



Social Impact Assessment: COVID-19 Health Infrastructure Support to Government Hospitals/ PHCs/CHCs under Colgate Palmolive's CSR Initiative





What was the social impact of support to govt. hospitals, community health centers (CHCs) and primary health centers (PHCs) by Colgate Palmolive CSR?

India experienced a massive surge of COVID-19 cases from March 2021 onwards. It had a devastating impact on the country's health system. There was a record surge of demand for healthcare services, with around 4 lakh cases on a single day. The supply, on the other hand, fell woefully short to cater to the crisis. There were acute shortages of beds, medical oxygen and allied equipments. Multiple stakeholders consisting of people, corporates, civil society, govt etc. came forward to alleviate the crisis through the donation of medical funds, equipments, medicines, etc.

In the same spirit, the Colgate Palmolive CSR provided support to govt. hospitals, PHCs and CHCs through donation of health infrastructure across 5 states of India to the tune of INR 13.95 crores. The current study assessed the social impact of the support through the purview of the following goals,

- To identify the needs of hospitals, during COVID-19 pandemic and post-pandemic.
- To assess the impact of the support and identify the current utilization of the equipments.

Key Findings

- ✓ The program only delivered equipments as per needs of the institutions, leading to high relevance, optimum usage and thereby, positive impact.
- ✓ The program covered 34 PHCs, 11 CHCs and 35 hospitals revealing a focus on institutions historically under-served.
- ✓ The vaccine vans donated in Gujarat and Himachal Pradesh were instrumental in providing vaccines to the most remote and rural areas leading to universal coverage.
- ✓ Several PHCs and CHCs received diagnostic equipments for the first time, improving their capacity to timely test the illness and disease.
- ✓ The new and hi tech equipments led to improvement in quality of services, mainly with hi definition X-rays, hydraulic and mechanical beds.







1 Background of the assessment

The recent COVID-19 pandemic accentuated the importance of the healthcare sector and its inter-linkages with other key aspects of our lives. It presented a snapshot of the challenges India will face, if its healthcare systems are not developed equitably, affordably and effectively.

Currently, India's healthcare systems are lacking on multiple fronts from low government expenditure on health, demand-supply mismatch to poor health care infrastructure inclusive of equipments, space, human resource professional and other chronic shortages. Other issues are supremacy of private healthcare providers and rural urban healthcare divide.

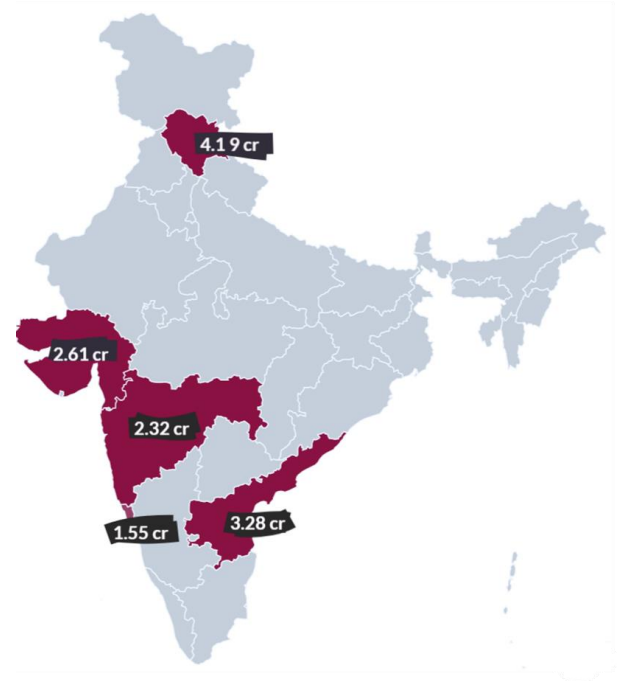
In realization of these challenges, the Union Government of India adopted various policies and schemes such as the National Health Policy, 2017 and Ayushman Bharat to bridge the gap and provide universal health care while curbing the urban rural and inter state disparity.

	 Hospitals	 Beds	 Ventilator Beds	 ICU Beds
PUBLIC	25,778	7,13,986	17,850	35,699
PRIVATE	43,487	11,85,242	29,631	59,262
TOTAL	69,265	18,99,228	41,481	94,961

0.53 Hospital beds per 1000	0.85 physicians per 1000	1.7 nurses per 1000
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Source: The Central Bureau of Health Intelligence and The Centre for Disease Dynamics, Economics and Policy (CDDEP); National Health Profile, 2019, MoHFW and WDI, World Bank

However, given the enormity of the problem, there is a need of collaboration from various stakeholders inclusive of corporates, civil society, and general people. The Colgate Palmolive CSR, in the same spirit, provided support to government hospitals, PHCs and CHCs through the donation of health infrastructure across 5 states of India to the tune of INR 13.95 crores. The recipient states were Himachal Pradesh (INR 4.19 crore), Andhra Pradesh (INR 3.28 crore), Gujarat (INR 2.61 crore), Maharashtra (INR 2.32 crore), and Goa (1.55 crore).



The program began from May 2021 onwards catering to 35 government hospitals, 11 CHCs, 34 PHCs, 4 COVID-19 centers, and 7 state governments. The list of equipments included hospital beds, ICU beds, ambulances, medical vans, ultra-sonography machines, cell counters, x-ray machines, ECG machines, biochemistry analyzers, multipara monitors, ventilators, wheelchairs, patient and medicine trolleys, oxygen cylinders, oxygen concentrators, autoclaves, dental chairs, syringe infusion pumps, Boyle's apparatus, CTG machine, BiPaps, vaccine vans, cryogenic oxygen tank, OCT Machine, ABG Machine, anesthesia workstation, bronchoscopes, stethoscopes, defibrillators, supporting equipments and refrigerator for medicines. The other COVID-related donations included masks, PPE kits, oximeters, infrared thermometers, etc.

2 Study Rationale and Methodology

The current study assesses the social impact of the healthcare infrastructure support by Colgate Palmolive’s CSR to government hospitals, CHCs, and PHCs during both, the times of distress, such as of COVID-19 pandemic, and in general times.

The study adopts a qualitative explanatory research design methodology such that the data collection tools map the relevance, coherence, efficiency, effectiveness, impact, and sustainability of the intervention in line with the Organization for Economic Co-operation and Development Assistance Committee (OECD DAC) framework. Within the methodological framework, stakeholder interaction and field-based validations are undertaken on the sampled healthcare institutions across locations.

The study included stakeholder interaction and field-based validations in the sampled healthcare institutions across locations. The study sample was selected with due consideration to include hospitals from both urban and rural areas, both in the case of telephone-based interactions and field-based validations. Stratification also ensured geographical diversity with respect to state and district and the types of equipments provided. The locations with the highest value of equipments donated were prioritized. A total of 30 hospitals were selected, where telephonic discussions were undertaken and 20 hospitals where both telephonic discussions and field visits were carried out.

Key Stakeholders were as follows-

- Hospital management (Chief Medical Officer/ Admin/ Senior Doctors/ Senior Nurses etc.)
- Government officials at the state and district levels responsible for coordination
- Health care centers (hospital, PHCs, CHCs) beneficiaries

Other relevant information sources were-

- Field visits for instrument validation
- Field visits for ambulance verification

3 Primary Research Findings

To evaluate the end-to-end outcome and impact of the healthcare infrastructure support by the Colgate Palmolive CSR, the study has been classified such that, the generalized impact of the overall program is analyzed through the lens of the OECD DAC framework, followed by the specific impact of the program on states.

Stage 1: Program Evaluation under the OECD-DAC Framework

<p>Relevance <i>Is the intervention doing the right thing?</i></p>	<p>Coherence <i>How well does the intervention fit with country policies?</i></p>	<p>Effectiveness <i>Is the intervention achieving its objectives?</i></p>	<p>Efficiency <i>How well are resources being used?</i></p>	<p>Impact <i>What difference does the intervention make?</i></p>	<p>Sustainability <i>Will the benefits of the intervention continue?</i></p>
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Stage 2: Program Impact on States

How did the program impact in each state? Were there any interesting state related impact?

Stage 1- Program evaluation under OECD DAC Framework

Relevance

The intervention was initiated with the goal of strengthening the capacities of the existing hospitals, PHCs, and CHCs during the COVID-19 pandemic. While many of the hospitals were in a dire state, gross inequality was witnessed in the availability of resources between the rural and urban areas. In such a situation, the relevance of the intervention can be mapped through the burgeoning need owing to healthcare challenges during COVID-19 and the urgent requirement of medical infrastructure in the concerned medical institutions.

The relevance of the intervention was more prominent due to the timing in addition to focusing on the needs of the healthcare institutions leading to optimum usage and positive impact, especially at a time when most healthcare institutions were struggling with low capacity, especially with respect to beds, ICU beds, oxygen, and masks/PPE kits during the COVID-19 pandemic. The intervention focused on catering to the rural health care ecosystem owing to their aggravated and unsolved needs. The Colgate Palmolive CSR program in its intervention covered 34 PHCs, 11 CHCs, and 35 hospitals revealing a focus on institutions historically under-served.

Coherence

Health is a core dimension of the Sustainable Development Goals (SDGs), with goal 3 aiming to “ensure healthy lives and promote wellbeing for all at all ages.” Additionally, health is casually linked with 10 of the 16 goals. In congruence with SDGs, the Government of India adopted the National Health Policy (NHP) in 2017 to strengthen the Indian healthcare sector.

The policy looks at healthcare problems holistically with the private sector as a strategic partner, collaborating for strategic purchasing, capacity building, skill development, awareness generation, etc. The Colgate Palmolive CSR program is thus in line with both global goals and national goals contributing actively to the health infrastructure of the nation.

3 GOOD HEALTH AND WELL-BEING



Effectiveness

The effectiveness of the program can be measured against the program goals and objectives of building capacities of healthcare institutions and equipments' utilization levels. The study revealed that the capacity of the institutions was developed across various spectrums. The increase in beds and ICU beds shot up the hospitals' ability to admit more critical patients. For example, GMERs Civil Hospital received 200 beds and 50 ICU beds, increasing the capacity to 950 from 650. Moreover, donation of ambulances improved reach out to critical patients, and patients were stabilized before being sent to district hospitals. The donation of diagnostic equipments improved the capacity of the institutions to timely test for illnesses and diseases.

The discussions also revealed high utilization of each equipment provided under the program. However, in case of specific equipments which were highly demanded during the COVID-19 pandemic such as oxygen concentrators, ventilators, and BiPaPs the usage declined relatively on account of a decline in COVID-19 cases in the nation. However, it is to be noted that while the program was initiated, these equipments had a high demand for saving critical lives. Voltage fluctuation in certain rural centers, affected the capacity to operate hi-tech machinery. This situation was witnessed in a civil hospital, Jawali, Himachal Pradesh with respect to a 500 MH x-ray machine.

Efficiency

The analysis of efficiency in healthcare infrastructure program necessitates an understanding of the ability of the infrastructure to reduce the time of treatment or to improve the quality of treatment. Some of the healthcare equipments that boosted efficiency in the delivery of healthcare services are,

New hi-tech equipments:

The program provided new and hi-tech equipments to the healthcare institutions which either had outdated or no equipments at all. This led to an instant improvement in the quality of services provided.

Supporting Equipments:

The supporting equipments sped up the process of reporting and database transfer to state and central government institutions with minimal errors, thereby improving operational efficiency.

Vaccine Vans:

The vans were used for delivering COVID-19 and other vaccines to PHCs and CHCs. Previously, the states had to rent or borrow to distribute the vaccines which slowed down the pace of delivery and increased the cost.

“The hydraulic features of the ICU bed enabled the COVID-19 patients to sit upright on their own for meals. This made the patients feel empowered, since they didn’t have access to family –Mr Kultar Hamirpur, Civil Hospital Taunidevi Hamirpur, HP

Impact

The impact of the Colgate Palmolive CSR program can be analyzed from both immediate and long-run perspectives. The immediate impact on some levels is tangential to the effectiveness and efficiency of the program citing the instantaneous improvement in the quality of healthcare services and the ability of healthcare institutions to cater to the patients. It has to account for end-to-end impact in the hospital ecosystem— which can range from the extent of equipment usage to trainings of healthcare personnel to use the equipments, increase in human resources to deal with additional resources, increase in patient inflow due to additional services, increase in procurement of other supportive equipments, etc. The long-run impact is the change in health outcomes of the population given the improvement in the quality of healthcare in nearby hospitals. This can be in the form of lower health costs due to better facilities at public healthcare centers, reduction in travel time for healthcare due to improvement in nearby facilities, shorter wait times for outpatients, consistent availability of vaccination, etc. Since the current program began only a year prior, the current study can only highlight the immediate impact in the hospital ecosystem.

Sustainability

The success of program can be ultimately determined through its long-term impact, resilience, and regular utilization of the equipments, thereby forming the basis of sustainability. The longevity of the program benefits shall thus depend on the improved maintenance capacity of these government healthcare hospitals and centers, the availability of resources such as space, electricity, technicians, etc. to ensure optimum usage, and the capacity to purchase additional but essential equipments to ensure full utilization of existing ones. The challenges pertaining to maintenance was more pronounced for small institutions such as PHCs, followed by CHCs and civil hospitals since the hospitals have their own biomedical engineers and third-party maintenance contractors.

Lack of manpower is a critical challenge in many of the grassroots healthcare institutions. While the study did not find any cases where equipments were not being used due to lack of technical proficiency, however, in some cases, there was shortage of staff for operating the equipments. Similarly, in case of supportive infrastructure, in one case, the X-ray machine was not operational due to voltage issues and in other, due to space challenges.

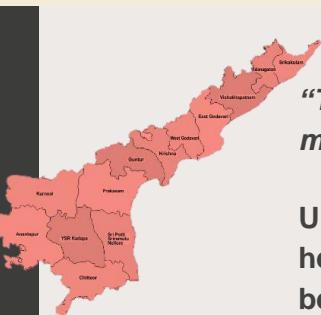
Key areas of strength of the intervention

Criteria	Rationale for strengths	Rating
Relevance	The Colgate Palmolive CSR program provided healthcare infrastructure to existing hospitals, PHCs and CHCs. The program was highly relevant given the challenges faced by the healthcare institutions during the COVID-19 pandemic, the need for medical infrastructure by the healthcare institutions, and the selection of the relevant institutions in form of PHCs and CHCs.	● ● ● ● ●
Coherence	The goal 3 of SDG aims to “ensure healthy lives and promote wellbeing for all at all ages.” Additionally, health is casually linked with 10 of the 16 goals. In congruence with SDGs, the Government of India has also adopted the National Health Policy (NHP) in 2017 to strengthen the Indian healthcare sector. The Colgate Palmolive CSR program is thus in line with both global goals and national goals contributing actively to the health infrastructure of the nation.	● ● ● ● ●
Effectiveness and Impact	The effectiveness and impact of the program can be measured against the program objectives of building capacities of healthcare institutions and equipment’s utilization levels which witnessed a positive trend. The increase in beds shot up the hospital’s ability to admit more critical patients. The highest impact was observed from the ambulances, vaccine vans, beds and diagnostic equipments, as these have been highly beneficial not only during COVID-19 but also in post COVID times for facilitating myriads of medical needs.	● ● ● ● ●
Efficiency	As a part of implementation, the Colgate Palmolive CSR ensured that a need assessment be undertaken to map the most critical demands of the healthcare institutions. Having understood that they had to respond fast to the COVID-19 situation, they undertook the project in record time by connecting with district level administrations directly prior to donation to map out the needs and cater to them. However, opportunity on building sustainable community connect and long-term relationship with the ultimate beneficiaries of such an intervention was lost. Here, the focus could have been on supporting a more bottom-up approach by fostering partnerships with local NGOs who have strong community ties, as this is an opportunity for the Colgate Palmolive CSR to build long term equity with communities at large.	● ● ● ●
Sustainability	<p>The success of program can be ultimately determined through its long-term impact, resilience, and regular utilization of the equipments.</p> <p>The healthcare institutions have been in urgent need of the high-value equipments. Upon receipt of these, there has been regular utilization of these equipments. However, the key challenge remains in the maintenance of these equipments and consistent availability of essential resources such as of space, electricity, technicians, etc. to ensure optimum usage. The evaluation revealed that in certain cases, maintenance proved to be a challenge and there were also operational issues in terms of a lack of technicians for operating the equipments. However, the institutions did reveal an intention to cater to these challenges and improve the utilization of the equipments.</p>	● ● ● ●

Stage 2- Key program impact on states

Himachal Pradesh

“On 5th December 2021 Himachal Pradesh was awarded by the esteemed Prime Minister and Health Minister as it was the first state to complete the first and second dose of COVID-19 vaccination. The vaccine van received was of very good quality. While all the existing vaccine vans are non-refrigerated, the vaccine van donated by Colgate Palmolive CSR was the first refrigerated vaccine van in the state, and it was used immensely to supply all the different types of COVID-19 vaccines efficiently.”- Dr. Sonika, Dept of Health and Family Welfare



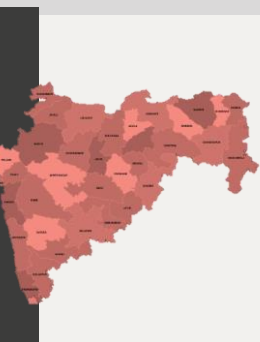
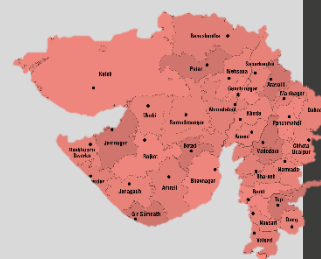
Andhra Pradesh

“This is the first time the PHCs have received such high-quality diagnostic machines, it can change the course of primary health care”- Dr. P Ravi Raju

Under the program, the Chittoor district administration received 10 hematology analyzers which were installed in 9 PHCs. These machines have been proven highly instrumental for diagnosing conditions of pregnant and anemic women. The administration intends to provide similar support to all PHCs under its jurisdiction to reduce cases of infant mortality and maternal mortality.

Gujarat

“We intended to ramp up the bed facilities during COVID-19 pandemic. The Colgate Palmolive’s initiative not only increased the number of beds but also enhanced the quality of beds in state health care centers. It is the best we have ever had.”- Dr. Chintan Desai, medical officer, Ahmedabad, Gujarat



Maharashtra

“The process of receiving equipments from Colgate CSR was very efficient. The govt. hospitals require external support even if the govt. has budget because the process of procurement is tedious and long. Sometimes equipments take a year to be delivered affecting the quality of healthcare services provided to the patients. On other side, through external support the process is faster, and we get required equipments on time.”- Dr. Andrade, Nair Hospital

Goa

“We were a designated COVID-19 center and were dealing with sick and breathless patients. Initially, due to lack of quality beds and stretchers, it was extremely challenging to move the patients around. However, this issue was alleviated once the beds from Colgate Palmolive CSR arrived. The stretchers and wheelchairs were also highly useful.”



4 Conclusion

Recommendation:

The program assisted in developing the core infrastructure of healthcare institutions at the paragon of need, and the donated instruments reveal the capacity to serve the communities for a longer term. Since the program was spread across five geographies, speed of delivery was a critical need and hence, the program was undertaken by Colgate Palmolive CSR directly, by reaching out to the district administration prior to donation to map out the needs and cater to them. However, due to this direct approach of dealing with government officials/ hospitals, opportunity on building sustainable community connect and long-term relationship with the ultimate beneficiaries of such an intervention was lost.

Here, the focus could have been on supporting a more bottom-up approach by fostering partnerships with local NGOs who have strong community ties, as this is an opportunity for the Colgate Palmolive CSR to build long term equity with communities at large. Also, a more impactful approach would have been to cater to or adopt a state/ district and provide end to end healthcare solutions.

Conclusion:

The pronounced spread of COVID-19 disrupted lives, livelihoods, communities, and businesses worldwide. The global outbreak had economic and financial ramifications, affecting global product supply chains, and resulting in shortages of numerous necessities, including medical equipments. The healthcare system, especially primary, secondary and sub centres, wasn't adequately prepared to contain COVID-19 transmission, especially in the face of paucity of testing services, weak surveillance system, and above all lack of manpower and infrastructure requirements. Colgate Palmolive's CSR initiative of donating healthcare medical equipments was undertaken in line with this need during the COVID-19 pandemic. The intention was to assist the healthcare institutions by improving their capacity, effectiveness, and efficiency for service delivery.

Considering the urgent demands in the public health space owing to the COVID-19 pandemic, the support extended by the Colgate Palmolive CSR was well appreciated by the stakeholders. It was especially instrumental for building the capacities of primary health care centers of rural villages by providing them with essential diagnostic test machineries and beds. Another essential intervention was through vaccine vans, where state machineries were able to facilitate complete vaccination in record time. There were several successes to this program, with most medical institutions having the ability to cater to more patients due to the availability of new equipments. Definite improvement was witnessed in several of the healthcare institutions selected by the Colgate Palmolive CSR, especially in terms of catering to the need, overall usage of equipments, and ultimately, patient care.

