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Delivering primary healthcare with quality and accountability in India: the case of Swasth

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Table of Contents

Preface to the Working Paper Series

The India Health Systems Project is motivated by the goal of advancing health system reforms in India to provide equitable access to good quality of care and financial risk protection for its citizens. The Project adopts a system approach to assess the strengths and weaknesses of India's current health care system, identify underlying causes, propose potential solutions drawing on best practices within India and international experience, and, finally, to monitor and evaluate progress and impacts of reforms.

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Abstract

Mumbai's health system faces several challenges, as in many other parts of India, and both the public and private sectors have failed to deliver a broad set of good quality primary healthcare services in a patient-friendly way. Swasth, a not-for-profit social enterprise, was founded in 2009 with an aim to address many of these gaps by delivering primary healthcare services to low-income populations in Mumbai through a network of health centers.

Using both primary and secondary data, this paper presents the interventions that Swasth has undertaken to address key health system challenges in Mumbai: (1) *providing a broad set of primary healthcare services*, including preventive-promotive and curative care, as well as dental care, diagnostics, and drugs; (2) *delivering easily accessible and patient-friendly care*, through conveniently located and timed clinics; (3) *assuring accountability to patients for services*, by issuing warranties for timely and lowest-priced services, and for treatment outcomes in dental care and hypertension management; and (4) *promoting provider behavior that prioritizes quality and accountability*, through incentives, technology systems, and careful recruitment, training and monitoring of their staff.

We conclude the paper with a discussion on the challenges of financial sustainability and scalability that Swasth confronts today. We also present an examination of potential lessons for Health and Wellness Centers under India's Ayushman Bharat program, specifically, lessons for expansion of primary healthcare services, for making public sector facilities more accessible to people, for introducing measures of accountability to patients, and for designing mechanisms to ensure quality of care by public sector providers.

This paper is intended to inform PHC interventions in both public and private sectors and is envisioned to be useful for readers involved in designing PHC reforms at the central and decentralized government levels.

Introduction

The importance of primary healthcare (PHC)[1] is widely recognized around the world [1-3]. Evidence confirms that health systems with strong PHC are more likely to achieve better health outcomes [4, 5], more equity in health [6-9], and greater efficiency [9-11].

India's health system faces many challenges in achieving the above-mentioned goals. Common challenges include shortfalls in infrastructure, supplies, and personnel [12-14] and poor quality of care [14-17]. Due to gaps in PHC services of the public sector, most people either go to outpatient departments in hospitals or to private practitioners [15, 16, 18, 19]. The private sector is largely unregulated, highly heterogeneous, and often expensive [15, 16, 18-22]. Consequences of weak PHC in India are evident in poor health outcomes, delayed or foregone care that results in preventable complications, expensive hospitalizations, or worse, deaths, which could have been successfully averted with effective PHC.

Government programs have aimed to address PHC gaps, but they face many challenges. The Ayushman Bharat program (2018) aims to deliver comprehensive PHC through its Health and Wellness Centers (HWCs) [23, 24]. Any effort to make PHC programs successful will need a significant increase in the government's financial investment, which has been historically low in India [25-28]. In addition to low financial investment, there are many other barriers to the successful implementation of HWCs: poor perception of the quality of the public sector; barriers to access; and lack of comprehensive services, drugs, and diagnostics. Reforms to attract citizens to the new HWCs will need to address these factors.

The situation of PHC in Mumbai, one of India's biggest cities, reflects many of the problems found throughout India. In short, the Mumbai health system (both public and private) has failed to deliver a broad set of good quality PHC services in a patient-friendly way.

In 2009, a not-for-profit social enterprise named Swasth was founded with an aim to address these gaps in Mumbai's PHC through a network of health centers serving urban low-income populations. Supported by a community-based preventive program and a referral network of hospitals for secondary care, each Swasth health center acts as a 'one-stop-shop' for health services, providing consultations with physicians for acute and chronic conditions, dental care, diagnostic tests, and drugs.

In the context of Mumbai's health system failures, Swasth introduced interventions that seek to do the following:

1. Provide a broad set of PHC services
2. Deliver easily accessible and patient-friendly care
3. Assure accountability to patients for good quality services

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[1] It is important to note that we use the term "Primary Healthcare" in this paper as opposed to "Primary Care". Primary Care and Primary Healthcare are sometimes used to denote different concepts. Primary Care describes a narrow concept of clinical services delivered to individuals at the first level of care. Primary Healthcare is a broader term which derives from core principles articulated by the World Health Organization and which describes an approach to health policy and service provision that includes both services delivered to individuals (Primary Care) and population or community level public health functions of prevention, promotion and rehabilitation.

4. Promote provider behavior that prioritizes quality and accountability

This paper describes the interventions that have been introduced towards achieving these aims and discusses the challenges that Swasth confronts today, including financial sustainability and scalability of their model, and potential replicability by the public sector.

This paper is intended to inform the design of PHC interventions in both public and private sectors in India; and is envisioned to be useful for officials involved in designing PHC reforms at the central and decentralized government levels.

Data and Methods

This paper is based on an analysis of both primary and secondary data related to Swasth's operations in Mumbai. Primary data was collected during 2019 by one of the co-authors (AK) through individual and group interviews with representatives of the management team and the clinical teams at Swasth, and through field-visits to Swasth clinics to observe and interact with providers. For secondary data, AK collected publicly available literature about Swasth's programs. The second author (SK) is the co-founder and Chief Executive Officer (CEO) of Swasth, and he facilitated access to the organization's internal documents. Author MRR guided and contributed to the analysis and writing of the manuscript.

The paper has limitations. We have relied on internal data from Swasth for our analysis. There is no third-party assessment of the indicators and process outcomes that we present in this paper. The paper presents a description of the model used by Swasth to address the challenges of PHC in urban India, with a discussion of some key strengths and challenges, and it is not intended to be an evaluation of Swasth's interventions.

Healthcare context in Mumbai

At the outset, it is important to understand the socio-demographic context of Mumbai. Mumbai is the capital city of the state of Maharashtra in western India. With a population of more than 30 million, it is the second-most populous city in India [29]. Around 20% of the city's population lives below the poverty line (earning $<1.90 a day) [30]. A majority of the population earn between $3 and $10 per day [30], and over 62% of the city's population resides in slums [31].

The following sections describe the healthcare context in Mumbai across some key health system performance indicators.

Healthcare Delivery and Provider Behavior

Healthcare in Mumbai is delivered by both the public and private sectors. The public sector includes facilities funded and run by the city's municipal corporation and the state's department of health. PHC in the public sector is provided by urban primary health posts and dispensaries run by the Brihanmumbai Municipal Corporation (BMC). The secondary and tertiary levels include some hospitals and medical colleges run by BMC, while others are by the state government.

The private sector in Mumbai is heterogeneous and widely variable in quality. It includes a range of providers – super-specialty hospitals with highly-skilled doctors, charitable hospitals and clinics, and unqualified practitioners. PHC in the private sector is mainly delivered by doctors with small individual practices, drugstores, and unqualified providers.

The focus of the PHC facilities in the public sector is predominantly on infectious diseases and maternal-child health (MCH), and a majority of the population seek care from public and private hospitals or from private practitioners even for minor illnesses and routine management of chronic conditions.

The health system faces challenges related to incentivizing and monitoring providers to deliver good quality and patient-friendly care. Incentives for providers are not aligned to the goals of better health outcomes, and care provided by the health system is rarely patient-friendly. Due to perverse incentives, providers are often motivated to induce supply and provide irrational care. This affects both clinical quality of care as well as patients' perception of quality. To add to this, PHC providers (public and private) are seldom evaluated for clinical quality and hardly ever held accountable for treatment outcomes.

Financial Risk Protection

Financial risk protection in Mumbai is quite poor, as seen from low insurance coverage and high out-of-pocket expenses (OOPE). Some estimates show that as few as 14.7% of households have any insurance cover [32]. While the new Pradhan Mantri Jan Arogya Yojana (PMJAY) program and the state level Rajeev Gandhi Jeevandayi Arogya Yojna (RGJAY) officially cover about 30% of the city's population, surveys show that people are mostly unaware of their insurance status and utilization is poor [33].

Problems with OOPE occur in various forms. Despite being enrolled in RGJAY, around 88.23% of enrolees incur OOPE for diagnostics and medicines even at empanelled hospitals [33], and about a third of the beneficiaries experience financial catastrophes or impoverishment [34-36]. However, disaggregated data are not available to identify the main reasons behind these expenses. Unlike hospitalization, PHC, which is not covered by any major health insurance scheme, usually consists of high-probability low-expense events, that might not lead to a financial shock. Still, the expenses can accumulate over time and take away from a household's ability to spend on other needs.

Access to Care

Access to PHC is limited by many factors in Mumbai. PHC facilities run by the municipal corporation are not always located conveniently. Their limited hours mean that a majority of the working population has to forgo their daily wages to access care [37]. Even when people visit public providers, diagnostic services and medicines are not always available, and have to be accessed through multiple visits, requiring even more loss of wages; or these services have to be availed from more expensive private drugstores and diagnostic centers. Private providers offer more convenient services, but they tend to be significantly more expensive [22]. Poor patients with low literacy levels also report being mistreated by providers, and they face difficulties in navigating multiple referrals across public and private sectors for different services [37, 38].

Access to care is also influenced by the health-seeking behaviors of the population. Due to information asymmetry in health, most patients are unable to make informed and correct

decisions, such as when to seek care, the need for preventive care even when patients are not feeling ill, or assessing clinical quality and safety of care [39, 40]. As a result, patients often chose providers based on parameters like convenience and cleanliness of a facility, or what they perceive as good quality care like a higher number of prescribed drugs or a long list of diagnostic tests [38, 41, 42].

As a result of barriers to access and health-seeking behaviors, a large number of low-income households in Mumbai's slums forego care on falling sick or seek treatment from unqualified providers [43]. More than 80% of people in Mumbai seek care from the private sector due to the challenges in the public sector [34, 36, 37, 43].

Quality of Care and Accountability to Patients

The quality of healthcare in both the public and private sectors in Mumbai remains a huge issue. Quality standards have focused on the infrastructure of health facilities (mostly hospitals), rather than on clinical outcomes; standards are not uniform, they are set by different regulatory bodies, and their enforcement has been challenging [44-46]. Socio-economic disadvantages among patients make them disempowered to demand better treatment, and they have limited mechanisms to hold providers accountable for poor treatment outcomes [41, 42].

Health Status

All of the above-mentioned factors contribute to poor health outcomes in Mumbai. NCDs account for the top causes of death in Mumbai [30, 47], but data show that only half of NCD patients in Mumbai's slums receive treatment [30, 43]. Full basic immunizations reach only 45.6% of children [32]; 46.7% of all childhood deaths occur due to preventable causes [48]; only 43.5% of women receive the recommended antenatal care [32]. The city performs worse than the state of Maharashtra on key health indicators, with higher infant and maternal mortalities, a lower life expectancy, and a higher burden of diseases like malaria and tuberculosis [32, 49, 50].

Overview of Swasth

Swasth Foundation (Swasth), a not-for-profit social enterprise, was founded by Sundeep Kapila, Ankur Pegu, and Arvind Saraf in 2009. Swasth was set up with a goal to provide good quality PHC that is affordable and accessible to low-income households in Mumbai (see Figure 1).

Figure 1: Swasth at a glance

Swasth designed a network of health centers and community outreach initiatives. The first center was set up in 2011, and the organization now has 21 centers that deliver preventive-promotive and curative services, drugs, and diagnostics, as well as provide referrals to secondary/tertiary facilities for advanced care. The centers are located in slums of Mumbai, and each center serves a population of around 100,000 people.

Swasth uses information technology (IT) to support almost all of its clinical and administrative functions through an integrated cloud-based technology platform called *Swasth Live* (described later in this paper).

Each Swasth center has a team of 4-6 people to provide care (Table 1).

Table 1: Staff at Swasth centers

Staff position	Required qualifications	Number in each Swasth center
Family physician	Medical degree in western medicine (*Bachelor of Medicine, Bachelor of Surgery,* MBBS)/ Ayurvedic medicine/Unani medicine with 5-35 years of clinical experience	1
Dentist	Bachelor of Dental Surgery with 2-15 years of clinical experience	1
Center Coordinators or Health Assistants	High-school diploma; member of the center's catchment/ local community	2-4

To access care at Swasth, patients can either enroll as a member or directly walk-in to any of the centers. Members enroll annually through a subscription-based model that entitles them to free consultations and discounts on drugs and diagnostics at Swasth centers for very nominal yearly payments. Besides subscriptions, patients also have the option of walk-in consultations with fee-for-service payments. On average, half of Swasth's patients are walk-ins, and the other half are members. The average annual number of visits per center varies between 10,000 and 20,000. Affordability of services is one of Swasth's main offerings. All prices at Swasth are at least 50% less-than-market. Internal data show that Swasth has served more than a million patients with an estimated 50-80% reduction in OOPE amongst its target patient group [51].

Swasth has two main sources of income – patients' fees and grants. Patients' fees are used wholly towards supporting the centers' operating costs, and on average, a center takes 2-5 years to reach break-even. Swasth is funded through grants received from bilateral agencies, international corporations, and Indian charitable foundations. Currently, approximately 70% of Swasth's expenditures are met through grants, while 30% are covered through patients' fees [52].

Swasth Interventions Aimed at Health System Challenges for Primary Healthcare

Swasth has undertaken many interventions that are documented elsewhere [53]. The focus of this paper is on Swasth's interventions to address four problems in the current health system in Mumbai (Table 2): (1) failure to provide a broad set of PHC services, (2) failure to deliver easily accessible and patient-friendly care, (3) failure to provide accountability for services delivered to patients, and (4) failure to promote provider behavior that prioritizes quality and accountability. The following sections describe Swasth's initiatives under each of these four areas.

Table 2: Health system challenges that Swasth addresses through specific interventions

S.No.	Health system challenges	Swasth's interventions
1.	Failure to provide a broad set of primary care services. Public system focused on MCH & private system not incentivized for preventive care • Unmet need • Patients often forego care because services are not available • Patients often bypass primary care level to go to hospitals (inefficient) • Patients often seek care at more expensive private providers • Lack of dental care in public sector	Swasth provides a broad range of services: a. Preventive + promotive services: health education in the community, disease-screening camps, community/home-based follow-up for treatment compliance, and through school health programs [community health workers]; dental care b. Curative services: for acute and chronic conditions (including a focus on NCDs with community-based follow-up), day-care; dental care c. Medicines: lower than market prices, pharmacy at the clinic d. Diagnostic services: with NABL certification, lower than market prices
2	Failure to deliver easily accessible and patient-friendly care • Public clinic locations & timings are inconvenient • Diagnostic tests and medicines not available, or require multiple visits • Opaque pricing and hidden charges by private providers • OOPE at public facilities	Swasth provides accessible and patient-friendly care: a. Convenient and easily accessible clinic locations and timings: • Morning & evening shifts for center timings • Central location, ground floor/street level for easier accessibility; cluster effect – locating clinics around other health providers • Designing the clinic with clear signage, designated waiting areas, privacy during consultation b. Pharmacy & diagnostic services are more convenient: medicines are available at the clinic; diagnostic samples are collected during consultation; same-day diagnostic reports – saves time and money for the patient c. 24-hour telephonic helpline: patients can call in for medical and non-medical issues, and for warranty claims or complaints d. Service charges are transparent: all charges clearly communicated to patient (before consultation), all medical records shared with patient, receipts and bills share with patient
3	Failure to provide accountable care • There are no mechanisms to hold either public or private providers accountable for their clinical quality of care • Most patients are not empowered to hold providers accountable	Swasth assures good quality and accountable care to patients: a. Issues service warranties to patients for safety of clinical processes, on-time delivery of services, and lowest prices for services in comparable providers b. Issues treatment warranties to patients for dental care and hypertension management to establish accountability for treatment outcomes
4	Failure to promote provider behavior that prioritizes quality and accountability • Most public and private providers are not incentivized to provide good quality care • Most providers not held accountable for treatment outcomes or patent experience • Delivery often affected by supply-induced demand, irrational care, leakages through hidden charges, and referrals for cut-backs	Swasth changes provider behavior to promote quality and accountability: a. Swasth's IT system to ensure transparent clinical and administrative processes; monitor provider behavior b. Quality monitoring team to review both clinical and administrative aspects of services c. Careful attention to recruitment and training of staff – choosing candidates who fit Swasth's culture and share the values; pre-service and continuous on-the-job training on clinical/technical areas + personal (soft skills) d. Provider payments designed to prioritize quality and accountability – salary bonuses linked to patient satisfaction scores and adherence to treatment protocols; zero tolerance for collusion

1. Providing a broad range of primary healthcare services

Swasth provides the following primary services to address the large gap in comprehensive PHC in Mumbai.

1.1 Preventive care:

Swasth provides a range of preventive-promotive services led by their HAs. These workers visit households to spread awareness about Swasth's services, educate people on good health practices, and hold monthly meetings in the community for educational talks on prevention and management of common NCDs. They organize preventive-promotive services such as diagnostic camps for common conditions and health camps at schools in their communities. If an individual is diagnosed with a disease or found to be at high-risk, they are usually referred to the nearest Swasth clinic.[2] Patients from community health camps receive discounts on various services at the Swasth center, such as a 20% discount on dental services, and on annual Swasth subscriptions.

1.2 Curative services:

Swasth provides a broad package of curative care services, addressing both acute and chronic diseases, including dental care (see below). The physician at the center provides treatment for all common illnesses.

Swasth has designed its clinical services for effective NCD care. Swasth attempts to enroll individuals in the catchment of the clinic, as well as every walk-in patient, and maintains their health records. This helps Swasth in the identification of high-risk patients and early detection of NCDs. The health records also help physicians understand the patients' history and current conditions better, provide effective treatment, and plan continuous management of their conditions. Engagement with patients through community and home visits by HAs ensures that there is no loss to follow-up, and patients can access regular care and make associated lifestyle changes. Patients requiring secondary or tertiary care are referred to public hospitals, and a select set of an established network of private providers, and services at in-network facilities are available to Swasth members at a discount.

1.3 Dental care:

Swasth provides services to address the huge gap in good quality dental care available to low-income populations in Mumbai. PHC centers in the public sector do not provide dental care, and private sector dentists are often prohibitively expensive for low-income families. As a result, most patients often forego dental care. To address this gap, Swasth's clinics offer a full range of dental services. In addition to the full-time dentists at Swasth, they also call-in consultant dental specialists for specific cases.

1.4 Diagnostic services:

Swasth offers a full range of high quality and affordable diagnostic tests suited to the PHC level. Each center is linked to the central Swasth diagnostic laboratory, certified by the Quality Council of India under National Accreditation for Testing and Calibration

[2] These observations are based on interviews and visits to Swasth clinics between May and June 2018.

Laboratories (NABL). Swasth's diagnostic services have the lowest prices compared to other NABL-certified diagnostic centers in the city. This helps patients access affordable diagnostic services of reliable quality – a service that is often not easily available for low-income families in Mumbai.

1.5 Pharmacy services:

Each Swasth clinic has a pharmacy stocked with medicines and consumables relevant to primary and emergency care. Swasth's medicines are generics and branded generics from reputable companies, ensuring good quality at low prices. The prescription fulfillment rate at Swasth is 99%, and patients rarely have to go to other drugstores to buy the medicines.

2. Delivering easily-accessible and patient-friendly care

Swasth has undertaken the following initiatives to make their services more patient-friendly and address the barriers to access commonly faced by their target users.

2.1 Standardized and patient-friendly design of Swasth centers:

Swasth has standardized the design for their centers with the same composition of personnel and identical hours and service offerings. This makes the experience of seeking care more predictable for patients, as they know what to expect from their visit.

The centers are designed to convey Swasth's patient-friendly approach. The centers have distinct areas for consultations, treatments, and reception and waiting. Each center is kept clean and brightly-lit. The centers have sufficient space to accommodate accompanying family members of patients. These design aspects set Swasth clinics apart from the majority of providers in Mumbai's slums, who practice out of just one room without any privacy for the patient during consultations, and patients often have to wait on the street for their turn.

2.2 Convenient location of Swasth centers:

Swasth chooses the locations for its centers to maximize access. The centers are centrally located within their catchment areas, close to the homes of the target population. Each center has a street-facing unobstructed entrance to ensure maximum visibility. All centers are located at the ground level to be accessible for patients with disabilities or difficulties in walking up stairs. Centers are set up near an existing cluster of health facilities to help attract patients who are in the area already looking for health services. The right location for a center determines its patient volumes to a large extent, and therefore, helps make it sustainable.

2.3 Convenient timings of Swasth centers:

The hours of operation of Swasth centers are tailored to suit the convenience of their target population. Shifts are split into two: 8:00 am to 1:30 pm and 5:30 pm to 9:30 pm, making the centers accessible to people without missing an entire day's work.

A patient-friendly initiative that Swasth has started is to complete all diagnostic tests on the same day. Samples are collected at the clinic during consultations and sent for testing to the central laboratory. Sample-collection timings are tailored to suit the convenience of Swasth's patients. Reports are made available to the patient online on a secured portal or at the center

the same day. This helps working populations and prevents patients from losing multiple days' wages due to repeated visits required for undergoing diagnostic tests.

2.4 Helpline service:

Swasth has a 24-hour telephonic helpline for patients to receive assistance from trained representatives. Swasth receives around ~25 calls a day that range from callers with queries about health-related problems, as well as for information about prices of services, clinic locations, and timings, and administrative issues like warranty claims and complaints against providers. For all medical issues, patients are connected to the Swasth physicians for advice. The helpline is a unique service provided by Swasth and provides continuous access to care, rarely seen at other health providers.

2.5 Transparency of service charges:

Swasth has instituted multiple mechanisms to maintain transparency of service charges to patients. Swasth clearly displays boards at their centers with prices of all their services. Prices are the same across each Swasth clinic, and the attending physician/dentist is forbidden to charge anything over and above the published prices. This prevents any surprise or hidden expenses that are common at most health providers. All patients are provided with a detailed medical record of their visit with receipts as proof of payment, which provides recourse to the patients if they have questions about the charges.

3. Providing accountability for services delivered to patients

Swasth conveys assurance for quality and accountability towards patients through an innovative initiative of issuing warranties for health services.

3.1 Service Warranties:

Swasth provides three kinds of service warranties to patients.

Safety warranty on all procedural treatments like infusions, injections, and suturing, assuring that in case there is any complication or infection arising out of these procedures, the patients will be treated free of cost to remedy the situation either at a Swasth clinic or a secondary/tertiary facility.

On-time warranty for sample-collection and report delivery, assuring that if the samples of the patient were not collected by a Swasth clinic during their visit, or if the diagnostic reports were not delivered within 24 hours after sample-collection, then Swasth will conduct the tests for free.

Price warranty that assures the lowest prices in Mumbai for diagnostic tests at NABL certified laboratories, and that if a patient finds another comparable center offering tests for a lesser price, then Swasth will pay the patient an amount of Rs. 5000 (~$70.50).

3.2 Treatment Warranties:

Swasth currently provides treatment warranties for dental care and hypertension management.

Dental warranties – Swasth's dental warranties cover treatments for up to three years for all patients, provided they come for their regular appointments with the dentist, including preventive check-ups scheduled once every year for non-tobacco users and once every three months for tobacco users.

These dental warranties are a unique selling point for Swasth and have had several benefits. Most people in Swasth's catchments have never had access to affordable dental care. They usually do not prioritize dental treatments. They often resign to either suffer in pain or opt for tooth extractions. Having access to Swasth's dental services with the warranty has made more people opt for procedures like root canals, even though they are more expensive, to avoid tooth extractions. The dental warranty has helped people understand the importance of seeking timely dental care, follow better dental hygiene practices, and incentivized people reduce, or even quit, tobacco consumption, as people have begun to understand the negative effect of tobacco on their oral health and the consequent increase in their dental treatment expenses.

Hypertension management warranty – Swasth's hypertension management warranty[3] assures that a Swasth physician will bring down and maintain the blood pressure levels in a hypertensive patient within three months of treatment and that the patient's treatment expenses within this duration will not exceed a specified amount. Failing this, Swasth promises to pay the expenses for further treatment (see Annex One).

The hypertension warranty sets expectations for both the provider and the patient. The expectations from Swasth are that the physician will prescribe treatment and required lifestyle changes as per standard treatment guidelines (STGs); that the physician will dispense all medicines through Swasth; and that all tests will be done at NABL-certified laboratories. On the part of the patient, the warranty is conditional on their adherence to this course of treatment and diagnostic tests and regular follow-ups.

Through these warranties, Swasth conveys its accountability towards treatment outcomes of their patients and helps motivate patients to adhere to treatment regimens and make behavior changes. The warranties have led to an increase in patients' trust in Swasth's services, thus increasing patient volumes.

4. Promoting provider behavior that prioritizes quality and accountability

Swasth has designed a number of interventions to ensure that their providers are incentivized to prioritize quality and accountability in their services.

4.1 Redesigning provider-payments:

Swasth has aligned the incentives of their clinical team with the objectives of assuring quality and accountability to their patients. In addition to salaries, Swasth has introduced performance bonuses for physicians, which are determined based on the physicians' compliance with clinical processes, their treatment outcomes for patients, and on patient-

[3] The hypertension management warranty was undertaken as a pilot, and plans for scale-up of the intervention across all Swasth centers had to be put on hold due to COVID-19.

satisfaction ratings. Since physician-payments are not linked to revenue, doctors are not motivated to advise unnecessary treatments and tests.

Swasth has introduced measures to ensure that their physicians do not refer patients to specific pharmacies or diagnostic centers for commissions, by mandating that all diagnostic tests and prescription filling are done at Swasth, unless the patient needs a referral per STGs. Doctors are monitored through *Swasth Live*, which helps the management detect any leakages of drugs, over-prescription, or inappropriate care, and ensure that care is delivered as per STGs.[4]

Swasth has a stringent policy against commissions for referrals or misbehavior towards patients, and they enforce it by imposing penalties, warnings, and even termination of employment. To further underscore the importance of good quality care and patient-satisfaction, Swasth has instituted monthly and annual rewards for performance on quality compliance and patient-satisfaction ratings for all their staff members.

4.2 Human resource recruitment and selection:

Swasth pays a significant amount of attention to the recruitment and selection of their staff to ensure better alignment with the organization's vision. Swasth assigns high weightage on personality attributes and intrinsic motivation of staff, as these attributes help select physicians who are more sensitive to the needs of low-income patients and are more motivated to provide patient-friendly care.

Swasth has made some strategic human resource (HR) related decisions that help them deliver more patient-friendly care. One such decision was to hire their HAs from the local communities so that they have unique insights about the needs of the catchment population. This has helped Swasth tailor their services to the people they serve and build a stronger relationship with the communities. The second decision was to hire Ayurvedic medicine graduates (Bachelor of Ayurvedic Medicine or BAMS) as physicians for their centers, rather than restrict this position to only graduates of MBBS (Bachelor of Medicine and Bachelor of Surgery).[5] Hiring Ayurvedic doctors has helped Swasth overcome the issue of physician shortages, which often impedes the delivery of PHC [13, 54, 55]. Swasth has also found that because of the orientation of the BAMS curriculum, Ayurvedic doctors have a more holistic view of health and are more receptive to Swasth's goal of providing comprehensive PHC, integrating non-clinical aspects of health.

4.3 Human resource training:

Swasth incorporates the values of high quality, accountable, and patient-friendly care in its HR training. Pre-service training involves classroom sessions that include an introduction to Swasth's mission, values, and culture; practical sessions to review relevant knowledge and

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[4] These observations are based on interviews and visits to Swasth clinics between May and June 2018.

[5] India has had to go through a number of legal battles to officially authorize Ayurvedic doctors to prescribe allopathic medicine, even though studies have shown that 80% of the curricula of BAMS and MBBS degrees overlap. More than 20 Indian states, including Maharashtra, have recognized Ayurvedic doctors in allopathic roles and have also employed them in primary healthcare facilities as medical officers. The new HWC program envisions the centers to be led by Ayurvedic doctors or nurses after their bachelors' degree training and a specially designed 6-month course that covers diagnosis and management of common conditions.

skills; and field visits to Swasth centers and catchments to observe the staff's interaction with their future colleagues and patients. Swasth also provides continuous on-the-job training, with classroom sessions to review the staff's knowledge of STGs, as well as field-based sessions that address needs for improvement on practical skills.

4.4 Swasth's IT system:

Swasth's IT system, *Swasth Live,* brings transparency in its clinical and administrative processes and helps the management monitor quality and compliance. *Swasth Live* integrates two modules: Electronic Medical Records (EMR) and Enterprise Resource Planning (ERP). The EMR supports clinical functions and records all information about a patient, starting with their unique identification numbers, their demographic and contact information, medical history, and details of consultation visits. The EMR allows Swasth to decide the best course of treatment tailored to each patient and helps with follow-ups.[6] The ERP facilitates supply-chain and inventory management of drugs and medical supplies; and supports HR and financial management operations. The data on clinical consultations recorded on the EMR are linked to inventories and finances on the ERP. The consolidated data facilitate better audits, avoid stock-outs, and check potential leakages of medical supplies.

4.5 Quality monitoring:

Swasth has instituted various mechanisms to monitor the adherence to quality and accountability among their staff. Swasth has two dedicated teams responsible for quality: the Quality Monitoring Team (QMT) and the Quality Improvement Team (QIT). The QMT undertakes regular surprise audits of randomly-selected Swasth centers for compliance on both clinical and management processes. The QMT and QIT also monitor compliance of physicians on following STGs and on maintaining patient health records on *Swasth Live*. Swasth evaluates patient-satisfaction through phone-calls to randomly-selected patients to ask about their satisfaction with clinic staff and their recovery after the treatment. Patient feedback is used to determine provider-payments and identify areas of improvement for specific staff members as well as for the organization as a whole. The QMT reports directly to the Swasth CEO, which helps maintain independence and evaluate the clinical teams without bias.

Challenges and Lessons

Swasth has made a number of important achievements on health system outcomes. Reduction in OOPE for their patients and an increase in patient-satisfaction have been noteworthy [51]. The average expenditure incurred by patients per health episode at Swasth is almost a third of the expenses at other private providers serving the same communities [51]. Internal records for Swasth's enrolled members suggest that access to services at Swasth centers have reduced hospitalization rates by 50%, and the cost of hospitalization by 20-40% [51, 52]. External process assessments show that 92% of the patients are satisfied

[6] These observations are based on interviews and visits to Swasth clinics between May and June 2018.

with Swasth's services and that Swasth's members reported 35-45% higher satisfaction rates than non-members [56, 57].

One of the key challenges that Swasth faces is achieving the financial sustainability of its model while maintaining fidelity to its goals. Although most Swasth centers are financially sustainable within 2-3 years of operation, the organization as a whole still depends significantly on external grants. In 2017-18, ~70% of Swasth's expenditure came from grants, and only 30% was raised from patients' fees (see Annex Two) [52]. Furthermore, operational break-even is not always sustained for some centers as they slip back into losses after reaching break-even. Since one of Swasth's primary goals is to provide affordable care to low-income populations, the financial viability of the model depends on increasing patient volumes, and not the prices of the services. However, increasing patient volumes for PHC is constrained by people's health-seeking behaviors. Most people are willing to pay for curative services, and not as much for preventive-promotive services, which constitute a large part of Swasth's offerings [58]. Given this, focusing on increasing the number of patients with subscriptions (that include preventive-promotive and curative services) could help increase Swasth's revenues. Swasth's users will need to realize the added benefit of subscribing to and renewing their care packages. The interventions towards ensuring quality and accountability through warranties might contribute towards achieving this.

Another key challenge for Swasth is achieving scale. Swasth plans to scale-up its model to more areas within Mumbai and other cities in India. However, the intensive focus that Swasth invests in its hiring and training processes, in monitoring quality of care, tracking patient-satisfaction, and issuing warranties for treatment outcomes, are not easily scalable without tight management control. The regularity with which different staff use the key technologies like *Swasth Live* for maintaining patients' health records and making clinical decisions is a challenge that is difficult to monitor at scale.

Despite the challenges of financial sustainability and scalability, Swasth's experiences of delivering PHC services provide some potentially important lessons for Ayushman Bharat's HWCs:

1. **Expanding the range of primary healthcare services:** HWCs could use Swasth's experiences for expanding the package of services that they will offer. HWCs are already envisioned to broaden the existing set of services to include NCDs. Swasth's approach of integrating community-based management of NCDs with curative services could be implemented for HWCs with the help of the existing community health workers in the public sector (Accredited Social Health Activists or ASHAs). HWCs could consider introducing services to address unmet needs for affordable services for dental care and diagnostics at the PHC level. Swasth's model could provide lessons on planning shared resources, such as a dentist on rotation to different HWCs, or a central laboratory for a cluster of HWCs that could conduct the tests.

2. **Delivering easily accessible and patient-friendly care:** Swasth could provide valuable inputs in planning accessible and patient-friendly HWCs. As seen from existing literature cited earlier in this paper, the location of facilities and their hours of operation determine access to PHC to a large extent. HWCs could use lessons from

Swasth's experiences for determining locations, hours, and design of the centers to make them more accessible and convenient for patients.

3. **Assuring accountability to patients for services:** Swasth's approach to introduce accountability for services could be useful for the public sector. At present, HWCs have not considered systems of holding providers accountable to their patients for the quality and outcome of their services. The introduction of measures for assuring accountability can go a long way in improving patients' trust in the public sector PHC facilities. While issuing treatment warranties (as Swasth does) might not be feasible for the public sector, other mechanisms could be considered.

4. **Designing mechanisms to ensure quality of care:** Swasth provides a number of valuable lessons for promoting quality and accountability of care. Swasth's experience of linking provider-payments to patient-satisfaction and quality compliance could be considered for incentivizing HWC teams so that these aspects of service delivery are prioritized. For ensuring quality, Swasth's STGs could be used to guide treatment processes at HWCs. Mechanisms like an integrated IT system and clinical audits that Swasth uses to ensure providers' adherence to STGs, might be valuable for HWCs to monitor quality. These systems could also help to detect leakages of drugs in the public sector and control unnecessary referrals for drugs and diagnostics. Another useful lesson for HWCs is the hiring and training of personnel. Swasth's decision to employ Ayurvedic medicine graduates is valuable for HWCs as India faces acute shortages of MBBS doctors, which has negatively affected the public sector for years. It is encouraging that many states in India have already accepted Ayurvedic doctors for HWCs. The regular supervision and continuous on-the-job trainings that Swasth has designed can be helpful in assuring that HWC staff are adequately supported to provide high-quality care aligned to the goals of Ayushman Bharat.

Swasth's experiences provide insights into possible solutions for addressing common challenges faced by the Indian health system. The interventions and lessons that we discuss in this paper can be useful for municipal corporations and state governments who are responsible for delivering PHC services across India. These lessons can also be used by the national government to formulate guidelines for the implementation of Ayushman Bharat and for setting standards to make PHC in India more comprehensive, patient-friendly, and of higher quality.

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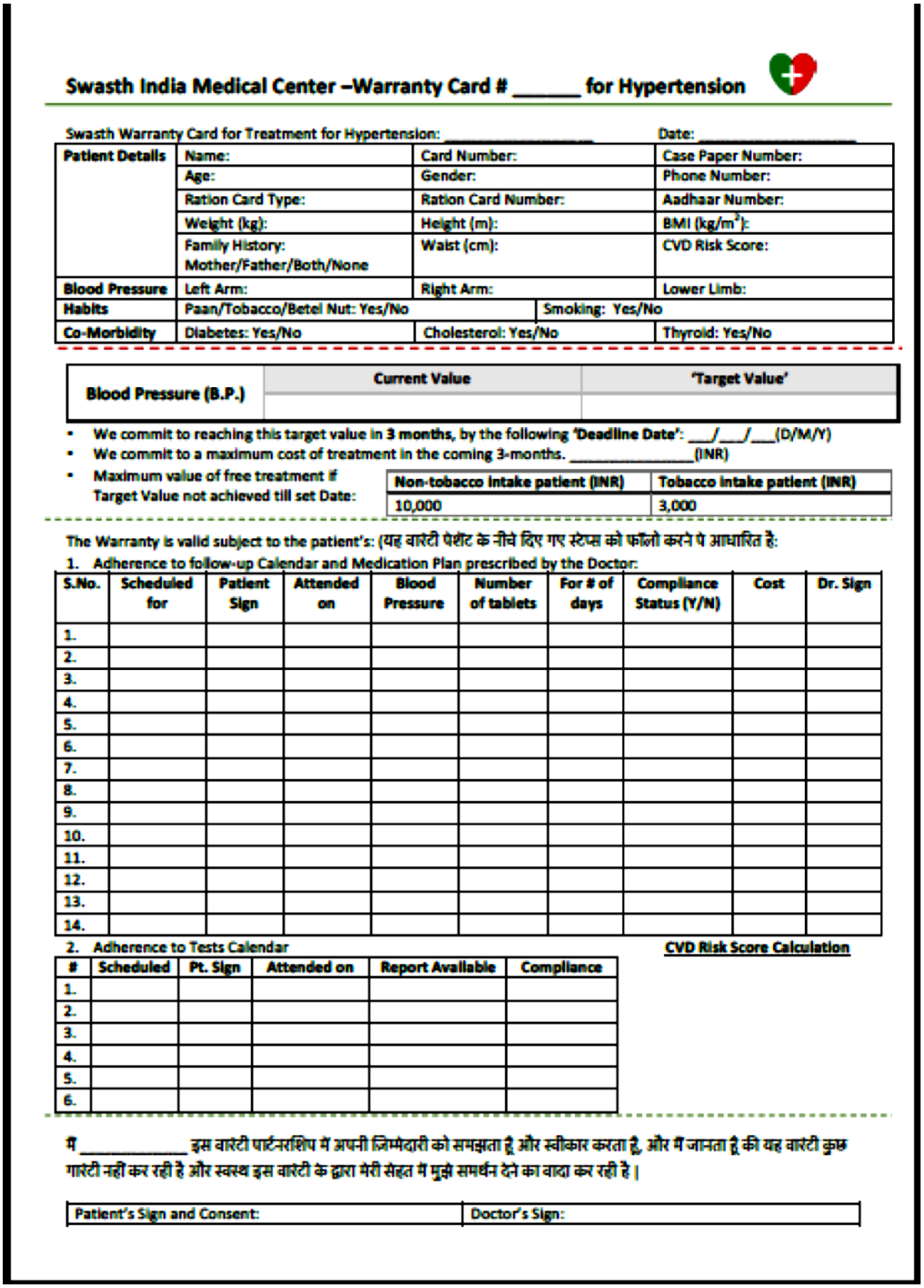
Annex One: Hypertension Management Warranty Card issued by Swasth India



Swasth India Medical Center –Warranty Card # _____ for Hypertension

Swasth Warranty Card for Treatment for Hypertension: _____ Date: _____

Patient Details	Name:	Card Number:	Case Paper Number:
	Age:	Gender:	Phone Number:
	Ration Card Type:	Ration Card Number:	Aadhaar Number:
	Weight (kg):	Height (m):	BMI (kg/m^2):
	Family History: Mother/Father/Both/None	Waist (cm):	CVD Risk Score:
Blood Pressure	Left Arm:	Right Arm:	Lower Limb:
Habits	Paan/Tobacco/Betel Nut: Yes/No	Smoking: Yes/No	
Co-Morbidity	Diabetes: Yes/No	Cholesterol: Yes/No	Thyroid: Yes/No

Blood Pressure (B.P.)	**Current Value**	**'Target Value'**

- We commit to reaching this target value in **3 months**, by the following **'Deadline Date'**: ___/___/___(D/M/Y)
- We commit to a maximum cost of treatment in the coming 3-months. _____(INR)
- Maximum value of free treatment if Target Value not achieved till set Date:

Non-tobacco intake patient (INR)	**Tobacco intake patient (INR)**
10,000	3,000

The Warranty is valid subject to the patient's: (यह वारंटी पेशेंट के नीचे दिए गए स्टेप्स को फॉलो करने पे आधारित है:

1. Adherence to follow-up Calendar and Medication Plan prescribed by the Doctor:

S.No.	Scheduled for	Patient Sign	Attended on	Blood Pressure	Number of tablets	For # of days	Compliance Status (Y/N)	Cost	Dr. Sign
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									

2. Adherence to Tests Calendar

CVD Risk Score Calculation

#	Scheduled	Pt. Sign	Attended on	Report Available	Compliance
1.					
2.					
3.					
4.					
5.					
6.					

मैं _____ इस वारंटी पार्टनरशिप में अपनी जिम्मेदारी को समझता हूँ और स्वीकार करता हूँ, और मैं जानता हूँ की यह वारंटी कुछ गारंटी नहीं कर रही है और स्वस्थ इस वारंटी के द्वारा मेरी सेहत में मुझे समर्थन देने का वादा कर रही है।

Patient's Sign and Consent:	Doctor's Sign:

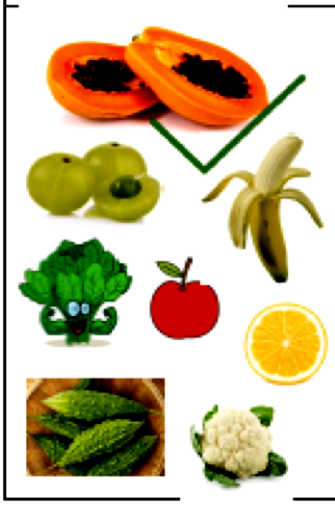
Swasth India Medical Center –Warranty Card # _____ for Hypertension

Dietary Guidelines

FOODS TO AVOID:

Table Salt (साधारण नमक)	Salt Preserved Foods: • Pickles and Canned Foods (अचार) • Ketchup, Sauces (टमाटो सॉस) • Ready to Eat Foods
Mono sodium glutamate (Ajinomoto) (अजीनोमोटो)	
Baking Powder (बेकिंग पाउडर)	Highly Salted Foods: • Potato Chips (चिप्स/वेफर्स) • Cheese • Salted Butter (नमकीन मक्खन) • Papads (पापड़)
Sodium Bicarbonate	
Fried Foods (तला हुआ खाना)	Bakery Products: • Biscuits (बिस्कुट) • Cakes • Breads and Pastries (ब्रेड)
Alcohol (शराब)	
Paan/Tobacco/Betel Nut/Smoking	

FOODS TO HAVE:



Fruits:	Vegetables:
• Amla (आमला) • Sapota (सपोटा) • Peaches(अमरुद) • Orange (संतरा) • Papaya (पपीता) • Banana (केला) • Plums (बेर) • Watermelon (कलिंगड़/ तरबूज) • Sweet lime • Apple (सेब) • Lemon (निम्बू)	• Cabbage (पता गोभी) • Bitter Gourd (करेला) • Ladies Finger (भिंडी) • Cauliflower (गोभी) • Spinach (पालक) • Potato (आलू) • Drumstick (शेंग) • Brinjal (बैंगन) • Radish white • Pumpkin (कद्दू) • French Beans (बीन्स) • Tapioca • Colocsia

Annex Two: Audited Accounts of Swasth Foundation (2017-18)

AUDITED ACCOUNTS

The Bombay Public Trusts Act,1950. Schedule - IX [Vide Rule 17(1)]
Name - SWASTH FOUNDATION [E-25739(Bom)]
INCOME & EXPENDITURE ACCOUNT FROM FOR THE YEAR ENDED 31 MARCH 2018

31 Mar 17	EXPENDITURE	31 Mar 18	31 Mar 17	INCOME		31 Mar 18
	To Expenditure in respect of Properties		-	By Rent (accrued / realised)		-
-	Rates, taxes, cesses	-	-	**By Interest (accrued / realised)**		-
				On TDS refund	5574	
-	Insurance	-	-	On Securities		-
-	Depreciation	-	10,449	On Loans to Employees	6.800	-
-	Other expenses	-	16,98,836	On Savings Bank	7,76,256	
			8,22,563	On Fixed deposits	8,49,901	
			91,452	TDS on Bank Interest	88,792	17,27,323
-	**To Establishment Expenses**	-	-	By Dividend		-
-	Professional Tax	-		**By Donations in cash or kind (Schedule II)**		
-	Admin Expenses	77,10,911	3,92,06,995	Received From Public Trust & Dharmadas	3,13,87,072	
-	IT Development	-	10,80,185	Received From Other Indian Donors	2,36,06,996	
	To Remuneration to Trustees		2,30,99,611	Received From Foreign Donors	2,14,33,146	7,64,27,214
25,63,200	To Remuneration to the head of the math	27,70,200				
			1,03,950	Income from Running of VAN		
-	To Legal Expenses	-	2,53,41,673	Clinical Income		3,22,40,071
11,550	To Audit Fees	23,600		Professional Fees		
-	To Contribution and fees	-		Sundry Income		
	To Amount written off		-	By Transfer from Reserve		-
-	(a) Bad debts	-				
-	(b) Loan Scholarships	-				
-	(c) Irrecoverable rents	-				
-	(d) Other items	-				
-	To Miscellaneous Expenses	-				
-	To Depreciation	-				
-	To Transfer to Reserve or Specific Funds	-				
-	To Expenditure on objects of the Trust	-				
-	(a) Religious	-				
-	(b) Educational	-				
8,40,13,487	(c) Medical Relief (Schedule III)	9,84,47,338				
-	(d) Relief of poverty	-				
-	(e) Other charitable objects	-				
48,67,478	To Surplus Carried to Balance Sheet	14,42,559				
9,14,55,715	**TOTAL**	**11,03,94,608**	**9,14,55,715**	**TOTAL**		**11,03,94,608**

As per our report of even date
For Pritesh Mehta & Co
Chartered Accountantst

PRITESH MEHTA (Proprietor)
Place - Mumbai
Dated : 05 September 2018

For Swasth Foundation

Trustee