **Dr. Neelam Gorhe**, Deputy Chairperson of the Maharashtra State Legislative Council, in the presence of all the stakeholders.

INITIATIVES OF MANN DESHI AND CHANGES IN THE GONDAWALE KHURD RH

GETTING STAFF FOR THE HOSPITAL

Mann Deshi worked with the government to secure doctors, nurses, and technicians for the hospital. The district collector appointed trained personnel to the hospitals. However, the government salaries offered to the doctors were not competitive enough for them to commit to commuting hours every week to visit the hospital. To combat this, Mann Deshi complemented the government prescribed doctors' and other staffs' salaries to offer fairer compensation. In fact, Mann Deshi recruited two specialised doctors with Doctor of Medicine (MD) qualification to serve at the hospital, which is uncommon in rural areas.

STAFF AT GONDAWALE KHURD RH

4 DOCTORS

13 STAFF NURSES

6 WARD BOYS

3 CLEANERS

2 PHARMACISTS

1 X-RAY TECHNICIAN

3 LAB TECHNICIANS

2 COUNSELLORS

1 ATTENDANT

2 CLERKS

3 WATCHMEN

LACK OF OXYGEN

Mann Deshi was able to secure a satisfactory amount of oxygen through exhaustive efforts tracking down oxygen vendors, finding ways to transport it, and negotiating with the vendors of both of these resources. The foundation was significantly helped by Chetnaji's connections with individuals possessing power within the state's political and financial sectors.

CHANGES TO INFRASTRUCTURE

Mann Deshi worked to renovate the existing infrastructure at Gondawale Khurd Hospital as well as install new machinery and equipment. This included painting the entire facility, waterproofing the interior of the hospital and repairing the plumbing. Mann Deshi also renovated the lab rooms, bathroom, and outside areas. Particular care was taken to renovate the outside areas to create spaces for patients to get outside and visit family members while they were receiving care.

Additional medical equipment was installed, such as oxygen pipelines, oxygen beds, and dedicated ICU beds. To equip hospital rooms, 25 semi fowler hospital beds were purchased and installed, along with 12 bedside trolleys and curtains and mosquito nets for each room window. 6 Steam vaporizer machines, 3 heating bags, and a water dispenser

were purchased to aid patient comfort during their stays. The hospital received an updated central air conditioning unit, and new plumbing, and a security camera system.

The Hospital was also supplied with 4 digital blood pressure monitors, 4 glucometers (blood sugar monitors), 10 pulse oximeters, and 6 oximeters. Larger infrastructure such as an electrocardiograph (ECG) machine with 5 five para monitors, a haematology analyzer, a computed radiology (CR) machine and an X-Ray apron are also present. A computer, printer, and printer paper were purchased for the hospital office. For COVID 19 and ICU specific care, the hospital acquired 4 High Flow Nasal Oxygen (NFNO) sets, and converted a room into an oxygen cylinder room for oxygen tank storage.

Many infrastructure related projects are still under development. The hospital will have a running oxygen plant that can produce roughly 45-50 jumbo oxygen cylinders or 7,000 liters of oxygen every day. Mann Deshi worked with the District Collector to acquire land and funding for this project, and it should be completed and running in the early months of 2022. Plans and construction are also underway for a pathology lab.

FACILITIES AT GONDAWALE KHURD RH

4
High Flow Oxygen Concentrators

44
Oxygen Cylinders

25
Oxygen Beds
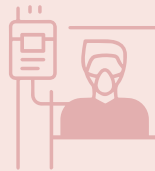
1
Computed Radiography (CR) System

5
Five-Para Monitors

1
Oxygen Pipeline

1
X-Ray Machine

1
Haematology Analyzer

CHANGES TO MEDICAL PERSONNEL ···

Mann Deshi worked with the District Collector to channel more medical personnel to the Gondawale Khurd Hospital. Notably, Mann Deshi was able to increase its doctor staff by three new doctors which are partially salaried by Mann Deshi in addition to their government salaries. The hospital was also able to hire a trained X-Ray technician to operate the new X-Ray technology.

Both Mann Deshi and the District Collector worked to overcome staffing challenges by looking for staff that were not far away, and advocating for staff to come work at the Gondawale Khurd Hospital. This joint effort was difficult, but the new staff is greatly needed for the day to day operations of the hospital.

NUTRITIOUS MEALS ···

Mann Deshi provided nutritious meals to patients, doctors, nurses and support staff at the Gondawale Khurd RH, twice a day. The meals were prepared by a local catering company, on the advice of doctors. It included fresh fruits, dry fruits, eggs and regular vegetarian Indian meals to build and maintain their immunity and help them fight the virus.

PROVIDING ESSENTIAL MEDICINES ···

Mann Deshi Foundation and the office of the District Collector of Satara worked together to procure/arrange and provide essential medicines to the patients in the hospital. This saved time from procuring them externally and minimised patients' medical expenses.

OPERATIONALIZING A PPP - A LEARNING

It is important to not only have a robust model of public-private partnership initiatives, but also have an appropriate, effective and efficient execution framework. Most of the cases where PPP models have failed, the reason for their failure lay in their poor execution. Our learnings indicate that the following areas need to be addressed effectively for operationalising an efficient PPP -

ACTIVE PARTICIPATION OF ALL PARTNERS IN THE PPP GOVERNING BODY

The governing body of the PPP needs to include participants from the public sector and private sector, which would include both the corporate partners and the civil society organisations.

It would also be prudent to involve members of the local government and local community in the governing body of the PPP. For instance, Mann Deshi formed a village committee, with women residents of the village and members of the gram panchayat as part of it, when it started its work with the Gondawale RH to take the local community into confidence about this project. The objectives and vision of the project were clearly laid out and deliberated in the committee's discussions to encourage a free exchange of ideas between the stakeholders.

IDENTIFICATION OF PRIORITY SECTOR AND REGION

Mann Deshi worked with the District Collector to channel more medical personnel to the Gondawale Khurd Hospital. Notably, Mann Deshi was able to increase its doctor staff by three new doctors which are partially salaried by Mann Deshi in addition to their government salaries. The hospital was also able to hire a trained X-Ray technician to operate the new X-Ray technology.

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UNDERSTANDING OF ROLES

In a dynamic PPP, no stakeholder has a binary function. It must be understood that the private sector can play an enterprising role in the partnership, undertaking various roles and responsibilities. Hence, the representatives of the stakeholders constituting the governing body must articulate the functions, roles, responsibilities and authorities of different partners clearly and intelligently.
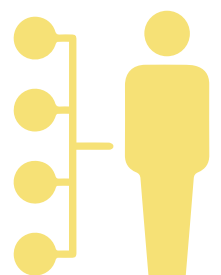
PILOTS

Before any project is scaled, pilot projects must be experimented with and studied carefully. Feedback must be taken from all the actors and stakeholders involved. This will aid in optimizing the process and further assist in scaling up the project.

INVOLVING EXPERTS AND TECHNICAL CONSULTANTS

Consultants often provide a fresh perspective and assist in solving complex problems, allowing one to focus on the operational aspects of the project. Technical consultants can provide expertise in the sector of your operation. Often, they can also help you use technology to its full potential. They also examine business & operational processes and recommend organisational or cultural changes.

Healthcare consultants have a better understanding of loopholes in your existing system. They can provide systematic inputs to improve patient care, and develop an enhanced system for tracking and reporting information. For instance, at Gondawale Rural Hospital, Mann Deshi enlisted the assistance of Dr. Sagar Khade, who has been guiding the team in the hospital's operation and management.

PUTTING PEOPLE AT THE CENTRE OF YOUR WORK

When undertaking a PPP project, it is of utmost importance to put people first and at the centre of your work. It encourages the principle of transparency, and is the key to achieve real sustainable development results. This is where community-based organisations like Mann Deshi can play a significant role in the partnership. The trust that the community has in the organisation converts into and reflects in the trust in the project. This motivates people to take ownership of and become increasingly involved in the success of the project.

SCOPE FOR GROWTH

PPP projects are also to be understood and executed from a scalability perspective. To ensure scalability the following aspects can be considered:

- Standardisation of policy, process and standards
- Funding and self-sustenance
- Technical assistance and intellectual know-how
- Motivation for people to support and buy into the partnership

NUMBERS FROM THE GROUND

AS OF NOVEMBER 24, 2021

NO. OF PATIENTS ADMITTED
794

483
MEN

311
WOMEN

One of the most gender-balanced admission ratios in the district.

DEATH RATE
14

***Lowest** death ratio in the district and one of the lowest in Maharashtra*

TRANSFERRED TO OTHER HOSPITALS BY REFERENCE
88

COVID 19 DAILY REPORT TALUKA MANN, DATE - 23/08/2021

Sr. No.	Name Of Centre	No.Of Bed	Covid 19 Positive Admited		Total Number of Discharged persons		No. of person left	Reffer Person		Swab Taken		Swab Report						DEATH	
												+ve		-ve		Awaited			
			Daily	Prog.	Daily	Prog.		Daily	Prog.	Daily	Prog.	Daily	Prog.	Daily	Prog.		Daily	Prog.
1	DAHIWADI (CCC)	100	1	923	20	568	34	0	303	0	3226	0	782	0	2444	0	0	18
2	Mhasawad (CCC)	60	11	2582	2	2047	168	0	358	0	1424	0	349	0	1075	0	0	7
3	Gondavale Bu. CCC	100	0	1053	0	771	84	0	198	0	0	0	0	0	0	0	0	0
4	DCHC MHASWAD	15	1	544	1	318	13	0	189	0	0	0	0	0	0	0	0	24
5	DCHC GONDAWALE KH	25	2	617	4	511	21	0	73	0	0	0	0	0	0	0	0	12
6	DCHC Dahiwadi L.H.	50	0	222	0	155	15	0	45	0	0	0	0	0	0	0	1	7
7	DCHC Gondavale Bu.	30	2	358	1	269	24	1	60	0	0	0	0	0	0	0	0	5
8	Jay Bhagvan Mhaswad	35	0	158	0	103	0	0	37	0	0	0	0	0	0	0	0	18
9	Dr.Galande.Mhaswad	25	6	457	1	412	9	0	25	0	0	0	0	0	0	0	0	11
10	Dhanvantari Dr.Sabale	17	0	59	0	57	0	0	2	0	0	0	0	0	0	0	0	0
11	Sanchit Dr.Savant	25	0	194	0	135	0	0	40	0	0	0	0	0	0	0	0	19
12	Janseva Dr Masal	100	0	208	0	177	0	0	31	0	0	0	0	0	0	0	0	0
13	PHC MALAWADI	0	0	0	0	0	0	0	0	31	6362	0	767	33	5252	343	0	0
14	PHC MARDI	0	0	0	0	0	0	0	0	61	7839	5	997	111	6750	92	0	0
15	PHC MHASWAD	0	0	0	0	0	0	0	0	114	7733	2	1136	117	6389	208	0	0
16	PHC PALASHI	0	0	0	0	0	0	0	0	131	5500	1	564	97	4633	303	0	0
17	PHC PULKOTI	0	0	0	0	0	0	0	0	66	5446	9	553	321	4797	96	0	0
18	RH - DAHIWADI	0	0	0	0	0	0	0	0	15	4475	0	1200	15	3245	30	0	0
19	RH GONDAVALE KH	0	0	0	0	0	0	0	0	0	1727	0	309	13	1397	21	0	0
20	other	0	0	0	0	0	0	0	0	0	261	0	212	0	76	0	0	0
	TOTAL	582	23	7375	29	5523	368	1	1361	418	43993	17	6869	707	36058	1093	1	121

SURVEY AND RESULTS

The following survey was conducted by the Mann Deshi Foundation where we interviewed 93 patients who sought treatment at the Gondawale Khurd RH between October 2020 to September 2021, about their experiences at the hospital, its impact on their mental health and their perceptions and experiences of healthcare services at government hospitals. Below are the findings of our survey -

EXPERIENCES AT THE GONDAWALE KHURD RH

DID YOU RECEIVE 24/7 TREATMENT AT THE HOSPITAL?

100%	0%
YES	NO
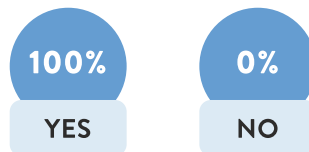
I TRUST THE HOSPITAL SERVICES

61%	36%	2%	0%	1%
STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
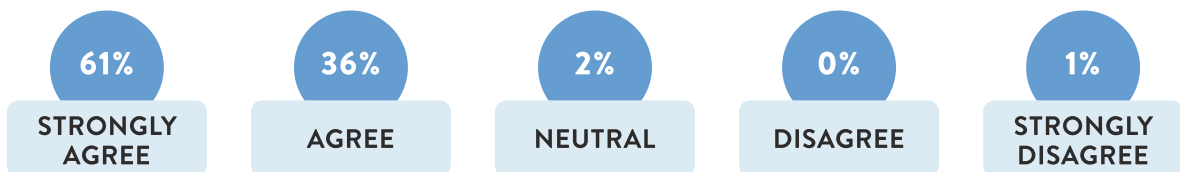
I GOT PROPER GUIDANCE AND ASSISTANCE FROM NURSES AND OTHER PARAMEDICAL STAFF FOR COVID TREATMENT

58%	34%	0%	1%	0%
STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
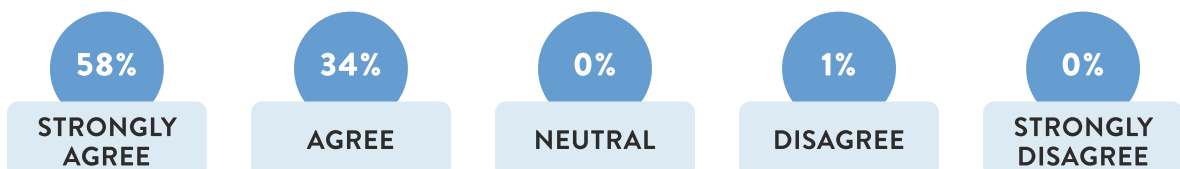
I WAS CONFIDENT THAT I WILL RECEIVE THE BEST TREATMENT IN THIS HOSPITAL

62%	38%	0%	0%	0%
STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
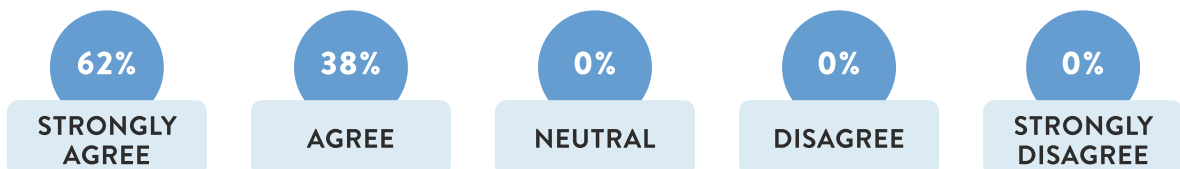
I RECEIVED HEALTHY AND HIGH NUTRITION FOOD AT THE HOSPITAL

61%	38%	1%	0%	0%
STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
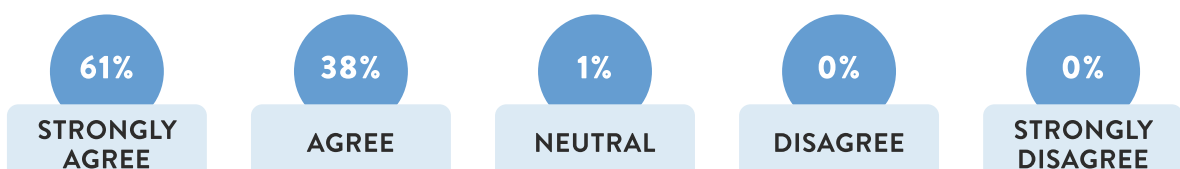
THE HOSPITAL WAS NEAT AND CLEAN

62% STRONGLY AGREE	38% AGREE	0% NEUTRAL	0% DISAGREE	0% STRONGLY DISAGREE
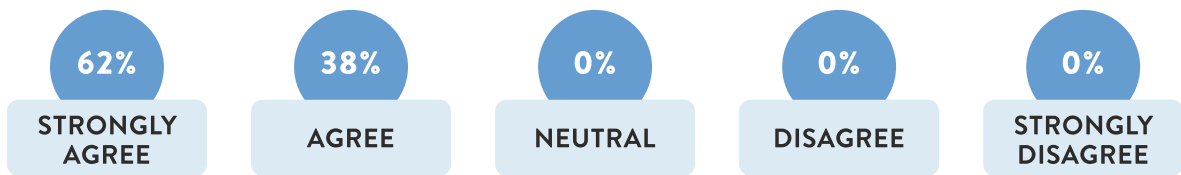
I RECEIVED THE EXPECTED TREATMENT

63% STRONGLY AGREE	37% AGREE	0% NEUTRAL	0% DISAGREE	0% STRONGLY DISAGREE
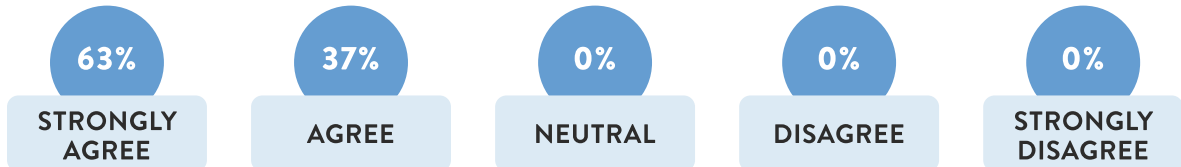
I WILL RECOMMEND THIS HOSPITAL TO SOMEONE LOOKING FOR THE BEST TREATMENT

62% STRONGLY AGREE	38% AGREE	0% NEUTRAL	0% DISAGREE	0% STRONGLY DISAGREE
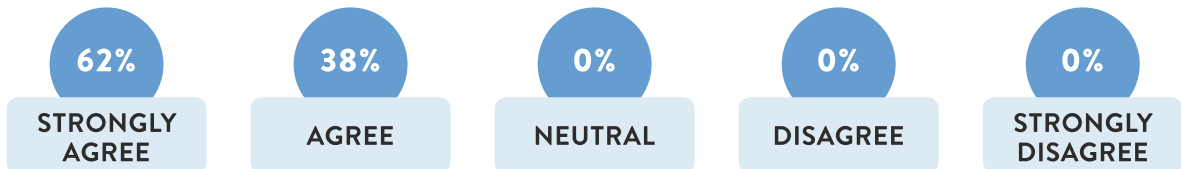
RATE YOUR SATISFACTION WITH THE COVID TREATMENT RECEIVED AND ITS USEFULNESS FOR RECOVERY

58% VERY SATISFIED	42% SATISFIED	0% NEUTRAL	0% UNSATISFIED	0% VERY UNSATISFIED
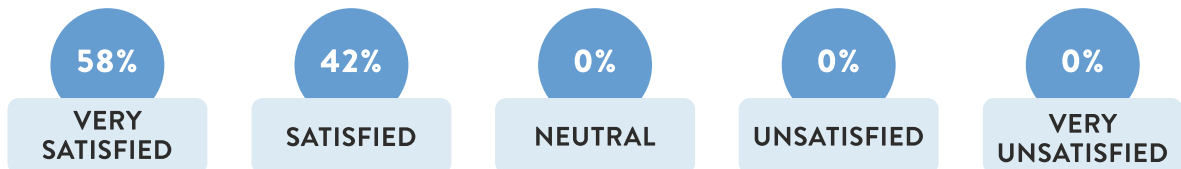
RATE YOUR SATISFACTION WITH YOUR POST-COVID TREATMENT AT THE HOSPITAL

57% VERY SATISFIED	42% SATISFIED	1% NEUTRAL	0% UNSATISFIED	0% VERY UNSATISFIED
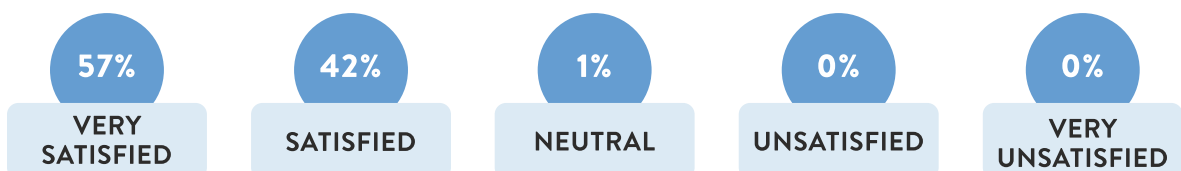
I FELT SAFE AND GOT TIMELY TREATMENT IN THE HOSPITAL

62% STRONGLY AGREE	38% AGREE	0% NEUTRAL	0% DISAGREE	0% STRONGLY DISAGREE
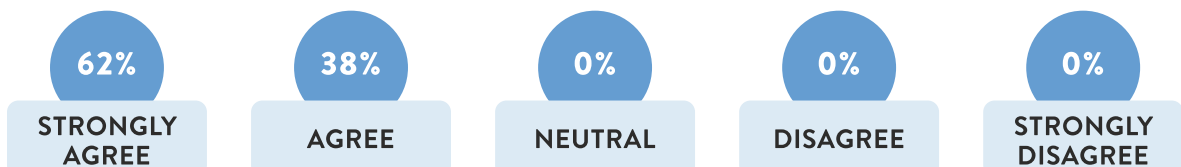
I GOT FAST AND HASSLE-FREE TREATMENT AT THE HOSPITAL

63% STRONGLY AGREE	37% AGREE	0% NEUTRAL	0% DISAGREE	0% STRONGLY DISAGREE
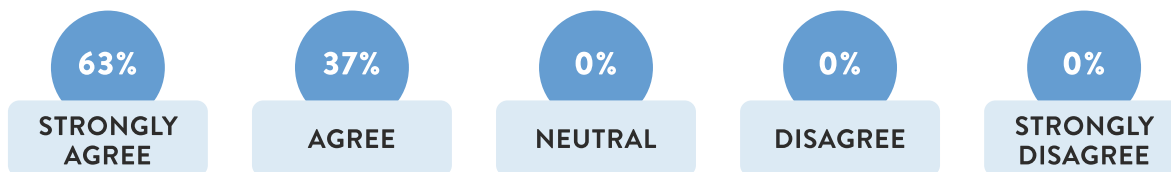
BASED ON THIS EXPERIENCE, IN THE FUTURE I WOULD PREFER TO RECEIVE TREATMENT AT THE SAME HOSPITAL

60% STRONGLY AGREE	39% AGREE	0% NEUTRAL	0% DISAGREE	1% STRONGLY DISAGREE
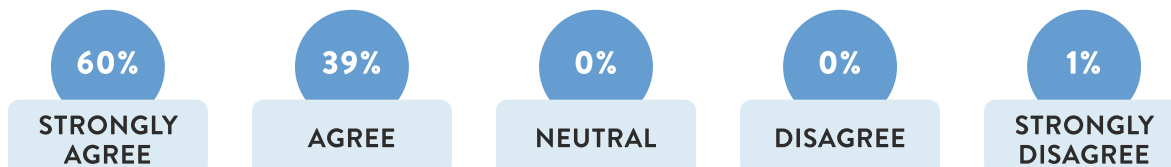
IMPACT OF COVID19 TREATMENT ON THE PATIENTS' MENTAL HEALTH

I HAVE BEEN FEELING OPTIMISTIC ABOUT THE FUTURE

60% STRONGLY AGREE	40% AGREE	0% NEUTRAL	0% DISAGREE	0% STRONGLY DISAGREE
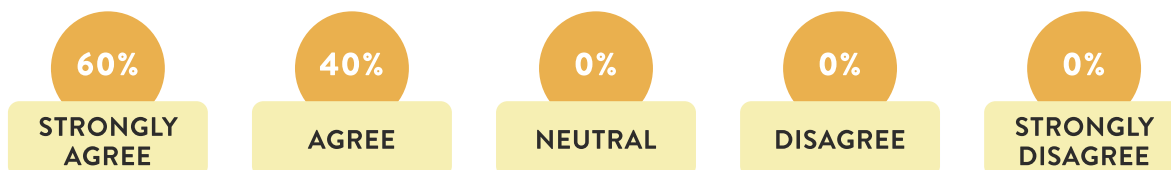
PERCEPTION AND EXPERIENCES OF HEALTHCARE SERVICES AT GOVERNMENT HOSPITALS

PRIVATE HOSPITALS PROVIDE BETTER TREATMENT THAN A GOVERNMENT HOSPITAL

5% STRONGLY AGREE	10% AGREE	29% NEUTRAL	6% DISAGREE	50% STRONGLY DISAGREE
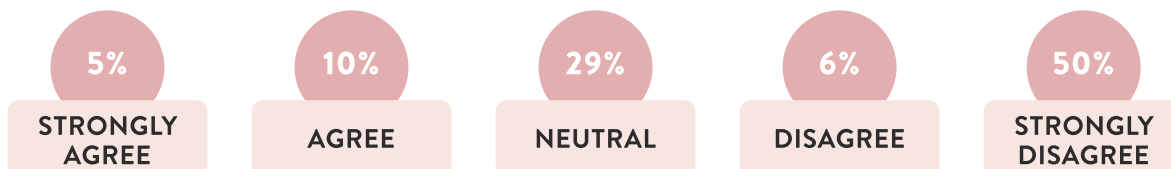
PRIVATE HOSPITALS HAVE BETTER MEDICAL EQUIPMENT AND INFRASTRUCTURE THAN GOVERNMENT HOSPITALS

0% STRONGLY AGREE	17% AGREE	23% NEUTRAL	13% DISAGREE	47% STRONGLY DISAGREE
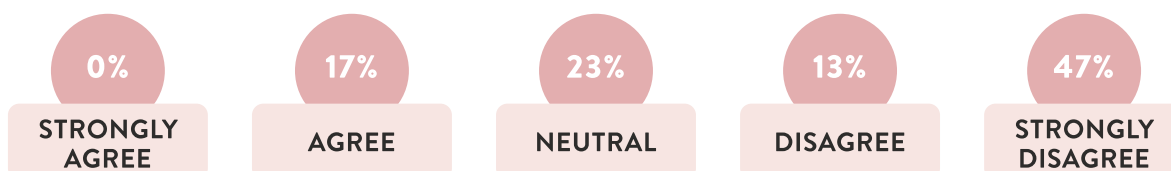
GOVERNMENT HEALTH PRACTITIONERS GIVE TIMELY TREATMENT TO THE PATIENTS

54%	41%	2%	3%	0%
STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
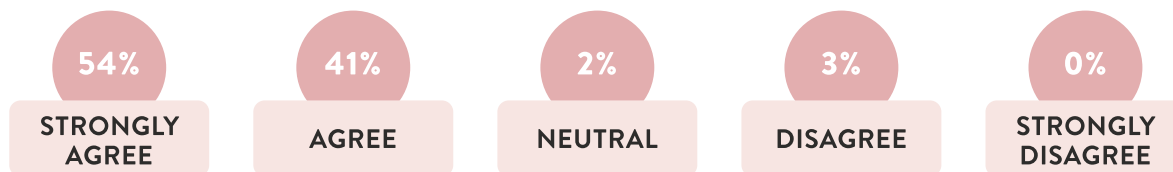
PRIVATE HOSPITALS ARE MORE ORGANIZED THAN GOVERNMENT HOSPITALS

4%	16%	31%	29%	20%
STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
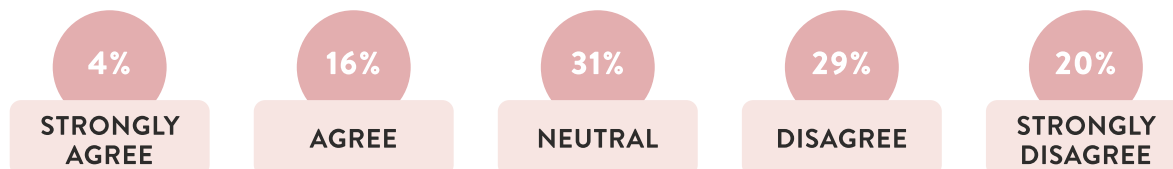
GOVERNMENT HEALTH POLICIES/ SCHEMES ARE BENEFICIAL AND VERY EASY TO ACCESS

35%	51%	11%	3%	0%
STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
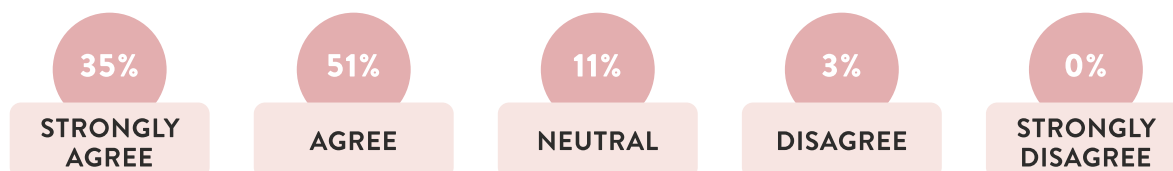
YOU NEED TO HAVE MONEY TO ACCESS A GOOD TREATMENT

11%	57%	10%	16%	6%
STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
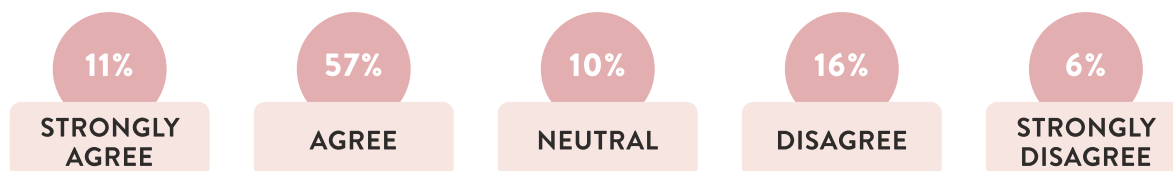
THE PATH AHEAD

The health of its people is any nation's most precious resource. Across the world, many people and organisations are coming together, to forge partnerships with governments and corporations, to protect and nurture this resource.

While affordability and accessibility are two major concerns when it comes to healthcare services in India, Public Private Partnerships are actively challenging the notion that private healthcare is for the rich, and public healthcare is for the poor. They are working to challenge inequities in healthcare, and striving to equalise healthcare to all people. PPP brings in optimism and opens up opportunities in any sector. If the interests of all stakeholders are aligned, they have the potential to not merely impact but revolutionize the healthcare landscape in India.

In healthcare, the overall aim of any PPP is to improve the quality of services, hence it must be structured judiciously, aligned to the needs and circumstances of the local community.
- Roles should be carefully articulated alongwith rights and responsibilities.
- Clear standards need to be established.
- All actors involved need to be supported by providing them adequate and regular training.
It is an iterative process - hence, the objective must be to build, refine and improve continually.

In the process of collaboration, the public sector must set an example and lead and be willing to reinvent itself. The private sector in turn must be willing to improve mutual cooperation and understanding.

With improvements in the existing healthcare infrastructure, deployment of trained human resources, mandatory provisions for distribution of free essential medicines, and most importantly, with better supervision of doctors and paramedics, PPP-managed institutions could deliver better performances and be made more sustainable in the long-term.

The case study of the PPP model of the Gondawale Khurd Rural Hospital has thrown light on the need for generating further evidence about sustainability, financial strength, costing and management structure of PPP models in Maharashtra. It is also our observation that any future evaluation parameters must also include issues such as effectiveness in monitoring the delivery of programs, scalability and level of involvement of local stakeholders in the decision making process.

In a country like India, it is not easy to take healthcare services to the rural and remote areas. Gondawale Khurd RH has been able to provide many essential medical facilities to patients free of charge because of the involvement of the government and the support of our private partners. But as the case study proves, its impact is beyond the availability of free services - it is about putting patients at the centre of healthcare.

When a PPP model enters the marketplace, the competition increases, and service providers are left with little choice but to improve their service delivery. Mann Deshi entered the healthcare sector

with this precise aim. Further, our experience in banking and working with women entrepreneurs, makes us uniquely placed to explore the possibilities of expanding health insurance coverage and nudging health insurance empanelled hospitals to step up their services.

Mann Deshi and our partners have led by example by undertaking this innovative project. Our hope now is that many enterprising others will boldly follow.

Mann Deshi is in the process of setting up it's own Diagnostic Centre in Mhaswad, Satara as another step towards providing accessible and affordable healthcare for all.

THE ORAL NARRATIVES

CHETNA SINHA

FOUNDER AND CHAIRPERSON, MANN DESHI FOUNDATION

Date of Interview: July 12, 2021

Chetna Sinha begins her interview by recollecting the day the Government of India first declared a nation-wide lockdown - March 24, 2020. She knew the pandemic had hit many cities hard and it was only a matter of time before it reached the villages. *"From the early days of February, when we began hearing about the virus rapidly spreading across cities in India, we knew that it was only a matter of days before it reached rural India. We also knew that rural India was culturally unprepared to face this pandemic, as words like 'quarantine', 'social distancing' and 'sanitizers' are completely foreign to people here."*

Even before the government declared a lockdown, Mann Deshi started awareness campaigns through its community radio - Mann Deshi Tarang Vahini. We started educating and informing people about the nature of the virus, how it spreads, and how people could prevent themselves and their loved ones from it. Chetnaji's objective was to ensure that people in Satara were not caught off guard when the virus begins spreading in villages and their neighbourhoods.

"Come March, and the lockdown changed everything". Chetnaji describes how on one hand everyone was talking about social distancing and on the other, how all the migrants were desperate to return home to their families. People from Satara often migrate to Mumbai and Pune in search for work, and with the lockdown announced, it was understood that many of the migrants will return home, putting Satara at risk of increasing COVID19 cases.

Chetnaji and her team at Mann Deshi knew what was coming, the question was what they could do to protect rural communities against the virus? They started with relief operations, which is what is generally expected of non-profits, but her son, Prabhat Sinha, who was leading Mann Deshi's COVID19 relief efforts was convinced that in this unprecedented situation, only relief work will not help, the need for direct intervention would soon come.

The conversation now turns to Sinha's thoughts about the foundation's Gondavale hospital. Chetnaji recalls that she initially had reservations about starting a hospital given the foundation's lack of experience: How would they get the personnel? How would they pay for such a large undertaking? How would they collaborate with the government? *"Our expertise lies in working with women and farmers in finance, entrepreneurship and agriculture. When it comes to disaster relief, our experience is of running cattle camps in 2012 and 2019. But now we were talking about venturing into health. I was honestly doubtful whether we'd be able to cope with the needs and demands of the sector."*

However, it was Prabhat's passion that convinced her, and the rest of MDF, that not only was a hospital necessary, but also that MDF was uniquely placed to set one up given their preexisting role in the community. Prabhat argued that a hospital was necessary to actually address the pandemic and save lives. Besides, the district administration of Satara led by Shekhar Singh appealed to Mann Deshi to support them and step up for the community.

After initial deliberations with the district administration, it was decided that Gondawale Khurd Rural Hospital - after being refurbished - would be ideal for Mann Deshi's proposed intervention.

Once the work for the hospital began, Chetnaji visited the site multiple times to ensure it was being created with a standard of excellence. Her insistence on the hospital's quality was centered around creating a human atmosphere to ensure that patients and their family retain their dignity, autonomy, and comfort.

"The hospital we envisioned required a huge amount of financial support" says Chetnaji. *"It was a question of people's lives. Time was of the essence, and any neglect could lead to deaths. Besides, this was an unprecedented crisis. Nobody could predict the nature of the pandemic, every day we were learning something new about the virus' behaviour."*

Mann Deshi had collaborated with the district administration to support the Jumbo COVID Hospital in Satara city. But at Gondawale Khurd Rural Hospital, the primary responsibility of operating and managing the hospital lay with Mann Deshi.

"Given the scale of the responsibilities, we needed to choose our partners carefully." Which is why Chetnaji shares that Mann Deshi turned to their most trusted partners - HSBC India. She called Ms Aloka Majumdar, the CSR head at HSBC India, and told her about Mann Deshi's plans for Gondawale Khurd Rural Hospital, and asked whether they could support Mann Deshi in this venture. *"Aloka's answer was positive, which was a huge source of relief for our team because by then we realised how crucial operating this hospital was for the community."* Soon, Cipla Foundation also came forward to partner with Mann Deshi in this project.

Chetnaji then explains how in the beginning, the scale and direction of intervention was unclear even to her team. From masks to ventilators - everything was required, and everything was scarcely available. Given the lockdown, it became difficult to arrange for drivers, plumbers and

other labourers needed for the refurbishing of the hospital. She adds how Mann Deshi's team was working round the clock, because many equipments were arriving in the middle of the night, and how several even tested positive during this process, and their treatment and care became equally important for her.

Chetnaji also describes how her role was less hands-on than that of others. She mainly spent time speaking with donors, looking into government and MDF guidelines, and speaking with their partners at HSBC India and Cipla Foundation. *"Mann Deshi's dedicated Corona Champions team was running everything on ground, under Prabhat's leadership"* she adds.

Challenges really came during the second wave during which oxygen resources were excruciatingly scarce: time and stress was spent over finding, securing, and transporting oxygen. *"There's one particular incident that I'd like to share to demonstrate why you need continuous presence on ground to ensure the success of any project. During the second wave, there was a point when the hospital had only 5 hours worth of oxygen supply remaining. I was terrified of the consequences. Prabhat was talking to people all night, even at 2 am, to ensure we would secure an additional supply of oxygen. He prepared Mann Deshi's Corona Champions team to be ready to assist the hospital's staff in any manner they would be required to. We were up all night, personally involved in finding a solution, and that certainly makes a difference"*, Chetnaji remarks.

The ASHA workers are the next focus of Chetnaji's discussion. Mann Deshi was already in touch with the ASHA workers: providing them with masks and subsidizing salaries while utilizing ASHA workers as field agents and as the voice of MDF within the government.

Chetnaji also takes time to discuss why Mann Deshi was better suited to undertake this kind of project in healthcare when compared to other non-profits. She believes that this is because Mann Deshi is used to taking on large projects of similar scale and so, is able to mobilize resources on a similar scale as the government. Also, the foundation is very involved with the community and so, has the community's confidence and trust, as well as insight into the community's unique challenges and their solutions. Moreover, her background as an advocate of women and farmers made Chetnaji well connected with people, especially advocates for women's empowerment, who are now in political places of power. She also has significant connections with people in the financial sector through setting up the Mann Deshi bank.

The conversation now turns to MDF's role in healthcare post-pandemic. Chetnaji believes that Mann Deshi will definitely be working with women in health. However, she notes that such work is not just health services but work in the policy side about how services should be provided. So far, MDF's role in the hospital has been such that the perception of the hospital has changed: it is no longer perceived as a stereotypical government hospital with very poor standards. Now, the people trust the hospital to be of high quality and would even prefer it to a private hospital.

MDF was not the only NGO administering relief during the pandemic. However, Chetnaji says that MDF employed a different approach. Though initially the work of the NGOs was similar in

focusing on financial relief and rations for migrants, MDF pivoted to addressing COVID itself. This is very uncommon apart from very mature health organizations to engage directly with the healthcare system.

Mann Deshi also focused on ensuring that health outcomes were not reliant on gender. This issue arose when it was observed that far fewer women were receiving HRCT scans than men. This is due to the family itself prioritizing getting care for men as they are often the main source of income. This mindset carries into the hospital walls as families are forced to make difficult choices for who receives scarce resources like ventilators.

When Chetnaji was asked about the process of securing cooperation sponsors, she said that many of the funders were already working with MDF prior to the hospital such as HSBC India. However, there were also new partners like Facebook, Google, and WhatsApp. The partners have been pleasantly surprised by the success of MDF's hospital. Mann Deshi has been doing similar work as other NGOs, but has enjoyed more success and on a significantly larger scale. MDF has an advantage on this scale because they know how to organize large scale events and services to the surrounding community.

For the future, Chetnaji sees some areas of improvement: the hospital needs to incorporate counseling and focus on getting proper feedback from patients. The latter has been difficult as there is little time and space to gather this information amidst the high pressure situation that is the COVID-19 pandemic.

Also, Chetnaji believes that policy changes must be made to make setting up hospitals and reforming infrastructure easier. Policy changes must include increased access to medical machines and more technical professionals to run ambulances, pathology labs, etc. Hospitals can become a great center for data collection on health and communities. Moreover, the government's insurance products must be made more accessible and less bizarre. PPP can be brought into this and create a model around subsidizing health and making insurance more affordable.

Chetnaji ends her interview with these concluding thoughts, *"It is our good fortune that so many kind hearted people came forward to support us. Many COVID relief alliances were formed at the macro level for experience sharing, and when I would tell them about the support Mann Deshi received from all quarters, they would be so pleasantly surprised. And though we often faced scarcity of physical resources, there was never any scarcity of funding and support. It is the generosity of these very people that has helped rural India breathe. From distributing food packets to vaccinating women, we've been able to do everything to protect our last mile women because of the support we've received. I also appreciate the support from the government's end. Despite the many challenges, we found ways to work together for the people we serve. And, of course, Mann Deshi's Corona Champions team deserves all the appreciation for their commitment and passion to work amidst the pandemic, even when it meant putting their own lives at risk. I know we lost many lives, but we were able to save so many more - and I believe that is what motivates us to keep going forward and to do more and better, each day, for our people, our women."*

SHEKHAR SINGH, IAS
DISTRICT COLLECTOR AND DISTRICT MAGISTRATE, SATARA

Date of Interview: October 21, 2021

Shekhar Singh has been in the district collector's role since 2018. During his first two years in this role, Shekhar worked in the Gadchiroli district of Maharashtra. Since January 2020, he has been working in the Satara district.

Shekhar describes the district collector's job as a multifaceted role. The name, in fact, suggests only the historical duties of the role. As district magistrate, he is responsible for issues related to law and order and overseeing police agencies, and as district collector, he is responsible for collecting revenue. The district collector continues to serve as the head of the revenue department of the district, being responsible for the entire district's revenue administration, as well as head of all land departments such as agriculture and irrigation. Now, however, in total, the district collector chairs almost 180 committees in the district, ensures coordination among various departments, and is responsible for disaster management. Disasters include landslides, floods, natural calamities, and in India, the COVID-19 pandemic, which was declared a national disaster in March 2020. Lastly, Shekhar works directly with the District Planning Committee, which is the local funding mechanism in Maharashtra. Shekhar manages almost 400 crore rupees annually for local projects in the district.

Since the COVID-19 pandemic hit India, Shekhar's role has shifted in many aspects. He attributes these shifts primarily to the novelty of the virus, which was *"a new subject even for subject experts."* But beyond the virus itself, the whole scenario surrounding the pandemic became a central focus in Shekhar's job– from declaration of the national lockdown in March 2020, to how to deal with the lockdown at the local level, to safe return of migrant workers to their homes following lockdown. Coupled with ensuring the unemployed did not go hungry, there was also a renewed focus on improving health infrastructure following the arrival of COVID-19 in India. Shekhar said, *"Health was our single most top priority,"* referring specifically to ensuring the supply of oxygen, ICU beds,

ventilators, medicine, and training healthcare staff. Despite efforts during the first wave of the pandemic, the Satara district administration was unable to provide beds for all COVID-19 patients. By the second wave, due to increased coordination overseen by Shekhar between various arms of the government (i.e., labor department, police agencies, and transport department) and civil organizations, (i.e., Mann Deshi), state and non-state actors, collectively, they had shifted their focus on creating health infrastructure in order to better prepare for the second and third wave of the pandemic.

Shekhar oversees all the hospitals and health facilities in Satara district's three-tiered healthcare structure. This tiered system includes 350 subcenters, 72 primary healthcare centers (PHCs), and 17 rural hospitals, one in each tehsil (i.e., rural subdivision) of Satara district, including a civil hospital. By the end of the first wave of the pandemic, all 17 of the rural hospitals had been converted into COVID facilities, housing 30-50 beds each. In addition, Shekhar also oversees the jumbo hospital in Satara that was launched in October 2020. Since its launch, it has scaled from providing 278 oxygen beds and 52 ICU beds to 340 oxygens and 72 ICU beds.

When asked of the main challenges faced by Satara in relation to healthcare, Shekhar outlined challenges of the government sector and private sector separately. The general challenges in the government healthcare sector described by Shekhar are as follows:

1) **Vacancy.** Before COVID, there was almost a 40% vacancy rate among positions for doctors and even more for nursing. These rates have decreased slightly over the past 1-1.5 years due to the renewed national focus on health, but most qualified experts with a MD or MS degree do not want to work in the government sector. This lack of motivation, according to Shekhar, is related to low remuneration and poor work environment.

2) **Quality of healthcare.** Because government healthcare is designed to be affordable, public health institutions are often overcrowded. While a private doctor typically sees 40-50 patients a day, government doctors may be seeing as many as 200-250 patients on average daily. This overcrowdedness then affects the quality of healthcare a government doctor can reasonably provide. Shekhar stated, *"High motivation is needed to maintain high quality,"* – both of which are currently lacking in the public sector.

3) **Infrastructure gap.** In terms of hospital services, work environment, and health equipment, while Maharashtra ranks far better in government health infrastructure compared to many other states, especially northern states like Uttar Pradesh, there remains a large infrastructure gap between the public and private healthcare sectors.

4) **Lack of specialists.** During the first wave of the pandemic, there was not a single MD physician in the entire government healthcare setup of Satara. The district had to provide health services by putting private MD physicians on duty through a rotation system. By January, the state government provided an MD physician for the district, which resulted in improved healthcare quality in civil hospitals during the second wave. In the jumbo hospital, all human resources activities had to be

outsourced to a private agency. This agency recruited doctors and specialists, and the district administration provided payment on a per day, per bed basis. Despite the steep costs of hiring specialists through these channels, Shekhar emphasized that the government sector continued to provide affordable healthcare.

5) Lack of government medical college. All other districts in the surrounding areas of Satara have a government medical college, but Satara does not. A medical college for Satara was approved recently, but will be constructed in the next 3-4 years, which Shekhar foresees as a challenging process of its own.

6) Preventative rather than curative healthcare. Other than providing reproductive and child health services, the major role of PHCs and sub-centers is to provide preventative healthcare. Shekhar stated that non-communicable diseases (NCDs) such as cancer, heart disease, and diabetes make up the *"bulk of what poor patients must spend their money on in private healthcare."* Especially due to the absence of a medical college, the public healthcare sector lacks the expertise to address NCDs and curative care. Government facilities can effectively provide preventive care through screening and testing services, but must later refer patients to private facilities in Pune or Mumbai. The forthcoming medical college in Satara will have curative care departments such as for oncology and cardiology, and Shekhar foresees this particular challenge being addressed then.

Specifically with regards to the pandemic, Shekhar outlined two main challenges in the government sector:

1) Insufficient training. At the beginning of the pandemic, healthcare personnel, both in the public and private sector, faced a lot of anxiety. Over the past 1-1.5 years, building confidence among personnel has improved globally. Shekhar described that between March and June 2021, there was a period when the private sector completely exited the scene and only government doctors were seeing COVID patients to provide basic care. Despite lower pay and poor working conditions, in light of extreme hesitation in the private sector, government staff worked excellently during this period of initial healthcare.

2) Poor infrastructure. In March 2020, when COVID first struck India, there were only 6 ICU beds and 20 oxygen beds in Satara's civil hospital. Now, the hospital has 52 ICU beds with 45 ventilators and 200 oxygen beds.

Finally, in regards to the private sector, Shekhar first stated that compared to other districts, Satara has a diverse and big private healthcare sector. Some private centers in Satara, such as the Krishna Medical College, have been at the forefront of the fight against COVID. Yet, the following challenges remain significant in the private sector:

1) High cost of treatment and low affordability. Although the Maharashtra government capped prices of ICU beds per day, PPE kits, and every COVID and non-COVID procedure during the pandemic, private sector healthcare remained significantly unaffordable, even in a district

like Satara, where the rural population is generally more prosperous than rural populations of surrounding districts. Since the jumbo hospital was launched in Oct 2020, there has not been a single vacant ICU bed even for one day. Shekhar states that the reason for this is that a patient no longer needs to spend upwards of 1 lakh rupees for a bed in a private facility when the jumbo hospital is providing the same quality of care at low to no cost. Shekhar oversaw several audit committees to audit COVID-related medical bills of patients in the district. Almost 9 crore bills were audited and the costs for patients were reduced by 25 lakh rupees. Almost 5 lakh rupees have already been returned to patients who were overbilled in the private sector. The auditing process showed that overcharging remains a serious issue in the private sector.

2) Broad rural versus urban divide. The majority of private healthcare centers are concentrated in urban areas. In the district, institutions are found mainly in the cities of Satara, Karad and Phaltan. Bridging this divide remains an issue largely due to the aforementioned difficulty of recruiting and retaining healthcare professionals in rural areas.

Shekhar first began interacting with Mann Deshi Foundation in his initial days of his posting in Satara in 2020. He visited the Foundation's headquarters during a visit to the rural areas. Before this visit, he had already heard of the Foundation due to its important collaborations with the government to address water scarcity in Satara prior to 2020. From the very beginning, Shekhar saw potential for increased collaboration with the Foundation. Mann Deshi pitched with face masks and hand sanitizers early on in the pandemic for distribution in the district, which opened the door for more collaboration.

The relationship quickly evolved, eventually leading to setting up the jumbo hospital. The major share of the expenditure for the hospital came from the government but Mann Deshi is one of the main partners. Mann Deshi primarily provided equipment for the hospital, including 28 mini-ventilators worth almost 1 crore rupees and high-flow nasal oxygen (HFNO) in the ICUs.

Around the same time, the collaboration to improve the Gondawale Khurd Rural Hospital also grew. Shekhar stated that compared to other rural hospitals, Gondawale is located in a very unusual location, making it even more challenging to fill staff vacancies in the hospital. Before COVID, the hospital had only one doctor and four nurses. Now, the hospital is known for cutting edge treatment—a result very different from the other five rural hospitals located outside the tehsil headquarter, like Gondawale.

Because this was Mann Deshi's first intensive project in healthcare, Shekhar's collaboration with the organization started with consultations on how to take healthcare forward. Infrastructure upgradation was not decided as an initial project, but Mann Deshi proactively went ahead with minor fixes at Gondawale Khurd without waiting for government's support. Mann Deshi fixed leaks, street lights, and the hospital's basic infrastructure. Soon after, Mann Deshi started with equipment provisioning and, later, with human resources provision. In the government sector, there is a fixed pattern allocated to each district setup that is dependent on national guidelines. Every facility has only basic staff to keep the institution active, and remuneration is capped. At

Gondawale Khurd, the government could only provide a basic pay for health staff, but Mann Deshi topped off this remuneration, enabling the appointment of a MD physician, Dr. Amit, and lab assistant. Ultimately, the entire lab setup at Gondawale Khurd was provisioned by Mann Deshi.

Typically, government doctors do not have the agency to advocate for better resources in public facilities due to the aforementioned national guidelines for the public healthcare sector. One major role played by Mann Deshi, according to Shekhar, was being an advocate for such government doctors. Mann Deshi has filled several gaps in staffing without waiting for the government's instructions, in addition to resolving other minor issues such as construction problems and missing medicine. Senior staff at Mann Deshi such as Chetna and Prabhat Sinha also brought Dr. Amit's concerns directly to Shekhar's attention. In addition to this and the higher remuneration provided by Mann Deshi, they interacted with him on a daily basis, ensuring motivation, which in turn improved the quality of services provided. Now, Gondawale is designated as a Dedicated COVID Healthcare Center (DCHC).

The successful collaborations between the district administration and Mann Deshi have enabled the partnership to undertake other problems within healthcare and otherwise. Shekhar works regularly with senior staff at Mann Deshi on projects such as sports teaching in Satara's school districts, a mobile planetarium to invoke curiosity among students, ecotourism development, and financial security and entrepreneurship opportunities for rural women–Mann Deshi's usual forte. Because of this partnership, the district administration was also able to facilitate support from Indian Red Cross Society's Bel-Air Hospital in Satara for Mann Deshi to be able to provide free vaccinations for more than 25,000 rural women, being the only organization in India to achieve such a feat.

When the Delta variant first hit India during the second wave, vaccination rate among citizens was zero since vaccinations were only being provided to healthcare workers. Compared to other countries, India was less prepared for the Delta variant. The district administration did not realize the patient and hospitalization load that would come in the second wave. For comparison, Shekhar provided the following statistics for Satara district:

Bar chart with the following values:
- Peak Daily Patient Load: 900 and 2,600
- Peak Testing In A Month: 70,000 and 350,000
- Peak Active Cases: 9,000 and 26,000
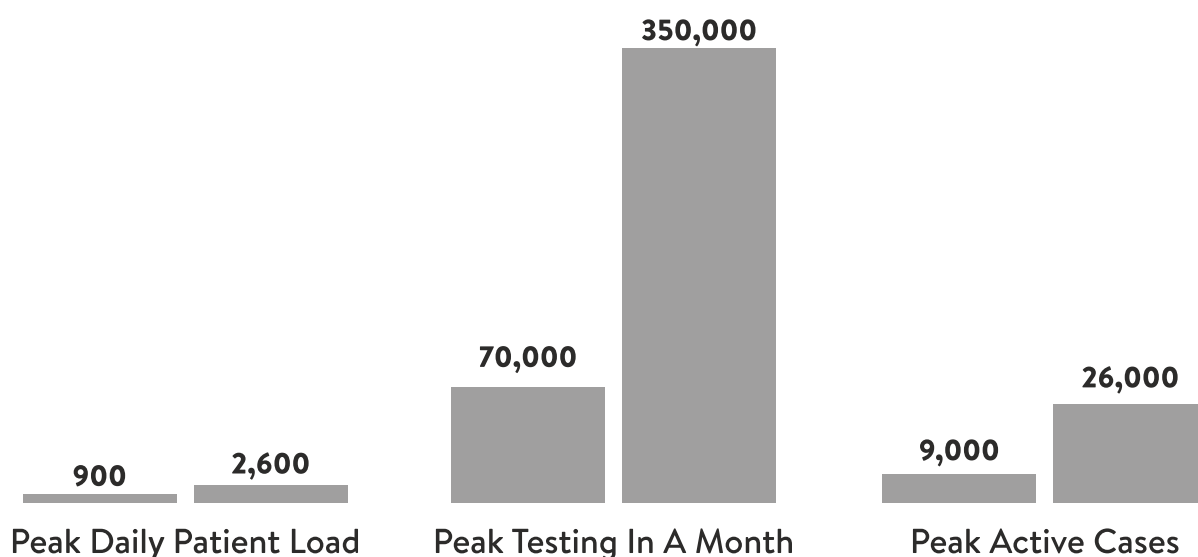
As these numbers show, at any given time during the peak, there were almost 26,000 patients, and almost 4,000 requiring urgent treatment at any given time. There was oxygen scarcity all over India due to the stark contrasts in COVID effects between the first and second wave, but yet Maharashtra was able to maintain steady oxygen supply for every hospital in this time of crisis. Shekhar attributes this success mainly to the collective collaboration between public and private actors in the state.

When asked what improvements Shekhar foresees in addressing a potential third wave of the pandemic, he stated that primarily the district has improved its management of the entire oxygen supply chain, from cylinders, to tanks, to transport tankers, to generation plants, and to the private supply chain. In addition, he also included the following improvements:

1) Improved infrastructure, including oxygen beds, ICU beds, ventilators, HFNO, BiPAP and CPAP. Better oxygen supply management. In Satara, 19 oxygen generation plants have been installed ranging from 260 LPM in rural hospitals like Gondawale to 1000 LPM in hospitals like the jumbo hospital.

2) Improved liquid medical oxygen supply. In a typical district, the peak demand of liquid medical oxygen is estimated at 48 metric tonnes per day. Satara put its capacity at 60 metric tonnes to allow for some buffer, but the state government mandated three times that at any given time, the district would have three days worth of supply stored to face any oxygen crisis. Before COVID, Satara had only 11 metric tonnes capacity in the private Krishna Medical College. During the first wave, 13 metric tonnes were added in the civil hospital and another 13 in the jumbo hospital. Now, the district administration manages 175 metric tonnes capacity–bypassing the minimum set by the state government.

3) Improved healthcare staff training, including treatment protocols and increased confidence among personnel.

To support the district administration in handling the third wave, Shekhar suggests that private organizations follow Mann Deshi's precedent. Specifically, nonprofits like Mann Deshi can pitch in for human resources, since the District Planning Committee's 30% allocation toward COVID expenses can only cover infrastructure expenditure. As such, there remains a gap in what the government can provide and what specialists desire. Furthermore, since quick decisions are not always possible within public bureaucracy, private partners can make minor fixes as Mann Deshi did in the early stages of the pandemic at the Gondawale Khurd hospital.

Shekar stated that the primary reason Mann Deshi was better suited to undertake this type of public-private partnership as opposed to other nonprofits was that Mann Deshi was already well-rooted in Satara. Other nonprofits not rooted in the community may not have the same sense of attachment in order to sustain the work, and Shekhar argues, sustainability is needed to run the PPP model. While organizations can provide a one-time donation and then exit the partnership, money is usually not the bottleneck in areas where the public sector lacks, but rather

the lack of continuous and sustained support for personnel and facilities. Mann Deshi's oversight at Gondawale Khurd in tandem with government oversight put pressure on the government to provide better healthcare than they might have provided otherwise.

Moving forward, Shekhar foressees the major challenge in establishing PPPs to be with regards to which private partners will be chosen, who will select these partners, and what the terms of engagement for each side of the partnership will be. Shekhar suggests that the government can take policy action on these questions regarding the PPP model, because in his experience, a wrong private partner can make the model fail dramatically. Specifically, private partners cannot be in the partnership for profit motives. Both the government and the private side must also be clear as to why they are entering into a partnership. In Gondawale Khurd, the intent was clear– the hospital was unable to attract doctors and there was a need for improved rural healthcare. In short, Shekhar suggests that the state can make policy decisions in regards to location, partner selection, and intent for the PPP model.

For Mann Deshi, Shekhar suggests the organization enhance its impact evaluation mechanisms with regards to Gondawale Khurd RH and other interventions as well. More measurable indicators will enable Mann Deshi to continue improving its interventions and identifying areas where outcomes are not as expected versus where outcomes are truly impactful. In this partnership, the impact of improved healthcare was clear largely because of the district administration's evaluation tools.

Now, Shekhar and his team are primarily preparing for the third wave. But going forward, he hopes to continue building public-private partnerships in both COVID and non-COVID related issues, in health and non-health sectors, with Mann Deshi and other nonprofits.

ALOKA MAJUMDAR
HEAD OF CORPORATE SUSTAINABILITY, HSBC INDIA

Date of interview: August 11, 2021

Aloka Majumdar recounts her conversation with Chetna Sinha, the founder and chairperson of Mann Deshi Foundation, about the pandemic and its impact on the people in Satara. *"When Chetna shared her experiences from the ground, we realised how distressing the situation was."*

Satara was among the worst affected districts - it was facing an inflow of migrants wanting to return home from Mumbai and Pune, and consequently, it had turned into a hot bed for COVID19 in Maharashtra. Majumdar explains how Mann Deshi's team described the situation and the possible solutions to her - Mann Deshi was in talks with the district administration of Satara to set up a Jumbo COVID Hospital in Satara city with 350 beds which required support at multiple levels. And, Mann Deshi wanted HSBC India to come on board as a potential partner for funding this hospital.

During the same time, Mann Deshi was also concentrating on fighting COVID19 in their immediate surroundings - that is, the talukas of Mann and Khatav in Satara. While Mann Deshi had been working on relief operations since when the pandemic first struck, now a more direct intervention was also needed. Sinha told Majumdar about their plans with the district administration, to refurbish and operate the Gondawale Khurd Rural Hospital, and how they needed HSBC, as their long term trusted partner to step in to support them to do this.

"Time was of the essence here, and this was a matter of saving lives, so once again, we joined forces with Mann Deshi to support the last mile communities in Satara."

To understand why and how HSBC came on board so quickly to support Mann Deshi, Majumdar takes us through HSBC's history with Mann Deshi. HSBC's partnership with Mann Deshi began with their support for Mann Deshi Business School for Rural Women (the Udyogini initiative), to

provide support for training underprivileged women in financial literacy, computer literacy and livelihoods training. Since 2008, she recounts that Mann Deshi has continued to demonstrate its strong impact via increases in income, participation, access and control over financial resources for rural women. In response, HSBC discussed scaling these projects.

In 2013, more workshops were launched to train young girls and women to capture rural job markets and strengthen their communities. The mobile business school was also initiated subsequently. In consultation with HSBC regarding contouring localized innovations in the implementation model, Mann Deshi started providing training opportunities and digital literacy inputs for mothers and adolescent girls.

Moreover, from 2014 to 2016, HSBC supported Mann Deshi in constructing 8 check dams for drought support. In 2020, HSBC supported the Mann Deshi Udyogini project to provide financial literacy, skills, and business development training through the Business School and the mobile Business school.

Since the onset of the pandemic, HSBC India has been actively engaged in supporting relief and recovery interventions in the fight against COVID-19. Also, HSBC's focus has been on supporting the community by identifying and delivering help quickly where it is needed most. Working with Mann Deshi in Satara was a natural progression for them because of the work that Mann Deshi was already doing in the district.

Alongside supporting Mann Deshi and the district administration of Satara in running the Jumbo COVID19 hospital in Satara, and the Gondawale Khurd Rural Hospital in Gondawale, in 2021, during the second wave of COVID, HSBC supported Mann Deshi to provide free ambulance services to remote populations via running 2 fully equipped cardiac ambulances. Another collaborative project focused on stimulating the rural Satara economy.

HSBC works closely with the Mann Deshi team to review the progress of ongoing projects on a quarterly basis via reports shared with Deloitte (third-party M&E partner). HSBC interacts with Mann Deshi's respective team members to understand how projects are tracked, the short-term activities within them, and long-term project outcomes.

Majumdar points out that the support to COVID-19 care centres has resulted in positive health outcomes for patients and has prevented unnecessary complications and deaths. HSBC hopes that these Covid Care Centres will continue to provide good quality service and equipment to execute effective care in the future.

According to Majumdar, Mann Deshi is always their first call when it comes to working in this area, stressing the necessity to work with grassroots organizations for impact on ground. She further highlights, *"If you don't work closely with the government, if you don't work closely with the community, there is no way you can do such wide-scale projects."* Hence, it is important for HSBC to identify grassroots organisations with the capability and expertise for such quality partnership.

She further points out Mann Deshi's ability - to work with multiple stakeholders from the public and private sectors, and to adjust to dynamic changes. The HSBC-Mann Deshi partnership, she says, is unique as both partners have demonstrated how to effectively collaborate over a long period (about 15 years) to bring in sustainable change for the communities and that HSBC truly values this. When asked what would you want to see change, Majumdar says, that Mann Deshi may want to put together a well-defined sustainability plan and also work to develop a second level of leadership for smooth and effective running of the programs.

On the issue of what corporations look for while partnering with government or community-based/grassroots organizations for similar projects, she says: *"It comes down to ground impact. Mann Deshi's recognition as one of the Top 50 COVID-19 Last-Mile Responders by the World Economic Forum is a testament to their commitment to the grassroots communities, and to us, it is also a reflection of HSBC's values and commitment to empowering communities and building a sustainable future."*

ANURAG MISHRA
HEAD, CIPLA FOUNDATION

Date of interview: August 4, 2021

Anurag Mishra, Head of Cipla Foundation, took the time to speak with us about Cipla Foundation's support of MDF. He first walks us through the evolution of this relationship, which started in 2017. He comments that this relationship has only gotten stronger and that *"Mann Deshi is deeply entrenched in the community."* Cipla Foundation interacts with Mann Deshi based on the needs of both ends of the partnership: anywhere from 3 times a day to once a month depending on the circumstances.

Mishra then informs us about Cipla Foundation's face mask initiative. Cipla Foundation supported IICT Hyderabad (Indian Institute of Chemical Technology) to develop a prototype for a low-cost high-efficacy face mask for the masses as well as financially supported them to develop the necessary technology to create a 19 rupees mask. They then approached Mann Deshi about making and distributing these facemasks using the technology created by IICT which created livelihood and revenue for women making and selling these masks. Profits, at the time of the interview, were about 25 lakhs and are continuing to grow. In addition, Cipla Foundation also partnered with govt institutions and consortia of like-minded organizations to financially support vaccines availability after realizing public hospitals require increased access to vaccines.

Prior to the construction of the rural hospital, Prabhat Sinha reached out and explained how badly Satara was affected by COVID. Sinha requested Cipla Foundation support in this construction. Ultimately, Cipla Foundation decided to support Mann Deshi, based on the need and urgency.

Cipla Foundation, according to Mishra, has a significant involvement and intervention in the healthcare sector with a focus on preventive and palliative care via its work with government institutions and nonprofit organizations. They have worked with 15 partners across India for palliative care support for cancer patients and also support running of 8 mobile health van

services, and raising awareness of government programs and health issues. Mishra then pivoted to the way in which Cipla Foundation evaluates potential non-profit partners. Cipla Foundation, a team of 27 people mostly from the development sector, actively looks for nonprofits that are well connected with the community, understand the needs of the community, and are able to operate within the community with ease. Moreover, it is crucial to ensure funding will be properly used and that the Foundation partnerships are diverse. Cipla Foundation found that Mann Deshi was good at completing projects of scales but was challenged by a lack of previous knowledge in healthcare.

When asked why Mann Deshi was better suited to undertake this kind of project in healthcare as opposed to other nonprofits, Mishra cited the foundation's grassroots connection as well as its ability to understand the needs of its community and create events of scale to meet those needs. Moreover, MDF had the right intentions and goals appropriate to the needs of the community including local district level coordination and synergies.

Mishra then discussed Cipla Foundation's interactions with the community. He said that 50% of their interactions were with community members. Moreover, the first point of contact for the Cipla Foundation has always been local influencers and community leaders before starting the partnership (and during the partnership.)

However, Mishra was not able to give too much feedback regarding the Gondawale Khurd rural hospital as he or other team members from Foundation was not personally able to travel to the centre during COVID.

Mishra did say that Cipla Foundation was previously active in partnering with the government in healthcare: a partnership that helped set up ICUs during COVID He believes that the government partnership is key in scaling impact in the healthcare sector. In addition, the government can bring valuable expertise into projects.

Mishra sees the Cipla Foundation relationship with Mann Deshi evolving over time. Cipla Foundation wishes to expand into the healthcare area with MD: specifically, Cipla Foundation intends to work on primary health care access either through govt partnership or through a suitable platform for doorstep health. Essentially, the goal is to strengthen primary health care services and build public confidence in them.

Mishra recommends that MD increases its collaboration with the government: "collaboration is key." Moreover, he emphasizes the importance of using the success of one organization and replicating it beyond the initial area of focus, to another community in need.

He also extends advice to other non-profits regarding what they can learn from this project. He comments that it is important to learn lessons in agility and adaption from corporations and think about the following questions…How do you work on expanding your impact and applying your model elsewhere? How do we involve the government in replicating models of excellence?

Mann Deshi can play an important role in demonstrating how partnerships like this can be very successful. Overall, he stresses the importance of looking at what makes MDF successful and how its success can be used in other situations.

Lastly, we ask Mishra for advice for corporate partners looking to support a project like this one. He answers that it is essential to keep talking about important initiatives. He brings up that, oftentimes, corporations do not know where to give the funding and what is the most appropriate cause to support and how to get actively engaged in strategic decision making of projects. In addition, it's equally important to communicate with people about scalable models/cost efficiency, and continually create conversations between corporations, NGOs, and the government to foster unification of objective and collective ownership of the projects to be undertaken.

PRABHAT SINHA
FOUNDER, MANN DESHI CHAMPIONS AND
LEAD, MANN DESHI'S COVID RELIEF OPERATIONS

Date of interview: June 14, 2021

Prabhat Sinha, the main force behind Mann Deshi's Gondawale Khurd Rural Hospital, begins with an overview of Maharashtra's experience with the COVID-19 pandemic. The pandemic started in January 2020 and no one knew how long it would be: Days? Weeks? Months? The situation was dire: everything shut down and migrant workers who lived on daily wages were stuck geographically and financially.

Mann Deshi began its relief work in supporting migrant workers with distributing masks and food to their families. We've been reaching 25k people with food regularly. During July through August, COVID began hitting villages and MDF reacted by working with the district government to distribute PPE kits, sanitizers, and N95 masks. MDF's second initiative revolved around distributing vitamin tablets, oximeters, and conducting oximeter reading trainings.

The area had no public hospital to help with COVID, prompting Prabhat to initiate discussions around setting up a hospital either independently or in collaboration with the government. Private hospitals did exist but treatment was extremely expensive for the average rural daily wage laborer. Meetings with the district collector led to discussions on public-private partnership.

Hesitations due to difficulties of working with the government led to MDF's initial plan being to own a temporary center with slight help from the government to provide medicines. Later, MDF realized they wanted to redevelop the pre-existing rural hospital beyond COVID as an actual hospital: this meant repainting, adding bathrooms, water proofing, oxygen pipeline, equipment, etc.

There were several operational challenges in running the hospital. Resources - physical and human - were scarce. A meeting with the DC allowed nurses to be appointed to the hospital. However, it was incredibly challenging to find a doctor to commute to Gondawale Khurd from the city to visit for even a few hours. MDF also reached out to private medical colleges for nurses and doctors: allowing them to augment their preexisting 35 staff members with 4 nurses and 4 doctors. MDF also ensured that two doctors with a Doctor of Medicine (MD) qualification visited the hospital everyday.

As a side note, Prabhat stresses how crucial it is that there are policy changes to ensure that more medical staff are diverted to underprivileged areas by the government. Moreover, ambulances were provided by the government to move patients to better hospitals in Pune/ Mumbai. The government ambulances were only for patient transport and were fitted with oxygen. Meanwhile, with HSBC India's support, MDF focused on funding ambulances that can be used for more intensive care.

Overall, Prabhat runs us through the main obstacles as follows: finding doctors who could commute, finding a COVID and ICU center manager who was familiar with COVID specific health issues, getting ambulances, dealing with the unavailability of cryogenic tankers, and supplying oxygen. Regarding the latter challenge, Prabhat recalls there being a scarcity of these resources across India. He says that it is imperative to build more oxygen plants and vehicles that are equipped to transport that oxygen so underprivileged patients and communities are not overlooked when difficult decisions over the distribution of scarce oxygen have to be made. Finding oxygen was and may remain a daunting step in addressing COVID-19.

During the creation of this hospital, Prabhat and the rest of the team ensured that patients and their families would be receiving a dignified and comfortable stay at the hospital. Patients were allowed to walk on the grounds socially distanced, able to choose from a variety of fresh and filling meals, and were helped in transferring to other hospitals if local ones were filled. Moreover, though not all government facilities had television sets, MDF were able to secure the government's setting up of these because Gondawale Khurd was seen as a great hospital.

Date of interview: June 15, 2021

Prabhat says that the position of the District Collector is particularly important during the pandemic because the district collector makes the decisions regarding how disasters are managed in the district, as the chairperson of the District Disaster Management Agency. He emphasized that the district collector was a key actor in COVID relief plans and had control over delegating healthcare professionals to particular hospitals, giving licenses to hospitals, COVID centers and providing hospitals with resources like ambulances. Prabhat also mentioned that under the district collector is the district health officer responsible for looking after Primary Healthcare Centers or PHCs.

Prabhat described the current involvement of the government as becoming more involved

over time during the partnership, particularly when Mann Deshi requested an ambulance and support with developing an oxygen plant. He continued to explain how useful an oxygen plant is when oxygen was such a difficult resource to source during the pandemic. When describing the investment needed to build an oxygen plant, Prabhat explained that building the plant requires about 50 to 55 thousands dollars USD or about 40 lakh rupees. He also explained that once the oxygen plant was running, it would be able to produce 45-50 jumbo oxygen cylinders or 7,000 liters of oxygen every day, enough to supply the needs of 35-40 patients a day.

When asked about ways that funding or additional funding could be better utilized, Prabhat mentioned how Mann Deshi originally decided not to buy a D-dimer machine during the first wave because it was very expensive, around $30,000. During the second wave of the pandemic, the hospital found that many people needed this machine to check their IL6 levels for their lungs. Without this machine, there were delays from receiving results which could have been avoided if capital had been invested in the machine beforehand.

On being asked how is the role of private investment and public investment decided? Who makes decisions of how much private/public funding comes in and how it is allocated? Prabhat explained that in the beginning, decisions were made by the Mann Deshi core team and the district collector. Mann Deshi began this process by assessing what new or updated infrastructure the hospital needed such as oxygen pipelines, HNFO machines, blood pressure monitors, and other equipment. This was done with assistance from Dr. Sagar Khade. They then started to allocate resources to renovating the hospital with initial funding for these projects coming from Mann Deshi for resources like equipment and toilets, and the government supplying the facilities and waterproofing materials as well as the labor for these repairs. Mann Deshi advocated for new staff, and it was the government that was able to provide new doctors and nurses based on Mann Deshi's requests. The same is true for Mann Deshi advocating for an ambulance and the government supplying an ambulance to meet this demonstrated need.

Prabhat emphasized that without this partnership, the hospital may not have ever received the updates and resources it needed in time to meet the needs of the community. Without this partnership, the over 700 patients[16] that the hospital has helped recover from COVID 19 may not have recovered or gotten the care they needed. The hospital also has one of the lowest death ratios in the district and one of the lowest in the State. Prabhat mentioned that most other hospitals, both private and public were full, and the patients that the Gondawale Khurd hospital served may have lost their lives or never gotten the chance to see a doctor otherwise.

Prabhat also outlined how the Mann Deshi Foundation played a large role in the success of this partnership because of the confidence their name and branding has within the community, and their previous work with familiar projects of large scale like the cattle camp and other projects. He recounts how, in the beginning, Mann Deshi was not sure if they wanted to partner with the government in this project, but as time went on the ideas that Mann Deshi would be able to

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16 - *Number updated as of November 24, 2021*

supply the equipment, time, and additional support if the government was able to contribute HR. This partnership was beneficial because in many ways the government was not prepared to handle the impact of COVID 19 on its own, and Mann Deshi was able to organize renovating the facilities, communicating what resources the government needed to contribute, and facilitating the groundwork that the hospital needed to suit the needs of its future patients.

Looking at the bigger picture, Prabhat talked about how when partnerships like the one between Mann Deshi, the government, and larger investors are able to come together, there is a visible difference in the efficacy of the project and the efficiency of the facilities that these entities are working to support. Prabhat highlighted that the ideal outcome would be that other partnerships will be able to replicate and expand on the successes seen at the Gondawale Khurd hospital.

Date of interview: July 20, 2021

In our final interview with Prabhat, we aimed to learn more about Prabhat's experiences in the beginning phases of renovating the Gondawale Khurd Hospital and what past and present challenges he encountered during this time.

Prabhat described the work he did on a daily basis as continuously changing depending on the projects and challenges that came up. He described his overarching responsibilities as addressing needs and challenges by starting projects, organizing how they would be implemented, and then delegating tasks to other staff members once the project was successfully underway. During the pandemic, Prabhat would visit villages apart from his work with Mann Deshi to speak with village heads about what their community needs were so that he could personally advocate on their behalf to the government.

Prabhat also detailed how he would meet with patients and hospital staff in person with COVID precautions to check on the hospital's progress and challenges. He would also check on levels of oxygen, medicine supply, and if he found a scarcity of these resources, he would personally oversee what issues within the oxygen supply chain may have prevented the hospital from receiving oxygen and what he or the government could do to get oxygen from other states or locally if a supplier was not able to deliver oxygen.

Prabhat also provided his experience advocating for the government to supply an ambulance for the hospital, and advocating for other areas of government support like government payroll, and organizing a vaccine drive. For government payroll, Prabhat made sure that the government was contributing to the salaries of the doctors and workers, and hiring new staff members as needed with government payroll support. Prabhat anecdotally explained how when the hospital needed a lab assistant after a vacancy, they needed government funding to hire and pay this new assistant, he personally took the time to visit the health secretary's office to advocate and ensure government support for a new lab assistant. However, he adds that this lab assistant was later not hired by the team. Regarding the vaccine drive, Prabhat ensured that Mann Deshi had letters of support from the government and that they could get the funding from their partners at Dasra to

run a large-scale vaccination drive.[17]

When asked about challenges encountered with the village member's opinions of the hospital, Prabhat recounted how he talked with the village head about the benefits of the hospital and made them see how members of the village would have easy access to the treatment at the hospital. Prabhat also worked to quell any fears that the community members had about the hospital by discussing how the hospital would be sanitized regularly, and all medical waste would be disposed of regularly to further emphasize how there would not be negative consequences on the village community because of the hospital's renovation and increased use. Mann Deshi also formed a village committee with representatives from the gram panchayat, and women and local community leaders to establish and maintain regular interaction with the village community regarding the functioning of the hospital, and give them a voice in the process.

When asked what made Mann Deshi suited to undertake this project, Prabhat said that Mann Deshi is moved by the needs of the community, and the COVID 19 pandemic made the gaps in community access to healthcare incredibly apparent. He underlined that Mann Deshi is well known in the community, and they have a history of impactful, grassroots organizing with projects of similar scale. Prabhat said *We [Mann Deshi] are embedded in people's hearts and minds* and further explained that the needs of the community are just as embedded in Mann Deshi's goals.

Prabhat then answered questions about long term impact. Specifically regarding the impact of women working in the hospital, Prabhat says that the women staff including three women doctors and the many women nurses make up the majority of the staff and this is because of the foundation's mission to support women in their professional pursuits. He says this makes the hospital environment all the more friendly, and ensures all patients regardless of gender feel respected by the hospital staff. Prabhat also mentioned that Mann Deshi's connections to funders, doctors, colleges, and more were the reason why they could get more people on board and working at Gondawale Khurd than other institutions.

After the pandemic, Prabhat sees Mann Deshi's impact at Gondawale Khurd remaining because of the infrastructure currently in place because of Mann Deshi's efforts and the government's continued investment in Gondawale Khurd's success. Mann Deshi put in the initial work to acquire ventilators, a CR system, pathology lab, and increased staff, and all of these additional resources will remain even after Mann Deshi's involvement eventually decreases.

However, the work is far from over and Mann Deshi is presently involved in opening a new diagnostic center where patients can get CT scans free of cost or at highly subsidised rate and access other essential healthcare facilities. This will be open for public use in the early months of 2022. They are also working on a doorstep healthcare initiative and providing additional resources to even more rural communities to ensure they have better access to healthcare.

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17-Mann Deshi Foundation vaccinated 25,000+ rural women in the Satara district, against COVID19, between June to September 2021.

Prabhat elaborates on how working with corporations and corporate funders was also greatly attributed to Mann Deshi's connections and community involvement. Mann Deshi was able to reach out to funders who were already within their network, and they were able to tell the stories of community need and emphasize the importance of supporting the Gondawale Khurd Hospital because they were seeing that need first hand.

Corporations like HSBC India, Cipla Foundation, Apax Partners, Accenture, IndusInd Bank and Dasra were motivated to support Mann Deshi's efforts given Mann Deshi's support from the community and government alike. Furthermore, Prabhat said corporate funders are pleased with the outcomes of the hospital thus far. Although there were initial issues like finding a licensed doctor to work at the hospital, and quelling fear of the few people who sadly died in the hospital's care, Mann Deshi's partnership with HSBC India and Cipla Foundation has been successful and the funders are still very supportive of Mann Deshi's work.

However, Prabhat also mentioned how there is still a need for support from sponsors and the government. He says that sponsors specifically need to listen to local institutions to make sure the needs they are meeting are the ones most important to the community. Prabhat described a situation where the corporations were very willing to give food and oxygen concentrators, but there were other supplies that were also needed, and so they had a surplus of those resources but still remained under supplied in other areas.

Likewise, Prabhat emphasized how the government ought to continually survey the community, and support setting up new projects like a women's health and gynecological center, doctor's residence, and pediatric care center which would be part of listening to and addressing the community's needs. Prabhat says that getting the district collector involved with these issues as well as other corporate funders are important to creating sustainable and replicable projects where these partnerships are able to advance the needs of the community and provide better healthcare outcomes than a single one of these entities trying to solve this issue on their own.

Prabhat described the difference between working with private hospitals, government hospitals, and how this differs between working with both public and private entities in a partnership. He gave some examples about how rural government hospitals do not usually have specialised (those with MD qualification) medical doctors available to work at the hospital, and they also do not have access to the necessary machinery to run tests. This makes the process of diagnosing and treating patients much longer with patients sometimes needing to travel to another hospital or center to take a test and then return later for their results.

Prabhat also explained that private hospitals are more money driven and their model is closer to a business model than a healthcare model. In many cases, these hospitals do not provide food or if they do, it is low quality food and the facilities are not well-kept or cleaned properly. They also may recommend additional unnecessary days onto a patient's stay to earn more money, and if the patient passes away in the hospital's care, many private hospitals will not release their body until the family has paid the hospital bill in full.

When asked about how caste, gender, and religion affect his work at Gondawale Khurd Hospital, Prabhat focused on how gender plays a large role in how families choose to advocate for the health of particular family members. Prabhat said that for services that are not provided by the government, women are not commonly able to access these services because they come at a fee. Furthermore, women are less likely to have access to a hospital at all because they are already busy with taking care of the household, children, and daily work, so they do not have the time or ability to visit the hospital. However, when Mann Deshi is associated with a hospital, it inspires women's confidence in its services, and makes it easier for them to access it.

Prabhat concluded that religion does not play as much of a role, but people of scheduled castes or tribes tend to have less disposable income to allocate to hospital fees, so their access to care is limited to what resources they can afford.

In closing, Prabhat talked about what other non-profits should learn from this partnership and what advice he would give other non-profit organizations who want to replicate this project in other communities. Prabhat advised that being part of the community and being involved and aware of community needs is the most important factor in a partnership's success. Having ground level connections with community members and officials, local institutions, and local government is important for finding information where the NGO or non-profit would not be able to learn on their own.

Prabhat also emphasized that although working with the government is a formidable task, it is necessary. Most NGOs are reluctant to work with the government because of the bureaucratic overload. But having this support is particularly helpful in overcoming challenges with funding, connections, and getting human resources for the project.

Finally, Prabhat advised that providing confidence to corporate sponsors and prospective sponsors is greatly important and communicating regularly with sponsors through every step of the process and about challenges as they come about are essential to ensuring the partnership runs smoothly.

DR. PRIYANKA GAIKWAD
GONDAWALE KHURD RH

Date of interview: July 1, 2021

Dr. Gaikwad has been working at Gondawale Khurd RH since October 27, 2020 - the day the hospital was re-inaugurated. She completed her Bachelor of Ayurvedic Medicine and Surgery degree from Tilak Ayurved Mahavidyalaya, Pune in 2017.

Dr. Gaikwad is originally from Pandharpur, but currently lives in Gondawale Khurd, 4-5 km away from the hospital. She chose medicine as a career, not only because of the financial stability that it brings, but also because she saw it as an opportunity to serve people. Dr. Gaikwad is particularly interested in gynaecology because she wanted to work with women since *"their problems are largely neglected by themselves and the society."*

Dr. Gaikwad previously worked in a private hospital. We asked her to compare and contrast public hospitals with private ones. She shared that private hospitals are often less flexible and less visited by people from rural areas due to their higher cost. She shared that once the pandemic struck, many private hospitals in Pandharpur closed down out of fear. In her opinion, not wanting to work in the middle of a health crisis showed how little they cared for others. That's why she quit and applied to work in a government COVID hospital.

Dr. Gaikwad also shared that when she was working in a private hospital, she attended patients in the OPD (out-patient department) and IPD (in-patient department) and gave them advice. But in a government hospital, especially during COVID, there is no set job description. Right from counseling patients to seek treatment or undergo tests, advising them based on their test results and report, and then treating them, they are doing it all. *"So once a patient comes to the hospital for a consultation, from there to discharging them post-treatment, we take complete care and responsibility for their treatment."*

Before starting working at Gondawale Khurd RH, Dr. Gaikwad recalled being scared due to the high death rate, and India's healthcare system was not equipped to deal with the crisis. There was a shortage of equipment and medicines, including PPE kits. Initially, her family was hesitant about her working in a COVID hospital, but she was firm about her decision and convinced them to get on board, which they did. Additionally, she shared that the arrangements by Mann Deshi at the hospital were excellent, which made her more confident about her decision to work there. Fortunately, the situation gradually improved for her and all her colleagues. She shared that being able to help people in the middle of a crisis brought her great satisfaction and unforeseeable levels of happiness.

Dr. Gaikwad learned about Gondawale Khurd RH through a colleague. Dr. Gaikwad is from Pandharpur, so she was familiar with Mann Deshi's work and shared that she couldn't let it pass when given the opportunity. She was not aware of the PPP until the official inauguration day, to what she added:

"Many times the help from the government in the hospital is inadequate - shortage of medicine, shortage of oxygen. Many medical instruments and equipment come from different government channels, and there must be many permissions and procedures involved. This procedural delay doesn't usually happen in the private sector, and the procurement process is much faster. For example, even at our Gondawale Khurd RH, we could ensure a better supply of oxygen at our hospital because we have private partners involved. Or, when we informed Mann Deshi that some of the patients are unhappy with the food being provided, they quickly changed the supplier and rectified this."

Dr. Gaikwad shared her excitement when she found out about Gondawale Khurd RH since she was aware of the healthcare challenges in Mann taluka, which she described as:

- *"Very few hospitals."*

- *"Highly qualified doctors - such as those with MS or MD degrees - are unwilling to serve in such areas. During COVID, they were scared to serve here because limited facilities were available."*

- *"In cities, as a doctor, if you want to refer the patient to another doctor, it's straightforward. In rural areas, it is not. During COVID, there were times when we referred patients to hospitals in Satara city, but by the time the ambulance arrived in Gondawale Khurd, the bed would have been occupied by another patient who reached the hospital sooner."*

- *"Procuring medicines - take the case of procuring several life saving medicines, we had to procure them from neighboring towns of Wai, Mahabaleshwar, Karad, or Satara. This would not be the case in a city where medicines are usually readily available. In rural areas, you need to double your efforts for everything."*

- *"Mindset - people do not come to doctors unless the situation turns serious. They prolong their visits*

with the belief that the symptoms will go away. For smaller problems, instead of visiting a doctor, they'll directly visit a pharmacist for help. This turned into a problem during COVID as many patients didn't go to hospital until they would have been in the middle or serious stages. Patient's neglect of the symptoms has caused many deaths."

Dr. Gaikwad has 12-hour duty at the hospital and shared that she frequently interacts with Mann Deshi staff and government officials but not to a great extent because her main focus is the interaction with patients. She described that she spent approximately 9 or 10 of her 12-hour shifts interacting with patients, which enabled her to develop strong relationships with her patients - *"In fact, the attachment becomes so strong that patients invite us home for lunch/dinner with their family."*

Dr. Gaikwad shared that there is no discrimination in the treatment given to male and female patients in hospitals she has worked in. However, she added that during COVID, female patients are brought in for treatment much later than male patients. The symptoms of females are often neglected. Many times, females do not admit they have any symptoms to their family members. Once they admit they have symptoms, the time lost between their testing and treatment can negatively impact their health, Dr. Gaikwad shared. This is also the case for COVID vaccinations. Overall, *"women lag behind men in accessing healthcare services. Women's testing and treatment are delayed, which often has fatal consequences."* Women's testing and treatment is delayed, which often has fatal consequences.

Regarding caste, Dr. Gaikwad shared that it doesn't play a role in the patient's treatment at the hospital. All patients usually sit, eat, and chat near one another. *"Most patients are admitted for at least 8-10 days, so they develop a close bond,"* she shared.

Regarding the Gondawale Khurd RH services, Dr. Gaikwad shared that *"In 6 months, we have done more than 1100 X-ray tests. For patients who have respiratory distress, we do their x-ray tests every day. We do blood investigation tests every alternate day."* Additionally, she added that attention given to patients at Gondawale Khurd RH is reflected in patients referring other patients to the hospital. *"We've had patients who said they would be ready to wait for a day or two to get admitted to our hospital rather than go to a different hospital,"* Dr. Gaikwad added. She attributes patients' good care to the excellent staff at the hospital. She described the hospital's environment as one in which everyone's main goal is *"to take care of all patients and try our best to help them in their successful recovery."* That entails cheering them up and instilling in them confidence that they will get better. Additionally, she described the timely medical assistance to all patients as another positive attribute of the hospital.

As part of improvements, Dr. Gaikwad suggested making medicines more easily available, accessible, and affordable. She explains that a very common prescription among COVID-patients is blood thinner 'heparin' as it helps with blood clotting (one of the common side effects in COVID-patients). The heparin is administered in an appropriate dosage as per the patient's requirement and the cost depends on the dosage. A 0.4 dose of heparin costs 800 rupees, and higher doses

can cost 1200-1300 rupees. *"This is only one injection, and we have to give heparin every day. Some patients even require a double dose."* This is not counting the additional medicine that is often provided, such as antacids and antibiotics. So overall, *"it becomes a costly affair."* Additionally, she suggested the installment of a hot drinking water facility within the hospital.

Finally, regarding the PPP model, Dr. Gaikwad considers it to be *"very effective for delivering healthcare in rural areas."* She shared that during the second wave, in Mann taluka, only Gondawale Khurd hospital was operational. The government had to shut down most of the other COVID centers. *"Because of the PPP model, we could keep the hospital running, and once the numbers started rising, we could quickly accommodate patients and make available all the necessary facilities for them."*

Dr. Gaikwad expressed how difficult it is for the government to provide relief so quickly and how Gondawale Khurd was able to adapt to the changing circumstances quickly due to Mann Deshi and private partners. *"The trust that people have in Mann Deshi as an organization gets transferred to our hospital. People also feel like they have a stake in the hospital."* She closed the interview by adding, *"I would want Mann Deshi to get involved in more development projects in the Mann taluka."*

MANISHA SHINDE
NURSE AT GONDAWALE KHURD RH
Date of interview: June 24, 2021

Manisha Shinde is currently practicing as a nurse at Gondawale Khurd Rural Hospital. She has been working there since October 19, 2020, and this is actually her first full-time job as a nurse.

In 2018, Manisha completed her six months of practice at a Primary Health Centre in Pulkoti, which was necessary to fulfill her Auxiliary Nursing and Midwifery diploma. She pursued nursing as a career because she strongly believes in the importance of serving the community. She currently lives in Palvan, Mann taluka, 45-50 minutes away from the Hospital. Currently, she works two 6 hour day shifts and one 12 hour night shift and keeps rotating in that order.

Manisha experienced many hardships growing up, particularly after losing her father at the age of six, which prompted her to pursue a career to be financially independent. She's currently married and has two children. She claims that although her family was terrified at first for her to be working at a COVID hospital, they have been very supportive overall. Manisha describes herself being anxious on her first day at the hospital, especially when it came to the face-to-face interactions with the patients. However, now, she says she's no longer scared. She understands how to treat the symptoms, and she described the amazing feeling once a patient overcomes COVID and gets discharged.

When comparing the facility and environment where she completed her practice to the Gondawale Khurd hospital, she recalled that the main difference was her COVID duty. Manisha said that both places are pretty similar in terms of infrastructure, cleanliness, and skilled and supportive staff. Although, she did emphasize that the staff at Gondawale Khurd RH have been *"extremely kind and have wonderfully trained and guided me over the last 8 months despite me having little experience of nursing and no experience of COVID duty."* Manisha also mentioned that one of the things that stands out about Gondawale Khurd hospital is the quality of the services.

Manisha said that many patients come from distant villages, despite having other hospitals closer to them because they've heard from other patients about their experiences at the hospital. She added that the positive feedback from patients is very encouraging. Manisha believes that this is because Gondawale Khurd hospital *"has everything under one roof, comfortable beds, nutritious meals, facilities to conduct essential tests."* Unlike other hospitals, *"we give them (patients) emotional strength and courage"*, which in her perspective matters a lot. *"Medicine and tests are not enough,"* she added. The only challenge she perceives about working at this hospital was the emotional distress, given the delicacy of the work.

In regards to the PPP model, Manisha didn't know the way the hospital was funded. All she knew was that Mann Deshi runs the hospital, for which she added, *"Mann Deshi did an excellent job by arranging oxygen beds in the hospital. Every person in the feedback register has thanked Mann Deshi for their service. People in rural areas have limited facilities and options. So to be able to access such quality services is only possible because of Mann Deshi."* Manisha mentioned that MDF staff visit the hospital twice daily as they bring meals for the patients. On the other hand, government officials visit the hospital once a month or once every two months.

Manisha mentioned how caste and gender don't affect interaction with patients. *"Once you wear the PPE kit, you have to go in there and do your duty. Nothing else matters,"* she added. According to Manisha, this is something seen even among the patients themselves. She shared how patients of different castes, after two days, *"share their tiffins and eat together. Once you are in the hospital, religion, caste, gender, these things don't matter."*

Among the areas of improvement, Manisha shared that the water facility kept breaking down, and now, as a result, patients have had to bring their water, but sometimes this is difficult. Ventilators are also necessary but not enough are available at the hospital. Finally, Manisha shares the concern of contract workers being relieved as the caseloads reduce and how this isn't fair. *"We have supported the government during challenging times; they must support us too."*

Finally, after understanding how the PPP model works, Manisha added that *"This is a good healthcare model since patients can get the support from the government as well as a grassroots organization like Mann Deshi."* It has allowed patients to save money and receive timely treatment, she concluded.

PRAMOD LOKHANDE
PATIENT, GONDAWALE KHURD RH
Date of interview: June 24, 2021

When Pramod Lokhande's family received the results of their COVID19 tests, they rejoiced at the news of everyone's result being negative - until they saw Pramod's result. When Pramod saw that he had tested positive for COVID19, he was in a deep state of distress and panic. His first thought was - *"How can this be happening to me?".*

"I thought I was going to die," Pramod said when we asked what was going through his mind when he was admitted to the quarantine centre run by Mann Deshi in Mhaswad, Satara. *"When I was leaving home, I was unsure whether I would see my family ever again."* His answer is a reflection of the fear in the minds of the rural communities when the second wave hit villages in Maharashtra.

Pramod recounts how he had seen one of his dearest friends dying before his very eyes, due to COVID19. *"When I was told that I'll have to be transferred to the Hospital for treatment, I thought I was next. I am a grown man, but I have no shame in admitting that I couldn't stop crying and screaming when I was being admitted to the Hospital".*

Before delving into his treatment at the Gondawale Khurd Rural Hospital, we ask Pramod to first take us back to the early days of the pandemic, when the lockdown was first announced. As a farm worker, Pramod had extreme difficulty finding work on any farms in Mhaswad during the pandemic. Other than his son who recently started working, he is the main and only provider to his family consisting of his mother, wife, and four children. Currently, his daily income hovers around 400-500 rupees, adding up to 10,000- 15,000 rupees monthly.

Pramod recounts his experience with the COVID lockdowns with sadness and frustration. Other than his difficulty finding employment as a field worker, he was unable to even purchase food to eat some days. His family survived the first year under the pandemic by dipping into all of their

life savings. He thanks Mann Deshi Foundation as his saving grace, rescuing his family with rations delivered to his family's doorstep.

In addition to their assistance with food, Mann Deshi provided Pramod and his family with hand sanitizer and valuable information about how the virus spreads, its symptoms, and preventive measures that could be taken. Pramod recalls that Mann Deshi's help has been vital in allowing his family to stay safe during the pandemic. However, given that he had to step out and travel to find work, Pramod was unable to follow every instruction and unfortunately, contracted the virus.

Pramod also gives us insight into the stark contrast between the "common man" who's search for work is often stagnant and the safely-employed government officers in the district. He says *"Government officers' work has been unaffected. They are regularly getting their salaries. However, the common man who is dependent on agriculture or daily wages has suffered immensely. Even one meal a day is proving to be difficult to manage."*

Pramod's experience as a COVID-19 patient began with a positive COVID test- all while his family members tested negative. Following this test, Pramod was admitted to Mann Deshi's isolation centre in Mhaswad where he was provided with meals and medicines. However, after Pramod experienced difficulty breathing, he admitted himself to the Gondawale Khurd rural hospital as per MDF's recommendation.

This, however, wasn't Pramod's first visit to the Gondawale Khurd RH. 5-6 years ago, Pramod travelled the 13-15 km from his home to the Gondawale Khurd hospital to visit his cousin who was receiving treatment there. He recounts that the hospital was in shambles there. The lack of facilities drove Pramod to bring his cousin to a different hospital in Mhaswad. Regarding the current state of the hospital, Pramod says *"This time when I was admitted there, I couldn't believe myself that this is the same hospital.The infrastructure had changed remarkably, all essential facilities were now available there - beds, meals, medicines."* He admits that, because of his past experience, if he was given the choice between Gondawale Khurd and another option, he would not have hesitated to choose the latter.

However, after two days of treatment, when the Mann Deshi staff asked him if he would like to be shifted to Satara, he refused and stated that he was so happy with his experience that he didn't want to seek treatment elsewhere. Pramod tells us that a jumbo hospital in Satara 90 kilometers away would have probably also had doctors that would've taken good care of him. He notes, however, *"Isn't there a difference between the attention a doctor can give to patients in a hospital with 10 patients and another with 100 patients?".*

In addition, the Gondawale Khurd Rural Hospital saw him again after his discharge to check up on his recovery at home. Finding his white blood cell count to be increased, the doctor prescribed Pramod some medication for 15 days that Mann Deshi provided him with.

When asked about his experience with the nurses and doctors at the hospital, Pramod could

not have offered higher praise. He confidently says, *"they took better care of me than my family possibly could have."* Pramod remembers that the doctors were extremely attentive around the clock in a way that made him very confident about his recovery. They came to his bed twice a day to conduct their checks and regularly spoke to him about his recovery as well as advice about how he could hasten it.

Pramod also says no one ever spoke loudly or pressured him when small mistakes were made, rather the personnel treated him like family. Meals and medicines were brought on time while steam vaporizers were brought to his bedside. Lastly, he says, *"I know I was a patient at Gondawale Khurd, but the experience at the hospital was so comfortable that I wouldn't hesitate to say it was like a vacation. I had all the facilities there: fresh and hot meals served thrice a day, medicines, beds, people to talk to".*

Throughout this time, MDF members comforted Pramod's family members and regularly visited him in the hospital to both check up on him and lift his spirits. He attributes the latter to giving him the confidence that he would get better soon.

When asked to compare this hospital to others, Pramod claims that he and every other patient in his village that was treated at the Gondawale Khurd hospital believes it is the best in the district. He attributes this to the welcoming and compassionate environment created by the staff.

Pramod also thinks that the planning done at the hospital was done keeping the community's needs in mind- that *"they've tried to provide the best facilities despite the scarcity of resources. At the peak of the second wave, when patients were finding it difficult to get beds in hospitals, I have seen them arrange additional beds at the hospital - one bed was arranged right in front of me."*

Moreover, since he sought treatment at Gondawale Khurd Rural Hospital, he was able to leave the hospital with no costs or need to take a loan. Taking a loan to pay for his treatment would have been devastating for the family's already unstable financial situation. He tells us, for example, that his relative was forced to spend 2.5 lakhs on his treatment in Satara. This isn't an isolated case. Pramod knows many people who have spent their life savings on their treatment and people who have lost their lives because they could not afford the treatment.

When asked about caste or gender-based descrimination, Pramod denied the presence of any such ill treatment. He remembers, in fact, that MDF prioritised reaching marginalised families during its early COVID relief work. He ends his answer with *"MDF only cares about saving lives, gender and caste does not come into the picture."*

Pramod turns to the role of the government next. He argues that the *"Government should certainly impose some restrictions on the amount being charged by doctors and hospitals. And the government should also provide some financial support to people for their treatment. Honestly, this is not something that must be told to the government, it's their duty, they must do it anyway. Government means responsibility. So they should take the responsibility. They should make tests and provide medicines free of cost."*

His next appeal to the government is that if a lockdown is imposed by the government, the same government must ensure basic needs are met. The government has provided income support but it is too little too late. Pramod believes that many lives would've been saved if the government had acted similar to MDF in providing for communities and reassuring the public.

We also ask Pramod if he knew anything about the way the hospital was funded. He answers that he knows private companies fund Gondawale Khurd hospital but that MDF is playing the crucial role of connecting the companies and people who want to help to the patients that need it. He has seen firsthand how the hospital has been transformed once MDF got involved in its management and operations.

MDF has been crucial to fighting the pandemic in his eyes. They were the first to step up and help the community with their rations whereas the government has yet to extend a helping hand to homes in his village. Pramod would like to see more organisations like MDF to be involved in government activities.

Pramod says that the personal involvement of MDF staff in the hospital has been incredibly impactful. MDF staff pays close attention to the patients, driving the medical staff to administer a similar level of attentiveness. Moreover, he believes that the proximity and accessibility of MDF was very encouraging for the medical staff.

Pramod recommends that everyone, particularly doctors, visit the Gondawale Khurd hospital and see the level of care that is administered there. Moreover, he requests Mann Deshi to increase the number of beds at Gondawale Khurd and to build similar hospitals elsewhere. He says that just building hospitals is not enough, the most crucial aspect is the quality of treatment being provided. The latter aspect is what Mann Deshi brings and is the very reason why the government needs to bring organisations like MDF into their projects. Pramod continues by saying that organisations like MDF, ones that are rooted in the community, have the best knowledge of ground realities. The government, operating from Delhi or Mumbai, cannot understand a community's needs. Pramod feels that the government does little outside of keeping records of recoveries and deaths. He wonders if their fixed salaries prevent them from understanding the plight of the common man.

Pramod ends his interview with the following thought: *"You need organisations like MDF for last mile service delivery. Someone may be able to give money to provide these services, but to arrange the essentials, organise the delivery and reach the last mile, that is something only organisations rooted in the community can do. Mann Deshi's people have been working for and with the people over the last 40-50 years. They know the reality on ground and therefore can provide us with solid solutions. Therefore, the government should listen to them."*

GEETANJALI POL
PATIENT, GONDAWALE KHURD RH

Date of interview: June 25, 2021

This interview with Geetanjali Pol was conducted one day after she was discharged from her stay at Gondawale Khurd Rural Hospital. Geetanjali teaches Marathi to grades 4 through 7 at Sri Sri Jnana Mandir, a school in Shingnapur. She lives in Mardi, which is 14km from where she teaches, and her traveling arrangements are organized through her school via a school bus or a private vehicle. Geetanjali lives with her two children, husband, and his mother, father, and brother. Her husband is the primary breadwinner of the household; he is a security guard who works at a school about 6 km from their house with an income of approximately 25k.

Prior to her treatment at Gondawale Khurd, everyone in her household tested positive, except her husband. Her children were advised to quarantine at home with her husband while Geetanjali and her in-laws were admitted to Gondawale Khurd RH. Geetanjali talked about how she had heard and read about COVID before testing positive but remarked *"to be honest, you don't know what the virus is and what it can do until it infects you. I was taking the usual precautions but wasn't taking it seriously enough until I tested positive. There was definitely some neglect on my part. But once I tested positive, I truly understood how serious the virus is because of the impact it had on my mind and body."*

A month before she tested positive, her husband and mother-in-law tested positive. However, her husband's symptoms were mild, and her mother-in-law was asymptomatic, and they were able to quarantine at home away from the rest of their family. When her mother-in-law tested positive for a second time a month later, Geetanjali thought it must be a false positive because the rest of her family tested negative twice. Her mother-in-law began experiencing COVID symptoms, so she was tested for a third time per the recommendation of a local doctor who also told them a positive test would be improbable because she had already recovered from COVID a month prior.

Meanwhile her husband took Geetanjali's family to Mhaswad to receive HRCT scans, but the

machine was out of order. Instead they went to Dr. Galande's hospital nearby where the doctor conducted some blood tests. They were given injections and saline IVs, which gave them some temporary relief from their symptoms. 2 days later, Geetanjali's mother-in-law got her results from Satara and they were positive again. Upon this, the doctor at the local hospital advised her family to get HRCT scans in Phaltan and use the results of the scan to get themselves admitted to a hospital immediately. For context, HRCT scans for positive patients can cost 2000 rupees and 3000 rupees for patients with negative tests. Although Geetanjali and her family were infected with COVID-19, they ended up paying more for their scans because of their negative test results.

Based on the positive COVID result for Geetanjali's mother-in-law and the results of the HRCT scan for the other members of her family, the doctors at Gondawale Khurd RH admitted them. Upon admission, the hospital tested her family for COVID again, and this time the results all came back positive. So in all, it took them 3 COVID tests to get accurate results that reflected their infection and their symptoms, resulting in lots of wasted time. Once the family's results were positive, Geetanjali's children also needed to be tested. Their results were negative, so they were retested, and their samples were sent to Satara city for testing. This time the results came back positive. But since the children showed very mild symptoms, the doctor prescribed medicines and advised home quarantine for them.

Geetanjali explained that because of the lockdown, her work has moved online. She was taking online classes during the lockdown over zoom, but she tested positive during her summer break, which meant that her work was unaffected by her positive test. However, she shared that her brother-in-law lost his job because he worked as a painting laborer, and his symptoms meant that he will likely take another month to recover before he can find another job.

Geetanjali continued to explain how she found out about Gondawale Khurd RH. She had not visited the hospital before she was admitted for COVID treatment, but she heard about the hospital through her daughter's karate teacher, who lives near the hospital. Many people from Geetanjali's village were also admitted there in the past, but had no prior knowledge of who ran the hospital or what facilities were available there. So when she and her family needed to be admitted, Geetanjali called the karate instructor and asked him if beds were vacant in the hospital. The hospital informed him that Geetanjali's family could be admitted there, and this is how we were admitted to Gondawale Khurd RH. Geetanjali said that she had no prior expectations about her treatment, and that she was in such bad shape that she only wanted to get admitted and lay down. Although she had her fears, she just wanted to begin treatment as soon as possible.

Geetanjali recounted her experience at Gondawale Khurd: "*But as days went by and the treatment began, I realized it was such a wonderful hospital with such caring staff. Honestly, I don't think we could have taken care of our family members as well as they took care of us. They were caring to the extent that we never felt we were infected by COVID. Even at home, if we have a COVID patient, we give them food from outside the door. But not here. Here, they would come close to us, give us medicines in our hands. Never made us feel like we were contagious in any sense.*"

Two months earlier to this interview, Geetanjali's mother, who was treated at a private hospital in Sangli, passed away because of COVID. Geetanjali explained "*the situation back then was so tense*

that once a COVID positive person was admitted to a hospital, there was no way to tell whether we'll ever be able to see the person again, or if they died, even their body again. So when we were to be admitted to Gondawale Khurd RH, our minds were filled with fear about who will take care of us now? Will we be looked after well? Will we be put in some corner of the hospital in the name of isolation?"

Although Geetanjali was apprehensive when they too were sick with COVID, they were relieved after being admitted to Gondawale Khurd RH. She noted Dr. Khade's attention to detail when he reattached a plug that was meant to be connected to her finger, and how even though she was a COVID positive patient, she was treated with the same compassion and professionalism that she would have expected had she been admitted for any other illness.

Geetanjali continued to praise the hospital by saying *"The staff is excellent, the premises are super clean. Never thought we'd be treated at such a good hospital. The way the staff inquires after and cares for the patients is unparalleled."* She also shared how she was concerned about how she would get food at the hospital and was appreciative of the healthy and nutritious food that Gondawale Khurd provided, and that it was served fresh and hot, especially since she felt very hungry due to the physical stress of her illness.

Geetanjali also shared a story about how on her first night, she was unable to fall asleep because of her fever. She initially got up to ask the nurses for help, but turned back to bed instead. The nurses noticed her movement, and after explaining what was wrong, the nurses reassured her and gave her a tablet to help her sleep. *"I was so pleasantly surprised at the attention given to me,"* she said.

If Geetanjali and her family had sought treatment elsewhere, they would have looked to the Chaitanya Hospital run by Gondawlekar Maharaj Mandir. Their choice to seek treatment at Gondawale Khurd RH was primarily due to its location closest to their home as well as positive recommendations from others about the quality of treatment there.

Geetanjali's stay lasted nine days, with the sole expenditure being the medications that were purchased outside the hospital. Geetanjali estimated that without the hospital's coverage of food, tests, and other costs, she would have paid between 40-50k for her stay.

Even with Gondawale Khurd's help, she still found that treatment was not completely affordable for her family. Geetanjali explained that her family only has one primary breadwinner, her husband, and they already had an existing loan against his income, so taking out another loan from a bank was not an option. Instead, her husband opted to take a loan from their village cooperative credit society that they paid off in two installments.

Geetanjali also provided constructive feedback for the hospital. She emphasized making drinking water accessible at the hospital because it was not reasonable for her to purchase cartons of filtered water during her stay at the hospital. She also said that additional support for paying for the prescribed medications not available in-house, would also be greatly appreciated, and that others with her similar experience may not have been able to get a loan quickly and would not be able to pay for the medication.

Geetanjali was unaware that Gondawale Khurd Hospital was being supported by Mann Deshi until she saw their logo on the meal packages that she was given each day. She had not had any previous experience with Mann Deshi before being admitted to Gondawale Khurd, but she had heard of Mann Deshi and its founder, Chetna Sinha and how the organization works to empower rural women.

Seeing Gondawale Khurd RH's work with Mann Deshi's support, Geetanjali mentioned, "*I hundred per cent believe the involvement of a community-based organization in such a project makes a significant difference.*" She continued to remark that "*the hospital has become so popular in the community because of the high-quality care and treatment. And the popularity is very organic. Once someone is discharged from the hospital, they will tell others about it and that's how the popularity grows.*"

When asked about whether the government should replicate this model with other hospitals, Geetanjali fervently replied that the government alone can only do so much, and that such partnerships allow for a greater access to healthcare for those who are dependent on government hospitals.

Geetanjali continued to say that the staff working at Gondawale Khurd clearly has a unique attitude that makes their care so impactful: "*They have a duty, yes, but now their attitude reflects something beyond duty - a sense of service. Any hospital can treat you, but to go a step beyond, give you respect and care - this not every hospital can and will do for you. And this simple change makes all the difference to a patient during their treatment. This change has been possible only because of the involvement of a community-based organization.*"

When asked how she thought caste, gender, or other factors impacted her treatment at Gondawale Khurd, Geetanjali responded saying that she did not experience any discrimination during her treatment and also mentioned that she did not think doctors or medical personnel would know the caste of their patients and said that she has not experienced any discrimination of that kind at other hospitals either.

When asked about her recovery, Geetanjali said that during her discharge, the hospital asked her to return after 5 days of a post-discharge follow up and check up to make sure she was recovering well.

Geetanjali concluded her interview by noting a few stories speaking to the quality of the care at Gondawale Khurd RH. She said that one night when all the patients were asleep she noticed an older woman experiencing respiratory distress. A nurse noticed her discomfort, even though it was the middle of the night, and quickly administered oxygen to her. Geetanjali was also impressed that many essential screening tests were available at the hospital. Her X-Rays were conducted every other day, and she did not need to travel anywhere else for testing like she had before being admitted to Gondawale Khurd RH.

SUMAN VASAV

ACCREDITED SOCIAL HEALTH ACTIVIST (ASHA), GONDAWALE

Date of interview: July 21, 2021

Suman Vasav is currently working as an Accredited Social Health Activist (ASHA) Worker in Gondawale Bhudruk. She has been holding this position since 2009. An ASHA worker is usually one person selected out of 1,000 people by the Gram Panchayat (a rural local government) to directly support the community.

Suman shared that her daughter-in-law got elected to be an ASHA worker, but she wanted to pursue higher education. So, she decided to take on her role as an ASHA worker so she could study. She did this from 2009 to 2012.

Prior to being an ASHA worker, Suman used to be a farmer. She's a client of Mann Deshi Bank. She got a loan to invest in her agricultural work. But even before that, her association with Mann Deshi goes back to 12 years ago when he signed up to complete her high school exam through MDF's open school. She even won the Mann Deshi Udyogini award. She shared with us, "*whenever I see Chetna Sinha, it fills me with energy and inspires me to keep up my good work.*"

As an ASHA worker, Suman shared that her responsibilities are centered on promoting accessing health care and other health-related services among community members. Suman explained that she works with Gram Panchayat to mobilize, create awareness among village residents about how and where to access health services. In addition, ASHA workers do door-to-door basic health checks. There's nothing like a day off for ASHA workers. They're always on call for their designated zone. "*Money cannot be a motivation for us to do this work. It has to be our passion for serving people,*" Suman shared.

However, Suman shared that during COVID, the responsibilities for ASHA workers have expanded. The government trained them to conduct rapid tests and read HRCT test results to ensure patients are tested and diagnosed in time to receive treatment. If someone tests positive, it's the ASHA's

worker's responsibility to take that person to the hospital.

Additionally, they ensure medicines reach patients as and when they need them. Unfortunately, Sunam got COVID while exercising his job, so she had to take a leave for three months. Once she got back to work, many patients told her they had missed her due to the tremendous support she provides.

Although people usually value the work of an ASHA worker, during COVID, this wasn't always the case. Since ASHA workers were required to visit homes regularly, many people feared getting infected due to their visits. They faced much criticism, but as Suman shared, *"we have to be patient and remember our goal."*

The only thing she complained about was that her job is very demanding and high-risk, and, unfortunately, poorly compensated. Suman shared how recently, many ASHA workers organized a rally to demand a hike in salaries, but the government's response was only to increase it by 500 INR. Suman explained that she keeps working in this position because she believes in the government's motto of *"my family, my responsibility."* She expressed how ASHA workers think of the people they serve as *"their people"* and hence do their work despite the dire circumstances.

Suman's area of operation is Gondawale Bhudruk, which is different from Gondawale Khurd, where the hospital run by Mann Deshi is situated. However, she's familiar with the hospital as she helped one of his relatives to get treatment there. She remembered the hospital before Mann Deshi got involved in its operations. *"It was a basic government hospital with very basic facilities. But now, it is fully equipped with all the essential services,"* she mentioned. She added that when they don't have vacant beds in their area, they often recommend patients to visit Gondawale Khurd RH.

"Mann Deshi has done a splendid job with making oxygen available in the hospital at all times even when the situation everywhere else was dire," Suman added. She was very impressed with Mann Deshi's work in the hospital and their COVID-relief campaign, particularly with the COVID vaccination drives. She mentioned how patients wouldn't have to look anywhere else for any essentials at the hospital, including food, since the hospital provides it.

Suman finally added, *"this model can definitely be replicated by any organization which is ready to take on such a responsibility."*

RANJANA DORAGE
ANGANWADI SEVIKA, GONDAWALE
Date of interview: July 20, 2021

Ranjana Dorage has been working as an Aanganwadi Sevika (AS) since 2011. Prior to this, she worked at Mann Deshi but she quit when she had a baby since she wanted to centre her attention around her child. She also worked as an ASHA worker for approximately three years but she quit as soon as the opportunity to become an AS arose. Some of the obligations as an AS include basic checkups of babies, assisting pregnant women with their vaccination schedules and educating adolescents on how to better take care of themselves. During COVID, as more and more people were needed to work in the healthcare sector, her obligations expanded. She's now required to oversee a larger region and support COVID related stuff.

On a typical day, her work begins with survey duties in the mornings. The goal of these surveys is to identify patients who might have COVID symptoms. If a patient is exhibiting COVID symptoms, she either instructs them to take a COVID test or at times accompanies them to a hospital nearby for a COVID test and isolates them so that the risk of others getting infected is minimal. In addition to the survey, on every house within her assigned territory, she is required to check residents' oxygen levels, temperature, blood pressure, and collect data about COVID.

Currently, ASs work along with ASHA workers on COVID duty to easier monitor people among the different villages. That's a regulation that the District Collector implemented when COVID started. Another responsibility within her role is to quarantine people who come from outside of the district. Even if they arrive late at night, ASs have to go there and ensure the person is admitted to a quarantine facility.

Although Ranjana loves her job, she recognizes that there are many challenges that come with it. Some of these have evolved as COVID has progressed. Being a frontline worker in itself represents a challenge. Additionally, she claims that many people are tired of them visiting their homes on

a daily basis for surveys about COVID so some people treat them rudely and/or are hesitant to collaborate with them.

Ranjana, through her role, has been travelling to different hospitals so she's aware of the work with Gondawale Khurd Hospital. She claims that *"the most important change has been in the minds of the people, rather than the equipment."* She said that patients used to be very scared when they tested positive and had to be admitted to a hospital far away in Satara or Karad. Now, since there is a hospital in Gondawale Khurd itself, people feel comfortable getting themselves admitted to a hospital in their own village. According to Ranjana, this has encouraged people to get admitted to hospitals soonerand has reduced the death count. People's fear of COVID has also reduced. Their confidence in the treatment and their ability to recover has increased.

Another highlight of the hospital according to Ranjana are the multiple services that the hospital offers, such as free food, essential treatments, even exercise. People among these villages are not financially stable and cannot afford what for many might be simple things such as an ambulance ride to the hospital or paying for meals when in the hospital. The fact that Mann Deshi offers free food has turned into a huge relief for patients, as Ranjana noticed. Ranjana added that Mann Deshi Foundation has proven that when a community works together, the lives of so many people can be saved without deteriorating their financial conditions. COVID19 is something that is affecting us all, therefore the only way to fight it is *"by helping one another and taking care of each other."* Ranjana strongly believes that this is not something that the government could have done by itself. She exemplified this by sharing how when the government converted some public schools into quarantine centres, many people donated their cots, blankets, and other necessities. *"People need to extend their support during this crisis,"* she added.

The only feedback that Ranjana provided was the possibility to include pediatric interventions, particularly for specially-abled children.

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