EVIDENCE-BASED PERFORMANCE
Testimonials attesting to the Success of WISH

1. “Contribution of PHCs at Lohsana Bara, Sirsala and Khandwa Patta, Churu, is appreciable in community participation programs like Pradhanmantri Surakshit Matratva Abhiyan, Gram Swasthya Samiti meeting, MCHN day, Family Planning and National Programs.” - Dr. Sunil Kumar Jandu, RCHO, Churu.

2. “Patients are tested by innovation-led devices TouchHb, uChek and SuChek. Earlier women had to go at Kushalgarh for delivery but now it is available at the PHC here. People are happy with PPP staff.” - Ms. Lalita Vasuniya, Sarpanch, Gram Panchayat Ramgarh, Block Kushalgarh.

3. “The staff resides at the quarters at PHC Barod. All medicines are available and diagnostic tests are conducted by advanced devices. Institutional delivery facility is also provided at the centre.” - Shri. Girraj Prasad, Sarpanch Gram Panchayat Barod, Block Sultanpur.

4. “Now ANM is available at all the SCs and doctors also stay at staff quarters to provide services 24x7.” - Dr. M. Mandal, Block CMO, Bakani, Jhalawar.

Rajasthan has a population of 68.6 million (Census 2011), of which three-quarters live in rural areas. The state has a poverty level of 24.8%. The infant mortality rate (IMR) 41, (NFHS-4 2015-16) and the maternal mortality ratio (MMR) 208 (AHS-2012-13) are above the national average.

In states like Rajasthan with poor socio-economic conditions, primary healthcare is a challenge but also provides ample opportunities. Public health experts opine that while significant global resources have been focused on curbing specific diseases like Polio, HIV/AIDS, TB and Malaria, relatively little has been done to strengthen primary care in an integrated manner.

In early 2015, WISH curated a unique innovation-led model to transform the under-performing Primary Health Centres (PHCs) to performing centres in Rajasthan by signing a 5-year Memorandum of Understanding (MoU) with Government of Rajasthan.

The facilities were taken up on PPP mode in 12 districts, located in remote areas, with difficult terrain, high levels of poverty and poor health indicators.
THE WISH MODEL IS BASED ON 4 STRATEGIC PILLARS

1. Public-Private Partnerships that bring together state governments, international agencies and best-in-class private sector healthcare partners

   WISH worked closely with the Rajasthan government to curate the first ever PPP policy for primary healthcare. Also, developed the Standard Operating Procedure (SoP) which is now being used by the government to bring transformational changes in the PHCs managed by government and modelled to become Adarsh PHC.

2. Donor diversification - WISH has entered into a partnership with USAID which has committed to scaling up innovations in Rajasthan. WISH also entered into a corporate partnership with the Aditya Birla Finance Limited (ABFL) for strengthening primary healthcare through three facilities in Sawai Madhopur district.

3. Identify the most promising healthcare innovations, provide test-beds for further validation, and facilitate the process of scaling-up within the public system

   A variety of technology, system and process innovations have been introduced at PHC and SC level to bring efficiency, cost-effectiveness and health impact. The Rajasthan government has included 4 such innovations in its Program Implementation Plan for scale-up.

   - **TouchHb**
     Non-invasive, IT enabled Anemia Screener by Biosense Technologies

   - **uChek**
     Portable, IT enabled Urine Analyzer by Biosense Technologies

   - **Telemedicine**
     Tele-medical consultations facilitated by an entrepreneur

   - **SüChek**
     Low cost blood glucometer by Biosense Technologies

   - **iBreastExam**
     No-touch preliminary breast scanner by U2 LifeSciences

   - **Mobile Pathological Lab**
     Portable testing platform conducting over 37 tests by Accuster Technologies

   - **BEMPU Bracelet**
     Hypothermia alert device for low birth weight infants by BEMPU Health

   - **Swarthyat ATM**
     Health kiosk with vitals, diagnostics, doctor consultation & drug vending machine by WISH and Telechikitsa Ventures

   - **E-Janswasthya**
     mHealth application to empower field functionaries in data capturing by UNICEF

   - **Janma Birth Kits**
     Birth kit with “six cleans” to prevent infection during child birth by Ayzh Health & Livelihood

4. Provide high-quality primary care for under $2 per patient-visit

   Through improved efficiencies and accountability systems in WISH health centers, the goal is to bring down operating cost to under $2, which would make this one of the most cost-effective primary healthcare programs in the world. The overall cost savings will be significant, with reduced illness, fewer work-days and school-days lost, and significantly reduced emergency hospital visits.

5. Build a sustainable financial model for primary healthcare delivery

   The Rajasthan government is providing infrastructure support to WISH-managed public health facilities along with medical equipment, pharma drugs and consumables, and covering approx. 60% of the operating cost. The remaining percentage is contributed by WISH and other donors.

Impact of implementing the WISH model in Rajasthan

Currently, WISH model is being implemented in 24 PHCs and 99 SCs across 15 blocks in 11 districts of Rajasthan. Three PHCs are running on CSR support from Aditya Birla Finance Limited (ABFL). Upto March 2017, WISH was managing 32 under-performing PHCs and 162 sub centers in 12 districts of Rajasthan. Average out-patient volume per PHC surged from 986 in June 2015 to 2,197 per PHC in October 2017. Average institutional deliveries at PHC have increased by 40%. As a result, patient demand sky-rocketed. WISH handed over 8 PHCs after successful demonstration of phase-I and phase II. Based on this success, the Government of Rajasthan tendered 48 low-performing PHCs on PPP mode.