Impact Assessment of Synergy India Foundation's PANACEA project

April, 2021

Health Care Challenges in India and case for Greater Technological Advancement

While India has shown significant improvement in economic indicators such as GDP, the country is yet to improve its position on Human Development Index (HDI). According to UN India's Human Development Report 2014, India falls at the near-bottom of countries which have reached medium development and is ranked135 among the total of 187 countries.[1]

Health care in India faces several challenges including inadequate access, low insurance penetration and a growing chronic disease burden. At the same time, traditional business models have found it hard to show attractive returns on investment, except for a few large providers. India has a chronic disease burden or non-communicable diseases burden of almost 20% of its population, where nearly 200 million people have some chronic disease. Of that, just diabetes and hypertension afflict some 100 million people, and that patient population is growing by 13% a year, he said. To make matters worse, the rate of patient adherence to prescribed treatments is abysmally low, he added.

While these challenges are daunting, they provide a tremendous opportunity to disrupt traditional health care models. There is a need to flip the health care paradigm and focus on prevention. A two-pronged approach, which is to grow the [health care] infrastructure, improve the methodology, the efficiency and the way we do things; and reduce the burden of disease will address the supply-side constraints.

Technology infusion — along with expanded infrastructure and efficiencies from process improvements — could help improve health care accessibility and affordability. A government-led push to get health care providers to embrace electronic medical records and enable artificial intelligence (AI) to extract insights from patient data to deliver better treatment.

[1] – "Human Development Report 2014, 12 June 2014", Page 162

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About Synergy India Foundation

The Synergy India Foundation was established in 2007 with key principles of safer and empowered society. The SIF has been working in the fields of health, education, environment and sustainable livelihoods for over a decade and is committed to fighting poverty by promoting sustainable livelihood opportunities..

VISION: The vision is to bring change in the lives of poor through community participation and promote a safer society where individuals and communities have the power and ability to influence decisions, take action and make change happen in their lives.

Mission: The mission of the SIF is to bring change in the lives of the marginalized communities

KEY FOCUS AREAS

Education

Health

Road Safety

Sustainable Livelihoods

Environment

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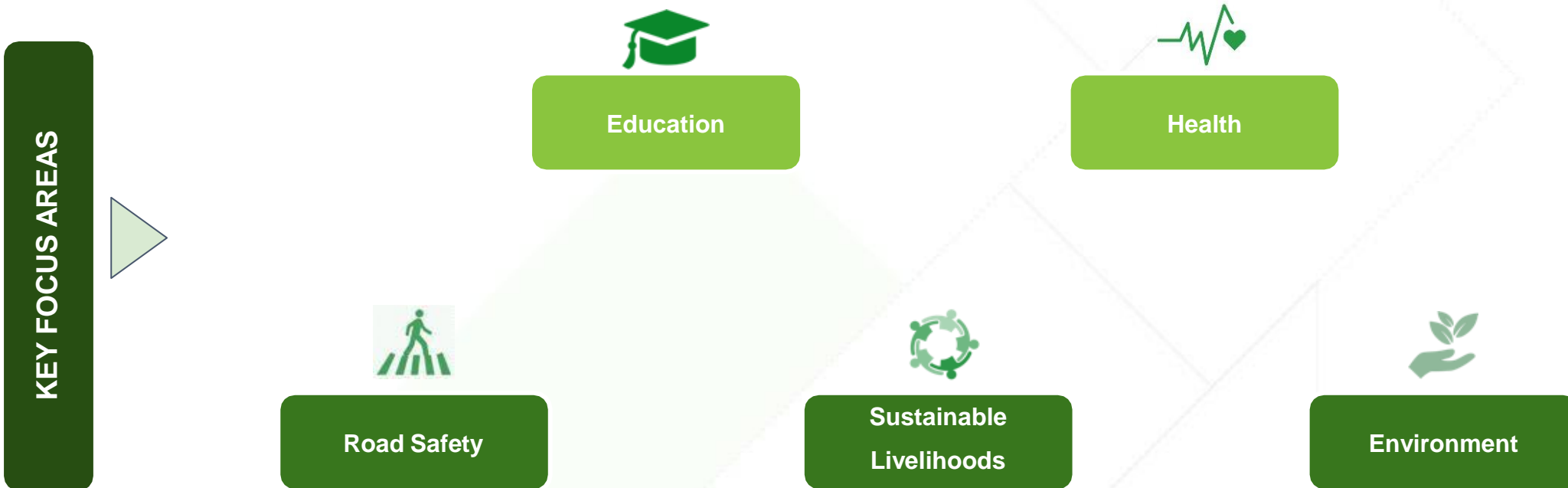
Introduction to the Impact Assessment study

Context

- Synergy India Foundation was established in 2007 by Mr. Saamerla Kiran with a vision to change the lives of poor and underserved through community participation and promote a safer society. SIF focuses in the areas of health, education, environment and sustainable livelihoods.

- SIF's flagship project is **"PANACEA Project"**, a comprehensive school health program in collaboration with the government of Telangana (TSWREIS, TTWRIES, BCWREIS) to provide a comprehensive quality healthcare service 24/7 to the poor children across the state of Telangana with a coverage of 3 lakh children.

Scope

Synergy India Foundation seeks to conduct an impact assessment of "PANACEA Project" towards the following:

- Assess the impact created by the program among children in terms of access to health services (short term); increasing awareness and knowledge of good health practices (medium term) and change in overall health status of children reached through the program (long term)

- Assess the structural changes achieved in health infrastructure and the community and institution level ownership of PANACEA project

- Provide recommendations to sustain the project and strengthen the impact created

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Objectives of the Impact Assessment

To assess the impact of **PANACEA's health care** program through:

- The change in access to health services among students in vulnerable population
- Change due to awareness and knowledge of good health practices
- Change in overall health and well being status of students and community

Provide **insights and recommendations** on:

- The rigor of implementation on ground to enable on-time outcome delivery
- Delivery-excellence and data driven decision making approach through a rigorous monitoring model
- Strategic approach to problem solving and contribution to the mission of PANACEA project

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Study Methodology

Retrospective Study

Since the evaluation was focused on the outputs and overall outcomes of the program for the time-period of the intervention, a **retrospective approach** was used for the impact assessment.
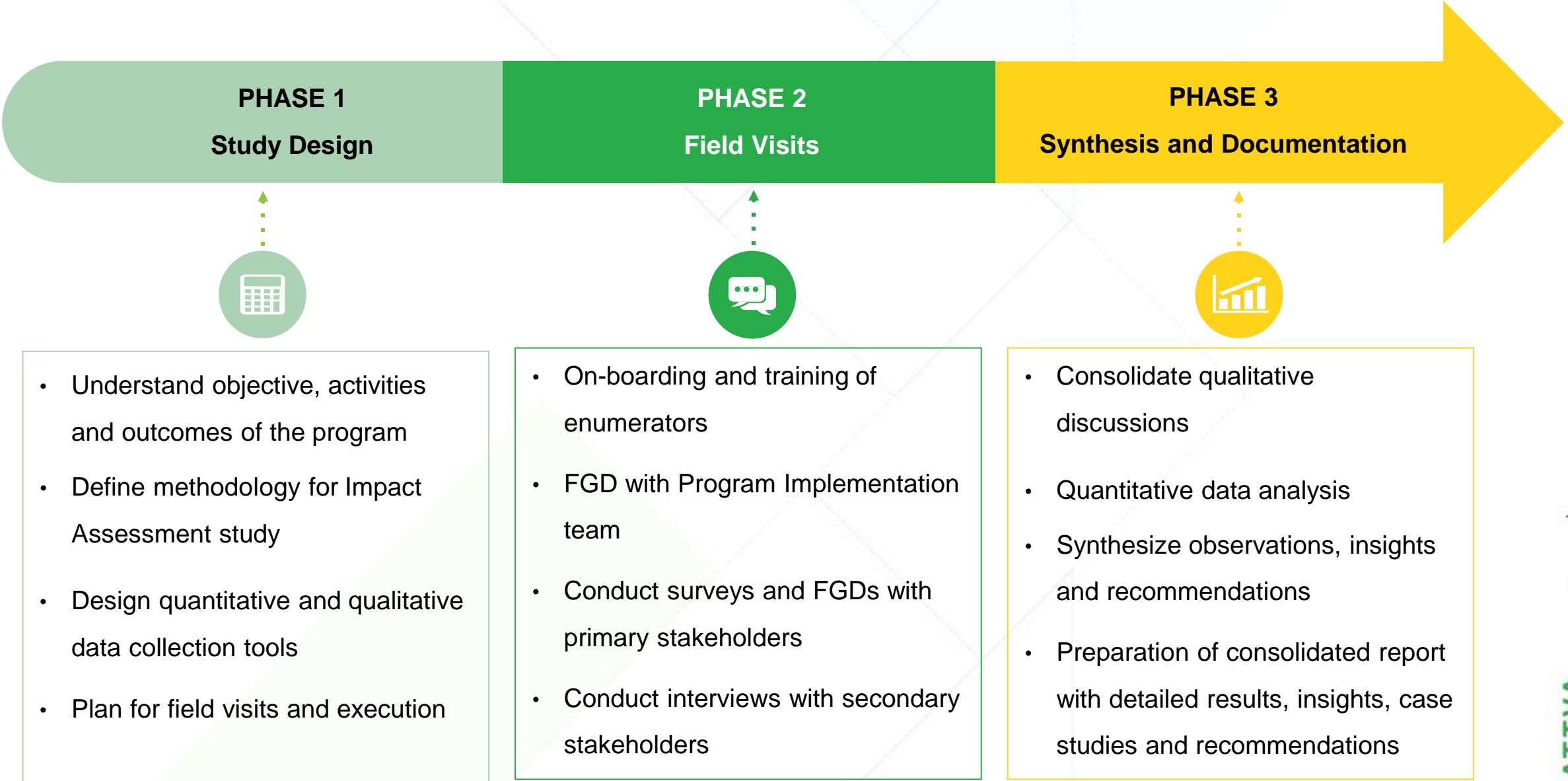
Mixed Method Approach

A **mixed-methods approach** was adopted for the study consisting of quantitative and qualitative research methods using primary and secondary data collection methods.

Data collection approach

For the quantitative data, existing monitoring data base served as the primary source, with dipstick surveys serving as secondary source aimed at verification of insights

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Phases of the Impact Evaluation Study

PHASE 1	PHASE 2	PHASE 3
Study Design	**Field Visits**	**Synthesis and Documentation**

PHASE 1 — Study Design

- Understand objective, activities and outcomes of the program
- Define methodology for Impact Assessment study
- Design quantitative and qualitative data collection tools
- Plan for field visits and execution

PHASE 2 — Field Visits

- On-boarding and training of enumerators
- FGD with Program Implementation team
- Conduct surveys and FGDs with primary stakeholders
- Conduct interviews with secondary stakeholders

PHASE 3 — Synthesis and Documentation

- Consolidate qualitative discussions
- Quantitative data analysis
- Synthesize observations, insights and recommendations
- Preparation of consolidated report with detailed results, insights, case studies and recommendations

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Study Framework

The following framework has been customized based on OECD's DAC Framework for evaluation of social impact programs:

Relevance
Assess the extent to which the program ensures suitability to the needs of the target group, pertinence to the market conditions and maximization of impact as part of design and execution

Effectiveness
Assess the extent to which the objectives of the program have been achieved; Identification of supporting processes and systems influencing the achievement/non-achievement of objectives

Impact
Assess the extent and type of (behavioral and attitudinal, skills and learnings) change produced in the lives of community members through the program directly

Sustainability
Assess the extent to which the program ensures intended benefits to the target group will continue notwithstanding partner organization through financial, institutional and operational levers

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Stakeholders and Sample

- Sattva adopted **convenience sampling** approach to enable verification and triangulation of secondary monitoring data maintained by the program team through command centre operations. The survey/FGD was conducted to verify and analyze the impact of the programs on the beneficiaries' life and effectiveness of processes and systems in place as observedby stakeholders.

Stakeholders

Stakeholder	Data collection tool	Total sample planned	Actual sample covered
Students	Survey	60	60
School Staff (Headmasters, Teachers)	In Depth Interviews	3-4 schools	3 Schools
Field Staff	Focus Group Discussion	5-6 members	3
PANACEA Team (Project managers, Nutrition and Health experts)	In Depth Interviews	All	All
Public Health Centre / Local Medical Staff	In Depth Interviews	5-6 doctors, health workers	1
Government official	In Depth Interviews	1	1
Tele-callers	Focus Group Discussion	2-3 FGDs (5 members/FGD)	2-3
RCO	In Depth Interviews	0	1

Limitations of the study

- Unavailability of parents who were one of the key secondary stakeholders

- Access to limited secondary data from the PANACEA dashboard and baseline data to ascertain the impact

Ethical Protocols

- **Team sensitization (Sattva as well as enumerators):** Given the sensitivity and confidentiality of the proposed evaluation study, the program team members undertook sensitization training to ensure an ethical approach. The team included members who have worked in the area of primary research and data collection for vulnerable populations.

- **Informed consent and voluntary participation:** All respondents and participants were appropriate and accessible information about the purpose, methods and intended uses of the research, what their participation in the research entails, and what risks and benefits, if any, are involved. The assessment was undertaken only after consent, free from coercion or undue pressure, as received from the respondents. They were made aware of their right to refuse participation whenever and for whatever reason they wish, without fear of penalization or victimization. Consent was taken regarding the recording and usage of all information acquired - written, verbal, photographic.

- **Anonymity and confidentiality:** The identity of research participants will always be protected through anonymity or confidentiality, unless research participants explicitly agree to, or request the publication of their personal information.

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Findings from the Impact Assessment

Insights from the Impact Assessment

RELEVANCE
- The PANACEA project was undertaken to resolve the health challenges of the students from residential schools in Telangana
- The PANACEA project helped create a electronic health record system to address student needs
- The need assessment helped Synergy India Foundation to propose the intervention across schools in a phased manner

EFFECTIVENESS
- The programs are designed with defined processes and systems to bring the desired outcomes in a timely manner
- The program includes processes to ensure delivery team is well equipped and well qualified to achieve intended objectives, but there is still scope for improvement
- The program includes a monitoring and evaluation function/ team to measure the changes in the health status of the be beneficiaries
- Project team and on ground team has clear visibility of the key factors influencing the achievement or non-achievement of objectives.

IMPACT
- The program led to a change in access to health care services
- The program led to a change in knowledge of healthy practices among students and parents
- There has been an improvement in sanitation status of schools but needs greater monitoring
- The program has reduced the economic burden of health care on parents but their awareness to avail services can be enhanced
- The health access enablement has led to a fall in student drop-out rates and slight increase in attendance from 2018-19
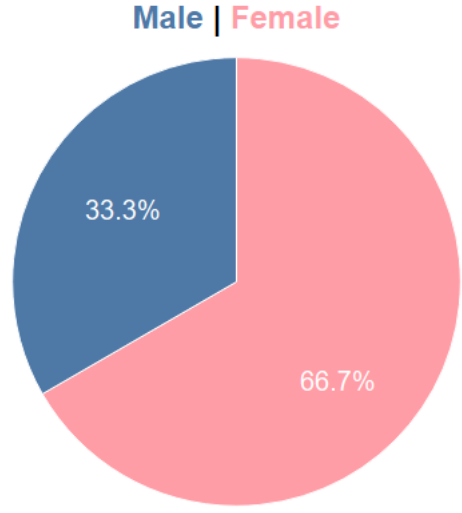
SUSTAINABILITY
- Sustainability measures identified across financial, operations and community perspectives but need to be documented and mitigation measures planned
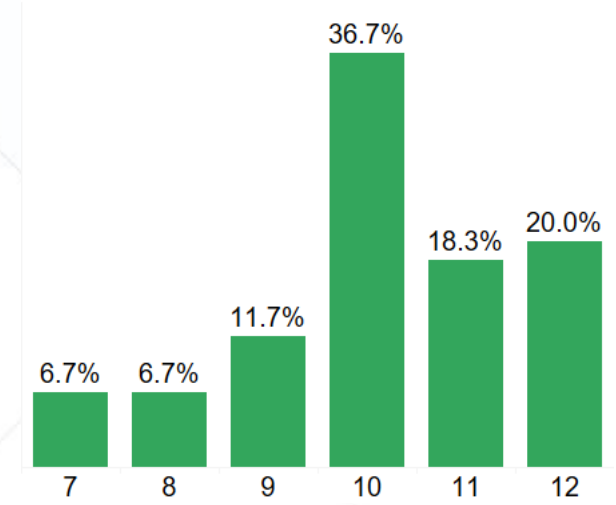
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Demographic information

- The primary survey of students was done in 3 residential schools, each from TSWREIS, TTWRIES, BCWREIS

- Most of the respondents are from 10-12 standard

- 67% of respondents are female students

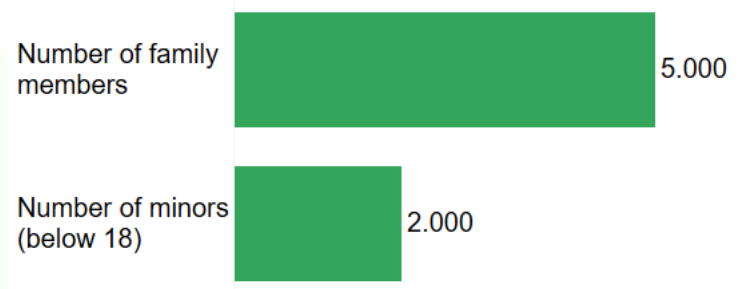- Median number of members in the family were 5 out of which 2 are of below age 18

Gender distribution (n=60)
Male | Female

33.3%

66.7%

Distribution of students grade (n=60)

6.7%	6.7%	11.7%
7	8	9

36.7%

18.3%

20.0%

Median number of members in the family (n=60)

Number of family members — 5.000

Number of minors (below 18) — 2.000

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Relevance

The PANACEA project was undertaken to resolve the health challenges of the students from residential schools in Telangana

In 2015, **there was a need assessment undertaken** by Synergy before the implementation of the program in two of the TSWREI schools of Telangana. Appropriate sampling methods were considered to include both rural and urban students and it was observed that :
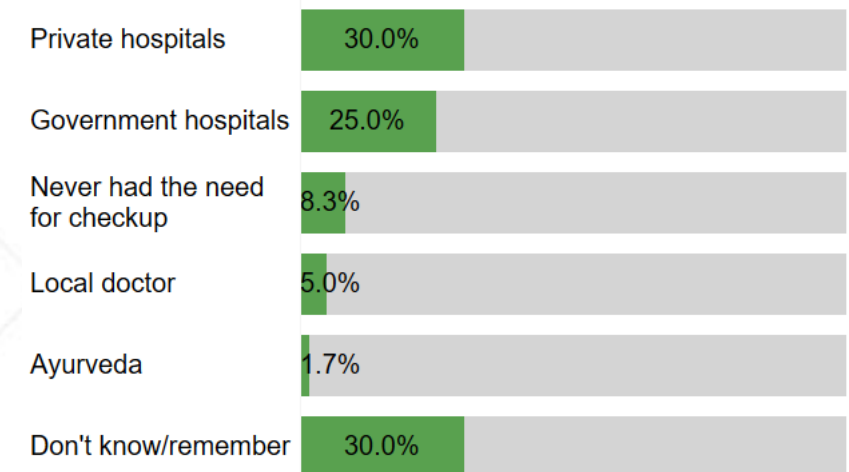
- About 50% of the children had health issues such as malnutrition, refractive errors, dental and vitamin deficiency problems.
- It was noted that there was no mechanism for handling the health concerns of students in the schools and those who fell sick were sent back to their homes. This was one of the reasons for the high dropout rates in the schools.
- Hygiene and sanitary conditions were not satisfactory in the schools. Also, children did not have adequate knowledge on personal hygiene and sanitation.
- Being a backward community, economic constraints prevented parents from being able to support the treatment of their children for general as well as chronic cases.
- There was poor maintenance of health records of students given the lack of skills among health workers.

Students had access to private hospitals prior to the intervention but there was lack of qualified health practitioners

- From the study conducted, it was noted that 30% of the students availed health care from private hospitals prior to the PANACEA intervention. The same was corroborated from the discussion with the teachers across the residential schools.

- The discussion with school teachers and implementation team showed that that parents were taking medicines from unqualified practitioners which was worsening the health of students with chronic conditions.

- Teachers mentioned that the PANACEA project has developed wellness centres across schools to take of the sick children in the school itself. This has reduced the financial burden of parents and drops out rate in the schools.

**Places of availing the health serveces before intervention (n=60)**
Yes | No

Private hospitals	30.0%
Government hospitals	25.0%
Never had the need for checkup	8.3%
Local doctor	5.0%
Ayurveda	1.7%
Don't know/remember	30.0%

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The PANACEA project helped create a electronic health record system to address student needs

- From the discussions with the school staff and headmasters, without a monitoring system, there was lack of proper health status of their students. Also, there were delays due to long communication lines and poor data management

- The PANACEA monitoring dashboard helped to get real time status of sick children for every school which helped in managing and giving treatment instructions to school authorities. Also, the system has follow-up mechanisms from the command centre as well which makes the process efficient from detection to recovery.
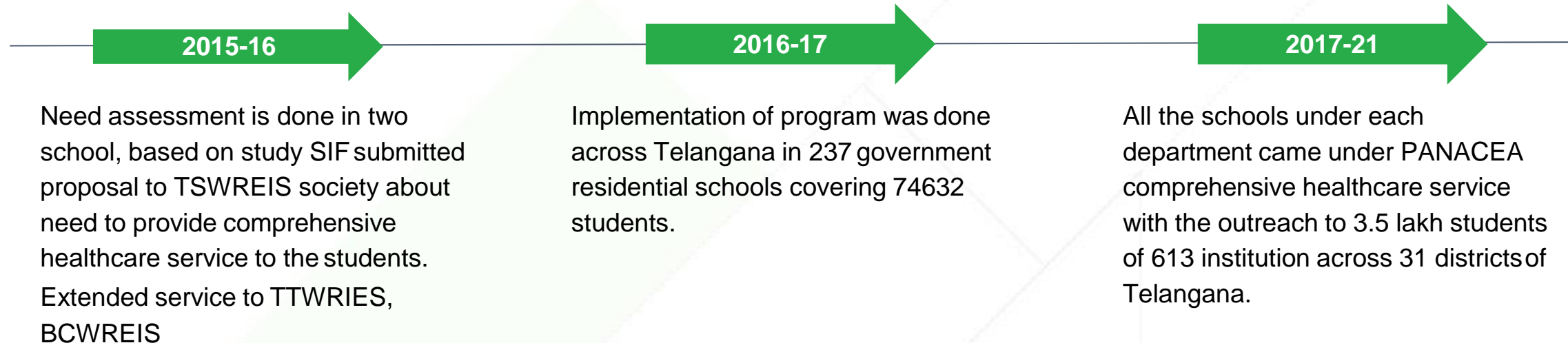
" Prior to the program, there was heavy workload on school principals to take care of children's health. It was very difficult to track the health status of 600-700 students in every schools without a proper monitoring system. - **R Prashanthi, COE, Trainings, PANACEA Project** "
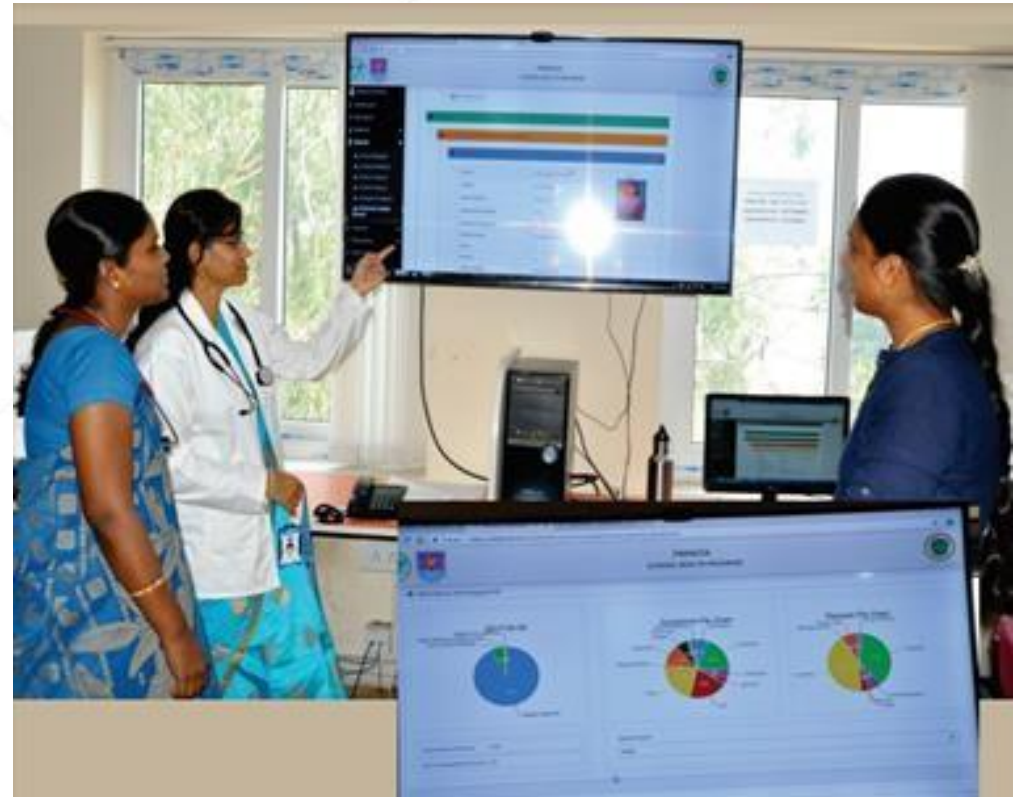
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The need assessment helped Synergy India Foundation to propose the intervention across schools in a phased manner

Based on the need assessment conducted, SIF proposed the following key intervention areas for the program:

- Health screening camps
- Referral of sick children to appropriate treatment centres
- Application of web-based tools to capture real-time data on the health status of children and sanitation and hygiene
- Healthcare helpline Toll Free Number Services 24/7
- Training and Capacity-building of health staff, principals and students
- Maintenance of Electronic Health Records of Students (EHS)
- Health education programs on causation and spread of diseases
- Effective monitoring and surveillance of sanitation and hygiene conditions in schools

2015-16

2016-17

2017-21

Need assessment is done in two school, based on study SIF submitted proposal to TSWREIS society about need to provide comprehensive healthcare service to the students. Extended service to TTWRIES, BCWREIS

Implementation of program was done across Telangana in 237 government residential schools covering 74632 students.

All the schools under each department came under PANACEA comprehensive healthcare service with the outreach to 3.5 lakh students of 613 institution across 31 districts of Telangana.

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Effectiveness

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The programs are designed with defined processes and systems to bring the desired outcomes in a timely manner

Based on the discussion with government officials and from the proposal shared by SIF, it was noted that the government of Telangana had allocated funds for the PANACEA project. The intent was to improve the health care facilities in residential schools. The program was implemented in phased manner starting with 237 schools in 3 department and was implemented across all the schools in subsequent years.

Implementation of program was done to include the following:

1. Establishment of wellness centres in each school.

2. Supplies of adequate medicines and medical equipment to the schools along with resource books.

3. Upskilling and capacity building of existing health assistants was done periodically to improve the existing services.

4. Training given to health supervisors on nutrition that was to be given to the children and sanitation of the schools and adequate monitoring of the same.

5. Tech-based monitoring of health status through SIFNOTE was done as part of continuous engagement with the students and classification of chronic, emergency and general cases accordingly. The data also enabled the team to identify the schools which needed greater focus due to a zonal classification based on number of cases.

6. Hygiene kits were given students every month and sanitation and cleaning kits were supplied quarterly to maintain adequate hygiene

The program includes processes to ensure delivery team is well equipped to achieve intended objectives

- Each of the health supervisors and assistant caretakers involved in PANACEA have standardised SOPs defined.

- Periodic training and capacity building for health supervisors was done by qualified experts including dieticians, doctors and emergency medical officers through virtual platforms. These training were conducted on a 6 month rotation. Further, need based trainings were done for all the officers on handling monitoring activities on tech based platforms.

- Infrastructure and medical equipment was provided in wellness centres across schools to enable them as full-fledged primary health centres accessible to the students.

- Awareness sessions through teachers and PANACEA staff helped students become aware about the services offered. Regular screenings were conducted with the students and the same was recorded on the platform. In cases of chronic conditions like anaemia, students were screened every day assuring the close monitoring of their health status and provision of medical needs through doctors.

Source of information on PANACEA services (n=60)
Yes | No

Through teachers in the school	80.0%
Through the PANACEA staff	55.0%
Through friends	10.0%
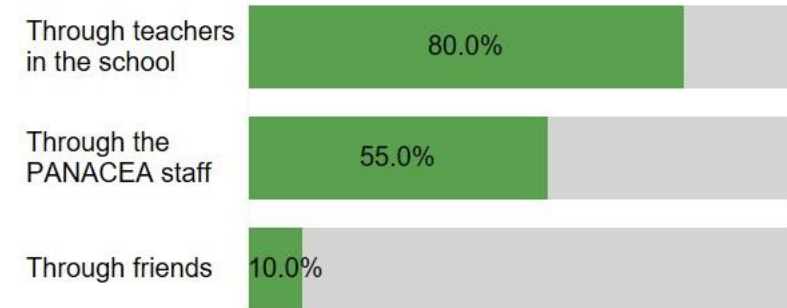
"
There is need for 2nd Health Supervisor per school who can work in shift to reduce the attrition among the existing HS who are working 24*7. It is very difficult manage 600- 800 students in a school –
Anonymous HS
"

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The program includes a monitoring and evaluation function to measure the changes in the health status of the beneficiaries

Command centre has separate dashboards at central level to monitor the health status of each and every school. Based on the discussion with the principals, the government officials monitor the data based every day and take informed actions. Health cases are registered on SIFNOTE mobile application by the health supervisor and forwarded to a qualified doctor immediately.

- 85% of students reported that they have taken general health check ups from PANACEA, 43.3% of students taken medical screenings for chronic diseases

Emergency case detection

- In cases involving accidents/fractures or any kind of medical emergencies, the PANACEA team takes the student to the concerned experts or hospital and assign a field worker to monitor the cases continuously.

Chronic case detection

- Students enrolled in 5th standard and above across schools are screened for chronic diseases like anaemia. In case of detection, there is a daily monitoring through nutrition, medical tests and consultation with experts from the nearby hospitals.

- From the discussion with various stakeholders, these chronic cases like Anaemia have been monitored continuously from detection to recovery.

Services availed from PANACEA staff (n=60)
Yes | No
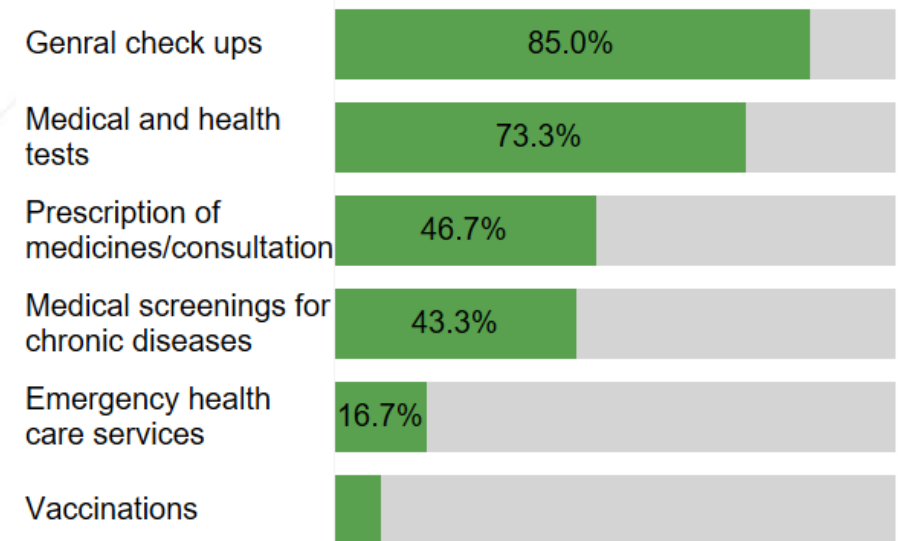
Service	Yes %
Genral check ups	85.0%
Medical and health tests	73.3%
Prescription of medicines/consultation	46.7%
Medical screenings for chronic diseases	43.3%
Emergency health care services	16.7%
Vaccinations	

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Project team and on ground team has clear visibility of the key factors influencing the achievement or non-achievement of objectives.

Key Risks	Risk level	Mitigation strategy
IT Services: 1. Issues related to slow speed / non-availability of internet at certain remote residential schools in Telangana leading to poor data transfer 2. Frequent breakdown of the application software and server	Medium	1. Provision of sharing data captured in excel is provided. 2. Data capture is made in excel sheet and subsequently uploaded and periodic review by organization and service provider on tech improvement
Quality Assurance 1. Using non-calibrated weighing machines and linear scale for BMI data may give faulty data	Medium	1. To ensure periodic and timely calibration of the measuring equipment 2. Identification of a service provider, registration and calibration of equipment periodically
PHCC Operations 1. Incomplete updating of student EHRs may display insufficient information of the students 2. Delay in receipt of data from the health supervisors of the various residential schools may affect the dashboard updating on real time basis 3. No proper follow-up of the hospitalized students and their feedback to the PHCC may delay updating the details in the software app.	Medium	1. Field staff to ensure provision of data promptly to the office staff for EHR updating on real time basis 2. School Principals to ensure that the health supervisors of their concerned schools do timely submission of inputs for prompt updating of dashboard data 3. Proper coordination between field staff, office staff and shift doctors to ensure timely information is provided to PHCC

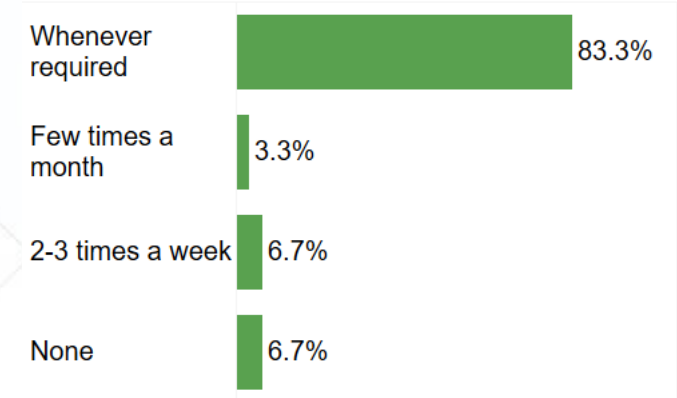SATTVA www.sattva.co.in

Outcome and Impact

The program led to a change in access to health care services

Prior to introduction of PANACEA, 30% of the students (N=60) in the residential schools were using government and 25% were using private hospitals whenever they fell sick. They however, did not have an intermediary platform that enabled them to get access to healthcare efficiently. With introduction of the PANACEA program, 83% of the students surveyed reporting using the PANACEA services whenever required.
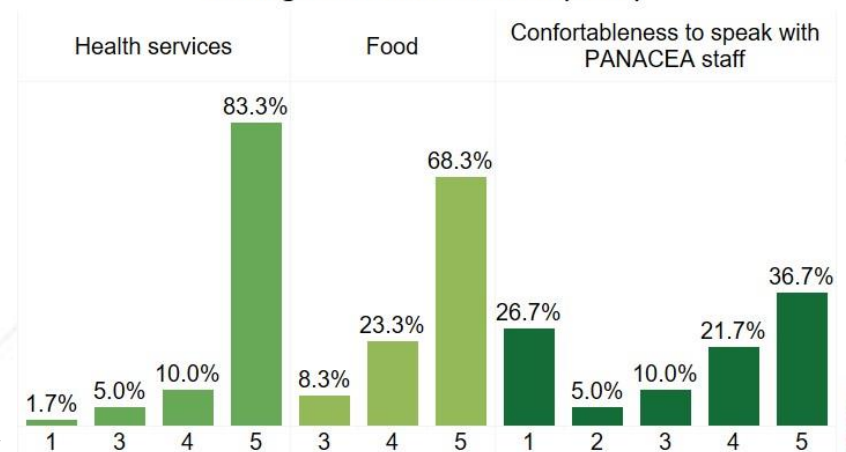
Access to healthcare in schools

* Prior to the program, the students were sent home in case of illness due to unavailability of proper healthcare service in schools. Tech enabled monitoring enabled the PANACEA team to get student health history in a systematic manner and address their ailments more effectively. PANACEA further helped set up the school based wellness centre to act as sick rooms and provide primary medical care to children with general ailments.

* In girls schools, teachers said that the girls who have issues with periods are being taken very seriously, continuous monitoring through app were done by the HS

* To ensure students gets nutritional food, protein and vitamin rich food like eggs, bananas and seasonal fruits were provided daily along with meat like chicken and mutton for non-vegetarian. The same is being monitored by the Health Supervisors and Principals.

* 83% of Students were satisfied with the health services provided by PANACEA and 68% of students were satisfied with food provided in their schools. In case of health concerns, however, students prefer to speak to their teachers with only 37% reporting confidence to address the PANACEA staff directly.

Frequency of availing the health services from PANACEA (n=60)

Whenever required	83.3%
Few times a month	3.3%
2-3 times a week	6.7%
None	6.7%

Rating for Health services (n=60)

Health services
- 1: 1.7%
- 3: 5.0%
- 4: 10.0%
- 5: 83.3%

Food
- 3: 8.3%
- 4: 23.3%
- 5: 68.3%

Confortableness to speak with PANACEA staff
- 1: 26.7%
- 2: 5.0%
- 3: 10.0%
- 4: 21.7%
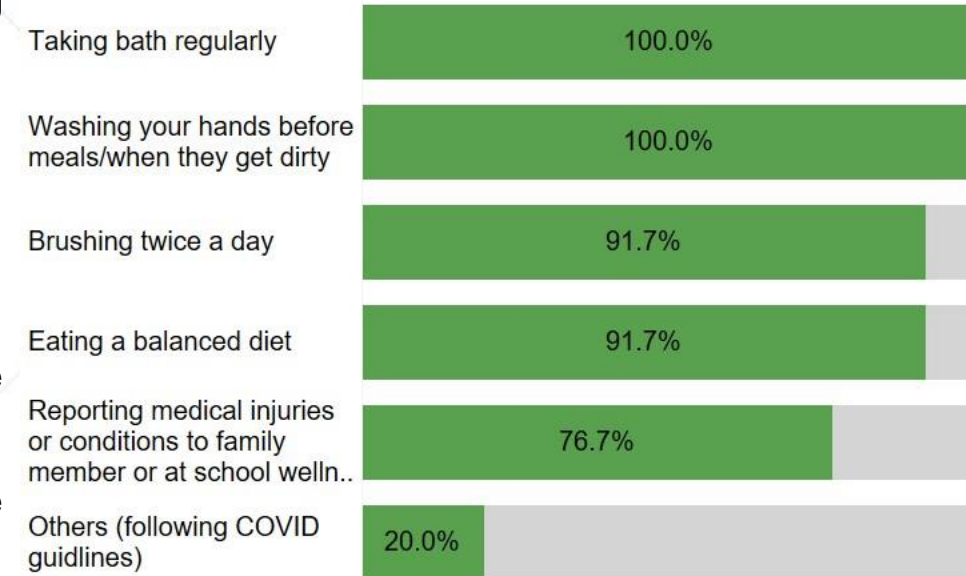- 5: 36.7%

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The program led to a change in knowledge of healthy practices

- There has been increase in knowledge of healthy practices due to continuous awareness activities by Health supervisors and the principals across schools on healthy practices to be followed. All the 60 students included in the study reported taking bath every day and washing the hands before their meals and when dirty.

- About 90% of the students reported brushing their teeth twice a day and also eating balanced diet suggested by school teachers.

- Also, 77% of the students were reporting their medical injuries to the school's wellness centre or their family.

- Based on the discussion with teachers, the schools with PANACEA's help has taken the ownership of addressing the health issues of its children and regularly ask them for feedback. According to specific health issues of a child, personal counselling is also conducted to make the children understand realize good food habits, medications or personal hygiene.

Regular healthy activities followed by students (n=60)
Yes | No

Activity	%
Taking bath regularly	100.0%
Washing your hands before meals/when they get dirty	100.0%
Brushing twice a day	91.7%
Eating a balanced diet	91.7%
Reporting medical injuries or conditions to family member or at school welln..	76.7%
Others (following COVID guidlines)	20.0%

" Prior to the program, children were hesitant to inform about their health issues, but now they are conveying their health issues. They are under constant supervision of the health supervisor, their housemaster and also the principal: *Shreya, Teacher, TTWR JR COE for Girls, Hayatnagar* "

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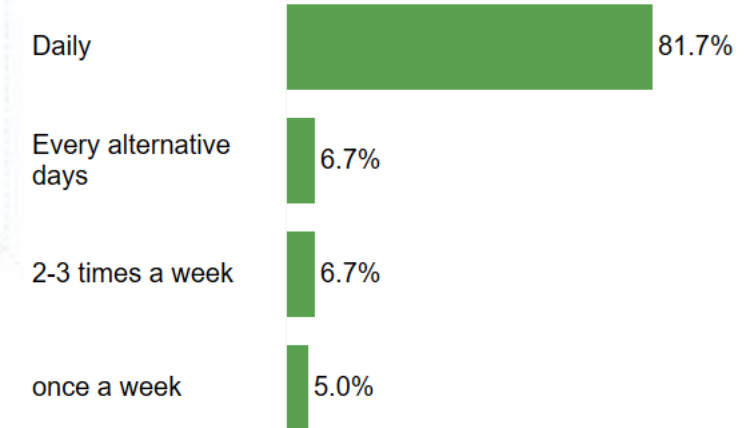# There has been an improvement in sanitation status of schools but needs greater monitoring

- 82% of students reported that the cleaning of school campus including the toilets, kitchen happens every day and 53% of students rated a high degree of cleanliness in their respective schools.

- From the discussions with the school staff, sanitation material have been supplied to ensure the cleanliness in the schools by PANACEA. Also, sanitary pad incinerator machines have been installed in girl schools.

- Based on the indicators* like frequency of cleanliness frequency, menu followed in the kitchen, basic usage of sanitation materials the schools are classified into **green, orange and red zones.** Secondary data from the dashboard shows that over time, there has been a slight increase in green zones in campus sanitation and kitchen sanitation, however this is not statistically significant.

- The schools with a green zone status based on toilet sanitation alone have decrease by about 1% in 2019 as compared to 2018. Greater monitoring of school sanitation facilities can enable this to increase further.

Details in Annexures
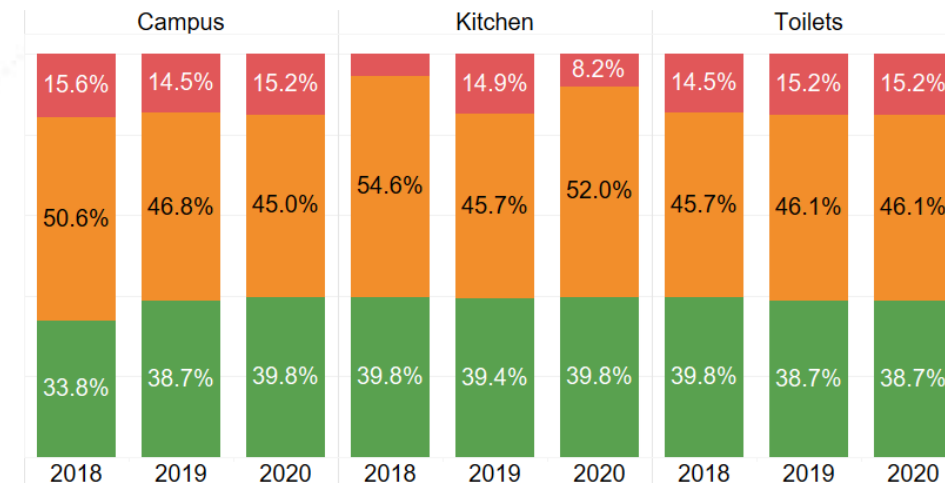
Rating for cleanliness in the school (n=60)

Rating	Percentage
1	1.7%
2	1.7%
4	43.3%
5	53.3%
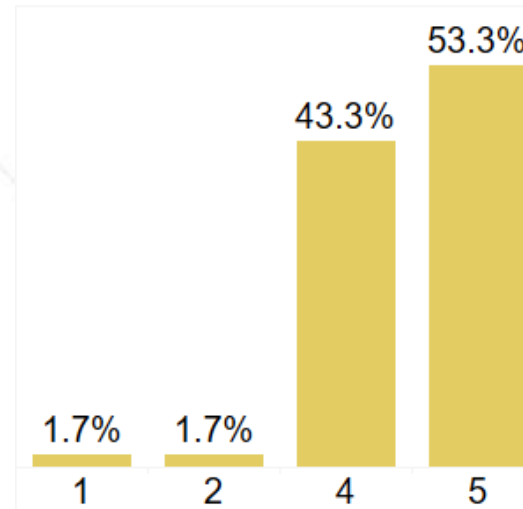
Frequency of cleaning of toilet, classroom etc in the school (n=60)

Daily	81.7%
Every alternative days	6.7%
2-3 times a week	6.7%
once a week	5.0%

Sanitation status of social welfare schools
Green | Orange | Red

Campus

	2018	2019	2020
Red	15.6%	14.5%	15.2%
Orange	50.6%	46.8%	45.0%
Green	33.8%	38.7%	39.8%

Kitchen

	2018	2019	2020
Red		14.9%	8.2%
Orange	54.6%	45.7%	52.0%
Green	39.8%	39.4%	39.8%

Toilets

|	2018	2019	2020
Red	14.5%	15.2%	15.2%
Orange	45.7%	46.1%	46.1%
Green	39.8%	38.7%	38.7%

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The program has reduced the economic burden of health care on parents but their awareness to avail services can be enhanced

- About 87% of students availed the service from hospitals through an SIF referral.

- Emergency funds in every school is being used for treatment of students in the school.

- Along with this, in case of chronic cases the entire treatment amount is borne by the society and PANACEA which has reduced the health expenditure of parents.

- From the discussion with various stakeholders, the parents community have accepted the importance the program there are still instances where parents have not been responsive toward the health supervisor or PANACEA when there have been health issues with their children.

Have they availed a service in a government hospital after the referral or information received from PANACEA? (n=22)

Yes | No

13.6%

86.4%
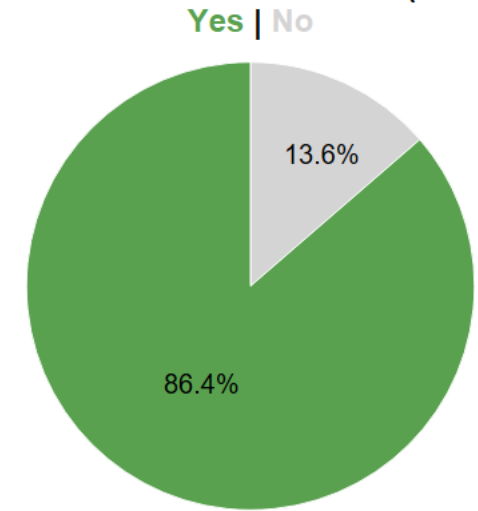
> " During COVID, there has been a particular rise in the awareness around healthcare. The health command centre was keeping track closely. The parents were made to write the command centres numbers in the home walls so that the children can easily find it and also inform the Command centre in case of an emergency.-
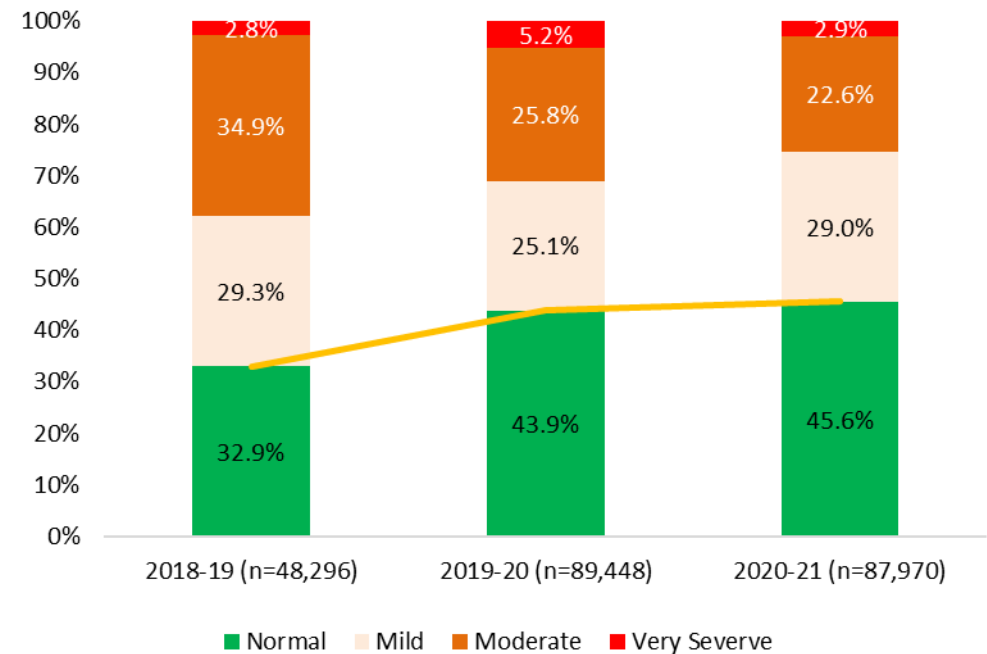>
> *Dr. R S Praveen Kumar, IPS, Secreraty, TSWREIS & TTWREIS* "

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There is been decrease in Anaemia case over the years, However it is the major concerns among the students in residential schools of Telangana.

- According to the TSWREIS school students screening, In comparison to 2018-19, there has been 13% decrease in anaemic students in 2019-20, mainly due to intervention during the year.

- Continuous monitoring and supply of food supplements to the anaemic students contributed to reduction of cases.

- More than 55% of the screened students are reported anaemic in the year 2020-21. About 2.9% students have severe anaemia.

- Owing to COVID-19, students were sent back to their homes from the residential schools, which also impacted the direct implementation of intervention during this period.

- Similar conditions were observed among other department schools.

Incidence of Anemia cases over the years

	2018-19 (n=48,296)	2019-20 (n=89,448)	2020-21 (n=87,970)
Very Severve	2.8%	5.2%	2.9%
Moderate	34.9%	25.8%	22.6%
Mild	29.3%	25.1%	29.0%
Normal	32.9%	43.9%	45.6%

Legend: ■ Normal ■ Mild ■ Moderate ■ Very Severve

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The health access enablement has led to a fall in student drop-out rates and slight increase in attendance from 2018-19

- Prior to the program, the student dropout rate was reported to be high as the children were sent home on detection of the ailment. Based on discussion with various stakeholders, due to intervention of PANACEA, the wellness started to take care of sick children in the school itself which led to a fall in drop-outs.

- According to the government official Prashanti CEO, trainings, PANACEA is one of the factors which has helped in increasing attendance rates of students across schools. There has also been a change in motivation of both students and parents over time.

- From the secondary data recorded on the PANACEA dashboard, we can see a rise in average attendance rate in TSWREIS and TTWREIS schools between 2018 and 2019. However, the same was not seen in the BCWREIS schools.

- During 2020, due to COVID 19, there was a drastic fall in attendance of students across all the three school categories due to lockdown. Further, the government officials reported about rising instances of marriage of students in intermediate/higher secondary school. Through helpline the continuous monitoring of chronic cases was done.

Average attendance accross departments
TSWREIS | BCWREIS | TTWREIS

Attendance %

|	2018	2019	2020
TSWREIS	58.3%	71.3%	52.0%
BCWREIS	69.1%	63.3%	34.3%
TTWREIS	47.8%	49.8%	32.5%

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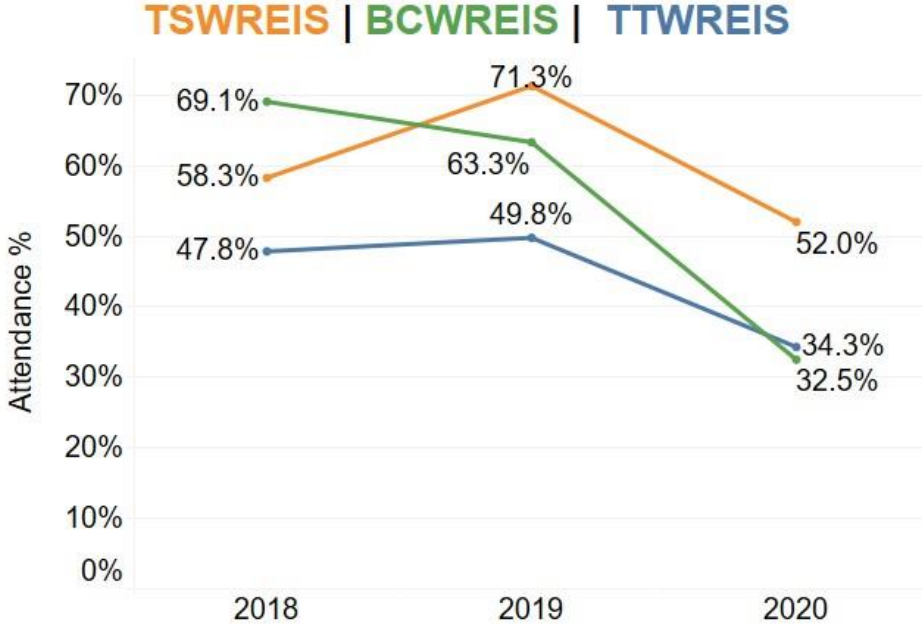
There is an increase in calls to the command centers in all three departments due to continuous awareness generation programs

- There is mix of incidences of normal to emergency cases. 2018-19 saw highest number of chronic cases as compared to other years
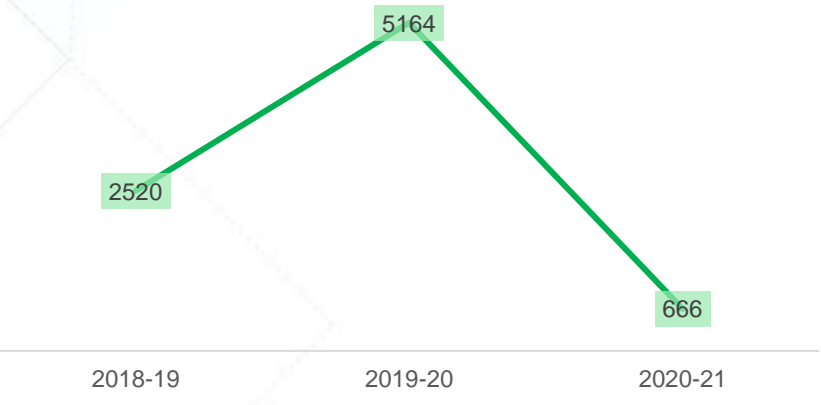
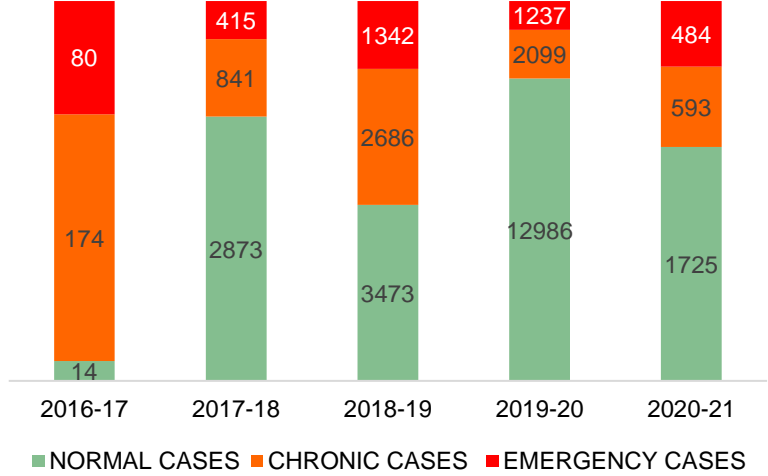

Total call recieved at Commad centre from TTWRIES schools
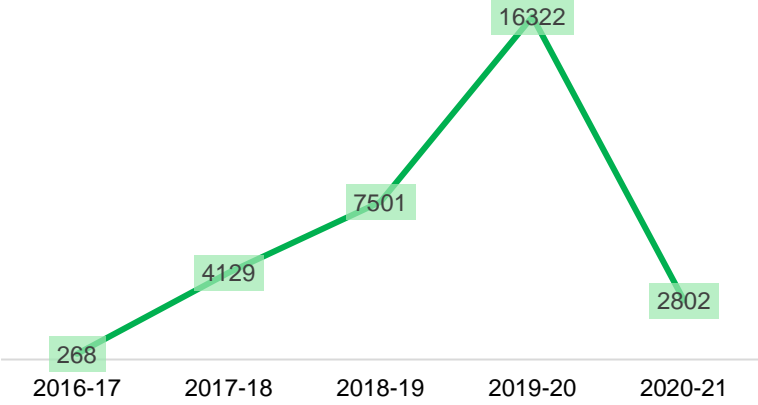
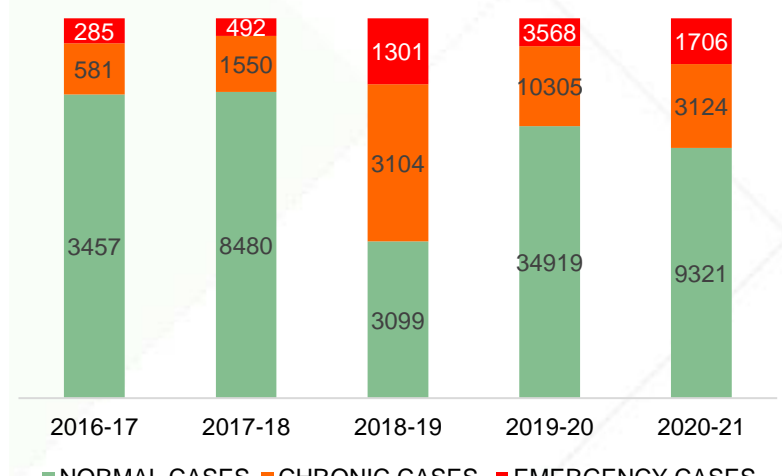

Total call recieved at Commad centre from TSWREIS schools
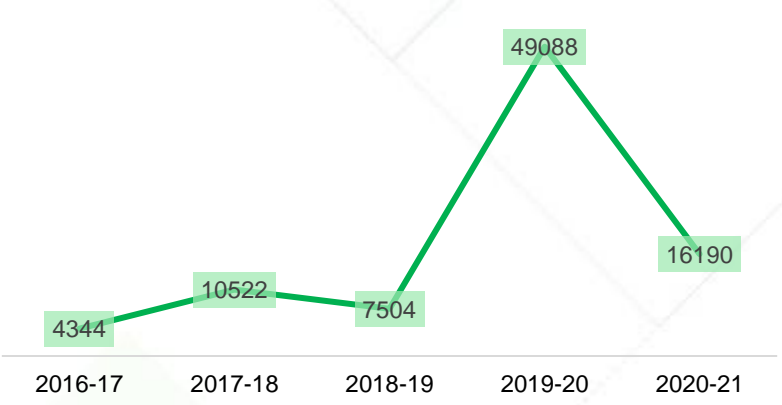
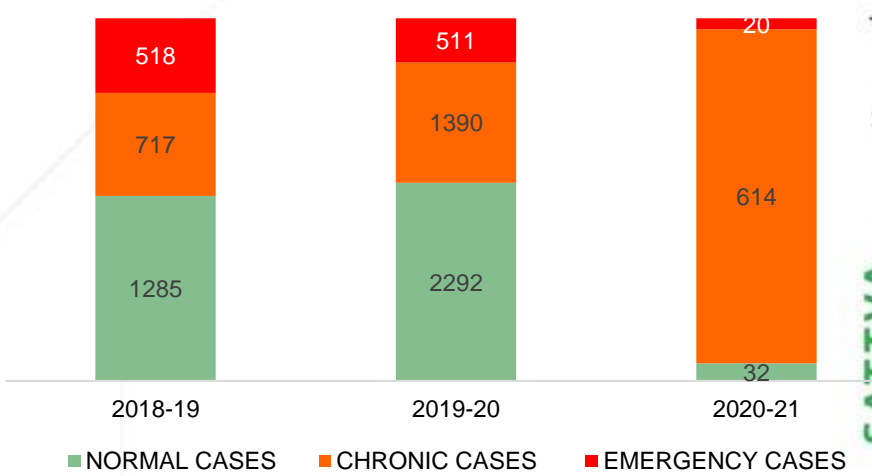

Total call recieved at Commad centre from BCWRIES schools

Reported Cased in TTWRIES schools

Reported Cased in TSWREIS schools

Reported Cased in BCWRIES schools

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Sustainability

Sustainability measures identified across financial, operations and community perspectives but need to be documented and mitigation measures planned

Program levers have been introduced to achieve financial sustainability.

- Funding is tapped through the government and also private funders. Further, they are trying to follow up with the respective welfare societies with regard to their budgetary allocations for health care, but the same has seen limited progress.
- As per the documents maintained, Synergy Foundation has looked to mobilize multiple financial resources to ensure smooth operations of the organization. Details have been provided on how the organization mobilizes 20% of its share of the total expenditure for the PHCC project while the rest 80% is provided for by the clients with whom the organization has entered into MOUs.
- Considering the program challenge of meeting the health supervisor need, there is a consideration to increase the allocation towards their salaries in the immediate future.

Exit strategy is planned with ownership to be shifted to the government by 2023

- Synergy Foundation has a planned exit from the PANACEA project by next year. Currently, the PANACEA project is being run in convergence and under the government health department of Telangana with an official stationed at the office permanently. At the institutional level, medical officers and other operational staff are appointed by the government and support the schools in meeting the health needs of the children.
- As a next step, the government will monitor the data for a year from now. However, the technology patent and medical data will be maintained under Synergy's facilitation. The medical data is paid for and stored on amazon cloud with highest level of security and low chances of hacking by a third party. NDAs are signed with employees and schools to ensure data privacy of health records.
- Synergy is also looking at getting an ISO certification on the project for the sake of standardization and a smooth transfer of ownership to the government.

Community ownership is growing but can be strengthened

- There has been an increased acceptance of the program from the community and parents. There is a growing uptake of the PANACEA emergency numbers by the parents in cases of child illness which was ignored earlier. However, some of the parents have not been supportive and do not communicate regularly with the health supervisors and the PANACEA command centre.

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Recommendations

Strengthening of delivery model and internal data management system

Recommendation	Observation

Recommendation

- The team structure needs to be strengthened with an adequate provision of health supervisors in every district. Training, recruitment and continuous counselling of supervisors needs to planned periodically to enable robust delivery and optimized work allocation. Counselling of health supervisors and due incentives can be ensured to enable retention.

- Also, the reporting of data from schools and supervisors needs to be done in a timely manner to ensure accurate decision making. Health access to students and quick redressal of their ailments is dependent on an effective reporting mechanism.

- Organization structure needs to be developed with clear roles and responsibilities to enable more accountability in managing operation.

Observation

- PANACEA is faced with certain institutional challenges like regular updating of health records by health supervisors. Since most of the health supervisors are part-time, the technical team has to spend a considerable effort on training and retraining them. There is also high attrition amongst the health supervisors. This leads to delays in uploading of the documents and internal miscommunications.

- There is a gap in reporting of sanitation data everyday by many schools. This is because of involvement of multiple stakeholders including doctors, school staff and health supervisors and also infrastructural gaps like lack of internet connectivity.

- There are no RHSOs in Tribal or BC area and no assistant health supervisor in yet. The secretary has not been focusing on this. There is only one health supervisor for 600 students.

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PANACEA program's data warehouse to enable long-term impact on systems change

Recommendation	Observation
• Considering the technology-led approach to systemically solve the health access challenges in residential schools, PANACEA project has potential to build significant amount of data. This becomes a strong tool for them to drive government action and focused interventions. The more these solutions scale, the sharper their insights and greater the systems impact.	• PANACEA command centre enables a 24/7 healthcare platform that ensures consistent tracking and redressal of emergency or general ailments of the children belonging to the residential schools. This has reduced the child care burden away from the schools and has ensured a robust tracking mechanism of child health care needs in residential schools of Telangana.
• It's important for PANACEA team to focus on standardization of data capture so as to avoid information sitting in silos across different organizations. This will also ensure greater efficacy of analytics to be deployed for decision making.	• The platform has also enabled data warehousing of child health records and dashboard analytics which enable decision makers to plan policies for strengthening systems and referrals to private hospitals over time. • It has also enabled categorization of schools by health status to identify degree of vulnerability and the kind of health issues that need immediate addressal.

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PANACEA program's referral for issues pertaining to eye-care, mental health, provision of medicines

Recommendation

- Mental health has been identified as an increasing concern amongst the students but has not been included in the current intervention. There may be a need to connect such cases to the concerned hospitals in the earliest possible timeline or appoint a full time child psychologist within the command centre.

- Financial allocation can be planned for increased inventory need of tablets. This can be planned by analyzing the student nutrition data that is being recorded across all the schools in the program. Spectacles can also be ensured as an additional need of the student through monitoring visits during eye check ups.

Observation

- Tele-callers and schools under the program reach reported additional pressure on them in cases of death and suicide attempts. There have been instances where the children who did not like the hostel environment or were faced with socio-emotional issues had consumed sanitizers or other cleaning products. Absence of a psychologist in these cases was an identify delivery gap in meeting the emotional needs of the children and their families.

- The PANACEA centre provides vitamin, iron tablets and other medicines in limited quantities across schools. However, the demand is not met since these are needed more if the children are undergoing chronic ailments like anaemia or malnutrition conditions.

- All the students undergo eye checkups in the residential schools but currently, no resources have been planned for provision of vision correcting spectacles.

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Annexures

Data Collection Tools: Research Questions

Theme	Key Research Questions
Relevance	• The need for access and availability of primary healthcare services has been identified in systematic manner • The need for appropriate healthcare services were identified in a systematic manner • The project objectives and activities are aligned with the needs identified of the target group • There is a well-defined selection criterion for beneficiaries and support group for the program
Effectiveness	• The programs are designed with defined processes and systems to bring the desired outcomes in a timely manner • The program includes processes to ensure delivery team is well equipped to achieve intended objectives • Project team and on ground team has clear visibility of the key factors influencing the achievement or non-achievement of objectives. • The program includes a monitoring and evaluation function/ team to measure the changes in the health status of the beneficiaries
Sustainability	• The operations and are defined and adhered to at community level • The model is operating in a financially sustainable manner • The stakeholder has gained ownership of the healthcare services

Note: Adopted Development Assistance Committee's (DAC) framework developed by Organization for Economic Cooperation and Development (OECD)

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Data Collection Tools: Research Questions

Levels of Impact	Indicators
Short Term: • Change in access to health care services	• Frequency of health records maintenance per student • % of students undergoing health screening • Awareness of type of support available to the students • Change in access to healthy practices in supporting ecosystem • % of students with access to sanitary hygiene facilities
Medium Term: • Change in knowledge of healthy practices	• % Recall of good health practices • Recall of community on preventive health practices • Change in recognition of ailments among the students • Ailments addressed by PANACEA
Long Term: • Change in health and wellbeing status of students • Change in affordable health among community • Change in quality of education availed	• Change in incidence of common illnesses • Change in pattern of occurring diseases at school and community level • No of early detections identified in serious ailments • No of students receiving treatment for critical cases • Difference in health expenditure incurred by the parents • Change in attendance of students

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Classification conditions for each school based on sanitation status

Criteria	Green Zone	Orange Zone	Red Zone
Campus			
Cleanliness Of Campus	Yes	Yes	No
Cleanliness Of Campus Times	Thrice	Twice	No
Animals Around Campus	No	No	Yes
Type Of Animal	No	No	No
Other Animal Name	No	No	No
Toilets			
Cleanliness Toilets or Bathrooms	Yes	Yes	No
Cleanliness Toilets or Bathrooms In A Day	Thrice	Twice	No
Any Damages To The Toilets	No	No	No
Kitchen and Wellness centre			
Cleanliness Of The Kitchen Place	Yes	Yes	No
Cleanliness Of The Kitchen Place In A Day	Thrice	Twice	No
Daily Menu Followed	Yes	Yes	No
Utensils Cleanliness	Yes	Yes	No
Dining Hall Cleanliness	Yes	Yes	No
Cleanliness Dining Halls	Thrice	Twice	No
Hand Gloves Used By Serving People	Yes	Yes	No
Staff Members Tasty Food Before Serving Meals	Yes	Yes	No
Wellness Centre Cleanliness	Yes	Yes	No
Cleanliness Of The Wellness Centre	Yes	Yes	No

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