

case 1-429-221
December 13, 2012

SEWA-Rural

Introduction

It was 1980 and Anil and Lata Desai found themselves back in India after receiving their medical training in the United States. Along with a few close family friends, they were ready to bring to life a vision that had been in the making for the last few years. The Society for Education welfare and Action-Rural (SR) was founded on October 26th, 1980 in Jhagadia, Gujarat with a small maternity home converted to hospital, but with large goals to uplift the poor in the region. The organization has slowly expanded over the years. In 1982, the Community Health Project was launched with a mobile clinic and dispensary that visited nearby villages. Soon, in recognition of its good services, SR was entrusted with the curative primary healthcare needs of 39 villages.

In 1989, the state government formally entrusted the entire Jhagadia district to SR by designating SR as a Primary Health Center (PHC). The PHC is technically run by the government, but SR was the first in the region to be given virtually complete autonomy in the running the PHC. This was a test to see if a private organization could meet the government's expectations and work with the government to design new programs to achieve government goals. SR members had to negotiate with and educate government officials about what happened on the ground, and what actually worked. After many health statistics in the region had improved, the responsibility for running the PHC was taken back by the government, freeing SR to work on other projects. SR's novel ideas of non-government-organization/government partnership have resulted in international recognition and several grants from aid organizations. Today, the SR provides training for other organizations, government officials, and students on its health delivery model.

SR has since ventured into other socio-economic activities, including a women's empowerment institution, a technical training center, and tuition classes for school children.

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©2012 Paul Clyde. This case was written by University of Michigan's School of Public Health graduate student Sathish Mohan and Paul Clyde, Adjunct Professor of Business Economics, Academic Director of the Part-time MBA Program at the Ross School of Business, and Research Fellow at WDI. The authors thank the staff of SEWA-Rural for making their facility available for observation and for the many discussions with staff that went into producing this case, and particularly Dr Prankaj Shah for his assistance.



The vision for the organization reads:

SEWA-Rural endeavors to reach out and assist the poorest of poor through various health and development programs based on the community needs and available manpower. While involved in such activities it also seeks to ensure that the values are preserved and self-development, in broader sense, of those involved in the work is achieved simultaneously. The focus of all programs has been vulnerable members of family, i.e., the women, children, & elderly and the poor sections of society. In all the activities an attempt is made to incorporate as well as balance the three basic principles: Social Service, Scientific Approach, and Spiritual Outlook.

Over the years, the main target populations of women, tribals (locals belonging to certain castes that have lived in the area for many generations) and poor have guided the major projects of the organization.

SR aims to continue providing its medical services to the area, but challenges do exist. Dr. Pankaj Shah, Managing Trustee, cites that at present, capacity limits and the associated shortage of medical and paramedical staff, shortage of funding, and infrastructure limitations as the primary concerns of the organization. The hospital is setting new records each year for the number of patients treated and services delivered, but the increased burden is not met with increased funding and support. While the aim is not to cover all costs through revenue, they do hope to manage recurring costs on their own. Government grants, loans, and private donations continue to support the running of the organization. The board of trustees continues to grapple with one central question: how can it continue to increase the reach of the organization while also trying to maintain sustainability and quality of services?

Kasturba Hospital

Kasturba Maternity Home was converted into a small 30 bed hospital when SR was first started. Medical services were few and far between in the region at the time, so offering low cost or free care at the doorstep of the villages provided the founders a chance to get to know and gain the trust of the community. The initial team of doctors worked in the hospital and handled the administrative aspects of the hospital. Today, the hospital has expanded to 100 beds with outpatient services, full eye care services including corrective surgery, obstetrics and gynecology, general medicine, pediatrics, and necessary diagnostic services. There is a comprehensive eye care center that is certified as a tertiary care center. Several specialized ophthalmologists visit from neighboring cities to conduct surgeries. The hospital is managed Dr. Anil Desai, the CEO and founder, with oversight from the central board of trustees.

The hospital, housed in the SR campus, is located in the midst of a colorful village that is quickly becoming more industrialized. It has been designated as a First Referral Unit by the government of Gujarat, giving SR additional funding as well as the responsibility of serving as the first hospital for critical cases. SR caters to a catchment population of about 175,000 from nearby villages. In 2007–2008, they had over 63,000 outpatient visits and 8,000 inpatient visits. This number is rapidly growing, especially because SR was the first hospital in the area that the poor could utilize. Today, the hospital operates at near full-capacity consistently. They charge very minimal fees for all services, and many patients who are below poverty line receive free treatment through government funded programs. Taking both state and federal programs together, poor citizens generally have access to comprehensive care. One of these programs, entitled Chiranjivi Yojana, allows those below poverty line families to receive free health care during their pregnancy and delivery. In addition, many above poverty line patients who cannot afford to pay listed fees are given discounts. The nearest tertiary level care hospitals are 30 km away, but patients often feel uncomfortable about visiting

these more wealthy hospitals due to their unfamiliarity with the city culture. Patients prefer SR over other hospitals even if they have to pay. In a recent 2009 survey, one patient says, “The whole village comes to SEWA-Rural for treatment. We all trust SEWA-Rural. It is so convenient that it is located in the rural area, and there are many doctors available to treat us. We would not go to any other hospital. They give us full care.”

The hospital hosts several visiting physicians and surgeons that offer their services for the poor population. These persons provide specialized services that would not have been available to the patient population otherwise. Yet, given the resource constraints of the hospital, doctors in the OPD average about 5–7 minutes of consultation time per patient, and inpatient wards are crowded. Privacy is minimal and employees work long hours.

In the year ending 31st March 2009, 17.5 M Indian Ruppes (Rs) was spent for Kasturba hospital. This is Rs 2 M more than the previous year and about four times the revenues. **Appendix A** shows the balance sheets and income statements for the years 2007, 2008 and 2009.

Outreach—The Community Health Project

With Kasturba hospital as its base, the Community Health Project (CHP) was established in 1982 to increase accessibility of health care services and provide a referral mechanism to the main hospital. One of the principal challenges in rural communities is educating the population on the value of appropriate health care and overcoming misinformation from the local healers that often pervade these communities. CHP is a network of health workers, satellite counseling and mobile clinics that has proven to be an effective mechanism to reach the 168 villages in the CHP project area. The CHP provides referrals to the hospital, home based care, and health education. At the heart of the CHP is the network of health workers trained and integrated into the SR community.

In each of the project villages, there is an “Arogya Sakhi,” or village level worker. The selection criteria for a sakhi includes a married woman in her thirties, educated at least through primary schooling, having family support to work for the welfare of the village, and fully accepted by the village community. Basic training lasts for about a month in short sessions of three to four days, followed by refresher trainings every three months. The sakhi counsels pregnant women and provides guidance about referral to the base hospital. She also serves as an initial source of medical advice in the village. Sakhis are required to work two hours each day and receive a small stipend each month. On the next level, there are link workers called “Setu Karyakars” that supervise ten sakhis each. Their selection criteria are: a married woman in her thirties and from one of the ten villages in her sector, educated through secondary schooling, and prepared to move between her sector villages. They cross-check medical records kept at the village level and visit patients with sakhis to assist with pregnancy planning and referral. They are required to work 5 hours a day, and earn about Rs 2000 a month. Above the link workers are supervisors stationed at the base campus that function in an administrative capacity. They are responsible for three link workers each. All levels of this network have regular meetings. Link workers meet every week to go over any significant cases and/or lessons learnt. Sakhis have a two day training every three months. In addition to the sakhis, there are traditional birth attendants in each village, called “Dais” that assisted in delivery before SR introduced the CHP. Instead of pushing these women aside, SR provides practical training and a safe delivery kit for them so that they can be part of the health model. They are provided with incentives for referring women to the hospital for delivery. Overall, this combined cadre of health workers has helped reduce the maternal mortality ratio from above 500 to 122 in a matter of 5–6 years. SR has been able to develop a good rapport with all the villages in its project area. Local residents are well aware of the programs available to them and benefits of participating.

In addition to the network of health workers, mobile health clinics visit villages that may not have easy access to the base hospital several days a week. General health clinics, eye clinics, and gynecology clinics are all regular parts of this program. The benefits of geographic proximity of clinical services can be seen from Susilaben* and many others like her. Susilaben, a 22 year old woman, had been experiencing blistering on her chest that eventually led to large abscesses. She had been treated by a local village traditional healer and might have continued on this path but for a mobile clinic came to a nearby village the following week. There, the doctors took one look and immediately referred her to Kasturba hospital. She received complete treatment, but the benefits of this may extend beyond this case. Because of the incident, Susilaben's husband received counseling on the virtues of coming to the hospital much sooner next time. It is difficult to tell, but experiential learning along these lines may have a much greater impact on health care decisions made in the village in the long run. The ability of SR to physically reach out to these villages through the mobile clinics has significant implications for these villagers with poor understanding of health.

Funding for many of the CHP services comes from individuals and institutional grants, including a grant from the MacArthur Foundation to for SR's "Safe Motherhood" project.

Training

In addition to the training provided to the Community Health Project workers, SR recently received board approval to provide residency training to ophthalmology students. This is a government certification for these students to practice as ophthalmologists anywhere in the country.

SR also receives many requests for administration and organizational training from other NGOs, academic institutions, and government departments. A formal training center is available for this purpose, offering both guided and experiential training. There are separate staff members that work specifically in this department, but the organization is very intertwined, bringing together many members of the trustees and hospital coordinators for any special visit or delegation. There is a constant influx of groups and individuals that seek to get training, refresher training, or just exposure. Many such trainees have gone on to start similar organizations building on the SR model in and outside of Gujarat. Given the high volume of requests, SR is in the process of building a larger training center that can accommodate a greater variety of programs and training sessions.

Revenue Sources

Government grants cover a large portion of the costs and, largely due to the structure of the grant, reduce the incentive of the hospital to generate significant revenue from patients. Government funding through the grant is determined by the admissible expenses. Admissible expenses are non-recurring costs based on the cost structure of the hospital when the costs were last updated. For Seva Rural, they were last updated in 1992. The government then determines a deficit based on the difference between revenues generated and the admissible expenses. The government will pay either 75% of the admissible expenses or the deficit, whichever is less. For example, if total hospital expenses are 150, admissible expenses are 100 and patient revenues are 20, then the government would pay 75 (because the deficit of 80 is more). If, instead, patient revenues are 40, the government would pay 60. Thus, the hospital has no incentive to increase patient revenues as long as they are at least 25.

In both examples above, the hospital still has to cover the 50 non-admissible expenses and any capital costs which may be incurred (depreciation is not included in recurring cost calculations). The hospital largely covers those through donations, but there are two alternatives that have the potential to cover them in the future. First, the local state government recently put an insurance plan of sorts in place.

This insurance is available to the BPL (below poverty line) population as long as they register. Registered citizens may receive medical care at any hospital and then provide the card for payment, where the card gives the hospital the right to reimbursement through the insurance provider. Revenue from the insurance provider does not count as patient revenue for the purposes of the above calculations and can therefore contribute to the non-admissible costs or capital costs. The second option SR is looking into is services provided outside of the hospital. Specifically, SR is offering tertiary eye care in a separate building and as a separate entity. Because it is not part of the hospital, any revenue above costs generated through this facility can be used to cover non-admissible costs or capital costs. This would be true for any services provided in a separate facility. While the physical facility and the entity must be separate, patients from SR's main hospital can be treated there.

The actual numbers reflect the challenges of generating revenue. In 2007–2008, patient fees from both inpatient and outpatient departments amounted to about Rs 2.6 M. There is a counselor who meets with patients and their families to determine their eligibility for free/reduced fees. In 2007–2008, 58% of outpatients received either free or reduced fees and 85% of inpatients received either free or reduced fees. There are generally no differing treatment costs between patients in the target area and those that come from afar. In the past few years, the percent of total costs covered by patient revenue has hovered around 25%.

The remaining costs are covered through donations, government grants and a the relatively new effort to generate revenue outside of the hospital itself through eye care. The Netra Raksha Kendra (eye-care facilities) and the associated spectacle and medicine shops account for Rs 5.7 M in 2007–2008. Donations from abroad and within India over the last few years are as follows: Rs 10.8 M in 2005–2006, Rs 7.4 M in 2006–2007, Rs 11.3 M in 2007–2008, and Rs 5.5 M in 2008–2009 (see **Appendix A**). The MacArthur Foundation award to conduct the “Safe Motherhood” project in 168 villages amounted to about Rs 14.3 M in 2007. The government grants described above added up to Rs 6.6 M and Rs 9.8 M, in the fiscal years 2006–2007 and 2007–2008, respectively.

Patients

Patients come to SR from the Jhagadia district, largely from one of the 168 project villages of the CHP. The vast majority is poor and cannot seek healthcare elsewhere. Several patients come to the hospital with one of the mobile clinics or call the free emergency ambulance service provided by the state. The remaining patients use private vehicles or the public bus service.

SR does not do any marketing by itself, but word-of-mouth serves as an effective tool to spread knowledge of their services to the rural poor. While this was more of an issue in the initial stages of the organization, now the organization has developed trust with the surrounding communities and is more concerned about over-crowding. There is no effort made to market to wealthier populations, as the organization's focus is catering to the poor and vulnerable. Nevertheless, during the occasional visit from local VIPs or donors seeking care, they are given priority and receive private suites.

A survey was conducted in July–August 2009 assessing patient satisfaction at Kasturba hospital. Both in-patients and out-patients were surveyed. Overall, patients had a high level of satisfaction with regards to responsiveness of the hospital and the quality of medical treatment. Cleanliness, food quality, janitorial services, etc. all received high marks. Although patients had little experience in hospital settings, they were generally satisfied with their visit. Similarly, while patients had little knowledge of their medical treatment, they rated treatment quality high, especially with regards to care and kindness of doctors and nurses. Almost all patients stated that they would recommend the hospital to their friends. **Appendix B** presents a summary

of the results, **Appendix D** is the survey itself and **Appendix F** has the individual answers to questions.

Employees

There are about 33 nurses and 15 full-time doctors working at the hospital, in addition to those that volunteer at the hospital. About 100 other employees work at the other components of SR. Retention of medical and paramedical staff has been an important challenge for SR. In 2007–2008, 18 total employees joined, and 11 left. Each year there is turnover of about 1–2 nurses and 3–4 doctors. All the medical officers (essentially residents) are homeopathic trained, since allopathic trained doctors are too expensive to employ. Medical officers are completing their mandatory service in the rural areas of the state post medical school before they assume work as regular physicians. After a few years of training in an allopathic setting, many of these medical officers leave SR to work for more pay in the city. Hiring trained nurses also leads to the same problem of leaving for higher pay. SR has instead started a nursing training program that is not officially recognized, but the students can continue working at SR after their training. There are plans to make this course official.

Lower and middle level staff members are given many benefits including medical and life insurance, low cost loans, essential furniture and appliances for their homes, 50% of the fees for their children's education, and yearly salary increments. Efforts are made to employ both the husband and wife at SR. Yet, there is also large turnover in the lower level staff members. Salary scales are shown in **Table 1**. The highest salary in 2007–2008 was the head of the eye department who received Rs 46,525 per month. The lowest salary was given to a janitorial staff member who received Rs. 2,400 per month.

Table 1
Pay Ranges for Hospital Staff

Nurses	Rs. 3000–7,000 per month, depending on experience
Doctors	Rs. 20,000–30,000, depending on qualification
Janitorial and Support	Rs. 2500–4000 per month, based on experience and seniority

Even while advertising for positions in local newspapers, SR screens applicants based on their willingness to work in a rural area, their service attitude, and their willingness to accept moderately lower salary. Continuing medical education is provided to doctors and nurses in weekly meetings. Janitorial and support staff attend mini-retreats every 3–4 months to reflect on the mission of the organization and to increase camaraderie.

Almost all employees are drawn from nearby villages in an effort to support local residents. SR has become the main employer for many of the families in the area. In a survey conducted in August 2009, it was found that lower level employees are quite appreciative of the income and benefits they receive from working at SR, and middle and upper level employees are happy about giving back to the community and helping the poor seek care they cannot get elsewhere. Yet, employees do voice concerns about being overworked with little extra compensation. Lower level workers especially felt that their efforts are not specially recognized. Nurses and paramedical staff felt that their ideas and concerns are not taken up by the management. Doctors and other administrative employees are concerned that the mission of the hospital cannot be maintained while trying to accommodate more and more patients. The management at SR is aware of these concerns, and issues relating to overworking continue to be challenges. A summary of the survey can be found in **Appendix C**. **Appendix E** is the actual survey and **Appendix G** is the individual results.

Quality of Care

Metrics on quality of care include hospital metrics and results from satisfaction surveys of both patients and employees. The hospital does its best not to turn away patients due to capacity limitations. The highest case load comes during the winter time since it is easiest to travel during this period. In 2008 winter they set the record number of OPD patients per day, 128. The hospital tracks costs quarterly and reports full audit to employees and public through the annual report. Standard accounting metrics are kept and both internal and external auditors review records each year. The hospital tracks its progress on the mission through record of metrics such as number of patients treated and number of procedures performed.

Hospital infections hovers around 1% in the general surgery ward and about 0.001% in the eye department. There were 98 hospital deaths in 2007–2008, and 111 hospital deaths in 2008–2009, both out of about 8000 in-patients. When asked about the increase in deaths, administrators mentioned that there were more patients presenting at the end stages of disease.

The results of the satisfaction survey, as mentioned before, showed high satisfaction among patients, with regards to both the responsiveness of the hospital and the quality of medical treatment. Given the socioeconomic status of the target patient population, these results indicate high quality of care. Employees also felt that the hospital was serving a vital role in the community, but they had concerns with their own work environment and schedule.

Maternity

A major focus for SR's activities has been on maternal and child health. There are two wards dedicated to obstetrics and gynecology patients, and a full-time gynecologist works at the hospital. A head maternity nurse is also stationed at the hospital. They maintain a neonatal intensive care unit as well as a delivery theater for the mothers and their children. An antenatal care clinic is also run in the outpatient department. A large majority of the mothers that deliver in the hospital receive antenatal care. They are recommended to come in every two months in the first trimester, every month in the second trimester, bi-weekly in the third trimester, and weekly in the last few weeks before birth. In speaking with maternity personnel, it appears that a majority of women from SR's project area adhere to this recommendation. For those that cannot visit the hospital, antenatal care is provided through the mobile clinics. SR emphasizes antenatal, intranatal, and post-natal checkups at the hospital. Mothers can receive checkups at the standard OPD charge. Fees are as follows: normal delivery, Rs 600, and C-section, Rs 4000. These rates are inclusive of all associated fees for room, board, and medical.

In 2006–2007, there were 3479 live births, with 35% hospital delivery and the rest conducted at homes in the project villages. Forty percent had a trained birth attendant among home deliveries. In 2007–2008, there were 3058 live births, with 44% hospital deliveries. Forty-five percent had a trained birth attendant among home deliveries. In 2006–2007, the maternal mortality ratio was 286 deaths/100,000 births, which dropped to 196 in 2007–2008 and 122 in 2008–2009. There were 3 hospital maternal deaths in 2007–2008, and 1 hospital maternal death in 2008–2009. These numbers are comparable to private hospitals in the city, and are much lower than other rural hospitals.

Infrastructure

When Anil and Lata Desai picked Jhagadia as the future site of SR, its proximity to the Narmada River was a major benefit. It could not only provide a ready source of water, but also serve as stimulus for agricultural development. Nonetheless, the main campus is served by two 200 ft tube wells that collect groundwater. Water is pumped up through 7.5 hp submersible motors. Separate water purifiers are present in the hospital and mess hall for drinking water. The local government handles all sewage. Overall, water is not an issue for SR.

Electricity is more of an issue in Jhagadia. With frequent power outages, SR could not rely on the power grid to run the hospital and all the other buildings. SR has two 40 KVA generators that power the hospital and a few other buildings in the campus during power outages. Each of these generators cost about Rs 273,460 to purchase. In 2008–2009, SR spent Rs 734,669 for utility costs.

SR has facilities to house visiting officials, guests, trainees and also is also has a formal housing area patient families. In addition, most of the medical and paramedical staff required during emergency, have on campus staff quarter facility. The on campus community kitchen provides foods to staff, guests, trainees and also to patients and their relatives. The hospital building has been gradually expanded and renovated to house 100 beds at present. The hospital is fully equipped with facilities like x ray, sonography, laboratory and blood bank, labor room and operation theatres with latest equipments and instruments. Patients generally make use of the frequent bus service to SR from nearby cities. There is also an emergency medical transportation service that is run by the state that many rural patients take advantage of.

SR is equipped well with internet connectivity for staff and is well covered by cell phone networks. There is also an internal land phone network that staff uses for communication. There are separate departments for accounting, patient records, and other administrative records. Patient records are largely entered into the computer, but paper records are still the primary source of patient information. SR is in the process of moving to more computer-based operations, but perhaps due to unfamiliarity with computers of many staff, the transition is slow and sometimes cumbersome.

Future

SR is now entering a new phase in its lifespan. Management is dealing with increasing patient numbers and strains on the capacity of the hospital. The focus is shifting to increasing quality instead of quantity. There are no plans to expand the hospital in terms of building capacity. Instead, construction for the new training center is in progress to accommodate more visitors and trainees. SR aims to spread its model to other individuals and organizations to implement it in other areas (and countries). There are both looming challenges and unique opportunities for SR to deal with in the near future, yet its mission of serving the poor and needy is being realized each day.

Appendix A
Balance Sheets and Income Statements from 2007–2009

Balance Sheet as on 31st March 2007

SOURCES OF FUNDS	Opening	Addison		Total Rs.
Government Grant & F.P. Bed	60,080.20	—	60,080.20	
Maintenance Grant	—	—		
Government Grant For Equipment of Satellite centre	—	50,000.00	50,000.00	
Donation in Kind	—	28.00	28.00	
Total	60,080.20	50,028.00	1,10,108.20	1,10,108.20
APPLICATION OF FUNDS				
(A) Fixed Assets:	Opening	Purchase during the year		
Equipment and Utilities	90,430.06	62,596.00	1,53,026.06	
Dead Stock	45,327.15	12,411.00	57,738.15	
Donation in Kind	—	28.00	28.00	
	1,35,757.21	75,035.00	2,10,792.21	
(Less) Depreciation			1,18,925.00	91,867.21
(B) CURRENT ASSETS:				
(1) Inventories				
Medicine stock		1,99,041.00		
Lab Chemical Stock		27,921.00		
X-Ray Stock		4,013.00	2,30,975.00	
(2) Sundry Debtors & Advances				
Shriji enterprises		30,000.00		
New India Assurance Co.		6,507.00		
Dawudbhai		3,258.00		
Fortune Medicine		39.00		
Ganesh Pharma		90.00		
Pratbhai Vasava		500.00	40,394.00	
(3) Cash & Bank Balance				
Bank of Baroda		7,03,529.64		
State Bank of India		6,536.81	7,10,066.45	9,81,435.45

Balance Sheet as on 31st March 2007, continued

(4) Sundry Creditors & Liabilities				
Provision for Salary		4,70,573.00		
Provision for Audit Fees		4,745.00		
SR Co Ope. Society		322.00		
Subset Systems		21,455.00		
Vipul Kachia		3,769.00		(5,00,864.00)
(C) INTER DEPARTMENT BALANCE				
SEWA-Rural (General)	61,40,734.63	1,09,938.90	62,50,673.53	
Health & Medicine Support Project	—	10,00,000.00	10,00,000.00	(72,50,673.53)
(D) Excess of Expenditure Over Income				67,88,343.07
Total				1,10,108.20

Kasturba Maternity Home—Balance Sheet as on 31st March 2008

SOURCES OF FUNDS	Opening	Addison		Total Rs.
Government Grant & F.P. Bed	60,080.20	—	60,080.20	
Maintenance Grant				
Government Grant For Equipment of Satellite centre	50,000.00	—	50,000.00	
Donation in Kind	28.00		28.00	
Total	1,10,108.20	—	1,10,108.20	1,10,108.20
APPLICATION OF FUNDS				
(A) Fixed Assets:	Opening	Purchase during the year		
Equipment and Utilities	1,53,026.06	—	1,53,026.06	
Dead Stock	57,738.15	6,732.00	64,470.15	
Donation in Kind	28.00	—	28.00	
	2,10,792.21	6,732.00	2,17,524.21	
(Less) Depreciation			1,65,841.00	51,683.21
(B) CURRENT ASSETS:				
(1) Inventories				
Medicine stock			2,04,595.00	
Lab Chemical Stock			40,479.00	
X-Ray Stock			3,811.00	2,48,885.00
(2) Sundry Debtors & Advances				
Shriji enterprises		30,000.00		
New India Assurance Co.		4,047.00		
Allied Trade Corporation		1,167.00		
Asha Distributers		404.00		
Astron hospital		11,800.00		
Chetna-ahmedbad		250.00		47,668.00
(3) Cash & Bank Balance				
Bank of Baroda			94,285.64	
State Bank of India			7,381.07	1,01,666.71

Kasturba Maternity Home—Balance Sheet as on 31st March 2008, continued

(4) Sundry Creditors & Liabilities				
Provision for Salary			5,55,067.00	
Provision for audit Fees			5,830.00	
Sharda mahila vikas society			4,625.00	
Fortune medicals			51.00	
Ved medicals			6,178.00	
Trupti medical store			350.00	
Vipul Kachia			3,769.00	(5,75,870.00)
(C) INTER DEPARTMENT BALANCE				
SEWA-Rural (General)	62,50,673.53		62,50,673.53	(62,50,673.53)
(D) Excess of Expenditure Over Income				64,86,748.81
Total				1,10,108.20

Kasturba Maternity Home—Balance Sheet as on 31st March 2009

SOURCES OF FUNDS	opening	Addition	Total
Government Grant & F.P. Bed	60,080.20	60,080.20	
Maintenance Grant			
Government Grant for Equipment of Satellite centre	50,000.00	50,000.00	
Donation in Kind	28.00	28.00	
Contribution from the sewa for Non-Rec	315,854.75	315,854.75	
Total	425,962.95	425,962.95	
APPLICATION OF FUNDS			
(A) Fixed Assets:			
Equipment and Utilities	1,53,026.06	1,53,026.06	
Dead Stock	64,470.15	2,08,438.74	2,72,908.89
Donation in Kind	28.00	28.00	
	2,17,524.21	2,08,438.74	4,25,962.95
(Less) Depreciation	1,65,841.00		1,65,841.00
			2,60,121.95
(B) CURRENT ASSETS			
(1) Inventories			
Medicine stock	7,02,792.00		
Lab Chemical Stock	35,130.00		
X-Ray Stock	3,583.00	7,41,505.00	
(2) Sundry Debtors & Advances			
Shriji enterprises	30,000.00		
New India Assurance Co.	4,616.00		
Astron hospital	5,000.00	39,616.00	
(3) Cash & Bank Balance			
Bank of Baroda	29,27,547.64		
State Bank of India	7,641.07	29,35,188.71	
(4) Sundry Creditors & Liabilities			
Provision for Salary		5,69,176.00	
Provision for audit Fees		5,830.00	
Desai clinic lab		536.00	
Fortune medicals		31.00	
Ved medical		6,178.00	
Jaypee bros		686.00	
Maruti books		400.00	
Sub-postmaster		65.00	
Pay Roll Ded		100.00	
Trupti medical stores		350.00	
Indo germen surgical		240.00	
Vipul Kanchi		3,769.00	(5,87,361.00)

Kasturba Maternity Home—Balance Sheet as on 31st March 2009, continued

(C) INTER DEPARTMENT BALANCE			
SEWA-Rural			(62,50,673.53)
(D) Excess of Expenditure Over Income			3,287,565.82
Total			425,962.95

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**Kasturba Maternity Home—
Income & Expenditure Accounts for the Year Ended 31st March 2007**

INCOME		
Receipt from Indoor Patients		19,79,785.00
Receipts from OPD Patients		11,89,760.00
Gujarat Govt. Grant		65,97,939.00
Previous Year	34,25,939.00	
Current Year	31,72,000.00	
Miscellaneous Income from Scrap Sale		38,875.00
Bank Interest		2,793.00
CHC Income		29,374.00
Ambulance Income		93,293.00
Donation in kind		726.00
Total Income		99,32,545.00
EXPENDITURE		
Cost of Medicines		27,46,662.12
Cost of X ray's		26,512.00
Laboratory Chemicals		3,17,254.00
Petty Supply		3,13,079.55
Employees Remuneration		61,51,718.01
Honorarium to consultant		2,00,390.00
Repairs to Buildings		3,20,873.00
Repairs to Equipment		2,63,090.00
Electricity & Water		5,63,143.00
Diet to Poor Patients		4,49,710.00
Printing		1,03,657.02
Stationery		47,080.56
Postage and Telephone		53,631.00
Clothing and Uniforms		29,015.80
Linen and Bedding		1,66,324.95
Washing Expenses		61,098.00
Traveling Expenses		49,901.00
Vehicle Running Expenses		2,90,802.00
Audit Fees		5,000.00
Advertisement Expenses		61,821.00
Miscellaneous Exps.		1,56,624.00
Bank Charges		23,460.00
Books and Periodical		5,250.00
Gardening Exps.		11,455.00
Freight Charges		12,009.00

Income & Expenditure Accounts for the Year Ended 31st March 2007, continued

Water Tax		150.00
CHC Exp.		71,492.00
Medical Establishment Insurance		56,120.00
Donation in kind		726.00
Depreciation		29,407.00
Total Expenditure		1,25,87,456.01
SURPLUS/(DEFICIT)		(26,54,911.01)
Add: Previous year deficit		(64,53,132.06)
Total Deficit		(91,08,043.07)
(Less) Contribution from SEWA-Rural		
(A) Endowment Interest & Other		
Tithi	44,300.00	
Dardi Rahat Fund Ur Ahsa Javeria Trust	1,84,800.00	
Reserve Beds	2,19,600.00	
Endowment Interest	66,000.00	
(B) Donation Lilavati R. Shah	6,00,000.00	
(C) Donation Others	5,000.00	
(D) Health & Medi. Sup. Project	2,00,000.00	
(E) Eye Camp donation	10,00,000.00	
	18,05,000.00	23,19,700.00
Deficit Carried over to Balance Sheet		67,88,343.07

**Kasturba Maternity Home—
Income & Expenditure Accounts as for the Year Ended 31st March 2008**

INCOME		
Receipt from Indoor Patients		14,88,258.00
Receipts from OPD Patients		11,35,049.00
Gujarat Govt. Grant		98,14,594.00
Previous Year	27,82,917.00	
Current Year	70,31,677.00	
Gujarat state council for blood transfuse		10000
Miscellaneous Income from Scrap Sale		13038
Bank Interest		10875.26
CHC Income		27384
Ambulance Income		92578
Donation in kind		91139
Total Income		1,26,82,915.26
EXPENDITURE		
Cost of Medicines		32,97,183.77
Cost of X ray's		12,863.94
Laboratory Chemicals		3,02,268.00
Petty Supply		2,68,475.74
Employees Remuneration		76,96,678.00
Honorarium to consultant		4,19,740.00
Repairs to Buildings		1,70,800.00
Repairs to Equipment		3,34,878.00
Electricity & Water		5,56,459.00
Diet to Poor Patients		5,08,667.00
Printing		1,33,095.70
Stationery		42,784.25
Postage and Telephone		31,075.00
Clothing and Uniforms		27,332.90
Linen and Bedding		1,44,823.70
Washing Expenses		63,066.00
Traveling Expenses		69,533.00
Vehicle Running Expenses		3,33,694.00
Audit Fees		6,500.00
Advertisement Expenses		2,21,617.00
Miscellaneous Exps.		1,63,303.00
Bank Charges		28,355.00
Books and Periodical		10,952.00
Gardening Exps.		5,079.00
Freight Charges		13,138.00
CHC Exp.		65,863.00
Medical Establishment Insurance		56,180.00
Depreciation		46,916.00

Income & Expenditure Accounts as for the Year Ended 31st March 2008, continued

Total Expenditure		1,50,31,321.00
SURPLUS/(DEFICIT)		(23,48,405.74)
Add: Previous year deficit		(67,88,343.07)
Total Deficit		(91,36,748.81)
(Less) Contribution from SEWA-Rural		
(A) Endowment Interest & Other		
Reserve Beds	3,09,780.00	
Dardi Rahat Fund Ur Ahsa Javeria Foundation		
Trust (Mumbai)	1,84,800.00	
Tithi	55,420.00	
(A)	5,50,000.00	
(B) Contribution from Medicine Shop	10,00,000.00	
(B)	10,00,000.00	
(C) Donation—Lilavati R. Shah Medical Relief Trust (Mumbai)	6,00,000.00	
(C)	6,00,000.00	
(D) Donation—Eye Operation Camps	4,75,000.00	
(D)	4,75,000.00	
(E) Donation—others	25,000.00	
(E)	25,000.00	
TOTAL A + B + C + D + E	26,50,000.00	26,50,000.00
Deficit Carried over to Balance Sheet		64,86,748.81

**Kasturba Maternity Home—
Income & Expenditure Accounts as for the Year Ended 31st March 2009**

INCOME	Rs.
Receipt from Indoor Patients	1722355.00
Receipts from OPD Patients	1311295.00
Gujarat Govt. Grant	8127534.00
Miscellaneous Income from Scrap Sale	14467.00
Bank Interest	4774.00
CHC Income	30216.00
Ambulance Income	73259.00
Donation in kind	198334.00
Total Income	11482234.00
EXPENDITURE	
Cost of Medicines	3855410.85
Cost of X ray/s	20766.00
Laboratory Chemicals	313199.00
Petty Supply	195936.77
Employees Remuneration	9314873.00
Honorarium to consultant	425500.00
Repairs to Buildings	267233.46
Repairs to Equipment	492528.00
Electricity & Water	734669.00
Diet to Poor Patients	598284.00
Printing	155183.00
Stationery	47243.00
Postage and Telephone	55791.00
Clothing and Uniforms	44705.35
Linen and Bedding	118588.70
Washing Expenses	70056.00
Traveling Expenses	81714.00
Vehicle Running Expenses	264488.00
Audit Fees	6500.00
Advertisement Expenses	59701.00
Miscellaneous Exps.	194511.00
Bank Charges	8415.00
Freight Charges	18936.63
CHC Exp.	50021.00
Medical Establishment Income	62616.00
Book & periodicals	9746.50
Gardening exp	580.00
Total Expenditure	17467196.26

Income & Expenditure Accounts as for the Year Ended 31st March 2009, continued

SURPLUS/DEFICIT	-5984962.26	
Add; Previous year deficit	-6486748.81	
Total Deficit	-12471711.07	
(Less) Contribution from SEWA-Rural		
(A) Endowment Interest & Other	589730.00	
Reserve Beds		
Dardi Rahat Fund Ur Asha Javeri Foundation Trust (Mumbai)		
Tithi		
(B) Contribution fro Medicine Shop	900000.00	
(C) Donation—Lilavati R. Shah Medical Relief Trust (Mumbai)	600000.00	
(D) Donation—Eye Operation Camps	544500.00	
(E) Donation—others		
SR 35AC	3200000.00	
SRSP	2250000.00	
SEWA-Rural GEN	485270.00	
Others—DONATION	105500.00	
CONTRIBUTION FROM RSBY	225000.00	
CONTRIBUTION FROM JANANI PROG	600000.00	
TOTAL A + B + C + D + E	9500000.00	
Less; Utilised for Non Recurring	-315854.75	
	9184145.25	9184145.25
Deficit Carried over to Balance Sheet		-3287565.82

Appendix B

Summary of Patient Interviewsⁱ

The vast majority of patients interviewed were extremely satisfied with all aspects of their experience at SEWA-Rural. There were a few main focus points of their comments. Even though most patients cited these as strengths of the organization, it would be useful to recognize these and attempt to improve these even further.

- **Cleanliness:** Patients appreciate the cleanliness of the hospital. Nevertheless, there were concerns that other patients do not maintain the cleanliness. Efforts toward installing more trash bins and putting up signs to not litter may be helpful. Also, inculcating a sense of cleanliness among employees can help set an example to patients. This may include picking up trash on the ground if they see it, cleaning spills and stains, etc.
- **Food and accommodations:** The majority of patients at SR are poor, and so they value the food and accommodation arrangements offered by the hospital. Keeping the dharamshala facility clean and well-functioning, maintaining the quality and quantity of food, and keeping wards clean and fresh-smelling will surely increase patient satisfaction.
- **Doctor and nurse behavior:** Patients often do not have the knowledge or experience to judge whether medical treatment is good or not. While keeping quality of treatment high is a given goal, increasing patient perception of the type of treatment they receive may be beneficial in increasing patient satisfaction. Regardless of treatment, patients immediately seem to have a favorable opinion of their experience if doctors are patient and explain everything clearly, if nurses are polite and considerate, and if staff members are cordial. A formal communication training program for all staff members that interact with patients may be helpful in this regard. There can be different levels appropriate for the type of interaction staff members may have. Maintaining an atmosphere of understanding and loving service will reap many dividends in both the patients' experience in the hospital as well as the motivation level of all employees.
- **Payment:** Patients confirmed that they value the service SR renders to the rural poor. As has been SR's policy, the very poor are able to access to healthcare and as a result, take a more proactive role in maintaining their health. Nevertheless, several patients stated that for the type of service they receive, they would be willing to pay more. While keeping cost of treatment low is a priority for SR, there may be potential to charge more to patients that are willing and capable to pay more. More investigation is needed to clearly delineate between paying and non-paying patients.

i Interviews were conducted by Sathish Mohan and Kinjal Siklighar in August 2009. Dr. Pankaj Shah assisted in developing the questions.

Appendix C

Summary of Employee Interviewsⁱⁱ

Nurses and Safai Karyakars

From discussion, it is clear that employees at SR value the work they do and the benefit the community receives from their efforts. For example, many of the safai karyakars and nurses are from local areas and so feel that they are giving back to their own communities. This is a matter of pride for them. Employees also understand the importance of their work in helping the hospital run successfully. They realize that their work affects patients directly, and so requires their best efforts.

At the same time, nurses and safai karyakars feel that working at SR is an opportunity for their self-improvement, in both personal and career growth. They have goals to learn more and attain higher positions in the organization. They are motivated to continue serving the poor.

Problems that mid- and lower level employees face arise from lack of recognition of their efforts, and lack of opportunities to progress. Programs that award excellent work, or recognize employees that go beyond the call of duty may improve morale in the workplace. Incentives to give their best efforts will boost productivity and enhance the workers' sense of purpose. Offering clear paths for promotions, pay raises, increased benefits, etc. would also help employees identify goals for themselves. This also includes more rigid job descriptions. Both nurses and safai karyakars indicated that they could not perform their job efficiently because they were always asked to do some unrelated tasks that took their time and diverted their attention. Safai Karyakars indicated that they would prefer if each worker was assigned one specific task, instead of everyone working on a variety of tasks. Clearly defining and enforcing job descriptions may help deal with this concern.

Given the importance employees place in serving the poor, increased opportunities to interact with the patients and understand the complexities of the problems they face could be motivating for employees. For example, this could include field visits for nurses and safai karyakars, where they engage in some meaningful service project. Another example may be a mentorship program, where hospital workers are paired with a youth in their communities to mentor and support. In other words, increased efforts to invest the employees into their work and the patients they serve, along with completing their required tasks, would be more beneficial for the hospital and the employees.

Above all, a repeated theme in both the nurse and safai karyakar discussions was unsatisfactory communication with upper level management. They indicated that while some efforts were made to include employees in decision making, in the end their views were not considered or acted upon. On the other hand, some of the issues expressed, such as inadequate staffing, insufficient income, high workload, are expected, but highlight some ignorance on part of the employees. Increased dialogue about the difficulties management faces about granting all of these requests could help employees understand the reasons for the management's decisions. Internal transparency, to a reasonable extent, will help align both workers and management with the mission of the organization.

Communication on a day-to-day level can also be improved. While employees feel that their relationship with management is cordial, there is not much reciprocation from management when it comes to the employees' work efforts. Ideas to address this concern could include casual visits by management to the

ii Interviews were conducted by Sathish Mohan and Kinjal Siklighar in August 2009. Dr. Pankaj Shah assisted in developing the questions.

hospital and other locations where employees work to simply engage in some dialogue, inquire about their work, and perhaps offer appreciation for their efforts. Small notes of appreciation or asking about the worker's concerns could also be effective. The blurring of the line defining the social hierarchy of management over middle and lower level workers will aid in increasing unity. Employees express a need to feel more recognized and included in working for the mission of the hospital.

Doctors

A few main points emerged from discussions with doctors. First, doctors certainly have a sense of satisfaction in working at SR. They feel that they play an important role in fulfilling the mission of the hospital. Most feel that they are well supported, and have a strong relationship with management. They feel that they are giving their best, but they do have a few concerns.

A recurring theme in discussion was balancing quality of care with quantity of patients and expansion of the hospital. The medical officers especially felt that they are overworked, and cannot offer the best quality care when they are mentally exhausted. This may also play a part in the high turnover of medical officers. A brainstorming session on how to deal with this impending problem may be fruitful for the hospital. Clear guidelines about working hours that are enforced may improve morale of doctors, and medical officers especially, and may ultimately lead to a decreased turnover rate.

Doctors also expressed concerns of the inadequate cleanliness in the hospital and in the wards, to the extent that it may impact patients medically. As discussed earlier, a cohesive effort on behalf of all employees can address this problem.

Appendix D

SEWA-Rural Patient Satisfaction Survey

This will be a qualitative study asking patients about their experiences at Kasturba Hospital. Interviews will be a free flow type of conversation where the patient's story is recorded. Four main categories will be covered: general, responsiveness, medical, and overall. Surveys will be conducted anonymously so that patients can give honest responses. All narratives will be written out and common themes will be identified for presentation. Separate topics for OPD and indoor patients are listed. The breakup of patients will be as follows:

OPD	patients from eye, pediatric, general, medical, and gynecology
IPD	patients from pediatric, medical, eye, delivery, and gynecology
Total	20 patients

OPD Satisfaction Survey

General

1. Patient sex
2. Age
3. Village
4. How did you come to the hospital? (Vehicle type)
5. Who all accompanied you?
6. How do you know about SEWA-Rural? Have you been a patient before?

Responsiveness

7. How is clean are general areas? Toilets?
8. How comfortable are the waiting area?
9. How was the hospital snacks/food? What was good/bad?
10. How was the behavior of the doctors? Registration? Lab/X-ray/Payment/Medicine Shop/Spectacle shop? Were they respectful?
11. Did doctors and staff communicate with you about your illness/diagnostic exams/medicines?

Medical

12. What are you symptoms/illness? How long have you suffered from these?
13. Do you feel that you have received proper/adequate care?

Overall

14. What are some of the best aspects about this hospital?
15. How can the hospital be improved?
16. Would you recommend this hospital to others?

Indoor Patient Satisfaction Survey

General

1. Patient sex
2. Age
3. Village
4. How did you come to the hospital? (Vehicle type)
5. Who all accompanied you?
6. How do you know about SEWA-Rural? Have you been a patient before?

Responsiveness

7. How is clean are general areas? Toilets?
8. How was your interaction with the Safai Karyakars?
9. How was the hospital snacks/food? What was good/bad?
10. How was the dharamshala accomodation?
11. How was the behavior of the doctors? Nurses? Registration? Lab/X-ray/Payment/Medicine Shop/ Spectacle shop? Were they respectful?
12. Did doctors and staff communicate with you about your illness/diagnostic exams/medicines?

Medical

13. What are you symptoms/illness? How long have you suffered from these?
14. How long have you been admitted at the hospital?
15. What procedures did you receive?
16. How comfortable was the eye/medical/pediatric/gynecology ward?
17. Do you feel that you have received proper/adequate care?

Overall

18. What was your total bill? How much did you pay?
19. What are some of the best aspects about this hospital?
20. How can the hospital be improved?
21. Would you recommend this hospital to others?

Appendix E

SEWA-Rural Employee Satisfaction Survey

A qualitative focus group type interview will be conducted with cadres of hospital employees to understand their perspectives and opinions. The general opinions of the group will be noted, with attention given to the number of members agreeing or disagreeing with each topic. The groups will include nurses, doctors, and janitorial staff. These narratives will be written and summarized into a report. Salient points will be identified for presentation.

Employee Satisfaction Survey

1. How long have you worked at the hospital (an average of the group)?
2. Why was this hospital created (what is the mission)?
3. Do you understand why your job is important to accomplish the goals of the hospital?
4. Do you receive enough support to perform your tasks?
5. Describe your relationship with your immediate and higher level superiors. Are they accessible whenever you want? Do they listen to your concerns? Do they act on your concerns?
6. Do you think this hospital is successfully meeting its goals? Do you believe the overall leadership is capable of carrying on the mission of the hospital?
7. Do you think you are adequately rewarded for your efforts? (Salary, promotions, etc.)
8. What more do you think you can do within your daily schedule? How can you do your job even better?
9. What is good about working at SEWA-Rural, and this hospital in particular?
10. Within the limits of the organization, how can the hospital be improved?
11. Would you recommend a friend to take up a job at this hospital?

Appendix F

Patient Answers

General

Ten females and two males were interviewed. For the majority (7/12) of indoor patients, this was their first visit to SR. Several utilized the '108' service, especially the delivery patients. Eye patients came with the eye camp. Among the rest of the patients, there was similar numbers utilizing private and public transport. Many come to SR from nearby areas. All patients had at least one relative accompany them to the hospital.

Responsiveness

Overall, patients were satisfied with cleanliness of wards, general areas, and the bathrooms. They felt that the janitorial staff do a good job, but shout if patients throw trash on the floor or track in dirt. Other than that, the patients had little interaction with the safai karyakars. Patients generally enjoyed the food from the kitchen and felt that the kitchen staff members were kind and helpful. Many felt that enough food was given for two to eat from one plate. Tea was also well-liked. The dharamshala was a good resting and eating place for relatives, patients report. It was clean and had necessary lighting, fans, and bathroom access.

Patients were very happy with the behavior and concern of doctors and nurses. They felt doctors listened to their problems and answered all questions. Doctors alleviated any doubts and fears the patients may have had and explained medicines and procedures when asked. Nurses respond promptly to any need of the patient and call the doctor whenever needed. Registration and diagnostic services were all problem free. The staff members at these locations were efficient and polite.

Medical

Most patients have been admitted for 2–5 days. Patients received supportive and curative procedures. Patients were generally ignorant of the purpose of their treatments, and doctors told them on the occasions that the patients asked. All felt that they received good care, but eye patients were especially impressed by the quality of treatment they received and the demeanor of the doctors.

Overall

About 75% of the patients received free care subsidized through SR or through the Chiranjivi scheme. Yet, many of those who received free care were willing to pay if they had to. The best aspect of the hospital was most often the quality of doctors. Patients care most about feeling better after treatment. There were very few suggestions, but they included better tasting water and better behavior of staff if mistakes happen. All patients indicated that they would recommend this hospital to others.

OPD Summary

General

Five female and three male patients were interviewed. Patients primarily took public or private transportation to reach SR. Most were from nearby villages and a family member accompanied almost all patients. All OPD patients were either recommended SR by previous patients or had themselves been patients before.

Responsiveness

Patients felt that the hospital was kept clean, but other patients and visitors just make the place dirty. Almost all patients felt that the bathrooms were satisfactorily clean. Patients also appreciated the waiting area. They were satisfied with the benches, which could be used for sitting and lying down. Patients who ate at the hospital very much enjoyed the food. Patients also appreciated the tea and water availability.

At the registration, the lines were at times long, and the wait to see the doctor was also long, but patients did not face any problems with others trying to jump the line. Most patients felt that all staff members were kind and polite. Doctors explained the condition to the patients and communicated how to take any medicines needed. Patients were able to speak with the doctors freely and doctors removed any fears patients had.

Medical

Patients felt that doctors did a thorough check-up during the OPD appointment. They felt that they received proper medications and were told how to take them. Patients had confidence that they would get better after treatment.

Overall

Patients again felt that doctors' treatment was the best aspect of the hospital. Few gave suggestions, only one suggested cleaner bathrooms. All patients were very enthusiastic about recommending SR to others. Many indicated that they would accompany the new patient to SR.

Indoor Pediatric 1

General

The patient is a two year old female from Jhagadia admitted for the past three days due to fever. The father, mother, and grandfather accompanied the child to SR on '108' ambulance. This was the third visit of the family to SR; the first visit had been a surgery for an older child. The mother also delivered here.

Responsiveness

The mother stated that everything was clean. The sweepers simply do their duty and do not interact with the patients much. They brought food from home, but they also ate at the kitchen. The cooks were very friendly (they were actually neighbors) and there was enough quantity of food and the quality was also good. The dharamshala accommodation was good; their relatives used the room to relax and eat their meals. Everything is nice about this hospital- registration, lab, medicine store, and payment stations were all good. Everyone behaved nicely. The doctors were kind and asked details about the patient.

Medical

The mother called '108' since the baby had a fever and her eyes had turned white. They thought that the actual treatment was also very good. They came to SR around midnight, got registered with the nurse, got a blood test at the lab, got medicines from #2 OPD, and got admitted. The doctors come everyday for a check-up. The patient received two injections, but the mother did not know what they were for. The doctor had told them that they had to stay for 2-3 days, and the mother understood the reason for this to be because the baby needed to improve. The atmosphere of the wards was good. The baby was sleeping despite the noise, so can't complain about anything.

Overall

The bill was not yet paid, but for the last visit, the bill was Rs. 1000 and they paid Rs. 500. They are ready to pay the whole bill if they have to. Overall, the hospital is very good. The staff members are nice and the atmosphere even outside the hospital is good. Patient care has really improved from before. They would recommend the hospital to their neighbors, especially for delivery.

Indoor Pediatric 2

General

The patient is a 2 year old boy from Dhamlai complaining of vomiting and blood in urine. They were referred to SR. The whole family-mother, father, and two children- came to SR by scooter. This is their first time to SR.

Responsiveness

Cleanliness was good. At one point, the father had walked into the ward with his shoes on and they kindly requested him to remove them outside. They have never been to the kitchen, but they take 1 plate in the ward and also bring food from home. They get enough to eat. They eat in the dharamshala, which is a nice room. The registration staff was very cooperative. Doctors actually accompanied them to the lab test. Nurses were helpful and always called the doctor for any problem. They were explained about medicines and how to take them.

Medical

The patient has been at SR for four days. The patient was checked in the OPD, taken for a lab test, given a packet of blood and glucose, along with an injection. They were told blood was given for low Hb. There is a sonography appointment scheduled for the next day. The ward is comfortable. Even when they came in an emergency, they received good treatment promptly.

Overall

They have a BPL card. They have no complaints, even the cleanliness was good. "The doctors have helped and saved my child, so what more could we want?" Everything was good.

Indoor Delivery 1

General

The patient is a 21 year old female from Jhagadia who had a normal delivery. The patient arrived in her uncle's jeep with her uncle, grandma, and dai. She had labor pains on her EDD. This is the first time she's visiting SR, as Jhagadia is her husband's hometown.

Responsiveness

Cleanliness is good, it is better than before. The relatives who visited her also felt that this was a good hospital. The janitorial staff members are good at their job, but they speak coarsely at times. Patient is not eating the hospital food herself (since it is spicy), but her grandma eats, and the grandmother felt that it was enough food. The chef specially comes to ask who all wants to eat. The dharamshala is also nice, relatives stayed there and liked it. It was comfortable. Everyone explained everything to her. During ANC visits, the Sakhi and Setu explained the procedures for delivery. Low Hb patients are given Inferon.

Medical

When the patient came in, the doctor checked her and set up a glucose line. They also put an injection into the bottle. All staff at registration/lab/medicine shop were nice, no one was rude. Patient had to stay an extra day in the hospital (since it was a Sunday). Patient did not ask about why the bottle was being given. During ANC visits, they were told about the various lab tests. The injection in the bottle was to stimulate labor.

Overall

The family is able to pay the entire bill. It is very nice to have such a good hospital in a village. The doctors are especially nice. Even though more and more patients come, the hospital is supportive of everyone. The water does not taste good, but everything else is good. Except for home delivery patients, I would tell all patients to come here.

Indoor Delivery 2

General

This is a 24 year old female from Gowali, her husband's village. She came to the hospital in '108' ambulance along with her sister and sister-in-law due to labor pains. She later had an LSCS at SR due to breech presentation of the baby. This was her first visit to SR, although the health supervisor had registered her earlier in her pregnancy.

Responsiveness

The patient felt that everything was kept clean and the janitorial staff was personable. Toilets were also clean. The kitchen food was enough for two to eat from each plate. The kitchen staff was also good at their work. The patient's relatives stayed at the dharamshala facility and found it comfortable. They rested and dined there.

The doctors and nurses explained how to take medicines and take care of the baby, but the patient herself did not ask about why she needed an LSCS or any other medication. Registration was quick for the emergency check-in. The patient had been to the lab earlier in her pregnancy for a blood and urine test. She found everything satisfactory.

Medical

The patient had been in the hospital for 7 days and was being discharged that day. She only had an LSCS and an IV line. The ward itself was fine, nothing was missing.

Overall

The patient is taking advantage of the Chiranjivi scheme, but they are even willing to pay Rs. 1000 if they have to. They have been to a government hospital before. They felt that both SR and the government hospital were good. They would recommend this hospital to everyone.

Indoor Delivery 3

General

This is a 22 year old female from Raisingpura who had a normal delivery. She came in '108' ambulance. They would have come in a private vehicle if there was no '108' service available. Along with her, the Arogya Sakhi, her husband, and her mother came to SR. The patient has been to SR for ANC visits with her Arogya Sakhi earlier. There they explained the process during delivery.

Responsiveness

Both the room and toilets were clean. The janitorial staff only tell us not to throw trash on the floor, there is not much interaction beyond that. The kitchen is also good, two people can eat from one plate. Dharamshala is good, patients and relatives can utilize it for eating. The doctor was kind. During ANC visits, registration and lab staff were all nice.

Medical

The patient has been admitted for 3 days. She had two injections for pain relief. The ward was comfortable, no complaints. Nurses give answers to all questions asked.

Overall

Patient is utilizing the Chiranjivi scheme. The patient does not feel that any changes are needed. She will especially recommend this hospital for poor patients. She stated that she would come here even if she had to pay.

Indoor Eye 1

General

The patient is about 70 years old. She came to SR with the eye camp along with her son. This is her first time to SR.

Responsiveness

There is no dust in the rooms. The wards are clean and even the beds are cleaned. The janitorial staff come in here and clean everyday. This is very clean compared to Maharashtra government hospitals. "If the hospital is dirty, no patients will come." The food is very good, they are eating their fill. They eat dal, brinjal, potato, kadi, and kitchidi. The tea is also very good, and not like water. The patient does not know about the dharamshala. The doctor behavior was extremely nice. Even though the patient had not seen the face of the doctor, she felt that he was so helpful. Patient was told that the nurses put eye drops in her eyes so that she can get ready for the operation. In the camp, the doctor told her that she needed to have an operation, so she consented without a second thought. When she asked why the doctor checks her blood, he told her that it was to check for any problems like diabetes.

Medical

The patient had a cataract surgery. She has been in the hospital for 2 days. The ward was good. She felt that the treatment was good.

Overall

The best part of the hospital is the doctors. They are very kind and polite. From now onwards, the patient would only come to SR. She would recommend SR to anyone with a health problem, whether fever, eye op., etc. She had a great experience. She would not make any changes.

Indoor Eye 2

General

The patient is a 70 year old male from Khodambar who came with the eye camp along with his daughter and son-in-law. This is his first visit to SR.

Responsiveness

The room is very nice- the sweepers come daily. The toilets are also clean. The sweepers don't say anything to the patient. Food is good in quality and quantity. They receive both rice and roti. Patient could not see the doctors, but both the doctors and sisters were helpful and cooperative. The brothers and nurses have to answer if patient asks them a question. They explained to him about the drops and glasses.

Medical

Patient has been at SR for two days. He received a cataract surgery, along with a lab test and injections. He felt that the ward was comfortable.

Overall

Patients receive full care at this hospital, including food and medical care. There are no changes needed, everything is fine. After the operation, the patient feels better, so more cannot be said. All facilities are available here. Those who want to come here can come here.

DO NOT COPY

Indoor Eye 3

General

The patient is a 65 year old female from Salemba who came with the eye camp along with her relative. This is her first visit to SR.

Responsiveness

There is no dust in the rooms, it is very clean. Sweepers come everyday morning and evening, and although patient doesn't interact with them, they are good natured. They only shout if any relatives come inside the ward with shoes. Patients are even provided with soap for bathing. Food is good, but they eat whatever they get, even if they don't like everything. The tea is very good. The doctors are treating patients well, they liked everything. Doctors asked about any addictions she had. At the eye camp, the doctor asked her if she would like to have the operation now or later, and she agreed for now. The doctor advised her to gather some things and get someone to accompany her.

Medical

Patient had a cataract surgery, and has been at SR for two days. Patient said even if she had to stay for four days, she would willingly do so. The wards were good, they were satisfied with all facilities.

Overall

The doctors are excellent, and patients get everything we need. There is no need to change anything. Patient would tell others that this hospital was fine and that you are treated well.

Indoor Eye 4

General

This patient is a 65 year old female from Duboi. She came to SR with the eye camp along with her two daughters. The daughter lives in Jhagadia, but the patient is not familiar with SR.

Responsiveness

There is no dust. When the patient first came in the morning, there were old bedsheets on the beds. By the time she finished her lab test and check-up, the sheets were changed. This was very good. Toilets are so clean that the patients can use it without any discomfort or doubt of uncleanliness. Both food and water are good. The water is clean and it is good that even the poor get food here. The patient herself gets food from home. If the patients live nearby, they can easily get food from home, but others have to eat what is served here. Yet, the food is not different from home. Even staff members eat the same food. Patient said she cannot find such food at other hospitals. (Although patient has not eaten here, the daughter has observed these things.) The doctor was so kind. He was speaking so nicely to the patient during the surgery that it went by very quickly. Patient had asked doctor why she needed an operation and doctor said that it was for her cataract. There were no problems with patients or staff during registration. The lab test was fine. They had some trouble finding the patient's report, but they found it eventually.

Medical

The patient received a cataract surgery. She has been admitted for two days. The ward was quite comfortable. The patient feels that she received very good care especially because of the care of staff.

There was one incident where a doctor acted sharply. One month earlier the patient had come in for a lab test and had found diabetes. The previous doctor then told her to be on medication. After one week, the diabetes had gone away, so that doctor told her to stop her medication. On this visit, a different doctor had seen that she had stopped the medication and shouted at the daughter for stopping the medication. Fortunately, a nurse that had been there before and now told the doctor that the previous doctor had told them to stop. Seeing this, the present doctor apologized to the family.

Overall

They have no problem to pay the bill. It is already Rs. 2000, but is likely more after the operation. Their only suggestion is that doctors should be calmer for small mistakes. They would recommend this hospital, especially for eye treatment.

Indoor Medical 1

General

The patient is a 75 year old female from Paanwadi. She arrived at SR on bus with her sister. She is familiar with SR, they always come to SR for treatment. She is a medical patient who stayed in the eye ward.

Responsiveness

Cleanliness was excellent. The sweeper comes twice a day, but they shout when people come inside the ward with shoes. The food quality was good. They ate food at the hospital, it was enough for two. There were no problems at registration, and the staff was nice. At the lab, the patient felt that the nurse was taking too much blood and protested, but the nurse kindly explained that they needed to do several tests to determine the cause of her illness. The doctors came in morning and evening and in between. They would ask the patient about their health. Nurses would come give tablets and any other medications.

Medical

The patient was admitted for three days due to diagnosis of Malaria. The patient had no fear, but having some pain in her stomach, she was afraid that she might need an operation. Otherwise, there were no fears since the patient knew the hospital and the doctors.

Overall

Patient has a smartcard. Patient especially likes that people feel better after treatment. She has no suggestions. She claimed that the whole village comes to SR for treatment, they all trust SR.

Indoor Medical 2

General

The patient is a female about 45 years old, from Motasanja. Her sister and nephew came along with her by rickshaw to SR. They have come several times to SR, so they are familiar with the hospital.

Responsiveness

The atmosphere is good, everything is clean. Sweeper comes and washes floor, but doesn't say anything. The kitchen food is good, both can eat from 1 plate. The quality is nice, there are different types of foods everyday. The registration was no problem, they came during nighttime, and were checked and admitted. The doctor comes anytime they call, and nurses replace bottles and provide medicines. The fans and lights all work.

Medical

The patient has been admitted last 5 days. She had diarrhea and vomiting, but now it is under control. The doctor gave good treatment. He comes and checks regularly, even during night time he is available if needed. Nurses also come whenever they call.

Overall

The patient has a smartcard. They have no suggestions, but only those who come here everyday can give good suggestions. They would recommend this hospital, especially due to the rural location and availability of doctors.

Indoor Gynecology 1

General

The patient is a 22 year old female from Venkuta Pada. She came to SR with her mother-in-law, mother, dai, and husband. She came here 3 years ago for delivery, since before that she had had home delivery and had eclampsia. They came because they wanted to prevent such complications this time. Patient regularly takes iron supplements and makes ANC visits. Patient has been visiting SR since childhood.

Responsiveness

The room is very nice. The sweeper comes twice a day. The lights and fans are working fine. The bathrooms are also clean. Only if someone makes the floor dirty does the sweeper get angry. The kitchen food is nice. Two can eat from 1 plate. The relatives eat lunch, drink water, and take rest in the dharamshala. It is a nice clean facility. The doctors, lab is fine. Patient had some fear of the doctors and nurses, but she received good treatment. The doctors and nurses answer any question she has and alleviates any fears.

Medical

The patient is an ANC patient. She came in with complaints of leg pain for the past three days. She had a lab test, an IV line, doctor check-up, and some medicines. Patient is glad that she is here this time for her pregnancy.

Overall

Patient is enrolled in the Chiranjivi scheme. The best part of the hospital is the doctor treatment. No major changes are needed. Patient receives everything she needs for her health. Patient would recommend this hospital, you get everything you need.

OPD General 1

General

The patient is a 30 year old male who came by bike from Ankleshwar with his wife. The wife's father came here for a treatment before and found that this hospital gave good treatment. Therefore, patient came here after trying treatment at a private hospital.

Responsiveness

This hospital is clean compared to government hospitals. Patients can get cured only if the surroundings are clean. Benches and waiting areas are nice. Patients receive all the facilities they need. Patients even sleep on benches, but no one bothers them because they know that they are not feeling well. Registration people are nice, there are no problems with the line even if they have to wait. All the staff members were very kind. Doctors told patient that they had fever, and prescribed a 5 day prescription for medicine. They will re-examine after five days. It was easy to speak with the doctor. The OPD 2 counter gave medicine and explained how to take it.

Medical

Patient has had a fever for last three months. Patient felt that so far it seemed like good care, but they could only tell if they get cured.

Overall

Everything is nice, but the best part is that doctors ask patient about their problem, this is in contrast to government hospitals. Patients can get all tests and consultations in one place. There are no suggestions, whatever they saw was good. Patient would recommend this hospital to friends and actually accompany the friend to the hospital.

OPD General 2

General

The patient was a 50 year old male from Jhagadia. He has worked in women's center in SR for the past 8 months. He injured his finger in the papad making machine.

Responsiveness

Everything is good and clean. The bathrooms are also clean, patients are willing to use the bathrooms. Waiting area is nice, patients can sit and wait for the doctor. Tea is good here. Doctor behaved nicely, and patient had no fear to ask any questions. The lab facility was good and OPD 2 is also nice. They explained how to take the medication.

Medical

Patient had been admitted at SR originally and then transferred to Ankleshwar to get stitches. He then came back to SR for dressing. Patient is satisfied with care.

Overall

Patient liked everything. He would recommend this hospital to everyone. He has no complaints.

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OPD Eye 1

General

The patient is a 70 year old male from Indore. The patient came here with his daughter by train to Bharuch and by auto from Bharuch. The daughter had come earlier for her mother's surgery, so they were familiar with the hospital. Since the surgery for the mother had gone well, she brought her grandfather as well.

Responsiveness

Hospital is very clean. The sweepers are good, without their work, the hospital wouldn't be nice. The benches are also nice, on the last visit when the whole family came, they all sat on the benches. The registration was good, no problems with lines or the staff. Family had to come back this visit because doctor only came on this day, but this was not a problem because he does good work. All the staff members were good.

Medical

Patient had good treatment.

Overall

The best part of the hospital was that everything was done quickly, treatment was good. They are happy with their experience, both times that they have come. They would recommend because patients get well quickly.

DO NOT COPY

OPD Eye 2

General

The patient is a 60 year old from Baroda. She took a train from Baroda to Ankleshwar, and then came to SR with her two relatives. She had done an eye operation at SR five days earlier and is now coming back for follow-up. The eye operation was the first visit to SR.

Responsiveness

The cleanliness is good, but the doctors are especially good. The toilet is clean, every patient can use them without feeling uneasy. The sweepers come 2–3 times a day and sweep using phenol. The benches are also comfortable; they are nice for waiting times. The Aquaguard water facility is also very nice for patients to get good clean water. The cooks are giving food very kindly. The food is like home cooked food. In the kitchen, the cooks are very polite. Enough food is given. The doctors, nurses, and sweepers are all good natured. They all address her as 'dadi'. This is unlike any other hospital. There was no problem in the line or with the staff. The doctors answered all questions from the patient and spoke very kindly. They alleviate any fears, but the patient herself had no fear since she knew that good operations are done at SR.

Medical

The patient had a lab test and checkup by doctors. She suffered from glaucoma and a cataract for the last six months. But now after the operation, her eye is much better and she is able to see clearly.

Overall

Patient has no suggestions. This hospital is very good for poor patients. They have already recommended the hospital and actually brought relatives with them on this visit. They trust SR now.

OPD Pediatric 1

General

The patient is a 1.5 year old child. The mother, father, father's mother, and grandfather all came in a rickshaw. They have come many times, and the father was actually currently admitted for an eye operation.

Responsiveness

The hospital is clean, but patients keep littering. The toilet is not very clean. The benches are comfortable and patients can sleep if they cannot sit. The food quality is good, it tastes like home cooked food. But the quantity is less. There is no problem with the line (line is long, but they understand the number of patients). The staff nature is good, and they give the registration papers quickly. OPD 2 staff gave medicine and explained how to take them. The doctor explained clearly why the fever had come.

Medical

The baby has had fever for past three days. The doctor gave good treatment. They had lab test and received medicines.

Overall

They came to SR because the husband received good treatment, so they trusted SR to give good treat for their child. The best part of the hospital is doctors' treatment, followed by everything else. The only suggestion is to clean the bathrooms more. They would recommend the hospital and would explain all the benefits of coming here.

OPD Gynecology 1

General

The patient is a 23 year old female from Nanderi who is here for ANC. She came by rickshaw with her Arogya Sakhi. She comes to ANC regularly and also came in childhood, so she is familiar with SR.

Responsiveness

Everything is clean. If it wasn't clean, no one would come here. The benches are comfortable and they are really needed. Patients have to wait for while until they are called. The staff behaves well. There were no problems with registration, but the lines were long. Patient sits and waits while her Sakhi waits in line. The counselor/Sakhi counseled her. Patient received good treatment at the lab, where she had a urine and blood test. The gynecologist does a full checkup. Patient tells him everything, she is not uncomfortable in speaking with him. The first time she came for ANC visit, she was a little scared, but now she is comfortable. OPD 2 is supportive and they explain how to take the medicines and they answer any questions. Other nurses and supervisors are also helpful.

Medical

Patient came for check-up because there was little movement with the baby. Patient felt that she had good treatment.

Overall

Patient likes everything in the hospital. There is nothing wrong. She would recommend to others. Every type of treatment needed by patients is given by doctors.

OPD Gynecology 2

General

The patient is a 23 year old female from Vadodara. She came by bike with her husband. A few years back, her grandmother had an eye operation at SR and patient came here one day to visit. The patient decided for herself to come get a checkup for ANC.

Responsiveness

There is cleanliness, but everyone just throws trash on the floor without concern. Standing in line is a problem, the number to see the doctor goes slowly. The registration staff is good. They give case papers quickly; it's just the line that takes a while. Doctors behave well, but there also the wait to see them is long. The doctors do their checkup properly and I am open with them. Patient has to wait a long time at OPD 2 as well, the staff there just sit and talk at times, without serving patients. The counselor is not counseling after the 1st ANC visit. Lab staff do their work efficiently. Previously, patient had a fear that if women come to SR for delivery, doctors would refer them to other hospitals during night time. She was afraid what would happen if she were to develop labor pains at night. Patient was told about fulltime gynecologists are SR presently.

Medical

Patient came in for a routine ANC checkup. She feels that doctors give good care.

Overall

All facilities are good. Patient likes everything. She does not ask any questions because she has never faced any problems. She especially likes that poor patients can receive good care at SR. She has no major suggestions and would recommend this hospital to others.

OPD Medical 1

General

The patient is a 59 year old woman from Jhagadia. She walked to SR with her husband. They come often because it's in the village.

Responsiveness

The hospital is kept clean. The benches are useful for relatives to sit and wait. There is a line at the counters, but you are called by your number. OPD 2 is good, they wrote everything down for the patient. Doctor asked many questions and spoke freely with the patient. He answered all her questions as well. She had no fears, since the hospital is in the village itself.

Medical

Patient had a fever and a stomach ache. Patient did not fear because of the illness, and had faith in the care of the hospital.

Overall

The staff are the best part of this hospital. They listen to all problems, and if they don't understand, they ask the patient. This hospital is like a heaven for poor people. It is low cost, where else can such care be found? Everything seems good to the patient, those that come everyday would have more suggestions. She would recommend others and bring them to SR herself.

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Appendix G

Employee Answers

Employee Doctors

1. Average number of years worked in 4.3
2. This hospital serves the poor and destitute. We offer free or low cost treatment for those that are neglected by society and cannot get medical care anywhere else. We do this while following the three principles of SR. The name SEWA-Rural itself tells what our mission is.
3. Doctors feel that they fill an important role at SR. There are few who are willing to work in a rural area, and so they feel that they provide an important service. They also feel that they take the lead on improving parts of the hospital, and so improve care on an institutional level.
4. Higher level doctors feel that they receive plenty of support from the management and middle level staff. Yet, medical officers feel that they do not receive much support from the management.
5. The relationship with superiors and management is good. They are accessible whenever, and often act on the concerns of the doctors. Some medical officers felt that while their concerns are listened to, not much action is taken in response.
6. Doctors feel that the hospital is definitely meeting its goals, within the capacity of the organization. SR has such a wide base of support because of this reason. Some felt that due to higher patient load, it may be difficult to maintain quality in the future. They felt that everyone is working extra, and so this will not be sustainable in the future.
7. Doctors feel that their biggest reward is satisfaction in treating patients. They require little more than this. Medical officers also felt that they are compensated properly, but did not receive the appropriate recognition or acknowledgment from higher level authorities.
8. Doctors feel that they contribute their best efforts to their job. They felt that conscientiousness among all employees would help everyone perform their work better. If lower level employees do their work properly, doctors can also do their work properly.
9. Doctors feel that this is a great place to work. The organization is service-oriented, no nonsense, and full of dedicated leaders. Doctors feel fortunate that they have the opportunity to work here. Medical officers also feel that this opportunity is a great learning experience for them. They are also made aware of their capabilities in working in such an environment.
10. Doctors acknowledge that working within the limits of the organization is very difficult to make drastic changes. Nevertheless, the key issues for improvement included balancing quality of care with expansion of the hospital, increased cleanliness, and proper management of available personnel (especially middle level staff). Some felt that visits by the management to the hospital would help them see the actual everyday situation, rather than getting second hand information from employees.
11. Doctors would certainly recommend their friends to work here, given that they are service-oriented and can deal with the workload.

Employee Nurses

1. Average number of years worked is 16.8.
2. Poor people come here and we give them treatment. Even those from the most far out places can come here to receive treatment. There are subsidized rates for the poor. There is a difference between government hospitals and SR. People are illiterate and SR is near to their homes. SR is central to all nearby rural areas. Nurses are all locals, patients can identify with them. All employees take good care at SR.
3. The nursing position at SR is valuable for both their families and the hospital. It is good for self-progress. The work itself is very important- nurses are the ones that are with the patient the entire time. They are the first ones to respond to any need. Nurses have to oversee all kinds of work, everything from doctor orders to working with janitorial staff.
4. They do not receive much support from upper management and doctors. Opinions are not heard. When something good happens, everyone is on their side. Yet, when something bad happens, everyone starts to blame them. Even if the doctor makes some mistake, no one tells him, but nurses have to face the management.
5. Relationship with superiors is good, but they do not know if that goodness is genuine. Nurses can go to superiors whenever they want, but little action is taken. We are local, so we cannot leave. We have no leverage in finding some other place to work. Even after working here 20 years, we only receive Rs. 3000–5000.
6. We have achieved 90% of our goal, still 10% is remaining. Poor patients still have to pay for treatment, at times by even selling their possessions. Nurses don't have enough time to interact with the patients and counsel them. There is simply too much work. There is not enough staff- 50 patients for only 3 nurses. Management talks to us, but it is of no use. They make their decisions on their own. If there is no change so far, how will change come later?
7. Nurses receive healthcare benefits, but not enough salary. Nurses don't receive housing.
8. They cannot do much more, even if they wanted to do something extra. Even when they are needed for extra work, they come.
9. Nurses enjoy serving the poor and we need the salary. Everyone is trained and we live here like family.
10. The hospital can be improved by listening to the beneficiaries, make sure it is 2 way communication. Recruit more staff and add on income. Increase appreciation for the work that nurses do. Make sure the nurse is responsible only for her duty, and sweeper is responsible for her own duty.
11. Yes, there is a lot of opportunity to learn here.
No, not enough support. For example, one nurse even offered her daughter to work here for free, but there was no response from management.

Employee Safai Karyakars

1. Average number of years worked was 12.6 years.
2. Poor people get services and opportunity for employment. Anytime you get a fever, you can get free treatment. This hospital is built only for poor people, the rich go to bigger hospitals in Bharuch.
3. Safai Karyakar job is very important. If they do not do their job, every place would become very dirty, and there would be many problems. The hospital cannot function well if it is not clean.
4. Besides the actual management, all other employees are helping them. Their concerns are not reaching the management, so no action is taken.
5. The relationship with superiors is good. They always talk nicely with us. Issues only come when money comes up. We respect our immediate supervisors, so we don't go directly to upper management. Yet, the information is not transmitted beyond intermediate level workers, so little action is taken. Upper management only comes to our meetings for 5–10 minutes, so there is not enough time for us to express our concerns. They just make some announcements and leave. There is too few staff. Each of us does enough work for two people. Personal concerns are not addressed, but whenever anything related to hospital is required, we receive it right away.
6. We used to achieve our goal before. But not now because there have been too many changes. The poor have to pay much more fees. The senior level right now is not taking good decisions because of too many changes. This is not good for our future.
7. We receive all medical benefits, loans, life insurance, etc.
8. Everyone is doing their work properly, but we often receive extra tasks in the middle of our work, so we do even that. If there is better management of our time and our tasks, we can perform our job even better.
9. We are not happy with our work because there are too many varieties of tasks. If one job is given to each person, he or she can do that job well. We are motivated to serve the poor, and the salary also helps us support our families. We stay and work here at SR because we hope that we get even better jobs and improve our lives.
10. There needs to be a full-time surgeon, anesthesiologist, and physician. Emergency doctor is also needed.
11. Yes, we would recommend. You receive income and medical benefits. However, our own children have come here with 12th pass, but they are not hired at SR according to their education level.



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