



Meethi Baatein

A Sanofi CSR Initiative

Annual Report
2021





Background

People to People Health Foundation (PPHF) has collaborated with Sanofi India for the 3-year (2021-2023) Type 1 diabetes mellitus (T1D) program - *Meethi Baatein* - which provides best-in-class training and educational tools to (a) diabetologists, (b) pediatricians, (c) diabetes educators, (d) caregivers and (e) young people with T1D, in order to create standardized care and a network to support people with T1D across India. The program also supports access to treatment to the underprivileged

Type 1 diabetes patients. The program is being implemented by PPHF in North, East and South India, and RSSDI and Diabesties in West India. Meethi Baatein involves the development of a care and support program to improve the management skills of healthcare professionals and improve the knowledge and practice of patients and caretakers, and address issues related to access to essential supplies for the underprivileged for better management of Type 1 diabetes.



Fig. 1 Photographs from the field (Program implementation)



Objectives of the Interim Report

1. To update on progress of the Meethi Baatein program from PPHF’s perspective over the last one year (2021)
2. To identify avenues for improving the operational efficiency of healthcare organizations (HCOs) under the program Meethi Baatein.



Methodology

At first, an orientation meeting was held between the PPHF central coordination team of the Meethi Baatein program and GRID Council members. In this meeting, the PPHF team gave an overview of the program and shared the relevant documents for reference. After going through the documents, GRID had detailed meeting with the program manager from the central coordinating team. This meeting essentially was directed towards understanding the process of program implementation which lasted for almost two hours. Once oriented to the program process, a series of interviews were scheduled with the PPHF team and the representatives of the enrolled HCOs. From the PPHF team the

finance officers (two members) and a program management team (two members for central coordination and three regional officers (ROs) were interviewed. For interviewing the HCO representatives, it was ensured to have equal representation of HCOs from the three zones that was under the PPHF. Thus, representatives from 02 HCOs each from North, South, and East (n=06) were interviewed. All the interviews were conducted virtually on zoom with prior appointment and were recorded with consent. The average duration for the interviews was 45 minutes. The information from all the sources combined, were triangulated, and compiled to prepare the report.



Progress thus far

Table 1. Status of progress with implementation of the Meethi Baatein program

2021	
Number of states covered thus far by PPHF	12
Number of HCOs identified for onboarding in 2021	15
Number of MoUs signed with the HCOs in 2021	15

Number of HCOs with 60 patients in 2021	07
Number of patients enrolled in 2021	609
Number of HCOs who received funding in Q1	02
Number of HCOs who received funding in Q2	03
Number of HCOs who received funding in Q3	15
Number of HCOs who received funding in Q4	15
Total amount disbursed for the logistics to HCOs	Rs 1,38,29,545



PPHF Partnership Development Process - Broad outline

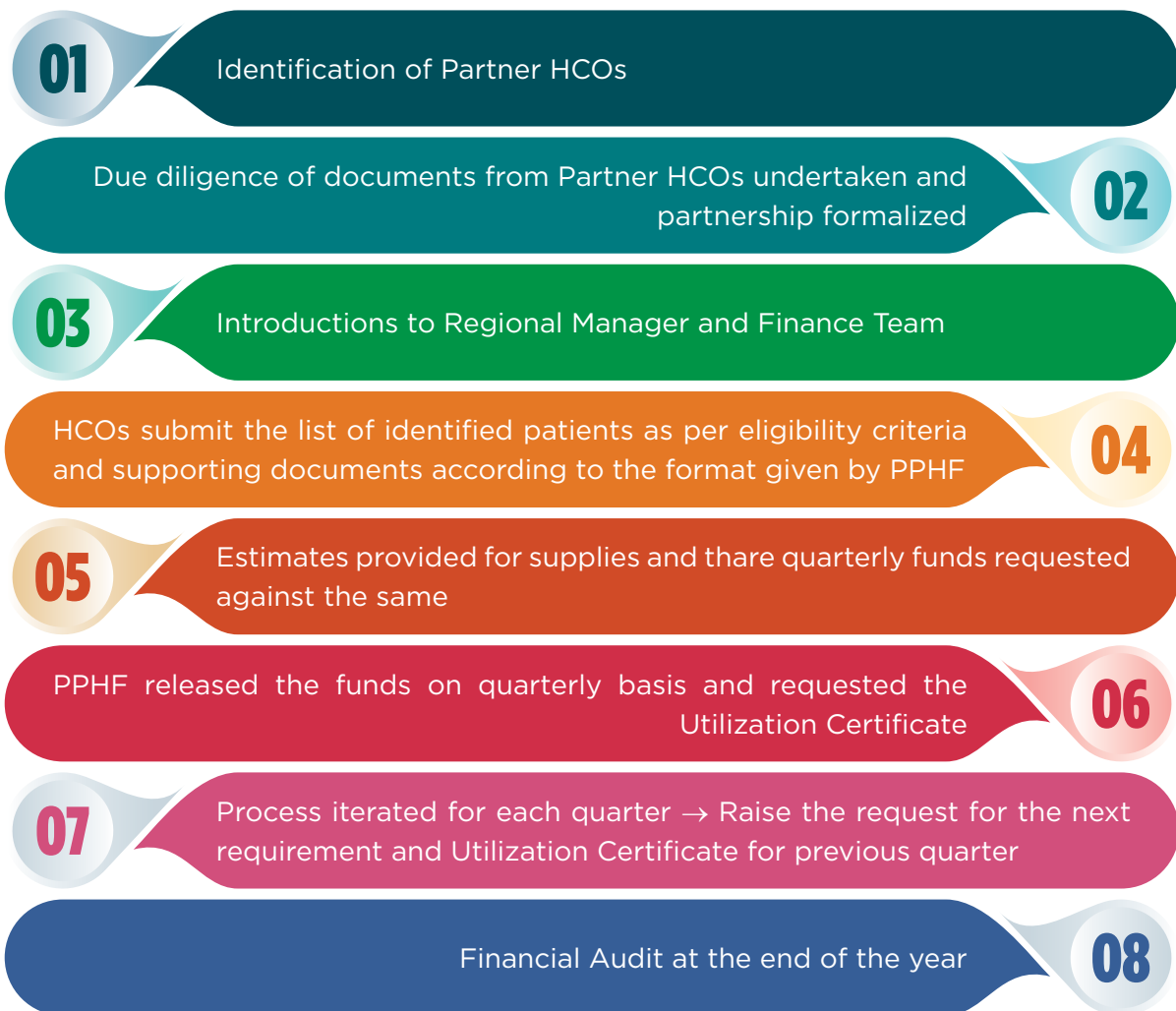


Fig. 2 Outline of process of program implementation



Eligibility criteria for HCOs

- Non-Government Organizations (NGOs) working for Type 1 diabetes patients
- Nursing homes (both private limited or trust) providing services for Type 1 diabetes



Eligibility criteria for patients

- Only cases diagnosed with Type-1 diabetes as per doctor’s prescription
- Family annual income < Rs 8,00,000
- Age less than 25 years



Activities undertaken by the HCOs

- Finalized the list of eligible patients and collected the supporting documents for the same.
- the quantity of insulin, syringes, glucose strips, lancets to be provided to the relevant patient as per the HCPs prescription (prescriptions were submitted to PPHF and a backup copy was retained for audit purposes).
- Signed acknowledgement receipts (formats were provided by PPHF) by the relevant patient or his/her caregiver was submitted monthly. In case of uneducated patients and caregivers, a thumb impression was taken instead of a signature.
- Evidence and documentation for the procurement process and purchase of the treatment products by the HCO were maintained and submitted quarterly along with the Utilization Certificate.
- Centres did not offer direct payment or reimbursements to the patients. Only products purchased by the centre was donated to the patients.

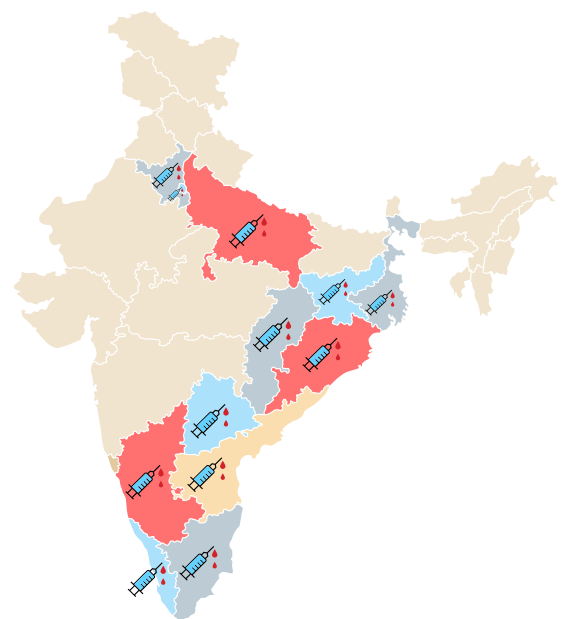


Fig. 3 Meethi Baatein Program: location of the health care organizations (indicated by syringe symbols)

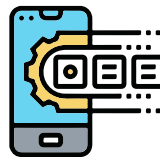
Table 2. Challenges and Innovations adopted for program management

Challenges	Solution	Remark
Several HCOs did not have the needed documents to be enrolled as partners through due diligence	PPHF guided the partner HCO in preparing the documents and submitting it for verification and archival.	15 HCOs onboarded with due diligence. 100% of these partnerships were formalized and sustained through MoUs and agreements in 2021 and for the upcoming year 2022.
Patients often lacked the documents for proving their eligibility - they were from economically weak backgrounds and did not have the capacity to produce the needful documents	<p>PPHF gave a choice of a range of government authorized documents, and if the potential family had any one of these, then the people living with T1D was enrolled into the program.</p> <p>HCOs were requested to collect the income proofs in advance to give sufficient time to verify and inform the family to arrange the needful.</p> <p>Families were advised to obtain a declaration from a gazetted Government doctor certifying that the family had an income of less than rupees 8 lakhs per annum</p>	This allowed us to increase the number of people living with T1D enrolled from each HCO, and thus, make the program sustainable as well as reaching the last mile.
Real-time program monitoring and database management was a challenge both for the HCOs and PPHF	<p>10% of the patients per HCO were given verification calls by PPHF to ensure drug/ supply disbursement and for data validation</p> <p>A web-portal has been designed for use by HCOs. PPHF has added further functionalities to this portal for collecting documents for due diligence, real-time stock management, record-keeping, and data analysis with secured access options. A basic dashboard feature has also been added to the portal.</p>	<p>This improved data accuracy and provided insights for further development.</p> <p>The web-portal allows for paperless operations, data transparency, robust record keeping and efficient stock management. To facilitate relative automation of processes, standard operating procedures (SOPs) are being drafted.</p>

Program requires scale up to achieve desired coverage over the next year

At least 17 new HCOs have been identified and due diligence undertaken for their eligibility; these are ready for enrolment into the program when deemed suitable. The program has been poised for expansion to 2 additional states beyond the existing 10 states. 538 patients have been identified and their records verified for enrolment into the program.

The program is well-positioned for rapid scale up. This will enable a coverage of at least 12 states in North, East, and South India and thus, declare presence in some of the most resource constrained contexts.



The Meethi Baatein Digital Platform

The digital platform is meant for ease of documenting and managing patient details from the Healthcare organizations registered under the program. The platform is designed

specifically to be used by the HCOs to better manage their documents. PPHF will not share this information with anyone externally without a proper written consent.



Fig. 4 Outline of process of program implementation



Recommendations

- The program has been in operation for more than a year now. There is an urgent need to design a detailed program protocol and SOP documents for program management
- It is imperative to plan for strategic knowledge products and for creating a comprehensive knowledge repository for building organization memory and ensure robust process documentation.
- Detailed protocol, tools, informed consent forms and SOPs must be designed for standardizing the program approaches across partners, verification of the patients enrolled into the program and for assessing their attitudes and practices for diabetes management.
- There is a need to harmonize program scale up with simultaneous efforts at capacity building of the HCOs for onward sensitization and empowerment of people with T1D. This will ensure sustainability of the efforts beyond project lifetime.
- Partners (Sanofi, RSSDI, Diabesties, Social Lens and PPHF) must have regular meetings for experience sharing and cross-learning for further improving the program's performance.
- Organize cross learning sessions with HCOs to share each other's experience and learn from one another, across geography. This will also help to reflect on best practices adopted by the HCOs that can be adapted by the others keeping in mind their context.
- Leverage the Meethi Baatein Digital Platform: All documents e.g. quarter closing documents, acknowledgement papers should be submitted on time. The digital platform can be used for this activity in a more standardised way. All the HCOs should be advised to submit these documents in a framed timeline so that there is a systematic plan at place for all centres.



Annexure: Process insights (2021)

Initiation: Signing the MOU between PPHF and SANOFI

- The program, through funding support from Sanofi and under the overall technical leadership of RSSDI, is being implemented in the North, East, and South India by People-to-People Health Foundation (PPHF) and by Diabesties in West India.
- The planning and documentation started in mid-2020 and a Memorandum of Understanding (MOU) was signed between PPHF and Sanofi on 18th December 2020 for implementing the program.

Preparing for roll-out: Team formation and training

- At PPHF, under the leadership of the CEO PPHF, a team was set up for implementing the program. The team included finance officers (two members) and a program management team (two members for central coordination and three regional officers (ROs) for site implementation, handholding and monitoring)
- An RO was recruited for each zone - North, East and South.
- At induction, they were provided an orientation to Type 1 diabetes, and to their role and responsibilities in the program
- Weekly-calls were held between the ROs, program manager and senior management to discuss work updates, trouble-shooting and cross-learning
- The ROs have been provided quarterly refresher trainings throughout the program.

Onboarding of Healthcare Organisation

1. A list of 38 HCOs was initially prepared and shared by RSSDI.

2. ROs received a list of HCOs region wise for enquiring their interest to get onboarded
3. ROs contacted each of the HCOs enlisted, explained the Meethi Baatein program, and invited the HCOs to participate in the program.
4. A mail was concurrently sent from PPHF National Office introducing the program, listing down the requirements from the HCOs and the documents needed.
5. Once the HCO agreed to participate, the HCO was requested to share the needful documents for due diligence.
6. The following documents are required from HCOs for due diligence
 - ❖ Certificate of Incorporation
 - ❖ PAN and TAN number
 - ❖ ITR acknowledgement
 - ❖ 80G and 12A certificate
 - ❖ GST certificate
 - ❖ Audited balance sheets
 - ❖ Audited annual reports
 - ❖ Acknowledgement of Income Tax Return filing for the previous 3 years
- vii. Declaration that the organization is not blacklisted in any government records
7. Once the documents were received the following things were verified:
 - ❖ Completeness of the documents
 - ❖ Document expiration date
 - ❖ ITR acknowledgement for past 3 years
8. If the HCO qualified through the due diligence for the documents, an agreement was formalized between the HCO and the Meethi Baatein PPHF team.

9. The following documents were required from HCOs for enrolling the people living with Type 1 Diabetes (PlwT1D) (at least one proof of income certified by Government of India)
 - ❖ Ration card, or
 - ❖ BPL/APL card, or
 - ❖ ITR acknowledgement, or
 - ❖ Income certificate
10. The patients enrolled needed to submit their Aadhaar card and fill up a registration form
11. Depending on the number of PlwT1D enrolled by the HCO and the supplies and logistics computed and indented for, funds were released quarterly to the HCOs. The Meethi Baatein program did not provide any funds towards human resource or administration cost to any of the HCO. The funds received by the HCO were only for procurement of supplies for Type 1 diabetes.
12. Only funds against supplies were disbursed to the HCOs by PPHF. Supplies like insulin, strips, lancets, and needles/syringes need to be procured by the HCOs themselves.
13. Once funds were released to the HCOs, they were asked to submit the following documents
 - ❖ Receipt for receiving the funds
 - ❖ Utilisation Certificate
 - ❖ Acknowledgement receipts (separately for each patient enrolled)
 - ❖ Prescriptions from the doctors
14. ROs triangulated information from doctor's prescription, individual acknowledgement receipt and supplies provided by the HCOs to ensure accuracy.
15. ROs also made data validation phone calls to at least 10% of the patients enrolled. At times, all the patients were called up for validation. Any mismatch was reconciled in discussion with the HCO.
16. ROs made visits to the HCOs from time-to-time for providing hand-holding support.

Orientation

Orientation of all the respective centres

Seek alignment of participating centres on the due diligence and MoU signing process

Due Diligence

Due diligence of Not for Profit centres: Mandatory documents: PAN, TAN, Audited fin. St. (3 yrs), Audit report form 10B (3 yrs), Registration certificate, ITR (3 yrs), 12A, 80G certificates & Self-declaration that organization is not blacklisted.

Due diligence of For Profit entities: Mandatory documents: PAN, TAN, Audited fin. St. (3 yrs), Registration certificate, Tax audit report (3 yrs), GST registration, ITR (3 yrs), & Self-declaration that organization is not blacklisted.

MoU

MoU Signing: Once HCOs submit and completes the due diligence process, Draft MoU is sent to the HCOs for review and signing. (supported with clarification/justification meetings)

NPO: Grant Agreement

For-Profit entities: Service agreement (Tax implication)

Patient Registration

(up to 25 years of age with family's annual income < INR 8,00,000) Patient Registration Form: Signed patient registration (Mandatory) along with the ID and Patient income proof. (patient or guardians ID - Adhaar card and income proof copy (BPL card/ration card/ govt. letter/ITR) *As an interim: we are accepting soft copies, centres to submit hardcopies with UCs*

Patient details, supply estimates & Fund request: HCO to share Patient details with estimates and fund request in the templates in the excel format by PPHF. Prescriptions to be kept as backup.

Timelines for fund request: Quarterly fund Request should be placed by the centres latest by 10th of M1 of every quarter.

Fund Release

Funds will be released **within 3-4 working days of request placed by HCO**

Centres will be enrolled on Quarterly basis

Note: If the documentation is completed in M2 of ongoing quarter, in this case only one month fund will be released for that quarter and centre will fall in regular quarter cycle from the next quarter

Procurement & Distribution by HCOs

Procurement of Supplies: HCOs to follow standard practices based on their procurement policy and maintain the documentation like Quotes, PO, Invoices received from vendors

Distribution of Supplies: Supplies to be distributed on a monthly or quarterly basis to the selected patients and medicine receiving acknowledgment to be taken (template provided) for each month. Prescription should be maintained for submission at quarter end with UC.

Alternate options in COVID: In case patients are not able to visit the centre due to unforeseen reason, supplies to be couriered along with filled receiving form which can be scanned and shared for record keeping (only if possible)

Utilization certificate (Quarterly)

To be submitted by 10th of M1 of new quarter

Other supporting documents to be submitted by the HCO: Patient prescription copy, receiving acknowledgement by the patient

Financial Audit (Annually)

Interim Audits by District Officers and Finance

Monthly Random confirmation calls to 10% of the patients receiving benefits at each centre by PPHF

Monthly program and financial reviews, supported supervision and on field trouble shooting will be provided by the regional managers.

Fig. 5 Meethi Baatein Programme Implementation: Process Flow Diagram

How many HCOs could be onboarded in 2021?

- 38 HCOs were contacted (as per list prepared by RSSDI), of which 15 HCOs agreed/ qualified for enrolment and were onboarded.
- Out of 15 HCOs identified for enrolment in 2021, only 02 could receive funds from start of 2021; the remaining 13 HCOs received funds from July 2021 once they were onboarded with due diligence.
- Onboarding in first half of 2021 was delayed because of either the HCOs did not have needful documents that could be readily verified before onboarding, and/or due to disruptions caused by the raging second wave of the COVID-19 pandemic in India.
- **None of the HCOs have dropped out of the program once onboarded.**

Why some HCOs could not be onboarded into the program?

- The HCOs declined participation stating lack of adequate personnel to carry out admin and paperwork for the program.
- Several HCOs that expressed interest to participate in the program, could not produce the documents for due diligence for enrolment
- Interested and agree to be on board, but are unable to submit documents related to due diligence on time

Were there any particular characteristics of the HCOs that fared with ease in the Meethi Baatein program during 2021?

“We not only treat and provide medicines to patients, but we also train and educate the patients and motivate them to help and support others with the same condition. Type 1 Diabetes patients are always ready to help other patients, which adds to our motivation.” (Representative, HCO-1)

- HCOs that were already ‘large enough’ and already had a network of 100-200 PlwT1D

who were receiving medical services through the HCO.

- HCOs with experience in managing similar programs. They had been into similar programs and collaborations earlier and were thus acquainted to the system and process of fund/ grant management and project implementation.

“We are a hospital, and we have an experience of running many such programs. We have the human resource and the system for managing these programs. This experience has helped us to manage this program and patients well.” (Representative, HCO-6)

- They already had personnel assigned for admin tasks; they could do the paperwork and submit on time.
- The HCOs were actively working for communities in the outreach with a philanthropic mentality and innovative approach. Examples of some of these activities are as below:
 - ❖ Weekly orientation sessions of patients on diet, exercise, and lifestyle
 - ❖ Distribution of health educational material and training of the patients on how to self-inject insulin and management of Type 1 diabetes.
 - ❖ Distribution of ice packs to patients for carrying insulin, in cases when the time to reach the patient’s home from the HCO is more than 2-3 hours
- Periodic medical investigation of the patients (eye check-up, diabetic foot care)
- Some HCOs distributed supplies to the patients every month instead of distributing quarterly. This enables monthly monitoring of patients at the HCOs.

“Patients visiting the centre to collect medicines at regular interval is a good way of ensuring that they get an opportunity to interact with the doctor and think about their health condition proactively.” (Representative, HCO-3)

Challenges experienced in the process:

- Lack of a standardized study protocol and standard operating procedures (SOPs)
 - ❖ The initial list of 38 HCOs shared with PPHF had not undergone any initial screening. Many of these HCOs were either not interested to get onboard for the program or lacked the basic documents for due diligence. If the enlisting of the HCOs could have been done after an initial screening ('expression of interest and preliminary document check'), it would have led to a higher participation rate and to saving of valuable time and resources in verifying the same (improved implementation efficiency).
 - ❖ A step-by-step guide must be prepared for enumeration of HCOs and pre-assessment eligibility check (inclusion and exclusion criteria). This will make the process structured and replicable. For example, it was unclear that private clinics i.e., any doctor with a private clinic or polyclinic or any big private hospital (Apollo) could not be enrolled into the program (whereas it is the private clinics that had a large number of patients). Beyond the initial 15 HCOs, the program is slated for expansion. For this, an attempt was made to identify more HCOs. However, the process of identifying these was not structured. Potential HCOs were identified mostly through personal networks of the PPHF team. Some centres were found through Google search or with reference from the HCOs already in the program, and contacted thereafter over phone, email and physical visits despite the pandemic restriction. Thus, 18 more HCOs have been identified for enrolment and await a 'go ahead' before formal onboarding.
 - ❖ There is a need to clarify if HCOs should increase more PlwT1D into the program. Initially, the program targeted to enrol about 1200 patients (60 per HCO) and hence, the HCOs have identified potential beneficiaries and submitted needful reports. As these beneficiaries are hopeful, if the numbers are not finalized, it could lead to disheartened response from the HCOs.
- Procuring patient's income certificate has been a major challenge. The program targets to enrol beneficiaries from weaker economic sub-section of the society. These underprivileged families often find it difficult to get a government provided income certificate. Arranging documents of patients were more challenging when the patients were from far away and not from a surrounding area of the HCO. Thus, the HCOs often adopted customised patient enrolment criteria to ensure that they are able to sustain the patients and the program.

"While enrolling patients for the program, we make sure that they are residing at the nearby areas and their family or their neighbours have a smart phone. We generally avoid enrolling patients from distant areas as communication and follow-up becomes difficult. This helps in sustaining the patients as well as submit documents on time." (Representative, HCO-2)
- The HCOs find the admin and paper work for Meethi Baatein too laborious and time intensive. The HCOs often lack adequate and dedicated human resource to carry out the paperwork for the program. As a result, they are unable to provide the documents for submission to PPHF on time. This challenge has also been resonated by the PPHF team which leads to some delay in distributing funds to the HCOs. It was also informed that HCOs do not respond even after multiple follow ups; coordinating with the assistant at the HCO is challenging too.
- "The entire project does not have any admin

expenses covered and that is not fair on the HCOs. Though 100 percent money goes to the patients, but it would not hurt to have some small money for manpower and resources to make the process smoother.” (Representative, HCO-3)

- Lack of a stakeholder communication SOP for the HCOs:

“We do not have any SOPs in place (in our organisation). We communicate through WhatsApp regarding distribution of medicines. This is challenging as it is very difficult to explain the requirements to the patients.” (Representative, HCO-5)

- ❖ The HCOs communicate with the patients through WhatsApp and phone calls regarding their medicine requirements and documentation. This is often challenging for the HCOs as the patients belong to the underprivileged section of the society. This is especially true when it comes to explaining the patients about the required documents, administering medicines and counselling. Absence of smart phones with patients is an additional challenge for the HCOs in this regard.

- ❖ If the HCOs face any issues related to funds, they directly call the finance officer of PPHF, bypassing the ROs
- ❖ There is no one contact person in the HCO who is accountable. Thus, contacting different person runs the risk of miscommunication.

- Patients enrolled in the program, at times, are unable to visit the HCOs on time due to the COVID pandemic restrictions and resource constraints. This makes logistic and supply calculations and disbursements unpredictable, and leads to underutilization of the funds by the HCOs.
- ROs find it difficult to comprehend the prescriptions written by the different doctors at the HCOs as these are not standardised.
- Time management: Challenges are in data compilation.
- Need for detailed and regular update and cross-learning meetings between program implementation partners.

Team

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Assessment conducted by GRID Council

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- All the pictures in the report are used with consent from the patients and/or their caregivers.



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