

SEWA RURAL

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Date: 19/04/2025



Kasturba Hospital (250 beds)

Community Health & Research

Eye Care Programme

Vivekananda Gramin Tekniki Kendra



Women Health Training & Resource Center

> Adolescent Health Programme

Sharda Mahila Vikas Society (Promoted by SEWA Rural)

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Great Place To Work	INDIA

Atul Foundation

Valsad

To

Subject: Submission of assessment report for the Atul Foundation Health Centre

Dear Sir/ Madam

I am writing to submit the enclosed assessment report for the Atul Foundation Health Centre, which provides a comprehensive overview of overall construction progress of the Atul Foundation Health Centre and reviewing the healthcare services delivered during its initial operational phase. This report covers the period from April 2016 to March 2025 and has been prepared in accordance with standard guideline for Hospital assessment.

Please review the attached report at your convenience. Should you have any questions or require further information, feel free to contact me directly at 9428416785 or Dhiren.modi@sevarural.org

Thank you for your attention to this matter and for your ongoing support.

Sincerely,

Dr Dhiren Modi (MD)

Director, Community Health Project

SEWA Rural, Jhagadia





Project Name: Atul Foundation health Centre Prepared for: Atul Foundation Prepared by: SEWA Rural, Jhagadia Date of Submission: 19/04/2025

Executive Summary

Atul Rural Development Fund, a charitable trust dedicated to rural development since 1978, has proposed the establishment of the 'Atul Foundation Health Centre' in Atul village. This initiative aims to enhance healthcare access and quality by providing advanced medical facilities to the local community and neighbouring populations.

Objectives of the Evaluation

The evaluation focused on assessing the overall construction progress of the Atul Foundation Health Centre and reviewing the healthcare services delivered during its initial operational phase.

Key Findings

- The Health Centre's infrastructure complies with the Clinical Establishment Act and was completed within the planned timeline.
- All medical devices were procured following standard procedures and in accordance with relevant norms.
- During the evaluation visit, all medical equipment were found to be fully operational.
- As the Health Centre is in its early phase, patient turnout was below expectations both on the day of the visit and as reflected in available data.
- Specialist doctors have recently started consulting at the centre, resulting in low patient inflow in their respective disciplines.
- All critical regulatory requirements are met, except the Clinical Establishment Act registration with the district authority, which remains pending.
- A Hospital Management Information System (HMIS) is implemented, and staff have been trained appropriately.
- The hospital premises are well-maintained, clean, and free of any odour.
- The minor operation theatre (OT) is not yet functional.
- In-patient admissions have not commenced.
- There is strong coordination observed between the community health team and hospital team, facilitating integrated healthcare delivery.

Recommendations include expediting pending registrations, increasing community awareness to boost patient inflow, operationalising pending facilities such as the minor OT and inpatient services, and continuing to strengthen collaboration across teams for improved service delivery.

1.Introduction

Project Background

Atul Rural Development Fund, a charitable trust committed to rural development since 1978, has initiated the establishment of the 'Atul Foundation Health Centre' in Atul village. The primary objective of this initiative is to enhance healthcare accessibility and quality for the local population and surrounding communities by providing advanced medical facilities within a rural context. The Health Centre aims to deliver comprehensive healthcare services including outpatient consultations across multiple specialties, diagnostic facilities, pharmacy services, emergency care, and wellness activities, thereby addressing critical health needs through an integrated approach.

Objectives of the evaluation

The evaluation was conducted with the following objectives:

- To assess the progress and quality of the construction of Health Centre relative to planned timelines and specifications.
- To review the procurement process and operational status of medical devices and equipment in the initial phase.
- To evaluate the scope and delivery of healthcare services during the early operational stage.

Methodology

The evaluation employed a mixed-methods approach comprising:

- Physical site visits to assess infrastructure and equipment conditions.
- Stakeholder interviews involving management, medical staff, and community representatives.
- Review of relevant documentation including project plans, procurement records, and regulatory certificates.

2. Project Description

Project Scope

The Atul Foundation Health Centre is designed as a multi-disciplinary healthcare facility offering the following key services:

- outpatient Department (OPD) covering General Medicine, Orthopaedics, Gynaecology, Cardiology, Paediatrics, and Occupational Health.
- physiotherapy and alternate medicine treatments including Ayurveda.

- basic and advanced diagnostic capabilities comprising a pathology laboratory, radiology services (digital X-ray, ultrasonography, 2D Echo), and a procedures room.
- pharmacy and emergency services including IPD & ICU van support.
- auxiliary infrastructure including a yoga hall and seminar/training facilities for community wellness programs.

Timeline:

Phase	Timeline	Activity particulars
One	From April 2016 to March 2023	 finalise land and change of NA objective from 'Residential' to 'Commercial' get 'Town Planning' approval finalise design of the building construct building and set up other requirements procure equipment, furniture and fittings get required approvals to run a health centre
Two	April 2023- March 2025	 hire medical consultants specialists and staff commence OPD, pathology laboratory and emergency services initiate IPD day care offer specialist consultations through visiting doctors start USG, 2D Echo and digital X-ray start OPD for general patients

Budget: The financial aspects were not included in the scope of this evaluation.

3. Evaluation Criteria and Findings

3.1 Project Implementation

Progress of project implementation as per the timeline mentioned in the proposal

Phase	Timeline	Activity particulars	Status
One	From April 2016 to March 2023	 finalised land and change of NA objective from Residential to Commercial Got Town Planning approval Finalised design of the building Constructed building and set up other requirements Procured equipment, furniture and fittings Got required approvals to run a Health centre 	The pre- construction phase took longer time due to various government approval and COVID-19 pandemic. The construction phase was executed in 2 years largely within the planned schedule.
Two	April 2023- March 2025	 hire medical consultants specialists and staff 	Done

Commence OPD, pathology laboratory and Emergency patients	Done
• Initiate IPD day care	Not started yet
Offer specialist consultations through visiting doctors	Done
• Start USG, 2D Echo and digital X-ray	Not started yet
• OPD for general patients	Started, delayed due to
	lack of equipment and delay in pharmacy
	outsourcing

Regulatory Requirement of Atul Foundation Health Centre.

Sr	Particulars	Validity
No.		
1	AERB (Atomic Energy Regulatory Board) certification	27/04/2029
2	ENCLER BMWTF (Biomedical Waste Treatment	25/11/2025
	Facility).	
3	PCPNDT (Pre-conception and Pre-Natal Diagnostic	10/07/2029
	Techniques) act	
4	Firefighting certification	10/08/2026
5	Clinical Establishment Registration	Pending
6	Drug and Cosmetic Act, Registration	Done

- Most statutory obligations have been fulfilled, including certifications from AERB, BMW Treatment Facility, PCPNDT, Fire Safety, and Drug & Cosmetics Act registrations.
- Clinical Establishment Act registration with district authorities is pending and requires urgent follow-up.

3.2 Project Management

• Planning and Coordination

There is notable involvement from senior management and the medical director in construction and operational planning processes. Coordination among project stakeholders, including community health staff, is effective and collaborative. However, the inclusion of non-medical personnel on management committees can introduce some challenges related to technical communication and decision-making.

• Risk Management

No formal risk management framework or documented strategies were defined during the evaluation.

3.3 Impact Assessment

Expected impact on healthcare services:

Health service delivery

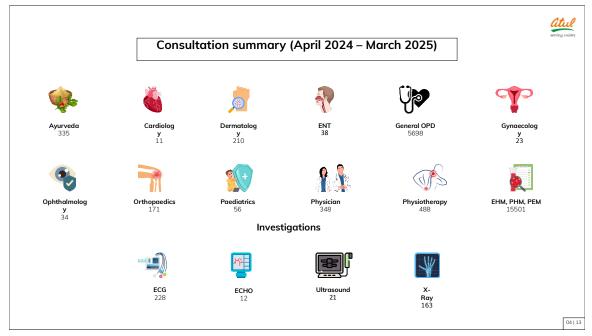
- General OPD services have been initiated. Offering health check-up -PEM, PHM and EHM
- Laboratory diagnostics including in-house testing are fully functional.
- Physiotherapy and Ayurveda outpatient services are operational.
- Ambulance services are available 24x7 with two vehicles deployed (cardiac and general).
- Recent additions include specialised consultations (January 2024), digital X-ray (June 2024), ultrasonography, echocardiography (September 2024), advanced laboratory equipment such as HbA1c analysers (December 2024) and Physiotherapy equipment (Dec 24)
- Primary and emergency services initiated 24x7 at OHC and AFHC
- Offering community-based programs and conducted meetings with Sarpanch (22), general practitioners (4), health workers (17), Anganwadi workers (120)

Employment generation

- The centre currently employs 19 staff against an approved strength of 24, supplemented by 8 contract housekeeping personnel.
- Additionally, 14 visiting specialist doctors provide periodic clinical services.

Community satisfaction and accessibility

• Formal community satisfaction assessments and accessibility studies have not yet commenced but are planned for future implementation.



6. Challenges and lessons learned

Key issues faced:

- Proximity of a government health facility offering free services has contributed to low patient inflow at the Atul Foundation Health Centre.
- Insufficient promotion and awareness-raising activities have limited community knowledge of the centre's offerings.
- Limited consultation hours by visiting specialists reduce accessibility for patients with chronic conditions, who often prefer private providers.
- Awareness levels within the community regarding disease prevention and available services remain suboptimal.
- Despite the availability of infrastructure and medical instruments, underutilisation has been observed during this initial phase.

7. Recommendations

1. Enhance community outreach and advertising:

Implement a comprehensive communication strategy encompassing social media, local press, digital platforms, and engagement with village leaders and private health practitioners to increase patient awareness and utilisation.

2. Establish medical advisory committees:

Form committees consisting of medical specialists to provide ongoing guidance and ensure clinical governance standards.

3. Appoint a dedicated coordinator:

Assign a coordinator responsible for liaison between community health programs and hospital operations to improve continuity and follow-up care.

4. Regular feedback mechanisms:

Organize periodic meetings with field staff to gather community feedback, share information on new services, and adapt programs accordingly.

5. Service gap analysis:

Conduct detailed studies to identify service gaps in local healthcare and develop targeted interventions to meet unmet needs.

6. Data-driven management:

Review hospital service data quarterly to inform operational decisions and optimise service delivery.

7. Employee health screening:

Initiate annual health check-ups for all employees and their families, leveraging mobile technology solutions for monitoring and follow-up.

8. Focus on vulnerable populations:

Develop subsidised or free healthcare programs specifically targeting poor and ultra-poor patients to enhance equitable access.

9. Health and diagnostic Camps:

Plan and conduct periodic health awareness and diagnostic camps adopting the T4 approach (Test, Treat, Train, and Track) to augment community engagement.

10. **Ongoing monitoring and utilisation review:** Collaborate closely with community health teams and administration to maximise the efficient use of all available resources.

11. Showcase facilities to key stakeholders:

Promote the centre's infrastructure and services among senior Atul staff and senior community members to build trust and encourage utilisation.

Conclusion:

Atul Foundation Health Centre represents a significant advancement in rural healthcare infrastructure within Atul village and its vicinity. The project has successfully laid the groundwork for accessible, quality healthcare through timely construction, regulatory compliance, and the operationalisation of essential services such as outpatient consultations, diagnostics, physiotherapy, Ayurveda, and 24x7 emergency support. The availability of advanced equipment and the implementation of a Hospital Management Information System (HMIS) have further enhanced operational readiness. Community outreach efforts have created vital link between facility-based care and population health needs. The project has also contributed to local employment, with a dedicated team of staff and visiting specialists in place. As the Centre continues to grow, the strong foundation already established offers momentum for future expansion and greater service impact. With advanced diagnostics now being introduced and plans underway to activate inpatient and minor OT services, AFHC is steadily evolving into a full-spectrum provider. While some operational elements are still maturing, there is significant opportunity to improve awareness, service utilisation, and community engagement. By implementing key recommendations—such as targeted outreach, health camps, and improved follow-up systems-the Centre can broaden its reach and optimise outcomes. Overall, AFHC is well-positioned to become a trusted, high-impact healthcare institution, addressing critical needs and promoting wellbeing in the rural communities it proudly serves.

Annexture: Equipment procured at AFHC

1) Vitros 4600 Chemistry System & 4600SW New



2) Mindray BC-760



3) Affinion 2 Analyzer





4) Centrifuge (R-8c Plus) 5

5) Microscope (Olympus)



6) X- Ray Machine



7) Servo Voltage Stabilizer



8) ECG & Page Writer TC20



8) Dry view 5700 Laser Imager



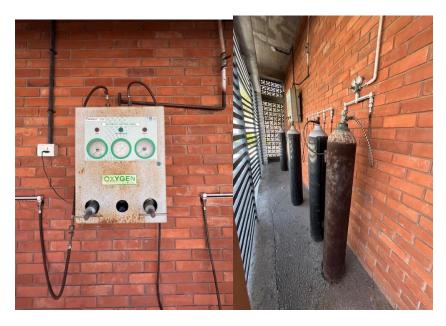
9) Philips Patient Monitor



10) Philips make Portable Biphasic AED Heart start model



11) Automatic Oxygen Control Panel and Medical oxygen cylinder



12) Sonography Ultrasound Machine



13) Gynaecology instruments



14) Physiotherapy Instruments













Annexture : Pharmacy licence

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