



EHAC

**EQUITABLE HEALTHCARE ACCESS CONSORTIUM
FOURTH QUARTERLY MEETING**

Date: 12th and 13th April 2019

Venue: Indian Institute of Management Udaipur



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Practical Information

Address of the Venue

Indian Institute of Management Udaipur,
Balicha,
Udaipur-313001,
Rajasthan, India

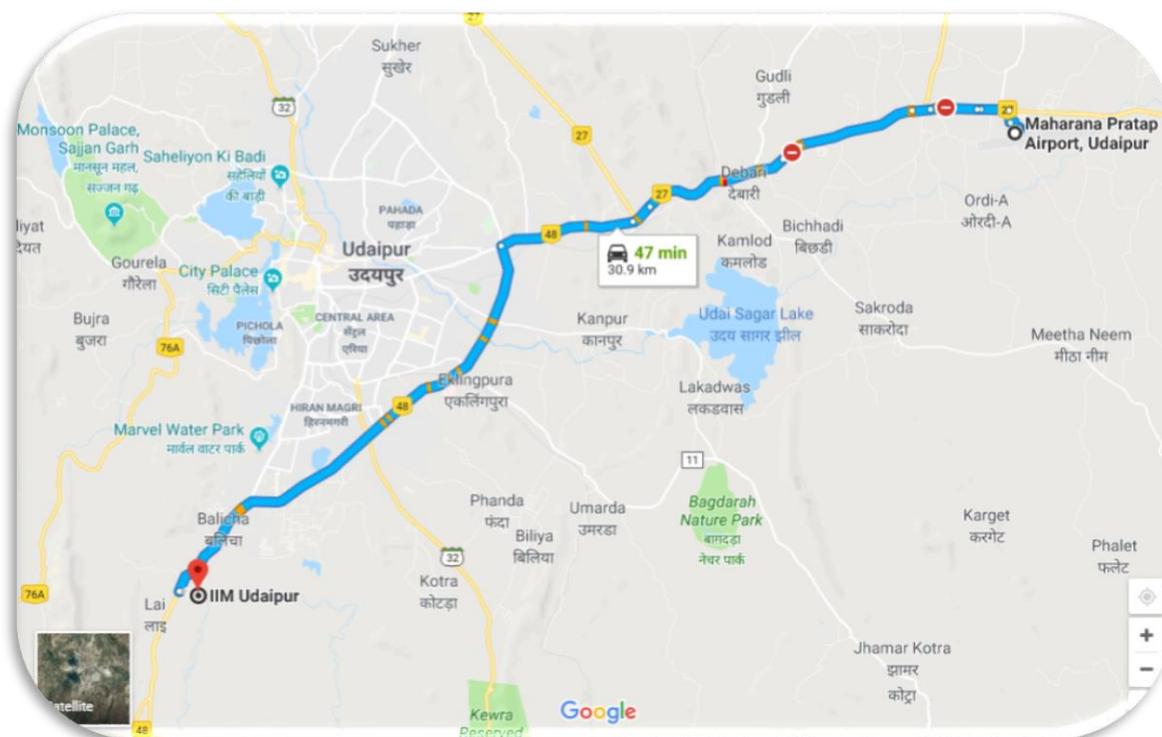
Contacts

For details pertaining to the program please contact -
Ms. Arnaz (Mob +91 9850843940) or Prakash (Mob +91 9866661720)

For coordinating at the venue please contact-
Mr. Rashid Khan (Mob +91 8949216045/9166417334)

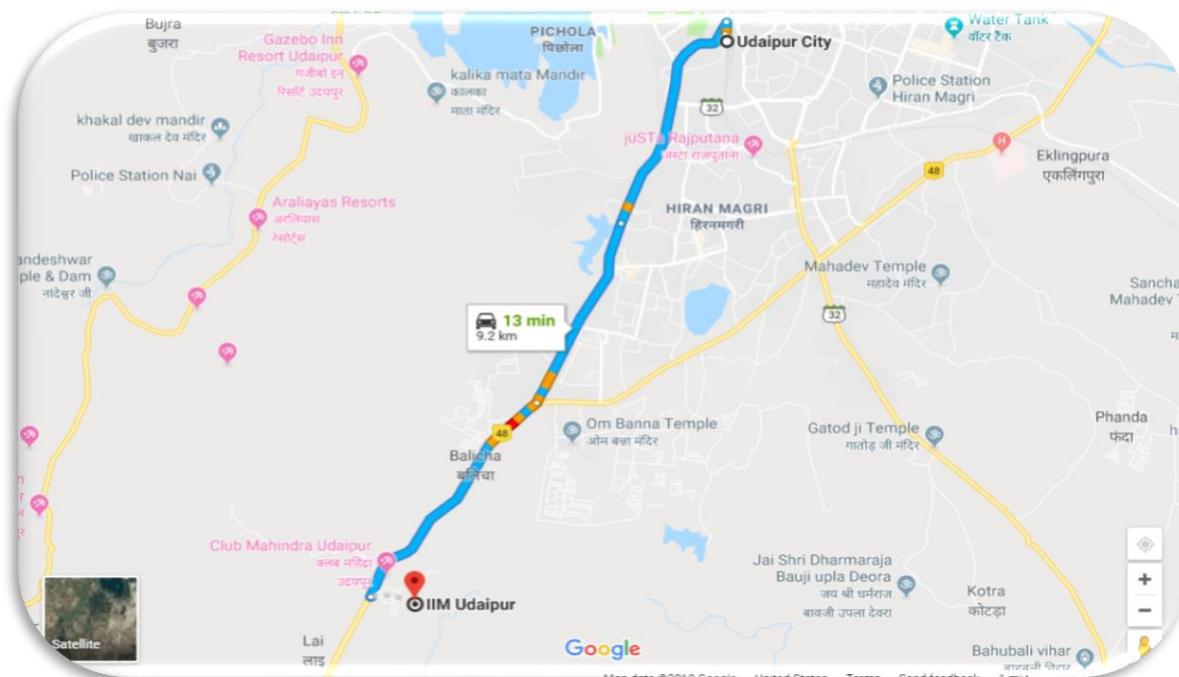
Distance from Airport

The Udaipur Airport is at a distance of about 30.9 kms from the IIM Campus in Balicha and is expected to take about 45-50 minutes by car, depending on the time of the day and traffic conditions.



Distance from the Railway Station (Udaipur City)

The Udaipur Station is at a distance of about 9.2 kms from the IIM Campus in Balicha and is expected to take about 13-15 minutes by car.



The Meeting Venue

The meetings will be held in the Class Room 1 on the IIMU Campus

Catering

Coffee/Tea will be served outside Class Room 1 and Lunch in the Dining Hall on 12th and 13th April. Dinner will be provided on 12th April by EHAC for all members and medical students after the panel discussion session at 8.30 PM at the Dining Hall.

For Members staying at IIMU Hostel -

Dinner on 10th and 11th night and breakfast on 11th, 12th and 13th April morning will be available at the Dining Hall. The payment for the same will need to be directly made by members at the cafeteria itself.

Lodging Arrangements

IIMU has helped us reserve rooms at the below mentioned hotels at negotiated rates on single occupancy basis. Payments will have to be directly made by the guest on check out.

1. **Hotel Mahindra** - INR 4000 + GST (18%) inclusive of Breakfast per day
2. **Hotel Paras Mahal** - INR 2500 + GST (18%) inclusive of Breakfast per day
3. **Hostel rooms at IIMU Campus** - Single AC rooms for Rs. 1000 per day. Breakfast is not included in this cost. (It will be provided at an additional cost at the canteen from 8Am in the morning)

Note - All guest staying at the IIMU Campus have to pay through Cheque for their stay. No cash or cards will be accepted. All cheque payments have to be made to Mr. Rashid Khan

Transport Arrangements

Personal Transportation

Members are expected to make their own transport arrangements upon arrival to Udaipur. Ola and Uber cabs are available easily from the airport/railway station.

Please contact Mr. Imran Khan - (Mob 91 9828845909) who is the Transport Coordinator at IIMU if you wish to book your cab service directly with him. (refer to Annexure 1 for the rate card)

All payments for transportation used for your personal use will have to be cleared directly by the guest. Neither EHAC nor IIMU will have a role to play in these arrangements

Official Transportation

EHAC will provide for the following

- A shuttle will be provided for guests staying at Club Mahindra and Hotel Paras.
 - ✓ In the morning for pick up and drop to IIMU Campus on the 12th and 13th April
 - ✓ In the evening drop from IIMU Campus to the hotels on the 12th of April
- City/Railway Station/Airport Drop on the 13th of April after the meeting at 2.00 PM

Preamble

Quality in healthcare has to do with efficient, effective, purposeful care that gets the job done at the right time for the right cost. It focuses on doing things well and raises the bar so that the overall patient care experience is a better one.

Patients expect high-quality health care— which is safe, effective, patient-centered, timely, equitable, and efficient. Unfortunately, reality falls short of this ideal. There are studies that document serious problems, such as unnecessary surgery, inappropriate use of medications, inadequate prevention, avoidable exacerbations of chronic conditions, and delays before research findings become standard.

The Inverse Care Law paraphrased by Julian Hart says "To the extent that health care becomes a commodity it becomes distributed just like champagne. That is rich people get lots of it. Poor people don't get any of it."

There is need for an innovative, multi-component intervention that explicitly aims to promote health equity in Primary healthcare for marginalized populations.

Our Consortium members are on the same page with regard to the need to 'De-Medicalize' primary healthcare. So how then can we move certain tasks to a non specialized work force?

As an organization can we train community volunteers to become Health Coaches in their areas as they can be a great tool for "preventive healthcare" ?

These are some discussions that we as EHAC need to focus on and come up with workable models in both the above areas. The models can be perfected over time .

Participating Organizations and Participants

Organization	Participants
Action Research and Training for Health (ARTH)	Dr. Sharad Iyengar Mr. Peeyush
Aravind Eye Care Systems (AECS)	Dr. Devendra Tayade
Basic Health Care Services (BHS)	Dr. Pavitra Mohan Dr. Sanjana Mohan Ms. Manisha Dutta Dr. Yogesh Sharma
DHAN Foundation	Mr. R. Rajapandian
Fernandez Hospital	Dr. Evita Fernandez Dr. Tejaswini Basavarj
Indian Institute of Management - Udaipur (IIMU)	Prof. Prakash Satyavageeswaran
Indian School of Business (ISB) - Hyderabad	Prof. D.V.R. Seshadri
L V Prasad Eye Institute (LVPEI)	Dr. G. Chandra Sekhar Ms. Anshu Bhargava
PEOPLE TREE Hospitals	Dr. Chandrasekar C.
Sant Singaji Institute of Science and Management (SSISM)	Mr. Pranjal Dubey Mr. Prashant Sharma Mr. Mahesh Sabre Mr. Radhesham Nagar
SMILES International Institute of Colo-Proctology	Dr. Parameshwara C.M.
Swami Vivekananda Youth Movement (SVYM)	Dr. G S Kumar Dr. Suneetha Singh
Vikram Hospital	Dr. Rajesh B. Iyer
Observers	Ms. Vidhya Srinivasan Ms. Bindu Sukeshini Ms. Sameera Banu Dr. Harish Iyer Mr. Jagdish Rattanani Dr. Laxmi Jhala

Itinerary for Visit to BHS and ARTH Community Based Health Initiatives on 11 April 2019

Time	Event	Description / Purpose
8.00 AM	Pick-up from IIMU	Four vehicles will pick up the visitors (two teams of 6 members each) after breakfast at 8 AM from IIMU
8.00 AM - 9.15 AM	Travel to ARTH's School of Midwifery Practice & Primary Health Care at Iswal	
9.15 AM -9.45 AM	Briefing at Iswal	We will get together to brief on the context of field areas and programs to be visited
9.45 AM -1.00 PM	Team A - Iswal Team B - Rawach	Team A will visit the Badgaon – Gogunda rural field area of ARTH where they will see a nurse-midwife led 24x7 Health Centre that provides reproductive & child health services and field interventions in villages – Community Health Entrepreneurs for Sexual and Reproductive Health, and Home Care Workers for maternal-infant care, the elderly and common mental health conditions Team B will visit AMRIT Clinic at Rawach, a remote tribal village. They will see the Clinic as well as outreach activities, and meet with the community members (www.bhs.org.in)
1.00 PM -2.00 PM	Packed lunch will be provided , break as convenient on the way	
2.00 PM -4.00 PM	Team A - Morval Team B - LKG	Team A will reach AMRIT Clinic Morval, where they will see the Clinic, a day-care center and a community session(www.bhs.org.in) Team B will proceed to the Kumbhalgarh field area of ARTH where they will see a 24x7 nurse-midwife led Health Centre providing reproductive & child health services, and field interventions in villages – Community Health Entrepreneurs for Sexual and Reproductive Health, and Home Care Workers for maternal-infant care, the elderly and common mental health conditions
4:00 PM	Return to Udaipur On the way, will stop by at Iswal for Tea. Back by 6 PM	

Agenda for Medical Students Interaction Session

Time	Agenda 12th April 2019 - Friday	Presenter/Chair
6.00 PM to 6.20 PM	Registration of Medical Students (<i>along with Tea/Coffee</i>)	Arnaz & Rashid
6.20 PM to 6.30 PM	Introduction (<i>Venue: CR 1</i>)	Prakash
6.30 PM to 7.30 PM	Panel Discussion with - Dr. Pavitra Mohan, Dr. Evita Fernandez, Dr. G Chandra Sekhar, Dr. Chandrasekar Chikkamuniyappa, Dr. Sharad Iyengar and Prof. D.V.R. Seshadri	Moderator – Dr. Rajesh
7.30 PM to 8.30 PM	Q&A	
8.30 PM onwards	Dinner and Disperse (<i>Dinner at Dining Hall</i>)	

Meeting Agenda

Reporting

The first part of our 2-day agenda is about giving our members information and reporting on progress made on various action items from the last meeting in Bangalore, four months ago.

Time	Agenda 12th April 2019 - Friday	Presenter/Chair
9.20 AM	Assemble at class room 1 (CR1) at IIM <i>(Breakfast available for members staying at IIM in the Dining Hall from 8am onwards)</i>	All Members
9.30 AM to 9.45AM	Introduction and expectation setting for the 2-day meeting	DVR
9.45 AM to 10.00 AM	Welcome address	Prof. Janat Shah
10.00 AM to 10.15 AM	Progress Report on EHAC activities (Trust formation, etc.)	Arnaz
10.15 AM to 10.30 AM	Education Module: Empathy & Patient Rights & Medical Ethics- Demo	Prakash
10.30 AM to 11.00 AM	Survey results on common diseases in the villages near SSISM	Pranjal & Team
11.00 AM to 11.30 AM	'Democratize Innovation in Healthcare'	Dr. Harish
11.30 AM to 11.50 AM	Tea Break and Networking (<i>Outside CR1</i>) Group photograph of the EHAC will be taken here	
11.50 AM to 12.15 PM	Updates for live pilots	SPOCS from collaborating orgs
12.15 PM to 1.00 PM	Discussion on pilots that are dormant	DVR
1.00 PM to 2.00 PM	Lunch (<i>Dining Hall</i>)	

Direction

In this section, part 2, we would like discussions to center around what next for EHAC? Areas where in depth discussions are needed:

1. Quality Care with Empathy

- a. Ideal state - identify 2 or 3 models through which we can drive meaning - what role can EHAC play and what role will the members play?
- b. Can EHAC train Health Coaches drawing people from DHAN's self-help groups and students graduating from SSISM who can then go back to their local areas and help in primary care?
- c. Quality in healthcare: how do we achieve minimum standards?

2. Educational Courses

- a. Is the number of courses we have on the board enough?
- b. Do we need to delve deeper into each topic?
- c. Do we need to have collaborations and tie ups with institutions whereby a certificate from them would hold more value?
- d. Can we have our member organizations using these courses in their organizations and making it a mandatory set of courses to take as a part of the Induction process /performance cycle?
- e. Should we charge a nominal sum so that we can aim for self sustenance in the long run.

3. Reaching out to the Medical Student Fraternity

- a. How often should we aim to be having the talks/panel discussions?
- b. What are the themes we want to cover with the students?
- c. What will be the process of reaching out to this student fraternity?
- d. Can member organization's offer Internships (a week/10 days) at their respective hospitals/clinics to these students to get exposed to some of the practices that our member organizations have imbibed?
 - If yes - a curriculum for such internships should be standardized across member organizations
- e. How do we get the student excited about Primary care?
- f. Can a Fellowship be constituted (for a year) by EHAC for in-depth training of the students, once they graduate as MBBS doctors?
- g. Should we look into developing short term MDP's where in the students are provided with the necessary tools and information to start their own enterprise after they become Doctors - Social Entrepreneurship Models?

4. Primary care for the poor

- a. What kind of models can be scaled up?
- b. What could be nature of partnerships between the primary care providers and secondary and tertiary care providers?
- c. Specifically, how should be referral process work?
- d. How can emergency care be handled?

Time	Agenda - 12th April 2019 - Friday	Presenter/Chair
2.00 PM to 2.45 PM	Quality care with Empathy – Agenda for EHAC (Point #1 above)	Dr. Rajesh & Dr. Chandrasekar
2.45 PM to 3.15 PM	Educational Courses – Agenda for EHAC (Point #2 above)	DVR
3.15 PM to 4.00 PM	Reaching out to the medical student fraternity – Agenda for EHAC (Point #3 above)	Dr. GC
4.00 PM to 4.20 PM	Tea Break and Networking	
4.20 PM to 5.30 PM	Discussion on field visits to ARTH and BHS sites by teams AND Primary care Agenda for EHAC (Point #4 above)	Dr. Pavitra & Dr. Sharad
5.30 PM to 5.45 PM	Wrap up for Day 1	Dr. Devendra

Implementation

This section will help nail down the specifics we adopt in terms of actions which will be the charter for EHAC for the next year. We will put down actions, owners and timelines and ensure we hold ourselves accountable to a high standard and timely mode of delivery on all that has been committed.

Time	Agenda 13th April 2019 - Saturday	Presenter/Chair
9.20 AM	Assemble at the CR1 <i>(Breakfast would be available from 8am onward at Dining Hall)</i>	All Members
9.30 AM to 9.50 AM	Discussion on New Pilots	DVR
9.50 AM to 11.00 AM	Breakout sessions into 4 groups of 6 people each with core team members to steer the discussion - 1. How do we scale up ethical, specialized quality care at hospitals including handling of referral patients? 2. Educational Courses - Next steps. 3. Medical students' involvement - How do we sustain and what role can EHAC play from the Medical Fraternity side? 4. Primary Healthcare for the marginalized - how do we improve the referral process to secondary and tertiary centers in terms of routine/specialized/emergency care	
11.00 AM to 11.20 AM	Tea Break and Networking <i>(Outside CR)</i>	
11.20 AM to 12.30 PM	15 min Presentation by groups with Q & A	
12.30 PM to 1.00 PM	Next meeting - where/ when/ broad agenda - Open Discussion	Dr. Evita
1.00 PM to 1.15 PM	Vote of Thanks	Dr. Chandrasekar
1.15 PM	Lunch and Disperse <i>(Dining Hall)</i>	

Members Speak

Vision

Action Research and Training for Health	Simplify, de-medicalize services, improve financing of health Expenditures
Ameya Life	Today the disease burden is 62% (i.e., percentage of populations with various NCDs), out of 90% of this burden can be prevented provided mechanisms for regular health education, health awareness and screening are put in place.
Aravind Eye Care System	<ul style="list-style-type: none"> • A healthcare delivery design that is proactive and inclusive with appropriate access and pricing strategies • Placing the patient’s well-being in the fore • Ensure right care at right time at right place • Patient centric and non-exploitative • Empowered patient and a partner in the decisions
Arogyamarg Healthcare Diagnostics	Our Initiative of setting up of Preventive Health Care Centers (PHCC) is first of its kind in the health care industry. With a mission of taking healthcare diagnostic services with high standards to the rural India at affordable prices, we are working on a multi-pronged approach to comprehensive health checkups, wellness, health education and awareness.
Basic HealthCare Services	A responsive and effective healthcare ecosystem that is rooted in the community, where members of the most vulnerable communities can actively access high-quality, low-cost health services with dignity
DHAN Foundation	Every intervention of DHAN targets only the poor and vulnerable. DHAN works for ensuring accessible, affordable and quality healthcare for the poor. Equity and quality are significant outcomes achieved by involving community contribution and participation. The initiatives are community-centered and community governance is built into the system for long-term sustainability of the initiatives.
Doctors for Seva	Doctors for Seva (DFS) envisions a comprehensive system of quality public healthcare with integration of various organizations, governments, public and private healthcare

	<p>providers as well as donor organizations. They aim to bring all the partners together to address key public health problems with innovative processes and management solutions. DFS aims at achieving this vision by being a ground-level implementing agency taking healthcare to the grassroots level and also by being a platform for enabling exchange of resources for various stakeholders. DFS operates by engaging doctors trained in different specialties as part-time and full-time volunteers and also fostering community engagement by training volunteers as public health workers.</p>
Fernandez Hospital	<p>Fernandez Hospital focuses on the woman and the newborn, with maternity services forming 85% of its clinical work. Their vision to achieve equitable care is operationalized via three channels.</p> <p>To continue building medium-sized hospitals (50 beds) in the community with a collaborative model of care, involving a strong professional midwifery cadre and obstetricians working seamlessly together. This low-cost model can be accessed by a wider socio-economic spectrum of women. The midwifery workforce ensures low caesarean sections rates (i.e., more natural births) and better outcomes for both mother and baby.</p> <p>To continue training midwives in public hospitals and work with obstetricians to offer respectful care with evidence-based clinical protocols for women below the poverty line.</p> <p>To strive (through clinical research and innovation) to seek cost-lowering options in healthcare services.</p>
Global Hospital & Research Centre	<p>Healthcare for all irrespective of social or economic background. This is possible when everyone joins hands towards the same vision.</p>
Kauvery Hospital	<p>The philosophy of Kauvery is to make great healthcare affordable and to become the most respected and trusted healthcare provider in India. Better care coordination and greater access to necessary medical services and support in Cardiac Care, Renal Care and Cancer care will ensure our service reaches the needy.</p>
LV Prasad Eye Institute	<p>LVPEI aims to develop a robust, high-quality Primary Eye Care network for Andhra Pradesh, Telangana and Odisha (150 million population) and build Institutes of Excellence.</p>
Mohan Foundation	<p>To ensure every Indian who is suffering from end stage organ failure be provided with the Gift of Live through life saving organ.</p>

	Equal right to access transplant surgeries.
Narayana Health	"Our mission is to deliver high quality, affordable healthcare services to the broader population in India"
NanoHealth	The awareness on non-communicable diseases, particularly on their management is very limited in the country. Managing NCDs is an inter-play between lifestyle management and clinical care management. There is a requirement for behavioral change and a recognition to invest in early stage management, which is difficult across population segments, and more exacerbated within resource-constrained settings. NanoHealth aims at addressing this important aspect of healthcare.
People Tree Hospitals	At People Tree Foundation, we strongly believe high quality health care must become every citizen's birthright. Also, it should become readily available and easily accessible irrespective of their ability to pay. With 30% of India's population living below the poverty line, and about 60% of the population unable to meet sudden or unplanned healthcare expenses, free or subsidized healthcare is the need of the hour. We aim to bridge this gap by identifying the needy and finding the PEOPLE who can support them. We wish to ensure that each and every one will get the same high-quality health care they deserve.
SAKSHAM	SAKSHAM is committed to the comprehensive rehabilitation of differently-abled persons. SAKSHAM tries to integrate the differently-abled persons into the mainstream society by reaching remotest corners of India with community participation. SAKSHAM believes in working with other NGO's, Governments and individuals to realize its objectives.
Sankalp India Foundation	As an organization we believe in last mile delivery and providing same quality of treatment to everybody. We have also published a paper showcasing the same. We believe every citizen should have access to quality healthcare irrespective of financial background
Smiles International Institute of Colo-Proctology	SIICP's vision is to go forward with PPP models and collaborations with like-minded organizations. SIICP works on eradication of quacks to prevent colorectal problems. It also seeks to bring about attitudinal changes among the impacted communities by encouraging them to change their habits (such as eradication of open air defecation), which lead to colorectal problems in the first place.

<p>Singaji Educational Society</p>	<p>To bring about socio economic transformation of the rural society by imparting high quality holistic education to rural youth.</p>
<p>Special Smiles</p>	<p>Special Smiles seeks to provide equitable good quality dental care, while maintaining high standards. Its belief is that dental care is the gateway to good healthcare.</p>
<p>Sri Sathya Sai Sanjeevani Hospital</p>	<p>Paediatric Cardiac specialty is one of the most resource intensive branch of medicine, thereby making it expensive and inaccessible to majority of the sufferers. Sri Sathya Sai Sanjeevani Hospital provides this elite care at free of cost and provides a model which is sustainable and replicable. Our vision is to scale up this model and make an important contribution in reducing the disease burden of congenital heart defects.</p>
<p>Sri Shankara Cancer Hospital and Research Centre</p>	<p>To provide state-of-the-art treatment to all cancer patients at affordable cost irrespective of caste, creed, and socio-economic status. To offer free treatment to the poorest and set aside 10% of beds and services for this purpose. To reduce the incidence of cancer in rural areas and detect cancer in early stages through various interventional Standards. To provide medicines at highly subsidized costs. To develop a centre for research under eminent scientists and medical professionals so as to drive the research activities towards reducing the burden of cancer in the society, improving treatment standards and academically remaining in the cutting edge of science..</p>
<p>Swami Vivekananda Youth Movement</p>	<p>All the individuals should have access to appropriate health care which is affordable and high quality. This includes regular preventive care, curative care, in addition to emergency care, as well as mental health support. The poor should also get access to the subsidized secondary and tertiary care. There should not be social discrimination in the health care set up for vulnerable community.</p>
<p>S Adishankar</p>	<p>Affordable healthcare is a basic right of every citizen and should be made available to all without any impediment or constraint.</p>
<p>Vidhya Srinivasan</p>	<p>To leverage & consolidate the strength, reach and unique capabilities of the many stakeholders in this field in a focused orchestrated manner to reach the defined goal.</p>

Impediments

Action Research and Training for Health	Policy, programme and societal
Ameya Life	Long sales cycles and receivables from schools Default rate of receivables from schools
Aravind Eye Care System	Current design of health care services which is largely reactive by design - focus being on cure rather than prevention - essentially treating those who are able to come and when they present themselves - sometimes too late for good outcomes.
Arogyamarg Healthcare Diagnostics	There is poor awareness among people especially in rural and semi urban segments of the society. So, creating awareness among the people takes lot of efforts and reaching the masses need collaborations across.
Basic HealthCare Services	Availability of skilled health professionals (especially physicians) and operations management restrain our scaling up efforts.
DHAN Foundation	<ul style="list-style-type: none"> • Making available adequate, high quality, motivated human resources is a major challenge to moving towards its vision. • Financial resources for new start-up interventions for scaling up its model. • Dedicated human resources with long-term commitment for scaling up to the next level • Technical support for its healthcare model development and for continued innovations
Doctors for Seva	<ul style="list-style-type: none"> • Complex bureaucratic procedures in the government, leading to hampering of public health innovations. • Low share for public health spending in the Government's social sector funding. • Leadership in taking the mission of volunteering within healthcare providers and community
Fernandez Hospital	<ul style="list-style-type: none"> • Lack of trainers for professional midwifery. FH's in-house program requires the presence of senior midwives from the UK to help understand professional midwifery as this unique workforce does not exist currently in the Indian healthcare service landscape. • The second challenge is to convince policy makers of the need to embed professional midwifery as the backbone of maternity services across the country. Only then can more

	<p>nurses be attracted into this unique and much needed profession. There is an urgent call to scale up the training to meet the country's annual birth rates (about 22 million per annum).</p> <ul style="list-style-type: none"> • The third constraint is finance, especially since FH is totally self-funded.
Global Hospital & Research Centre	<p>Illiteracy, Poor living conditions- lack of clean water and sanitation facilities affect health. We need supporting organizations and volunteers to work towards this goal. Need financial support / Donations to sustain and provide good healthcare to poor.</p>
Kauvery Hospital	<ul style="list-style-type: none"> • Providing low cost healthcare to underprivileged populations while managing healthcare provider's cost without compromising on quality of healthcare. • Variable access to quality healthcare between rural & urban leading to challenges in providing high quality clinical services to remote areas, tier four town and rural areas. • Raising Healthcare costs combined with low insurance penetration have often resulted in greater out-of-pocket expenditure leading to underprivileged families being pushed into debt.
LV Prasad Eye Institute	<p>Skilled Human Resources</p>
Narayana Health	<p>Sharing and learning best practices for quality affordable healthcare for the masses</p>
Mohan Foundation	<p>Lack of awareness among general public on organ donation. Organ trafficking</p>
NanoHealth	<p>The awareness on non-communicable diseases, particularly on their management is very limited. Managing NCDs is an inter-play between lifestyle management and clinical care management. There is a requirement for behavioural change and a recognition to invest in early stage management, which is difficult across the various population segments, and more exacerbated within resource-constrained settings.</p>
People Tree Hospitals	<p>Financial Resources, Skills and Business Models which can work to provide free/subsidized healthcare</p>
SAKSHAM	<p>Lack of awareness in the community; poor infrastructure; lack of trained professionals; inadequate compensation to professionals and lack of innovative financing models.</p>

Sankalp India Foundation	Getting qualified doctors on the ground and getting committed staff
Smiles International Institute of Colo-Proctology	There is a lack of discussion about social business models and case studies such as DHAN, Life Spring, LVPEI, etc. Medical graduates, thus, do not develop a vision and end up in corporate hospitals, even though many of them may like to be part of organizations with larger social missions. There is lack of commitment to the cause. This leads to lack of budgetary support and absence of visionary leadership.
Special Smiles	Investors / donors do not believe in good quality care for people below poverty line. There is a need to change this mindset.
Sri Sathya Sai Sanjeevani Hospital	India needs approximately 200 pediatric cardiac hospitals performing 1000 operations annually. This not only needs infrastructure, but also trained professionals to serve in these facilities. Lack of awareness about the magnitude of this problem, lack of resources and scarcity of skilled healthcare professionals are the major impediments.
Sri Shankara Cancer Hospital and Research Centre	<ul style="list-style-type: none"> • Lack of Awareness about Cancer and Health in general • The cost and maintenance of medical technology • Lack of health Insurance in the country or any kind of financial health security for the masses • Lack of skilled manpower in the healthcare industry • Health industry does not get the same Tax benefits received by other industries
Swami Vivekananda Youth Movement	Short of support to establish well equipped tertiary health care facility. Challenge in getting human resource for rural health care, lack of sustainable support from the existing system.
S Adishankar	Progressive corporatization of healthcare industry, non availability of generic/affordable medicines, devices and equipment, low insurance penetration levels, lowering standards in government healthcare facilities.
Vidhya Srinivasan	Currently the independent agencies are not working in coordination - and in many cases not aware of the work done by the others. Another aspect is the lack of sufficient funding . By aligning the goals and concentrating the efforts - I hope the results can be achieved.

Avenues for Synergy

Ameya Life	Networking, technology collaboration with LVPEI, especially in refractive errors
Aravind Eye Care System	While there can and must have differences and disagreements over the details, there must be clarity on the purpose as well as alignment. This I believe is what will bring about the required synergy.
Arogyamarg Healthcare Diagnostics	We have had a detailed discussion with DHAN on possible collaboration and we have defined the engagement model. To commence, we are getting engaged in Mysore & Mandya region. We wish to explore for alignment of synergies with our participant organizations.
Basic HealthCare Services	<p>What we gain from others: Some of the partners have substantial experience of scaling up health care initiatives. Though most of them are in the secondary and tertiary healthcare space, their expertise in handling large operations would be helpful for us.</p> <p>What we offer: We have, through our own experience, honed up the skills and knowledge base to set up and run primary health care services in remote and rural areas. We believe that this will be helpful to organizations like DHAN foundation who plan to expand healthcare services to their members.</p>
DHAN Foundation	Synergy for sustainable partnership with LVPEI for selected interventions (mutually agreed areas) to benefit poor households in Andhra Pradesh, Telangana and Karnataka.
Doctors for Seva	<p>Gain strategic insights from each of the organizations present in the meeting in building and scaling up sustainable social models for improving access to healthcare.</p> <p>Potential partnerships in the areas of quality improvement, healthcare awareness campaigns and public private partnerships.</p>
Fernandez Hospital	<p>Learn from other models of care, avoid reinventing the wheel.</p> <p>Tap into the strengths of each other.</p>
Global Hospital & Research Centre	Learning from others experience and gaining knowledge to benefit society. Building relationships and seeking support
Kauvery Hospital	<ul style="list-style-type: none"> • Funds through philanthropic organization to be channeled to healthcare providers to manage the healthcare cost. • Working with NGO's, like minded organizations by providing trainings to their team members who are placed across their

	<p>geographical location.</p> <ul style="list-style-type: none"> • Strengthen rural social networks & Explore mobile based Telemedicine services through delivery partners.
LV Prasad Eye Institute	Learn from peers, new ways of service delivery, and share LVPEI practices for mutual benefit.
Mohan Foundation	Networking with other agencies, guidance from the experts on how to work closely with the community.
NanoHealth	<ul style="list-style-type: none"> • Many opportunities for synergy seem possible through Foundations that can potentially integrate NanoHealth services into their current offering (e.g. DHAN Foundation). • NanoHealth can expand its own offering through inclusion or expansion of services in partnership with other organizations attending the meeting (such as LVPEI for eye care). • There is scope for collaborations to jointly approach the government for healthcare programs for scale up and for creating bigger impact.
People Tree Hospitals	We can learn from the giants who have already been there and done that and continue to do that.
SAKSHAM	Synergies with the participating organizations and individuals to overcome the impediments.
Sankalp India Foundation	<ul style="list-style-type: none"> • Understand various models by which individual organizations are delivering their services and learn from same • Understand how organizations approach fundraising. • Understand overall goals of consortium and the strategy to deliver equitable healthcare
Smiles International Institute of Colo-Proctology	<ul style="list-style-type: none"> • Collaborate with DHAN and transform the colorectal care at their secondary care facilities. • Collaborate with Ameya health, teach children about healthy eating and lifestyle habits. • SIICP can provide infrastructure and support to LVPEI to set up a secondary / tertiary eye care center at Mandya, thus strengthening its presence in Karnataka. • Explore avenues for collaborative partnerships with Special Smiles in those locations where SIICP is present.
Singaji Educational Society	Enabling the whole initiative at a grassroots level
Special Smiles	Partner with like-minded organizations that understand its vision and help Special Smiles deliver quality healthcare to the masses.

Sri Sathya Sai Sanjeevani Hospital	Learn from other models of equitable healthcare access.
Sri Shankara Cancer Hospital and Research Centre	To understand the approaches adopted by different NGOs and hospitals to make healthcare inclusive and affordable.
Swami Vivekananda Youth Movement	Referral & linkage for providing access to secondary and tertiary health care. Provide training support to improve the skills of paramedical staff, support for setting up well equipped tertiary health care in rural hospital.
S Adishankar	To discuss and exchange ideas and thoughts on how to overcome the impediments and constraints and reduce the effect of economic burden of road traffic crashes and injuries.

Meeting Expectations

The meeting brings together participants who are proficient and committed as well as extremely busy. In order to maximize the action-oriented output, all participants are expected to adhere to the following common guidelines.

1. Each participant is expected to familiarize herself with the participating organizations and participants' profiles. This will help do away with formal round of introductions during the meeting and release time for the actual work at hand.
2. Arrive on time in order to ensure the agenda is not compromised.
3. Focus on 'what can should do and how can we make it happen'.

A succinct summary of the meeting will be emailed to all participants in a week's time.

Organization & Participant Profile

(Provided in alphabetical order based on name of organization.)

Action Research and Training for Health

<i>Particulars</i>	<i>Details</i>
Name of the Organization	Action Research and Training for Health (ARTH)
Website	www.arth.in
Brief profile of the Organization	<p>Action Research & Training for Health (ARTH) is a registered, Indian, non-profit public health organization, established by a group of professionals in Udaipur, Rajasthan in 1997. ARTH's mission is to use research and training initiatives to enable communities to access and manage health care. The organization contributes to improving the health status of underprivileged communities in India, and in Rajasthan in particular. The range of our activities covers three domains -- Reproductive Health, Neonatal and Child Health, and Health Systems and Policy. These are implemented through five operational units, viz. Services, Community Action, Training, Research and Program Support.</p> <p>Over the last 20 years, ARTH has undertaken numerous health action projects as well as research studies to improve primary health care. We have introduced a copper intra-uterine device (2000) and hormonal device (2016) as alternatives to female sterilization and pioneered 24x7 childbirth services through professionally trained midwives. Innovations to improve access to health care have been described on our website (www.arth.in).</p>
Name of the Participant/s Dr. Sharad Iyengar	<p>Dr Sharad Iyengar trained in Pediatrics and Public Health in India. He was involved in research and community interventions for Maternal & Child Health & Family Planning at Postgraduate Institute of Medical Education & Research, Chandigarh in the eighties, then worked for United Nations Population Fund (UNFPA) in India from 1990 to 1998, providing technical assistance on contraception, maternal health, safe abortion and neonatal health care for large Area Development Projects. Since 1997, Dr Iyengar has headed Action Research & Training for Health (ARTH) a not-for-profit health organization based in Rajasthan, north India.</p>

Dr Iyengar is a member of policy and guidance committees of the Ministry of Health, Government of India, and the government of the state (Rajasthan) in which he lives and works. These include the National Maternal Health Technical Resource Group, the Core Committee to amend the abortion law, the National Human Rights Commission & Core Group on Health, and the Advisory Group on Community Action, a national standing committee to promote community action and accountability within health systems. He was member of a Scientific Advisory Group of the Indian Council of Medical Research (2009-13). From 2000 to 2007 Dr Iyengar served as Co-Chair of the Gender & Rights Advisory Panel, and from 2008 to 2013, as member of the Scientific & Technical Advisory Group (STAG), of the WHO Human Reproduction Programme (HRP/ RHR) at Geneva.

Dr Iyengar serves as Adjunct Professor at the Sanford School of Public Policy, Duke University, in which capacity he teaches global health.

Aravind Eye Care System

Particulars	Details
Name of the Organization	Aravind Eye Care System
Website	www.aravind.org
Brief profile of the Organization	<p>Aravind built a sustainable eye care delivery system which actually gave away over 60% of its services free or at a very steeply subsidized rate often taking its services to the doorstep of rural India and yet remaining financially very viable. This model grew an eleven-bed eye clinic in an old temple city of Madurai in South India into one of the largest and most productive eye care facilities in the world. Since its inception in 1976 till 2017, Aravind has performed over 6.8 million eye surgeries and handled over 58 million outpatient visits. Each year about 460,000 surgeries are performed and over 4 million outpatient visits are handled. Its patient care network now includes twelve hospitals, six community eye clinics and sixty-six (primary eye care) Vision Centres, all in the State of Tamil Nadu.</p> <p>Aravind followed two broad strategies to govern its activities:</p> <ol style="list-style-type: none"> 1. Engaging in direct action: patient care, outreach, research, manufacturing, etc. 2. Creating Competition: this very counter-intuitive strategy has proved to be very powerful in moving towards Aravind/s vision of “eliminating needless blindness” and in strengthening the organization.
Name of the Participant/s Dr. Devendra Tayade	<p>Dr. Devendra is a Dentist by qualification who got into Healthcare management to pursue his passion. He has been working at Aravind as Manager-Employee Engagement since 2014. Values system based on basic human values has been key to Aravind’s success. Dr. Devendra was part of the team which wrote down Aravind’s value system based on their research. Besides employee engagement initiatives, he is also involved in consultancy to help other organizations identify their value system. Bringing trust and ethics back into healthcare is his larger purpose and believes that this can be done by influencing the content and delivery of medical and management education.</p>

Basic HealthCare Services

Particulars	Details
Name of the Organization	Basic Healthcare Services
Website	www.bhs.org.in
Brief profile of the Organization	<p>Basic HealthCare Services (BHS) is a specialized not for profit organization set up in the year 2012, driven with a vision of high quality and low-cost healthcare and nutrition services to the last mile communities, with dignity. BHS, in partnership with Aajeevika Bureau, has designed and set up a unique initiative of AMRIT Clinics that provide round the clock, high quality and affordable healthcare services, to a population of 80,000 living in rural, remote locations.</p> <p>BHS also partners with government to manage a public Primary Health Center (PHC), providing healthcare to an additional 6000 families, most of who are tribal.</p> <p>Recognizing high levels of childhood malnutrition in these areas, BHS has also set-up day care centers (called AMRIT Phulwaris) within the clinic catchment areas to provide nutrition and childcare to children under five years of age.</p> <p>Based on its experience, BHS has developed tools, norms and guidelines to help set up primary health care services in similar remote and rural underserved communities. Our help has been sought by some state governments and some NGOs for setting up Primary Health Care Clinics in similar areas. BHS also shares ground-level evidence and insights to inform policies and programs.</p>
Name of the Participant/s Dr Pavitra Mohan	<p>Dr Pavitra Mohan graduated in Medicine and Surgery, and following a residency program in Pediatrics, earned a Doctor in Medicine from University of Delhi. He also earned a Masters of Public Health from University of North Carolina at Chapel Hill. He has earlier served as faculty of Paediatrics at Udaipur Medical College, coordinated research and child health programs at ARTH, a not-for-profit organization and worked as a Senior Health Specialist at UNICEF India Country Office. He has worked and contributed extensively to the field of newborn and child health, equity in health care and in Human resources for health in India. For his contribution to the field of neonatal health, he</p>

	<p>was awarded Fellowship by National Nenotology Forum of India. In 2012, he founded Basic Health Care Services, a not-for-profit organization to promote models of high quality, low cost primary care health services in underserved areas. Since January 2013, he also leads the Health Services portfolio at Aajeevika Bureau, setting up models of primary healthcare for the migrants. He has published in reputed journals on issues related to equity in health care and human resources in healthcare.</p>
<p>Dr. Sanjana Brahmawar Mohan</p>	<p>Dr. Sanjana Mohan is a Director at Basic Healthcare Services, Udaipur since 2015. The organization works on providing high-quality and low-cost primary healthcare services in underserved, vulnerable communities in rural Rajasthan and urban areas in Gujarat. Her work encompasses guiding, training the team; service provision; and working on strategic and core organization issues. Prior to this she was a research scientist with Society for Applied Studies in New Delhi and a coordinator for child health programs with Govt of Rajasthan before that. Dr. Mohan holds an MBBS from Ajmer, MD in Paediatrics from Jaipur and Diploma in Epidemiology from London School of Hygiene and Tropical Medicine. Her work has been published in various international and national health journals.</p>
<p>Manisha Dutta</p>	<p>I am working with Basic HealthCare Services for the past three years as an Executive (Programs). BHS has a network of primary healthcare clinics in remote, tribal areas of Southern Rajasthan managed by a team of nurses and health workers who provide clinical and outreach services. As part of my role, I coordinate and manage the three clinics of Salumber Block, supporting the Nurse Coordinators in overall clinic management and outreach. As a vertical support, I coordinate training of the Nurse cadre in the organization, documentation and Research, internal Monitoring and Evaluation. I also coordinate the implementation and management of the Tuberculosis program across clinics and liasoning with Government TB officials. I hold a Post Graduate Degree in Development Studies from IIT, Guwahati and am a Graduate from Lady Shri Ram College For Women</p>

DHAN Foundation

Particulars	Details
Name of the Organization	DHAN Foundation
Website	www.dhan.org
Brief profile of the Organization	<p>Development of Humane Action (DHAN) Foundation, a professional development organization, was initiated on October 2, 1997. It brings highly motivated, educated young women and men to the development sector. They are tasked with making new innovations in development to root out poverty from the country. Till date, the Foundation has worked to make significant changes in the livelihoods of 1.65 million poor households in 14 states across the country through innovative themes and institutions.</p> <p>Major themes are: Kalanjiam Community Banking, Vayalagam Agriculture Development, Coastal Conservation and Livelihood, Rainfed Farming, Development Education, ICT for the Poor, Healthcare, etc.</p> <p>DHAN Foundation's development approach entails a system of inter-linked components. There is a three-way link between thematic focus, creating social capital and mainstream collaboration to promote sustainable development.</p>
Name of the Participant/s Mr. R. Rajapandian	<p>Rajapandian is a graduate in agriculture and has a post graduate diploma in Business Administration. He has 19 years of experience in the development sector. He started his career as a project executive in DHAN Foundation and become a strategic member guiding people federations and regions across 14 states in the country. At present he holds the position as the Chief Executive in Sustainable Healthcare Advancement (SUHAM) Trust, the healthcare initiative of DHAN Foundation. He has specialized in community organization, designing development interventions in the fields of microfinance, livelihoods promotion, health, nutrition & sanitation interventions and institutional development. He is part of the strategic team in designing an open-defecation-free block as part of a large project of the State Planning Commission, Tamil Nadu. He has participated and presented papers on microfinance, community health & nutrition as well as on sanitation & safe water in National and International workshops and seminars.</p>

Fernandez Hospital

Particulars	Details
Name of the Organization	Fernandez Hospital
Website	www.fernandezhospital.com
Brief profile of the Organization	<p>Fernandez Hospital began as a small maternity clinic with two beds in 1948, progressing into a full-fledged hospital for women and the newborn. With a reputation built over seven decades, the hospital network presently comprises five strategic locations in Hyderabad, all focusing on efficient, reliable and personalized healthcare for women. Today it is recognized as a tertiary referral perinatal center with 8000 deliveries annually.</p> <p>The backbone of its medical care involves strict commitment to guidelines based on evidence. Fernandez Hospital is essentially a protocol-led practice with multidisciplinary teams working together towards the common goal of patient safety. Regular medical audits and a robust clinical risk management program help clinicians implement changes where required. The electronic medical record system facilitates easy access to vital information across the three hospital units and two outpatient units.</p> <p>Community Outreach</p> <p>Fernandez Hospital's priorities include providing treatment, without compromise to a wider section of society – an equitable service, irrespective of socio-economic status of the patients. The hospital works in partnership with NGOs to serve women below the poverty line. In 2011, Fernandez Hospital launched an in-house Professional Midwifery Education and Training Program (PMET) with a view to offer woman-centered care and reduce unnecessary interventions, including caesarean sections. This led to its campaign PROMISE (PROfessional MIdwifery SERvices)</p>
Name of the Participan/s Dr. Evita Fernandez	<p>Dr. Evita Fernandez (FRCOG) is the Managing Director and Senior Consultant Obstetrician at Fernandez Hospital, Hyderabad. She strongly believes in the need to empower women to make choices, especially with regard to issues surrounding birth. Out of her conviction of the vital role and need of Professional midwives in India, Dr. Evita launched a two-year Professional Midwives Education and Training (PMET) Programme at the hospital in 2011. She is spearheading PROMISE – the Professional Midwifery Services campaign, committed to creating a national cadre of professional midwives, who are vital in the care of low-risk pregnant women.</p>

Dr. Tejaswini Basavaraj K

Dr. Tejaswini is a qualified doctor in the medical field having done her MBBS from MRMC Gulbarga - Karnataka and MHM from Osmania University Hyderabad, Andhra Pradesh. Her experience covers a total of 17 years, clinical and administrative. She started her career in administration as a trainee in Wockhardt Hospital and joined Care Hospital Hyderabad as Asst Hospital Administrator, where she later held the position of AGM (Operations) and was subsequently promoted as DGM (Operations). Since the last 5 years she has been associated with Fernandez Hospital Foundation as the Administrator taking care of their High Risk In-Patient Unit in Hyderabad which is specially for women and child. With her varied experience she has been instrumental in implementing new processes in administrative areas which have helped the hospital grow and reach out to more patients thus increasing customer satisfaction and adding value to this specialized field.

Indian Institute of Management Udaipur

Particulars	Details
Name of the Organization	Indian Institute of Management Udaipur
Website	www.iimu.ac.in
Brief profile of the Organization	<p>The Indian Institutes of Management (IIMs) were created by the Indian Government with the aim of identifying the brightest student talent available and creating a pool of elite managers to lead the various sectors of the Indian economy. Over the course of more than fifty years, IIMs have become recognized as premier management institutions, comparable to the best in the world for teaching, research and interaction with industry.</p> <p>In 2009, the Indian Government approved the creation of IIM Udaipur; the Institute officially opened in 2011. In October 2016 IIMU moved to its permanent campus on 300 acres of land in the Balicha area of Udaipur which have been allocated by the Government of Rajasthan.</p> <p>IIMU pulses with the energy of a start-up while building on the prestigious accomplishments and traditions of the IIM network. It aims to set a new benchmark in the field of management education by combining excellence in both teaching and research. The Institute strives to make a real difference to the region, forging strong relationships with local NGOs and government and working closely with industry on live projects, internships, guest lectures, faculty research, and many events throughout the academic year.</p>
Name of the Participant/ Prof. Prakash Satyavageswaran	<p>Prakash Satyavageswaran is an Assistant Professor in Marketing at IIMU. His research focuses on the emerging markets context, especially low-income consumers and the channels that reach them. He, with his co-authors, has received multiple prestigious research grants.</p> <p>Prakash has over a dozen years of corporate and not for profit experience, with the last stint being at Unilever, where he was National Manager for Water Partnerships. He was instrumental in exploring and setting up new channel partnerships with non-traditional intermediaries for marketing and selling Pureit water purifiers. Prior to that he has worked for five years in public health, using marketing and communication principles to nudge people towards healthy behavior.</p>

	<p>Prakash holds two Master’s degrees, one from ISB and the other from the Grenoble Graduate School of Business (GGSB), France. He has received the prestigious Blaise Pascal scholarship from the Government of France for his studies at the GGSB. He was also the recipient of the Citi Scholarship at ISB during his MBA. He is ABD in the Fellow Programme in Management (PhD equivalent) at ISB.</p>
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Indian School of Business

Particulars	Details
Name of the Organization	Indian School of Business, Hyderabad
Website	www.isb.edu
Brief profile of the Organization	<p>The Indian School of Business evolved from the need for a world-class business school in Asia. The founders, some of the best minds from the corporate and academic worlds, anticipated the leadership needs of the emerging Asian economies.</p> <p>They recognized that the rapidly changing business landscape would require young leaders who not only have an understanding of the developing economies but who also present a global perspective. The ISB is committed to creating such leaders through its innovative programmes, outstanding faculty and thought leadership. Funded entirely by private corporations, foundations and individuals from around the world who believe in its vision, the ISB is a not-for-profit organization.</p> <p>The ISB curriculum is enriched through input provided by corporations. This association allows the School to foster stimulating business-academic partnerships for teaching and research. We also engage business leaders and entrepreneurs to conduct discussions and workshops throughout the academic year in order to expose students to industry perspectives.</p>
Name of the Participant/s Prof. D.V.R. Seshadri	<p>D.V.R. Seshadri is Clinical Full Professor of Marketing at the Indian School of Business (ISB), Hyderabad since 2016. He has taught in various IIMs since 2000 (particularly at Bangalore, Ahmedabad, and more recently at Udaipur). Before that he worked in the capacity of a CEO in a variety of public sector firms, entrepreneurial start-ups, and family business companies spanning a variety of industries (petroleum refining & Petro-chemicals, precision manufacturing, software, etc).</p> <p>His areas of interest include Strategy, B2B Marketing, Innovation, Entrepreneurship & Intrapreneurship, and Leadership. He has taught a variety of courses and programs in MBA, executive MBA, long duration programs in public policy, short duration executive education programs, etc.</p>

He is actively involved with several NGOs such as Aravind Eye Care Systems, Madurai and DHAN Foundation, Madurai, in addition to engagements with several top corporates such as companies of the Tata Group and L&T. He has been engaged in teaching or consulting capacity with over 100 large corporates .

He has co-authored, amongst others, books on Global Risk / Global Opportunity, the Indian adaptation of 'Business Market Management (B2B): Understanding, Creating and Delivering Value,' and 'Smarteronomics for the Global Manager: Simple, Powerful Macroeconomic Tools For Success in an Uncertain World'. He has developed over hundred case studies and authored several application-oriented journal articles in his areas of interest.

L V Prasad Eye Institute

Particulars	Details
Name of the Organization	L V Prasad Eye Institute (LVPEI)
Website	www.lvpei.org
Brief profile of the organization	<p>Established in 1987, L V Prasad Eye Institute (LVPEI) is a comprehensive eye health facility with its main campus located in Hyderabad, India. The Institute offers comprehensive patient care, sight enhancement and rehabilitation services and high-impact rural eye health programs. It also pursues cutting-edge research and offers training in human resources for all levels of ophthalmic personnel.</p> <p>LVPEI focuses on economically disadvantaged groups in rural and urban geographies and extends its services to them through its network of satellite clinics and rural affiliates. The LVPEI network comprises a 'Centre of Excellence' in Hyderabad, 3 tertiary centres respectively in Bhubaneswar, Visakhapatnam and Vijayawada, 18 secondary and 178 primary care centres that cover the remotest rural areas in the four states of Telangana, Andhra Pradesh, Odisha and Karnataka.</p> <p>The Institute's innovative and comprehensive approach to community eye health, the LVPEI Eye Health Pyramid, has been adopted as a model by the Government of India and by other developing countries.</p> <p>LVPEI is a World Health Organization (WHO) Collaborating Centre for Prevention of Blindness and a Global Resource Center for VISION 2020: The Right to Sight initiative. Through three decades since its existence, LVPEI has served over 23.8 million patients, with more than half the number of patients receiving services free of cost, regardless of the service complexity.</p>
Name of the Participant/s Dr. G Chandra Sekhar	<p>G Chandra Sekhar, has been associated with LVPEI since its inception in 1987 and is currently the Vice-Chair, LVPEI and the Director of Kallam Anji Reddy Campus, Hyderabad. GC (or GCS), as he is popularly known is an astute clinician and a passionate teacher. As recognition of his contributions as the Director of Educations at LVPEI, "G Chandra Sekhar Chair of Director of Education" was created in 2003.</p> <p>GC was the head of Glaucoma Service till recently and has trained over 43 Glaucoma Fellows, including 7 international Fellows. He has published over 100 papers in national and international peer-</p>

	<p>reviewed journals and has been a reviewer for several Ophthalmology journals. He holds the position of clinical Professor at the University of Rochester and has been a visiting professor at University of California, San Diego, USA. GC has served as the President of the Glaucoma Society of India (2005-06) and is a member of the Glaucoma Research Society with its membership limited to 100. He has served on the Clinical Guidelines Committee of International Council of Ophthalmology (ICO) and the Membership Committee of Glaucoma Research Society. He is currently on the board of the World Glaucoma Association.</p>
<p>Anshu Bhargava</p>	<p>Currently a Consultant (Quality, Process & Training), at LV Prasad Eye Institute, Hyderabad, Anshu has more than 16 years of administrative, academic and consulting experience in the hospital industry across various reputed corporate and private healthcare organizations in the country.</p> <p>Specific to the Healthcare industry, she has practical administrative experience and insights in areas spanning, Strategic Management, Human Resource Development, Hospital Services Planning & Implementation, Quality Systems Management, Customer Relations, Corporate Health Insurance, Management Education, Research, Training & Development and Medical Administration.</p> <p>A Postgraduate Gold Medalist in Hospital Administration from the Apollo Institute of Hospital Administration, Hyderabad, she is a Life Member of the Indian Red Cross Society (IRCS), AP, State Branch, Hyderabad; Life Member of the Association of Health & Hospital Administrators (AHHA) & an Associate Life Member of the Academy of Hospital Administration [AHA], New Delhi, since April, 2005; she had been a Member of the CII – AP Healthcare Panel consecutively for about 2 years and has won accolades on presenting papers as a Speaker in National Seminars & Conferences.</p>

PEOPLE TREE Hospitals

Particulars	Details
Name of the Organization	PEOPLE TREE Hospitals
Website	www.peopletreehospitals.com
Brief profile of the Organization	<p>People Tree Hospitals is the Dream initiative of a group of specialized and experienced Doctor Friends, trained from some of the best hospitals in the world. They believe that quality healthcare must become the birth right of everyone.</p> <p>Recognized as India's most promising & valuable emerging hospital within a year of its inception, People Tree Hospitals group has lived up to this expectation by establishing 3 Multi-super specialty and a unique state of the art super specialty psychiatric hospital within three years of inception; having over 400+ total operational beds</p> <p>People Tree with its Flagship hospital, People Tree Hospitals at Yeshwanthpur, soon became the preferred health care destination for all the localities and within a year of inception was awarded India's most promising and valuable hospital by Pharma Leaders 2014. Further the hospital has been given the status of one of India's 25 Best Hospitals by CEO Insights 2018. The hospital at Yeshwantpur is a tertiary care hospital that excels in its flag ship services- Orthopaedics, Paediatrics Women's Health; Internal Medicine and Adult Intensive Care; Neurosciences; Head & Neck Research Institute; Accident & Emergency; Gastroenterology and Urology services.</p> <p>In the second year the hospital expanded with the birth of Raghavendra People Tree Hospitals; a secondary care centre serving as the first super specialty hospital for the region of Dasarahalli; Peenya; Jalahalli and beyond.</p> <p>PEOPLE TREE Maarga, State of the Art exclusive psychiatry In-patient hospital with 80 beds caters to the diverse and complex conditions of the mind.</p> <p>People Tree Hospitals @ Meenakshi is the fourth branch of People Tree Hospitals located at the busy hub of Hanumanthnagar. This 100 bed hospital is well known for its Intensive Care specialties.</p> <p>People Tree Foundation the charity wing of the hospital funds several surgeries and complex treatments for deserving patients completely free or at subsidized cost. In this regard within the first 2 years 100 complex surgeries were done free of cost in the PEOPLE TOUCH Program. Subsequently, 300 such surgeries through PEOPLE TOUCH 2 program.</p>

<p>Dr Chandrasekar Chikkamuniyappa</p>	<p>Dr Chandrasekar Chikkamuniyappa is the Soul & Brain behind the idea and concept of PEOPLE TREE Hospitals. Inspiring people to take on the plausibly impossible journey to Touch, Move & Inspire a billion People, he has led from the front, co-creating PEOPLE TREE Hospitals to fulfill its infinite vision and providing a platform for all the doctors, nurses and staff to excel in their fields & express their potential. He is also instrumental in creating Musculo-Skeletal Research Institute of excellence.</p> <p>An expert Orthopedic Surgeon, Dr Chandrasekar specializes in cutting edge joint replacement surgeries including computer assisted and minimally invasive hip and knee surgeries. He has to his credit, The Adult Reconstructive Fellowship from the Ranawat Orthopedic Center at the Hospital for Special Surgery, New York USA. He also runs a Joint replacement Fellowship for young Orthopaedic Surgeons at PEOPLE TREE Hospitals. He was formerly the Director of the Institute of Orthopedics at BGS Global Hospitals</p> <p>Dr Chandrasekar was instrumental in starting the PEOPLE TREE Foundation, the charitable wing of PEOPLE TREE Hospitals. The foundation not only aims to empower people, by providing services spanning the fields of Health, Education and Health Education, but also striving hard to dis-engage quality healthcare from affluence.</p> <p>Award and Recognitions: 'India's Most Promising Orthopaedic Surgeon 2014' (Pharmaleaders Business Leadership Awards, 2014) Aryabhata International Award in 2008</p>
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Sant Singaji Institute of Science and Management

Particulars	Details
Name of the Organization	Sant Singaji Institute of Science and Management
Website	www.ssism.org
Brief profile of the Organization	Sant Singaji Educational Society (SSES) was established in 2010, with a view to create social and economic transformation in one of the most backward areas of the country, viz. Gondwana area of Madhya Pradesh. It runs a college – Sant Singaji Institute of Science and Management in Sandalpur village, Dewas District, Madhya Pradesh. This educational institute caters to the college going youth of three rural districts of Madhya Pradesh and educates around 1000 students annually.
Name of the Participant/s Pranjal Dubey	Pranjal left his 12 year comfortable job as a Development Manager at SAP Labs India in Bengaluru, to start Sant Singaji Institute of Science and Management (SSISM) in a village in Madhya Pradesh. His idea was to provide quality education and life skills to rural youth so that they can get job opportunities as good as mainstream students. Today, his intervention and dedication have helped thousands of youth. Some of them are placed in big MNCs and companies like Wipro, SAP, Future Group, etc. at good positions.
Prashant Sharma	Prashant Sharma is the CEO at Singaji Educational Society. He has more than 21 years of experience in teaching, training, institutional development, academic leadership and vocational training.
Mahesh Sabre	Mahesh Sabre is the Head of the Department of Biotechnology . He is also responsible for conducting surveys to understand the health indicators in the rural areas around SSISM. He is a post graduate in Biotechnology from Bhopal and has 10 years of experience.
Radhesham Nagar	Radhesham Nagar is the Assistant Professor of Zoology in the Department of Biotechnology. He is the deputy in charge for conducting surveys to understand the health indicators in the rural areas around SSISM. He is a post graduate in Zoology from Indore and has 03 years of experience.

SMILES International Institute of Colo-Proctology

Particulars	Details
Name of the Organization	SMILES International Institute of Colo-Proctology
Website address	www.siicp.com
Brief profile of the Organization	Smiles International Institute of Colo-Proctology (SIICP) is a pioneer in the field of colorectal treatment and surgery. It is built from the minds of like-minded and enterprising surgeons, with an aim to end the sufferings of millions of people who suffer from colorectal problems by establishing a world-class center of excellence in colo-proctology. The best practices in the world inspired SIICP to ensure advanced facilities and state-of-the-art technology for the treatment of disorders including the colon, rectum, and anus, with the help of certified surgeons and medical practitioners.
Name of the Participant/s Dr. Parameshwara C.M.	<p>Dr. Parameshwara is a surgeon, entrepreneur, academician, and a socially responsible citizen, who works with an aim to make an impact on society through healthcare and education. Having worked at various levels in both the healthcare and education sectors, he understands the needs and gaps that exist at all levels. He is working towards resolving these gaps through an innovative business model, leveraging technology and growth through strategic acquisitions. He loves to teach and mentor students towards creating an impact on the world.</p> <ul style="list-style-type: none"> • Advisory Member – International Institute of Colo-Proctology (IICP). He is a pioneer of innovation in the field of colorectal treatment and surgery, which aims to create awareness about Colo-Proctology amongst the masses, encourage people to adopt healthy eating and physical fitness habits for a healthier lifestyle and train surgeons/clinicians for the eradication of "quackery" and standardize the treatment methods. • Completed Advanced Healthcare Management Program at Indian School of Business (ISB) • Associate Professor of Surgery and Head of the Department of Surgery at Mandya Institute of Medical Sciences. <p>Advisor at S. D. Jayaram Integrated Rural Development Organization, which strives for improving the life of people in rural Karnataka.</p>

Swami Vivekananda Youth Movement

Particulars	Details
Name of the Organization	Swami Vivekananda Youth Movement (SVYM)
Website address	www.svym.org
Brief profile of the Organization	<p>SVYM is a development Organization started by a group of medicos of Mysore Medical College in 1984. It is engaged in building a new civil society in India through its grassroots to policy level action in Health, Education and Community Development sectors. SVYM has its headquarters in Mysuru dist Karnataka State in Southern India. SVYM believes that building human and social capital will result in economic consequences and all of SVYM's programs are driven by this development paradigm. SVYM is also rooted to its values of Satya, Ahimsa, Seva and Tyaga, which is reflected in its program design and delivery, transactions with its stakeholders, resource utilization, disclosures and openness to public scrutiny. Buying in support from the community, working in healthy partnership with the government and corporate sectors and sharing its experiences with like-minded Organizations have been the hallmark of SVYM's evolution over the past 33 years.</p> <p>Today, the organization has more than 40 projects in the sectors of health, education, socio-economic empowerment, training and research located in all districts of Karnataka. It runs two hospitals for rural and tribal people in H.D.Kote taluk, a residential tribal school with 407 tribal children from Class1 to 10, a CBSE recognized rural school with 509 children, Teacher Training College. In addition, SVYM runs a mobile health unit for tribals, and various tribal, rural and urban development projects focusing on housing, hygiene, sanitation, microcredit, community based health, education & rehabilitation, governance and human rights.</p> <p>Thus, with all these programs and institutions with a secular, non-discriminatory approach, the program initiatives that started in the year 1984, now directly impact about 2.5 million people across 30 districts of Karnataka</p>
Name of the Participant/s Dr Kumar GS	Dr Kumar GS is a pediatrician by profession, with special interest on public health practice and research. He got introduced to SVYM in 2006 as a medical intern; later joined as RMO at VMH,

	<p>Saragur and subsequently as Pediatrician in 2010. As a keen learner, he obtained additional trainings & exposures. As an enthusiastic experimenter, he had led several researches of public health importance including clinical trials and currently leading a multi-country interventional cohort trial on DoHAD principle. He had successfully organized a National Conference on Converging paths of Allopathy & Ayurveda as Organizing Secretary in 2014. These exposures and active participation in clinical governance, led him to become Director of VMH in 2015. As an active member, he had served as Executive member, Treasurer, Joint Secretary in GB of SVYM in the past. With his passion towards inclusive development and leadership ability, he is currently serving as CEO.</p>
<p>Dr. Sunitha Singh</p>	<p>A doctor by profession with Post graduation in Preventive & Social Medicine from MS Ramaiah Medical College, Bangalore. Has a research experience as junior scientific officer in Dept of Epidemiology, NIMHANS, Bangalore.</p> <p>Has also pursued Post Graduate Diploma in Health & Hospital Management and worked in the capacity of Asst Medical Superintendent at Apollo Hospitals, Mysore.</p> <p>Is a certified Internal Auditor of NABH and worked also in capacity of quality manager at Apollo Hospitals, Mysore.</p> <p>Currently associated with Swami Vivekananda Youth Movement working in Dept of Community Health as Senior Manager managing RCH and Outreach Programs at Saragur & H D Kote taluk of Mysore District. Leading a tribal RCH project which aims to strengthen technological solutions for better maternal & neonatal outcomes.</p> <p>Areas of interests include RCH, Adolescent health, Epidemiology & biostatistics, Infectious disease epidemiology, Quality Management system & QIPS.</p>

Vikram Hospital

Particulars	Details
Name of the Organization	Vikram Hospital
Website	www.vikramhospital.com
Brief profile of the Organization	<p>Today, we are a leading quaternary health care provider, with Cardiac Sciences, Neuro Sciences, Bariatric & Metabolic Surgery, Nephrology & Urology and Oncology as our primary specialties.</p> <p>Our hospital has the largest number of ICU beds (60 beds) in central Bengaluru and is located in the heart of the city. We have 9 Medical Intensive Care Units (MICU), 9 Surgical Intensive Care Units (SICU), 9 Intensive Cardiac Care Units, 12 Dialysis beds, 10 world-class Operation Theatres, two of the most advanced CathLabs in the country, and a pharmacy – just so that your life can be made better. This 225 bedded flagship hospital on Millers Road in Bengaluru has the support and infrastructure to fight with you for your health.</p>
Name of the Participant/s Dr. Rajesh B Iyer	<p>Dr. Iyer is a consultant neurologist at Vikram Hospital in Bangalore. Before his association with Vikram Hospital, he was associated with Narayana Hrudayalya Institute of Neurosciences where he established the Comprehensive Epilepsy Care Center. He has also served as a faculty for several of the regional and national Epilepsy Conferences and Workshops. He is also the president of Karnataka Chapter of Multiple Sclerosis Society of India.</p> <p>Dr. Iyer completed his MBBS from Government Medical College, Trivandrum. He then went on to do MD in General Medicine from the same college and DM in Neurology from Sree Chitra Tirunal Institute of Medial Sciences and Technology, Trivandrum.</p>

Vidhya Srinivasan

<i>Particulars</i>	<i>Details</i>
Name of the Participant Vidhya Srinivasan	<p>PG Diploma in PR and Advertising and Law Degree from Mumbai Univ - worked in advertising agencies in Mumbai and Chennai and in marketing and consumer research. Currently manage Sarara - my own boutique consulting firm in Marketing Communications . Visiting Professor of brand management and Integrated Marketing Communication - teaching MBA students various colleges and in IIM Shillong.</p> <p>Active Rotarian for 20 years. I am an Adoption Counsellor, helping prospective adoptive parents through the journey of adoption . I am a skill based volunteer for NGOs - Working with children in Healthcare, Sports and Music apart from working towards vocational rehab for transgenders. I also get consulted on Corporate giving programs and employee volunteering . Co-Founder,Trustee and Vocalist in Aarohi , a Retro Bollywood music band which sings to raise funds for charitable causes.</p>

Bindu Sukeshini Thota

<i>Particulars</i>	<i>Details</i>
Name of the Participant Bindu Sukeshini Thota	<p>Bindu Sukeshini is a Business Manager with passion for Insurance . She has spent over 20 years serving in both Life & Non Life Insurance. She has worked across the value chain of insurance from Sales & Mktg / Product Development / Underwriting and Customer Service/ Operations / Compliance etc. Her last assignment in the Corporate world has been as Associate Director , Corporate Communications in Edelweiss Life Insurance. Currently, she is Director of Orah Fin Services which is into business strategy Consultancy and Regulatory Compliance.</p> <p>Bindu is an Engineer, with MBA from XLRI, Jamshedpur. Currently, she is pursuing AMPH, Health Care Management Program from ISB, Hyderabad. Her hobbies include understanding & evaluating the Business Innovations , Travelling to understand the socio-cultural values of various geographies and Career Counseling to Engineering students. As a health care professional, she envisions to partner in developing and mobilizing Govt/ Private Social Health Care Schemes for rural / social sectors.</p>

Dr. Sameera Ali

<i>Particulars</i>	<i>Details</i>
<i>Name of the Participant</i> <i>Dr. Sameera Ali</i>	Sameera is a dental surgeon with 13 years of clinical experience. She has worked with the Indian Dental Association for over a decade as part of editorial team and advocacy efforts. She is also the co-founder of the NGO- Hamara Footpath that works with street children in Mumbai in the space of education. She is currently pursuing an MBA at ISB and is focused on working with organizations that address equitable health access issues.

Dr. Harish Iyer

<i>Particulars</i>	<i>Details</i>
<i>Name of the Participant</i> <i>Dr. Harish Iyer</i>	<p>Harish is India Country Lead, R&D and Senior Scientific Advisor at the Bill & Melinda Gates Foundation India Country Office and leads the Scientific Programs in the country for the Foundation.</p> <p>Harish is deeply interested in the role of innovation, science and technology in improving health & accelerating economic development. As Senior Advisor, he is a strategic partner between Indian researchers, global partners and the Foundation's Global Health team in critical R&D work including in vaccine-preventable diseases, understanding causes of childhood mortality, new approaches to treating neglected diseases and Life Sciences Partnerships. Prior to his role at the Foundation, Harish was the CEO of Shantha Biotech from 2011-2015. Harish has also worked in various R&D roles in several biotech companies including as Head of R&D at Biocon, and in various technical roles at Biogen-IDEC and Genentech. Harish has a PhD in chemical engineering, and has done an executive program in leadership and strategy in pharmaceuticals and biotechnology at Harvard Business School in 2010.</p>

Mr. Jagdish Rattanani

<i>Particulars</i>	<i>Details</i>
<p>Name of the Participant Mr. Jagdish Rattanani</p>	<p>Jagdish Rattanani is a news writer and columnist with three decades of work in journalism, notably in reporting assignments, analysis and newsroom leadership roles.</p> <p>Jagdish is a founder Director & Editor of the Foundation of the Billion Press (www.thebillionpress.org), a section 8 non-profit in India that works in the news media space with the mission to bringing to light people less seen, voices less heard and perspectives less argued. In this role, Jagdish writes columns for several Indian newspapers. The team carries columns from select leaders, thinkers and analysts.</p> <p>He also serves as the Director of the Association of Sustainability Practitioners (ASP) (www.sustainabilitypractitioners.org), a company registered in Dorset, UK, where he represents graduates of sustainability/business responsibility programmes that were run by the University of Bath and Ashridge Business School. Jagdish is an alumnus of Ashridge Business School, Hertfordshire, where he did an MSc. in Sustainability & Responsibility.</p> <p>At the Bharatiya Vidya Bhavan's SPJIMR, a leading B-School in Mumbai, Jagdish teaches in the area of ethics, responsibility, business & society, communications, management & liberal arts, and aspects of leadership.</p> <p>In the past, Jagdish has worked and/or led news teams for Deccan Herald newspaper, The Telegraph newspaper, Business India Television, Zee News television. He has freelanced for Asiaweek magazine, Hong Kong, The Associated Press newswire, South Asia bureau; Deutsche Welle television, EMAP media, UK and Terrapinn, UK.</p>

Dr. Laxmi Jhala

<i>Particulars</i>	<i>Details</i>
<p>Name of the Participant Dr.Laxmi Jhala</p>	<p>Dr. Laxmi Jhala is currently the Managing Trustee of a leading NGO Eye Hospital of the region, Alakh Nayan Mandir Eye Institute. She is also one of the founder family members of the trust since 1997 and has been working there full time over the last 18 years. She is primarily responsible for various developmental projects and continuous quality improvement programs.</p> <p>A student of management & Doctorate in Philosophy, Dr. Laxmi and her Ophthalmologist husband have dedicated their entire life to the Mission of Alakh Nayan Mandir, “Service to the Humanity through providing Quality Vision to needy and downtrodden eye patients.”</p> <p>She is also involved with few other trusts working for village development programs with a holistic approach, encompassing agriculture, and education especially for girl child</p>

Annexure 1

STAR TOURS & TRAVELS

Inside Hathi pole, Near Police Station, UDAIPUR (Raj.) -313001.

Contact Person - Imran Khan

Mob. No. 09694777686, 09828845909.

Type of Vehicle	4 Hrs / 40 kms	8 Hrs / 80 Kms	12 Hrs./120Kms	Extra Km	Extra Hour	Out Station Per Km (Min. 250 Km/ day)	Night Hold Charges	Airport-Udaipur (Pickup or Drop) Charge
Swift /Dezire	Rs. 1000	Rs. 2200	Rs. 2500	Rs. 8	Rs. 200	Rs. 8	Rs. 300	Rs. 750
Etios	Rs. 1350	Rs. 2400	Rs. 2700	Rs. 9	Rs. 200	Rs. 8	Rs. 300	Rs. 750
Innova	Rs. 1500	Rs. 2800	Rs. 3000	Rs. 12	Rs. 300	Rs. 12	Rs. 300	Rs. 1100
Innova Crysta	Rs. 1700	Rs. 3100	Rs. 3500	Rs. 14	Rs. 300	Rs. 14	Rs. 300	Rs. 1300
Tempo Travellers 17-Seater	Rs. 2500	Rs. 5500	Rs. 6000	Rs. 26	Rs. 400	Rs. 26	Rs. 300	Rs. 2500
Bus 30-Seater	Rs. 3500	Rs. 6000	Rs. 7000	Rs. 30	Rs. 400	Rs. 30	Rs. 300	Rs. 3600
Bus 45-Seater	Rs. 4500	Rs. 6500	Rs. 7500	Rs. 35	Rs. 400	Rs. 35	Rs. 300	Rs. 4000
Bus 52-Seater	Rs. 5000	Rs. 7200	Rs. 8000	Rs. 42	Rs. 400	Rs. 42	Rs. 300	Rs. 4400
NOTE: Toll, Parking & Border Tax & any other applicable charges extra.								

Website - www.ehaconsortium.org



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