

Deploying IT Applications and Infrastructure for Mobile Primary Health Care Services

Implemented by: Isha Outreach

Supported by: United Care Development Services

UC Result Certificate

Financing results yousee.in development



This is to acknowledge the receipt of contribution from **Mr.** from , towards results generated by UC in projects providing services to poor communities. Details of the contribution are presented below.

S No	Item	Detail
1	Certificate ID	UC-RC-1**
2	Contribution Area	Health
3	Project Supported	Deploying IT applications and infrastructure for enabling digitization of Patient Care records, where in 43,320 Outpatients were digitized from March 2011 to September, 2011. A total of INR. 84,672/- was provided by UC for this Project.
4	Project Period	01-March-2011 to 31-September-2011
5	Contribution to Project (A)	
6	Operations Grant to UC (B)	
7	Total Contribution Received (C)=(A)+(B)	
8	Date of Contribution	
9	Mode of Payment	

Donations to United Care Development Services are exempted from Income Tax U/S 80G of IT Act. Approval granted through F.No. DIT (E)/HYD/80G/54(09)/10-11, dated 23-Mar-2011.

P. S. Gunaranjan
Founder-Director, United Care Development Services

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YouSee

www.yousee.in

United Care Development Services

(a not-for-profit company registered under section-25 of the Companies Act)

Dear

** -Nov-11

Sub: Acquisition of UC Result Certificate UC-RC- 1**

On this occasion, I wish to place my regards and thank you for choosing to acquire a UC Certificate. The Certificate serves as a record of your social investment and the document attached to this letter contains the details of the work undertaken and the social returns enabled through your contribution. Your contribution renews UC's commitment to apply further resources, including financial and intellectual, to alleviate and solve the inequities faced by the poor for accessing fundamental services like Education, Health and other livelihood services, without which their long term livelihood opportunities are at risk.

I also wish to convey UC's commitment to generate and deliver better rate of social returns for the contributions made by each of its customers. I take this opportunity to invite your feedback and suggestions in the following areas and more:

1. Improvements that you wish to see in the quality of reporting on financial data and intervention outcomes.
2. Additional areas of information that you would like to see added in future certificates.
3. Specific information on projects that you think UC should explore investing in.

This would help UC to live up to its values of Transparency, Innovation and Impact and to also deliver a higher rate of social returns to all those who are contributing to UC Certificates.

The contents of this document are intended to be open source and you are welcome to share the same with others.

P. S. Gunaranjan
Founder

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Overview

Implementing Organization

ISHA OUTREACH

LEGAL STATUS: Trust

YEAR OF INCEPTION:

February, 2008

STATE : Tamil Nadu

SOURCE OF FUNDING :

Periodic Donors, Corporate Grants, Donations in Kind.

NUMBER OF EMPLOYEES:

252 member full time staff for environment and health initiatives.

100+ fulltime committed volunteers members.

AREAS OF WORK :

Health, Education and Environment

RECOGNITIONS :

Indira Gandhi Paryavaran Puraskaar from Central Govt of India for Project Green Hands .

Set Guinness World Record for planting 8,52,587 saplings in October, 2007.

Introduction to Isha Outreach

Isha Outreach (www.ishaoutreach.org) provides extensive community services in the areas of Education, Health and Environment, predominantly in the state of Tamil Nadu. Isha Outreach is a trust set up by Isha Foundation (www.ishafoundation.org) which was founded and led by Sadhguru Jaggi Vasudev. **Isha Outreach's** mission is to work with disadvantaged communities to improve holistic health care, empower children with high quality, affordable education and promote life in harmony with the environment. Isha's three main programs for human empowerment and rural revitalization are: 'Action for Rural Rejuvenation' (holistic health), 'Isha Vidhya' (education) and 'Project Green Hands' (environmental conservation and livelihood).

Action for Rural Rejuvenation (ARR) is an indigenous, multi-pronged **health program** initiated by Isha Foundation in 2003. The model blends preventive and curative primary care based on intensive awareness campaigns, a unique combination of indigenous and allopathic methods of treatment, powerful yoga practices, community games and fitness activities, promotion of herbal medicines and naturopathy. Central to the ARR projects is a network of 21 specially designed Mobile Health Clinics, 15 of which are currently active, with a dedicated team of a doctor, a paramedical assistant and a pharmacist, providing free primary health care and medicines to the rural, semi urban and urban population.

Overview

UNITED CARE
DEVELOPMENT SERVICES

LEGAL STATUS: Sec- 25 Not
for Profit Company

YEAR OF INCEPTION:

June, 2009

YEAR OF INCORPORATION:

February, 2010

SOURCE OF FUNDING:

Grant from Michael and Susan
Dell Foundation and PostPay
Donors

NUMBER OF EMPLOYEES:

2 Member Full time staff.

AREAS OF WORK:

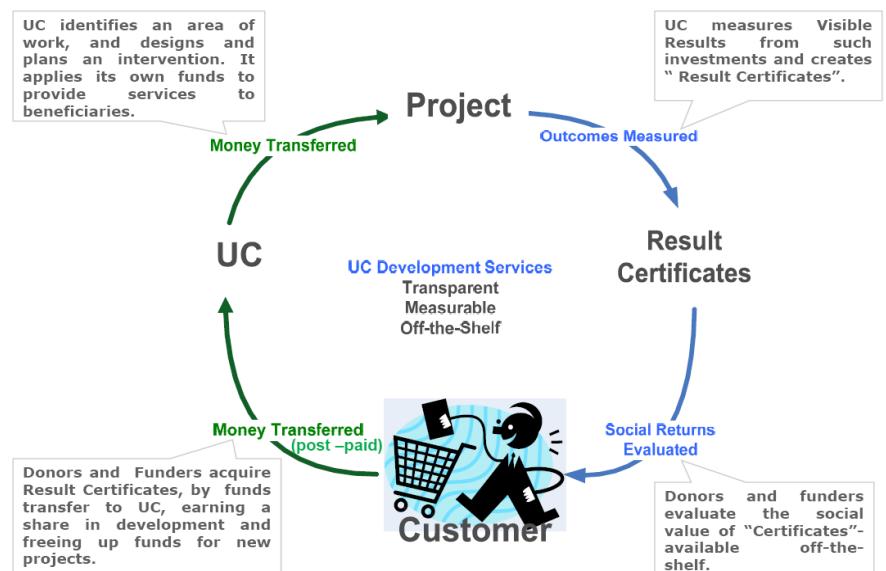
Health, Education,
Livelihoods and Environment

RECOGNITION:

In December 2009, UC was
Shortlisted in global
competition on "Marketplace
on Innovative Financial
Solutions for Development"
organized by World Bank.

Introduction to United Care Development Services

UC's model aims to improve the scale and efficiency of financing education, health and energy & environmental services for the very poor, through a result-based and post-paid model of funding. What this means is that UC applies its own funds to provide services to beneficiaries. UC then documents the work and presents the results from these projects as Result Certificates. Interested investors and donors are then invited to post-pay for results and acquire these Result Certificates. UC's objective is to generate greater Social Returns for philanthropic investments through this model.



The following links give more updates about UC's work and progress:

Website: www.yousee.in

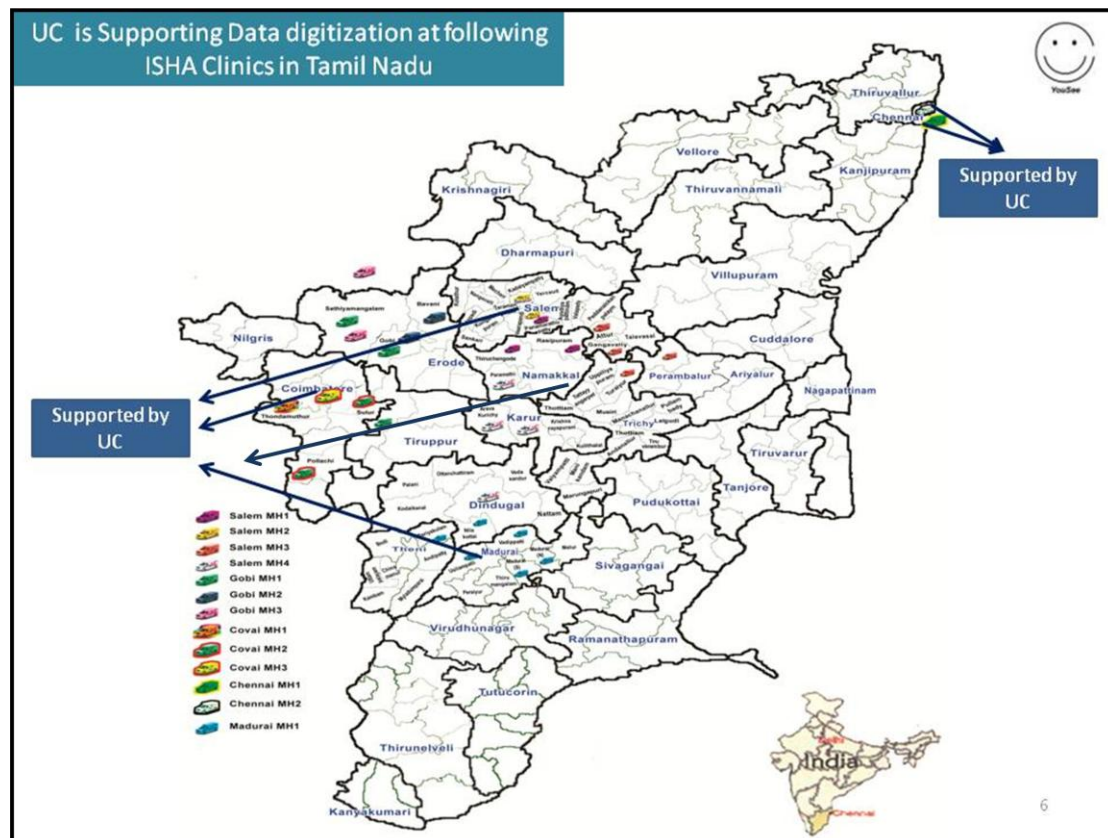
Updates: www.facebook.com/youseeupdates
www.twitter.com/youseeupdates

Movies: www.youtube.com/youseemovies
www.dailymotion.com/youseemovies

Presentations: www.slideshare.net/youseepresents

Current Project – Scope of Engagement

In the months of October to December, 2010, UC had supported ISHA Outreach by providing support for operations cost for running one Mobile Health Clinic in the city of Chennai. From March 2011 onwards, UC focussed its support to ISHA Outreach more in deploying technology support, both hardware and software. This support resulted in digitizing the outpatient visits in over six locations. Below presented picture identifies the locations where currently this digitization taking place.



Scope of engagement is gradually increasing, as both UC and ISHA Outreach team aim to introduce digitization process in more locations. By April, 2012, all the ISHA Health centres would be equipped with Software and hardware infrastructure to digitize patient care data. Estimated outpatient visits in all the ISHA Outreach health clinics could be around 30,000 per month. If digitization on this scale is achieved, it can result in very valuable public health data on large scale.

Summary of Results

Reporting and Data Capturing Enhancements

Below provided table is information about patient visits made at two locations where digitization of the data is taking place. Similar reports are received now on data to day basis by both operations team and UC team.

Location	New Patients	Repeat Patients	Total Patients	Male	Female	LT15	15to60	GT60
Thiruvanmiyur kuppam	6	2	8	4	4	0	5	3
Uroor kuppam	5	4	9	1	8	1	6	2
Mattan kuppam	1	0	1	1	0	0	1	0
Nadu kuppam	7	9	16	5	11	1	6	9
Peramanur	0	1	1	1	0	0	0	1
Poolaavari	16	6						

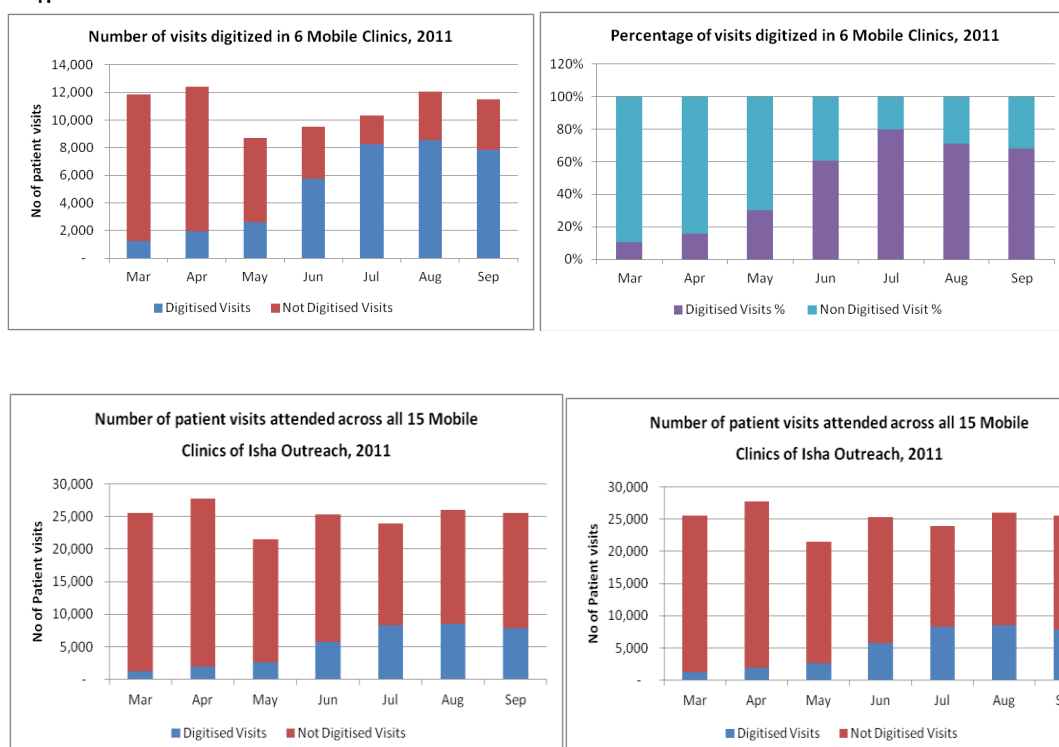
Detailed analysis of Patient Care Data

The roll out of digitisation of patient visit data was done in a staggered manner starting in March 2011. Some highlights of this initiative are:

1. By the end of August, 2011, Patient visit digitisation was introduced in 6 out of the 15 mobile health clinics.
2. During the month of October, data digitisation was paused at Madurai due to internet connectivity challenges and will be resumed within 3-4 months with alternate arrangements.
3. During the period of March to October-2011, a total of 42,320 patient visits were digitized providing insights into various health indicators for these communities which are shared in subsequent sections of this report.
4. The Ayush clinic being run at Kolli Hills, Namakkae(in)v(s)ric(u)3(47-3(h3(l,s,an)6(ic)-239is rep)12j s)-2(m

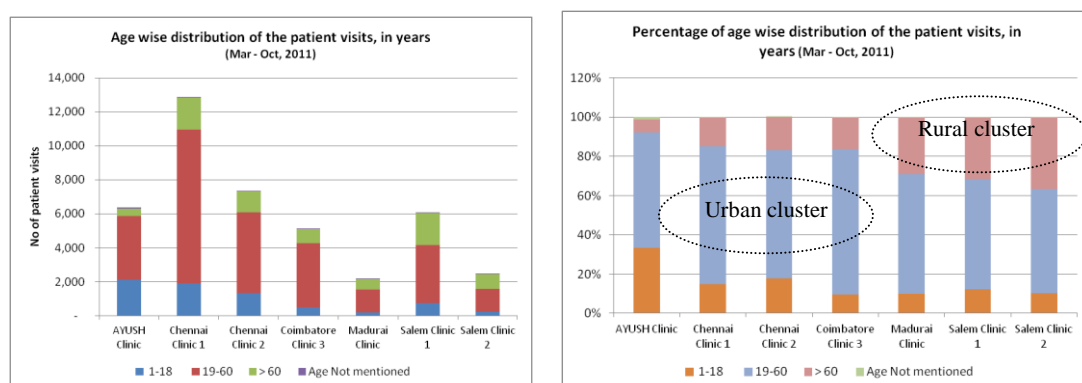
3. All the 3 constraints listed above are now being addressed by implementation of hand-held scanning solution at the clinic and subsequent data entry at back office.

4.



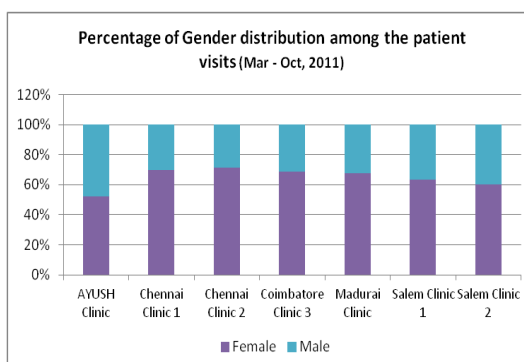
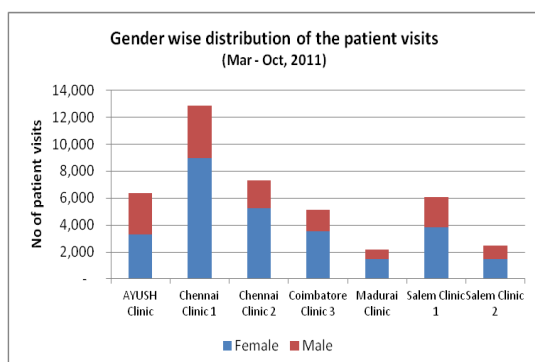
Who received the service?

The following section presents the profile of patients and patients visit which were attended at the 6 mobile clinics. This analysis is based on the patient records digitized during the period of Mar-Oct, 2011 for 42,320 outpatient visits.

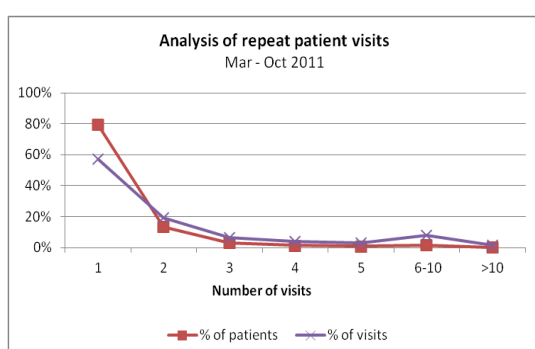


A few highlights of the age distribution pattern of patients who received service are listed below:

1. The Ayush clinic is visiting schools in its fixed schedule, resulting in a higher percentage of Paediatric (Children) cases who are receiving service.
2. The Clinics visiting urban slums indicate a higher utilization by working age population(19-60 yrs), whereas the clinics visting rural clusters have a higher incidence of old age patients(>60 yrs) visiting the clinics.



The overall gender distribution across the 6 mobile clinic locations does show any significant difference. Overall, a higher percentage of female patients (66%) use the service at the mobile clinics.



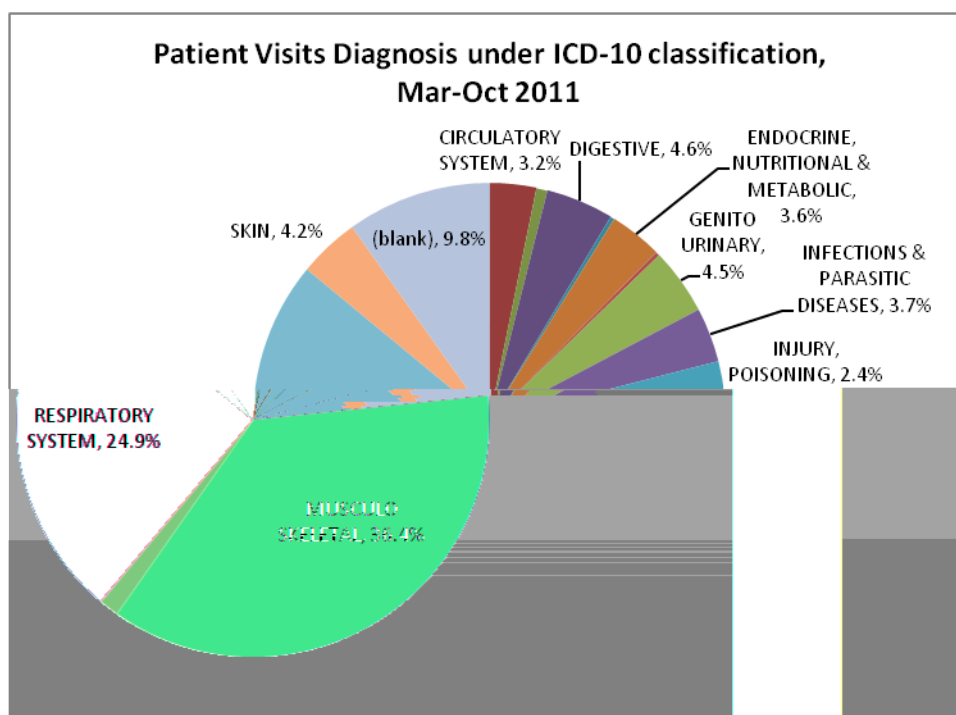
Mar - Oct 2011 Repeat patient visits for 6 Mobile clinics				
No of visits	No of Patients	% of patients	Total visits	% of visits
1	24,226	80%	24,226	57%
2	4,095	13%	8,190	19%
3	935	3%	2,805	7%
4	438	1%	1,752	4%
5	249	1%	1,245	3%
6-10	469	2%	3,369	8%
>10	60	0%	753	2%
Grand Total	30,472	100%	42,340	100%

Analysing the data from March to October 2011, indicates that nearly 40% of the OutPatient visits have been made by patients who have visited more than 1 visit during this period. The data also shows that 80% of the patients registered have made only 1 visit and they account for 57% percent of the total patient visits at the clinics.

What were they treated for ?

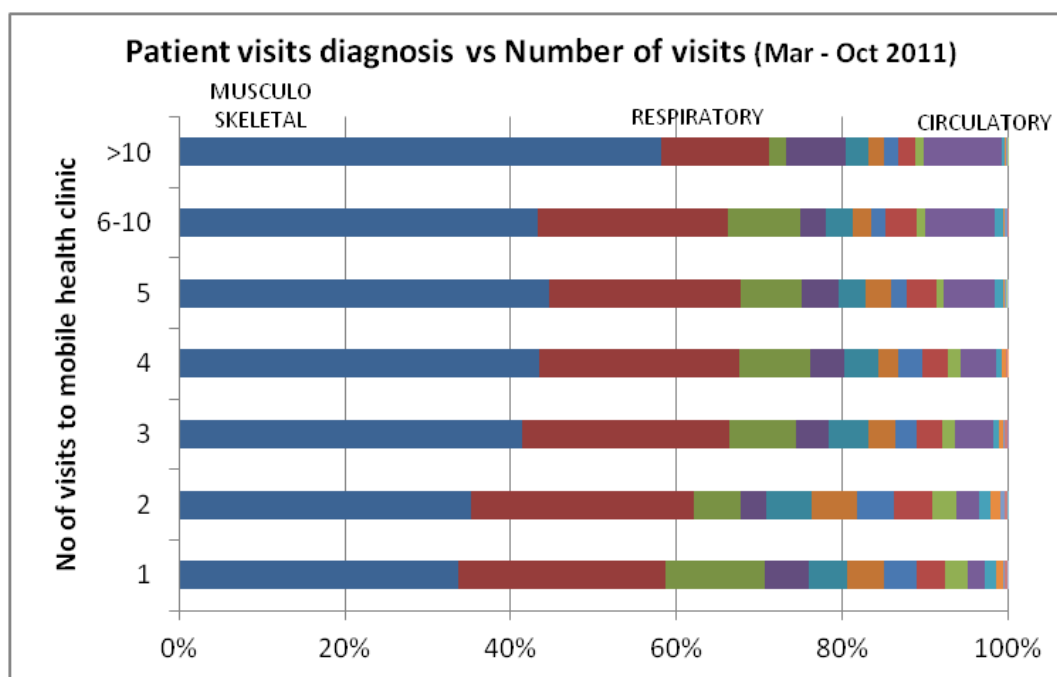
The diagnosis of the patients who visited the 6 mobile health clinics is presented below using the WHO ICD-10 classification. The two primary reasons for which the patients have visited the clinics are:

1. Musculo-Skeletal category, which relates to bone, joint and muscle problems account for 36% of the patient visits.
2. Respiratory System category account for 25% of patient visits.



S No	ICD-10 CHAPTER	ICD 10 CODE	DIAGNOSIS CHAPTER	NUMBER OF PATIENT VISITS	%
1	13	M00 - M99	MUSCULO SKELETAL	15,403	36.4%
2	10	J00 - J99	RESPIRATORY SYSTEM	10,531	24.9%
3			(blank)	4,170	9.8%
4	11	K00 - K93	DIGESTIVE	1,955	4.6%
5	14	N00 - N99	GENITO URINARY	1,922	4.5%
6	12	L00 - L99	SKIN	1,766	4.2%
7	1	A00 - B99	INFECTIONS & PARASITIC DISEASES	1,577	3.7%
8	4	E00 - E90	ENDOCRINE, NUTRITIONAL & METABOLIC	1,535	3.6%
9	9	I00 - I99	CIRCULATORY SYSTEM	1,339	3.2%
10	19	S00 - T98	INJURY, POISONING	1,002	2.4%
11	6	G00 - G99	NERVOUS SYSTEM	550	1.3%
12	23		DENTAL	319	0.8%
13	8	H60 - H95	EAR & MASTOID	120	0.3%
14	7	H00 - H59	EYE	106	0.3%
15	18	R00 - R99	NOT ELSEWHERE CLASSIFIED	21	0.0%
16	3	D50 - D89	BLOOD & IMMUNE SYSTEM	11	0.0%
17	20	V01 - Y98	EXTERNAL CAUSES OF MORBIDITY	6	0.0%
18	15	O00 - O99	PREGNANCY, CHILD BIRTH, PUERPERIUM	4	0.0%
19	2	C00 - D48	NEOPLASMS	3	0.0%
			Grand Total	42,340	100.00%

An analysis of the diagnosis based on number of visits made by the patient indicates that the prevalence of Musculo Skeletal and Circulatory(e.g Hypertention etc) issues are higher for repeat visit patients. In contrast the incidence of Respiratory issues which are primarily caused due to seasonal and communicable factors, are higher for the one time visit patients.



ICD 10 CODE	DIAGNOSIS CHAPTER	Diagnosis Chapter	1 visit	2	3	4	5	6-10	>10	Grand Total
13	M00 - M99	MUSCULO SKELETAL	33.63%	35.23%	41.32%	43.44%	44.58%	43.28%	58.17%	36.38%
10	J00 - J99	RESPIRATORY SYSTEM	24.96%	26.87%	24.99%	24.14%	23.21%	22.94%	13.01%	24.87%
		(blank)	12.11%	5.60%	8.06%	8.50%	7.39%	8.73%	2.12%	9.85%
14	N00 - N99	GENITO URINARY	5.26%	3.08%	3.96%	4.22%	4.34%	3.06%	7.04%	4.54%
11	K00 - K93	DIGESTIVE	4.61%	5.59%	4.85%	4.05%	3.37%	3.24%	2.79%	4.62%
12	L00 - L99	SKIN	4.40%	5.36%	3.24%	2.45%	2.97%	2.23%	1.86%	4.17%
1	A00 - B99	INFECTIOUS & PARASITIC DISEASES	4.07%	4.58%	2.57%	2.85%	1.85%	1.69%	1.73%	3.72%
4	E00 - E90	ENDOCRINE, NUTRITIONAL & METABOLIC	3.43%	4.59%	3.10%	3.14%	3.61%	3.74%	2.12%	3.63%
19	S00 - T98	INJURY, POISONING	2.62%	2.91%	1.57%	1.54%	0.88%	1.19%	1.06%	2.37%
9	I00 - I99	CIRCULATORY SYSTEM	2.02%	2.69%	4.53%	4.17%	6.27%	8.34%	9.43%	3.16%
6	G00 - G99	NERVOUS SYSTEM	1.45%	1.43%	0.75%	0.80%	0.88%	1.01%	0.27%	1.30%
23		DENTAL	0.78%	1.22%	0.43%	0.40%	0.32%	0.21%	0.13%	0.75%
8	H60 - H95	EAR & MASTOID	0.28%	0.43%	0.25%	0.06%	0.08%	0.24%	0.13%	0.28%
7	H00 - H59	EYE	0.24%	0.38%	0.32%	0.17%	0.08%	0.12%	0.00%	0.25%
18	R00 - R99	NOT ELSEWHERE CLASSIFIED	0.07%	0.01%	0.04%	0.00%	0.08%	0.00%	0.13%	0.05%
3	D50 - D89	BLOOD & IMMUNE SYSTEM	0.03%	0.02%	0.04%	0.00%	0.00%	0.00%	0.00%	0.03%
20	V01 - Y98	EXTERNAL CAUSES OF MORBIDITY	0.02%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
15	O00 - O99	PREGNANCY, CHILD BIRTH, PUERPERIUM	0.01%	0.00%	0.00%	0.06%	0.00%	0.00%	0.00%	0.01%
2	C00 - D48	NEOPLASMS	0.01%	0.00%	0.00%	0.00%	0.08%	0.00%	0.00%	0.01%
		Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

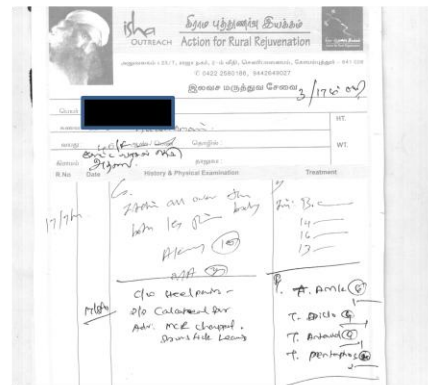
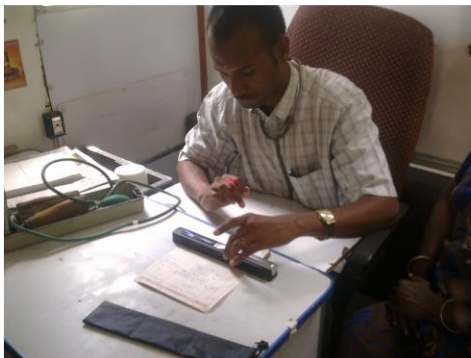
Finding New Solutions

During the period between March to October, 2011, UC team visited various locations where ISHA Outreach's Mobile Health Clinics are operating in TamilNadu. One of the key objectives of these visits were to understand field level challenges in digitizing the patient care records. During our visits to some of the villages in Madurai district in Vilangudi panchayat, we have seen first hand, challenges pertaining to connectivity which hinder the process of online data entry of patient care information. UC team upon evaluating various alternatives to overcome this challenge, has then deployed hand held scanning device in one of the mobile clinics. It's a fairly simple device, it hardly required few minutes of training the staff for using it. The scanned copies from these centres now enable the data entry at central location. This intervention has resulted in reduction of work at the Mobile Health clinic location and has also resulted in seamless data entry process.

Visual Tour



Village Near Madurai. These villages offer Internet connectivity challenge, which hinders the online data entry process.



UC team introduced handheld scanning devices in such locations. Sample of scanned image of the prescription is also presented. In such locations, scanned copies are being used to enter the data at central location.

Financial Report

How was the project pre-funded and spent by UC?

During this phase (Mar-Sep, 2011) of support to Isha Outreach Mobile Clinics, UC extended support by direct deployment of IT equipment and IT solutions for the Mobile Health Clinic project. There was no disbursement of grant in cash by UC to Isha Outreach during this period. UC directly incurred the cost of procuring the IT equipment and donated these assets to Isha Outreach during this period. UC also directly paid for implementation of a patient data management system in the Mobile Health Clinics, provided by Swasth India Services Pvt Ltd.

The following equipment were procured by UC, donated and deployed in the Isha Mobile Health Clinic Program.

S No	Date of Purchase/ For Period	Item Name	Amount spent (Rs)
IT Equipment Purchased and Donated			
1	31-May-11	4 Laptops (3 deployed mobile clinics and 1 in Isha Outreach office)	60,000
2	16-Aug-11	1 Handy Scanner (deployed in 1 mobile clinic)	5,400
SubTotal			65,400
IT Application (Patient Data Management) cost supported			
1	Mar-2011	for Mar-2011 Isha Mobile Clinics Project (1,221 OP visits in 1 Mobile Clinic)	673
2	Apr- Sep, 2011	for Apr-Sep-2011 Isha Mobile Clinics Project (29,012 OP visits in 5 Mobile Clinics)	16,000
3	May-Sep, 2011	for May-Sep-2011 Isha Ayush Clinic (5,934 OP visits in 1 Ayush Clinic)	3,272
SubTotal			19272
Total			84,672

How is your post-paid contribution being used?

Your post-paid contribution for this project through Certificate UC-RC-0** is presented below along with any information of prior post-paid contributions received for this particular project. Your contribution helps us to redeploy this money to newer projects at UC.

Project Cost (a) INR	
Opening Balance of Project Cost	
Units	
UC Certificate	
Unit Certificate Acquired by	
Date of Acquisition of Unit	
Project Contribution (b) INR	
% of Project Cost Acquired (b)/(a)	
Closing Balance of Project Cost INR	
% of closing balance of Project Cost	
Operations Grant (c) INR	
Total Contribution (b)+(c) INR	

Certification by UC Representative

During the period between March to October, 2011, UC team visited various locations where ISHA Outreach's Mobile Health Clinics are operating in TamilNadu and personally observed the deployment technology infrastructure provided to ISHA Outreach. Dates of visit to ISHA clinic locations and to meet ISHA Management are mentioned in the table below. During these trips UC team has also met up with Mr. L.K Narayan who is the Managing Trustee of ISHA Outreach and Mr. Shekhar who is the Project Director of ISHA Outreach and reviewed the overall project operations pertaining to digitization of patient data. UC team has communicated to its future plans for this project to the senior management, who were in agreement with the scale up plan.

Month of Visit	Dates	Visit to
August	15 th to 17 th August, 2011	Coimbatore, Madurai and Chennai
September	13 th to 14 th Sep, 2011	Visited Chennai
November	2 nd & 4 th Nov, 2011	Visited Chennai

Conclusion

This is the third result document being produced from this project. This document provides comprehensive information about efforts made by both ISHA Outreach and UC with the help of Swasth India , who is the software provider. ISHA Outreach and UC in particular will be interested in deploying this process in all the clinics by January 2012. Next two important phases of this project would be

- A) to enable the doctor in the clinic to have patient care history available during the time of consultation. This should significantly improve the over all service delivery to the patients.
- B) Designing and implementing preventive health care programs to the patients availing these services.