International Journal of Scientific Research in Engineering and Management (IJSREM)
Volume: 09 Issue: 12 | Dec - 2025 SJIF Rating: 8.586 ISSN: 2582-3930

A Study on Assessing and Developing a Response to the Primary Care Needs of the Community Residing Around Shalom Family Medicine and Day Care Centre (SFDC) At Christian Medical College (CMC), Vellore

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ABSTRACT

"Primary health care is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment." is the Vision of World Health Organization for primary health care in the 21st century: Primary health care, when well-structured and staffed with motivated, well- educated, and continuously trained medical practitioners, resolves the majority of health problems experienced by the community and reduces the pressure on secondary and tertiary healthcare institutions. The study entitled "To assess and develop a response to the primary health care needs of the community residing around Shalom Family Medicine and Day Care Centre (SFDC)at Christian Medical College, Vellore." The objectives of the research were to study the current healthcare services provided by Shalom Family medicine and Daycare Centre, determine the expectations of the patients using SFDC and community living near SFDC concerning the services offered and the extent to which their needs were met and to make appropriate suggestions to address the service gaps identified for enhancement of SFDC services. The study was carried out from May to September 2021. A descriptive research design was used to study 100 respondents from members of the community residing around SFDC and 100 respondents who avail the services of the SFDC clinic. A structured questionnaire was developed based on WHO declarations and articles regarding primary health care. Modified Kuppuswamy scale was adopted in the questionnaire for classification of Socio-economic status of the respondents The results of the study highlight that, though the Shalom Family medicine and Daycare Centre is nearby homes of the community, people prefer the government primary health center and other nearby private Health clinics and hospitals due to the lack of specialties, cost of the treatment and limited working hours of the clinic Around 55 % of the people are aware of shalom family medicine in the surrounding area, but only 52% of the people choose SFDC as the preferred healthcare center for them or their families. Based on this study, it has been concluded that the various primary healthcare needs of the community are met by the Shalom family medicine and Daycare center. But the clinic has to be promoted in the nearby areas, and its services have to be expanded, increasing the number of patients opting for Shalom family medicine and daycare center as the primary healthcare center for their family.

Keyword: Primary health care, World health organization, primary health care needs

CHAPTER – I INTRODUCTION

Christian Medical College and Hospital, Vellore

Christian Medical College and hospital was established in 1900 as a single bedded clinic to train dedicated persons to run, manage, and provide healthcare in the spirit of Christ through mission hospitals. Founded by an American missionary, Dr Ida S. Scudder, CMC Vellore has brought many significant achievements to India. It is a teaching hospital that strives to achieve excellence in patient care, education, and research at primary, secondary, and tertiary levels of healthcare—providing comprehensive diagnostic and therapeutic care to patients with its unique healthcare model that strives to provide compassionate, Christ-centred, ethical, cost-effective,and quality healthcare. CMC has maintained a fine balance between delivering state-of-the-art treatment while being inclusive and minimizing the

financial burden on patients, thus playing, over the years, a pivotal role in improving healthcare in the country. The Christian Medical College Vellore (CMC) is ranked amongst the top medical colleges in India.

CMC's network of primary, secondary, tertiary and quaternary-care teaching hospitals is spread across seven campuses in and around Vellore and Andhra Pradesh. It is a renowned medical institution that cares for over two million patients and trains hundreds of doctors, nurses, and other healthcare professionals each year. The hospital hasthe region's most advanced medical research, training, and health programs.

Motto – "Not to be ministered unto but to minister."

Vision Statement – The Christian Medical College, Vellore seeks to be a witness to the healing ministry of Christ through excellence in education, service, and research.

Mission Statement –

- ✦ To develop through education and training, compassionate, professionally excellent, ethically sound individuals who will go out as servant-leaders of health teams and healing communities.
- ✦ To provide service in promotive, preventive, curative, rehabilitative or palliative aspects ofhealthcare, in education or research.
- ✦ CMC is committed to innovation and the adoption of new, appropriate, cost-effective, caring technology.
- ✦ CMC strives to understand God's purposes and designs, fostering a spirit of enquiry, commitment to truth and high ethical standards.
- ✦ CMC reaffirms its commitment to the promotion of health and wholeness in individuals and communities and its special concern for the disabled, disadvantaged, marginalized and vulnerable.

In the early 1900s, CMC founder Dr Ida Scudder began to visit the villages in the countryside around Vellore with a bullock or horse-drawn cart. A small team would load the cart with medicines, set up a 'roadside clinic' under a tree, follow a regular pattern, and treat all who came. Soon motorized vehicles replaced the carts, and this rural outreach program has been a feature of CMC's work ever since, and caring for the poor and marginalized continues to be the centre.

An unaided, private sector healthcare institution, CMC does not limit itself to high-tech tertiary care but also uses secondary and primary healthcare models to deliver healthcare to rural India, giving priority to the needs of the urban and rural poor, including the most vulnerable, disadvantaged communities such as women, children, mentally and physically challenged, leprosy and HIV patients, the poor and neglected elderly, slum dwellers, tribal population and others.

CMC's Community Health and Development program, or CHAD, was established in 1957. Its training centre provides primary care to the rural, urban and tribal communities nearby and serves as a training ground for medical, nursing and paramedical students. It now functions as a 130- bedded secondary level base hospital. In 2015-16, the CHAD hospital attended 88,916 outpatients and 10,733 inpatients, including 3,243 women delivered in the facility.

CMC also started THE RURAL UNIT FOR HEALTH AND SOCIAL AFFAIRS

(RUHSA). RUHSA was formed in response to the felt need for CMC to provide health care services to a most backward rural development block in K.V Kuppam, an administrative block in Vellore district consisting of 39 panchayats 89 revenue villages. RUHSA conducts mobile clinics in the villages and provides primary outpatient and inpatient care at the base hospital. Speciality clinics are conducted in the base hospital periodically with the assistance of speciality departments of the main hospital in Vellore.

CMC established the LOW COST-EFFECTIVE CARE UNIT (LCECU) in December 1982 in response to the needs of the urban poor and is a testament to CMC's commitment to the poor, disabled, disadvantaged, marginalized and vulnerable. LCECU provides primary and secondary health care by Family and Community Health Physicians at low cost to the residents of Vellore. This is done through its network in the slums through volunteers and a network of clinics. It also has a 48 bedded ward and a Family Medicine OPD for the urban poor. It gives the patients access to the services of specialists by direct referral links to the Main CMC hospital when required and by consultants who came to

the unit for providing free consultations to those referred to see them. LCECU works holistically to bring healing to the body and takes care of familial and community relationships. The clinic also portraited that reasonable quality care could be provided at low cost in an environment of escalating healthcare costs.

Family Medicine is a clinical speciality that provides comprehensive (across all ages, gender, organ systems, and specialities), cost-effective and patient-centred care. Family Medicine is well recognized in the developed countries and has been crucial in providing universal, affordable and accountable health care access to all sections of society. The Family Physician is the one who is trained to manage 80% of the presenting problems in a health centre. There is no limit in gender or age in this field. Patients with different age groups are treated under family medicine, and the care includes preventive, promotive, curative, rehabilitative and palliative.

The department of Family Medicine in hospital works towards understanding the following issues to address them to the community.

- ✦ The prevention, diagnosis, treatment and management of important health problems in the primary health care population.
- ✦ The various determinants of health of communities and populations;
- ✦ The mechanisms of how the values of primary health care influence the health of individuals, family and communities;
- ✦ The functioning of the health care system in promoting the best possible health and possibilities of improvement.

CMC's Department of Family Medicine was formed in the year 2006. It became a full- fledged department in the year 2013, and LCECU was incorporated into it. In 2014, the Family Medicine department started Shalom Family Medicine Center (SFDC)across the road from LCECU to respond to the need of the local people who wanted more access to the services of CMC without going to the main hospital. To meet this need, SFDC was opened exclusively for the people of Vellore, and the Citizen's Clinic, which was functioning in the main hospital, was merged with the new centre located. A paperless practice that uses Electronic Medical Records (EMR), it provides ambulatory care for the more affordable patients of Vellore.

It has consultations rooms, a blood collection area, a full-fledged pharmacy, a four-bedded treatment room, a dental clinic and services of a nurse educator, a counsellor and a physiotherapist.

Shalom Family medicine and Daycare Centre (SFDC), located at Vallalar, was opened as a new venture in June 2020 in response to the request of the administration to expand the services of Family Medicine to another area of the city. Situated about 3km from the main hospital, it provides outpatient services, Lab Sample collection, a short stay in the treatment room and minor procedures, and drug dispensing services through pharmacy. Residents have found it useful for consultations, giving samples and quick treatment, especially during the COVID pandemic, thereby reducing the need to travel to the main campus. Family Medicine specialists who manage most health problems in families across all age groups are consulted in the centre. The centre is available to see patients from Monday to Friday. The lab sample collection is open from 7 am to 2 pm, and the centre functions from 8 am to 4 pm.

NEED FOR THE STUDY

Primary healthcare systems strive to provide the highest quality treatment possible, with appropriate measurable outcomes. When well-structured and staffed with motivated, well- educated, and continuously trained medical practitioners, primary health care resolves the majority of health problems experienced by the community and reduces the pressure on secondary and tertiary healthcare institutions. Compared to treatment provided by experts on higher levels of the healthcare system, resolving population health problems on a primary class, either through prevention or treatment by qualified medical practitioners, enables low and effective treatment costs. A society with well-developed Family Medicine programs benefits from an increased standard of living due to improved population health and lower healthcare expenditures through effective prevention measures and primary care services. An effort has been made in this study to understand the various primary healthcare needs of the community and compare them with the services provided by Shalom Family Medicine and Daycare Center (SFDC).

AIM

To assess and develop a response to the primary health care needs of the community residing around Shalom Family Medicine and Day Care Centre (SFDC)at Christian Medical College, Vellore.

OBJECTIVES

1. To study the current healthcare services provided by Shalom Family Medicine and Day Care Centre.
2. To determine the expectations of the patients using SFDC and community living near SFDC regarding the services provided and the extent to which their needs were met.
3. To make appropriate suggestions to address the services gaps identified for enhancement of SFDC services

CHAPTER-II

LITERATURE REVIEW

Health care system

A health care system is a central part of every country's functioning and includes people, institutes, and resources to meet the population's health needs. The World Health Organization (WHO) defines a health system as "All organizations, people and actions whose primary intent is to promote, restore or maintain health which includes efforts to influence determinants of health as more direct health-improving activities." (Lavallee et al., 2021; *What Is Health Care System - Meaning and Definition - Pallipedia*, n.d.). A well-designed health care system meets the health needs of a population. Therefore, they are broader than one might think initially, including care in the community, social services, public health and prevention, private and publicly funded health care. In addition to the organization, a health care system includes health workers and individuals (e.g., clients or patients).

Four different health care models in Industrialized nations include the Beveridge model, the National Health Insurance or Tommy Douglas model, the Bismarck model, and the out-of- pocket model (Wallace, 2013)

Beveridge model is named after William Beveridge, the UK social reformer who helped create the National Health System. In this system, the government pays and provides for health care, free at some point. It is financed through taxation and is followed in countries like United Kingdom, New Zealand, Spain, U.S. Veterans Health Administration. Bismarck Model is named after Prussian Chancellor Bismarck. The Bismarck model utilizes an insurance system and is usually financed jointly by employers and employees through payroll deduction. Non-profit insurance companies aid health care. This model exists in Belgium, Germany, France, Japan, the Netherlands, and Switzerland. The National Health Insurance model comprises both the Beveridge and Bismarck models. Private-sector providers are the primary source of funds.

However, a government-run insurance program makes the payment which all citizens fund through a premium or tax—examples: Canada (at a provincial level), South Korea, US Medicare. The out-of-pocket model is found in the majority of the world. This model is used by most low- and middle-income countries like Africa, India, China, and South America. Consumers pay for health care to public and private care providers. Little to no insurance coverage. (*Types of Health Systems | Columbia Public Health*, n.d.; Wallace, 2013).

Carrillo et al. introduced the health care access barriers (HCAB) model (Carrillo et al., 2011), providing classification and practical framework for classifying, analyzing, and reporting those associated modifiable health care access barriers with health care disparities. It categorizes flexible health care access barriers into financial, structural and cognitive, which reciprocally reinforce and affect health care access individually or in concert (Carrillo et al., 2011).

Health system in India

The Indian Ministry of Health was established in 1947 with independence from Britain. The National Health Policy endorsed by the parliament in 1983 was updated in 2002. It aimed at universal health care coverage by 2000. The states primarily administer the Indian health care system in India. The Indian health care system is versatile, meaning significant dependency on quality and coverage of medical treatment in India. Healthcare between states varies vastly between states. The planning commission of India founded a high-level expert group on universal healthcare coverage in

2010 and entrusted with the obligation of providing a framework for the execution of universal health coverage in India. In 2013, the National Urban Health Mission was launched to target the susceptible urban population regions, which included migrant construction labourers and temporary migrants, with the perception of providing coverage for universal health care and setting quality standards for service providers, as well as quantitative measures for service provision based on town size.

The Bhore Committee Report on the Health Survey and Development Committee, 1946,

has been a landmark report for India. The current health policy and systems have emerged (Ma & Sood, 2008; Sodani & Sharma, 2012). The recommendation for the three-tiered healthcare system was founded to provide preventive and curative health care in rural and urban areas placing health workers on government payrolls and limiting the need for private practitioners became the principles on which the current public healthcare systems. It was done to ensure that access to primary care is independent of individual socio-economic conditions. However, the lack of capacity of public health systems to provide access to quality care resulted in a simultaneous evolution of the private healthcare systems with a constant and gradual expansion of personal healthcare services (Peters et al., 2003).

India has a mixed healthcare system, including public and private healthcare service providers (Sheikh et al., 2015). Most private healthcare providers are concentrated in urban India, providing secondary and tertiary care healthcare services. The public healthcare infrastructure in rural areas has been developed as a three-tier system based on the population, including sub- centres, primary health centres and community health centres. Sub-center is established in a plain area with a population of 500 people and in a hilly/tribal area with a population of 3000 and is the first contact point between the primary healthcare system and the community.

Sub-centres are assigned tasks relating to interpersonal communication to bring about behavioural change and aid child and maternal health, family welfare, nutrition, vaccination, diarrhoea control and control of infectious diseases programs. The Ministry of Health & Family Welfare has been providing 100% central assistance to all the SCs in the country since April 2002 in the form of salaries, rent and contingencies in addition to drugs and equipment.

A primary health centre (PHC) is entrenched in an area comprising 30,000 people in a place and in hilly/difficult to reach/tribal areas with a population of 20,000. It is the site of the first contact point between a village community and the medical officer. PHCs were anticipated to provide integrated curative and preventive health care to the rural population, emphasizing the health care aspects related to prevention and promotion. The State Governments under the

Minimum Needs Program (MNP)/Basic Minimum Services (BMS) Program established and maintained the PHCs. The activities of PHCs involve healthcare promotion and curative services.

Community health centres (CHCs) established and maintained by the State Government under the MNP/BMS program comprises 120 000 people and in hilly/difficult to reach/tribal areas with a population of 80 000. As per minimum norms, a CHC must be staffed by four medical specialists: surgeon, physician, gynaecologist and paediatrician, additionally supported by 21 paramedical and other staff. It has 30 beds with an operating theatre, X-ray, labour room and laboratory facilities. It serves as a referral centre for PHCs within the block and provides obstetric care and specialist consultations (Chokshi et al., 2016).

Primary health care needs

As stated by WHO and UNICEF, "primary health care is a whole-of-society approach to health aiming at assuring the best possible level of health and well-being and their unbiased distribution by focusing on people's needs and prompt continuance from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment." (*Primary Health Care*, n.d.).

Primary health care is made universally accessible to individuals and families through their participation and at an affordable cost for the community and country. Primary health care addresses the leading health problems in the community, providing promotive, preventive, curative, and rehabilitative services accordingly. Since these services reflect and revolve from the economic conditions and social values of the country and its communities, they will vary government and society, but utmost promote proper nutrition and sufficient supply of safe water; basic sanitation; child and maternal care, by education concerning prevailing health problems, family planning, vaccination against the major

infectious diseases, prevention and control of locally endemic diseases; and ways of prevention and their power; and appropriate treatment for common illnesses and injuries (Bryant & Richmond, 2017).

Primary health care was conceptualized in 1946, three decades before the Alma-Ata

declaration. The Declaration of Alma-Ata on Primary Health Care in 1978 guided and directed path for establishing effective primary health care in member countries, especially in India (WHO, 1978). The Alma-Ata Declaration in 1978 formulated national policies, strategies and plans of action to launch and sustain primary health care as part of a comprehensive national health system. In India, however, health had received low priority in the central and state budgets. Health care conceptualization is focused on by various researchers. One of the conceptual framework of access to health care is proposed by Levesque et al. (Levesque et al., 2013) which identifies the barriers on accessing along the health care including approachability, acceptability,

availability and accommodation, affordability and appropriateness of the health care.

Family medicine

Family medicine (FM) is the academic discipline that serves and leads the speciality of family practice. It organizes curiosity, systematizes observation, advances understanding, communicates knowledge, and challenges convention (Phillips & Haynes, 2001). FM evolved from the historical tradition of general practice. In much of the developed world and countries such as the USA, UK, Canada, and Australia, FM is recognized as a distinct academic discipline, knowledge domain, and speciality vocational, imparted through structured residency training (*History of ABFM | ABFM | American Board of Family Medicine*, n.d.).

The form of family medicine follows the function of family physicians who acquire and maintain a broad and varying array of competencies, depending on the need of who they serve, the communities in which they practice. Family practice has both the resources and the responsibility to bring together the service and the science and the sense we know we need.The domain of family practice can be viewed best from the high ground of relationship, generalism, and professionalism (Phillips & Haynes, 2001).

A good relationship between the doctor and the patient is very important for developing a therapeutic relationship, where patients should be regarded as the an active partner in the management of their problems. Public health team can help in educating masses to understand

human behaviour (Farooqi, 2005). General practitioners require careful attention to patients and their spoken and unspoken concerns. They attend multiple fields of concerns at a single time, considering prevalence and probability in order to help patients. They serve as a steward of limited resources. They also help patients weigh their risks and benefits and empowering individuals to take care of them (Phillips & Haynes, 2001; Taylor, 2000).

Family physicians are bound to serve their patients, community, and society through a harmony of role which begin and end with competent, compassionate patient care as primary physician, personal, and principal physician. The family physician provides definitive, shared, supportive, integrated care depending on the needs of their patient (Phillips & Haynes, 2001). There is a vast majority of patients who regard family practitioner as the first person to call in times of health issues and for advice and treatment as they trust them (Neuberger, 1998). Each patients expectations from the consultants is based on their understand of illness which is influenced by their cultural background, religious beliefs and their level of understanding (Tomlin et al., 1999).

Market research of clinic

The dynamic evolution of life has inevitably affected the healthcare systems generating significant changes and imposing healthcare marketing as an indispensable element of health brands. Health services have been defined as "all personal and public services performed by individuals or institutions to maintain or restore health" (*HEALTH CARE ADMINISTRATION*, n.d.). The healthcare market can increase three-fold to Rs. 8.6 trillion (US$ 133.44 billion) by 2022. In Budget 2021, India's public expenditure on healthcare stood at 1.2% as a percentage of the GDP. A growing middle-class, coupled with rising burden of new diseases, are boosting the demand for health insurance coverage. With increasing demand for affordable and quality healthcare, penetration of health insurance is poised to expand in the coming years. In FY21, gross written premiums in the health segment grew at 13.7% YoY to Rs. 58,584.36 crore (US$

8.00 billion). The health segment has a 29.5% share in the total gross written premiums earned in the country (*Healthcare Industry in India, Indian Healthcare Sector, Services*, n.d.).

Healthcare marketing, through its specificity, is an interdisciplinary field because it uses certain concepts, methods, and techniques specific to classical and social marketing. A practical marketing approach involves an in-depth investigation of the patients' needs, identifying latent needs and offering new health services that patients have not explicitly requested (Purcarea, 2019). Marketing plays an essential role in helping healthcare professionals to create, communicate, and provide value to their target market.

Patient satisfaction plays a primary role in family medicine and health care delivery. It is defined as the level of coherence between the expectations of patients of the ideal care and their opinion about the actual care that they acquire. Various characteristics leading to patient satisfaction include availability, accessibility, euity ad affordability of the health care. Patient satisfaction is one of the major component for measuring health care outcomes and quality in developing and developed countries (Allafi et al., 2021; Mohamed et al., 2015).

CHAPTER-III METHODOLOGY

This chapter deals with the research design, research approach, study setting, study area, study duration, sampling method, sample size, methodology based on objectives, inclusion and exclusion criteria, tools used and statistical analysis

Research design -The research design of this study is descriptive design

Research approach - The research approach for this study is a quantitative approach.

Study setting –Community around Shalom Family Medicine and Daycare Center (SFDC) of Christian Medical College, Vellore and patient visiting SFDC.

Population - The community residing 2 to 3 km around SFDC

Study Duration – May to September 2021

Sampling method - Simple random sampling

Sample size - At least 100 patients visit SFDC & 100 from the community (preferably from different localities representing different socio-economic groups).

Methodology Based on Objectives Objective-1 Methodology

Objective 1 was to study the current health care services provided by Shalom Family Medicine and Daycare Center.

This objective was accomplished by interviewing the staff working and observing various healthcare services offered at SFDC based on observations.

Objective-2 Methodology

Objective-2 was to determine the patients' expectations using SFDC and community living near SFDC with regards to the services provided and the extent to which their needs were met.

This objective was accomplished by Data collection from patients using the SFDC and community members through structured proforma.

The data collection was done through two different structured proforma. Proforma-1 was used to collect data on primary health care needs of the community whereas, Proforma-2 was used to collect data of the patients visiting SFDC.

The data was collected through interview-based proforma, where the researcher explained the questions in the proforma and collected the respondents' responses. The medium of language used was Tamil, and the response was entered in English. The demographic questions consist of age, sex, educational qualification of the head of the family, occupation of the head of family and income of all the family. Based on the education, employment and income, the score for each group was given, and the family's socio-economic status was calculated and classified into various Socio-economic groups using modified Kuppuswamy's socio-economic scale updated for the year 2020. The wording of the questions of

the scale was slightly changed to be relevant to the study. The Modified Kuppuswamy's socio-economic scale updated for the year 2020 and along with the scoring system is mentioned in the below tabular column.

Education of the head of the family

S. No.	Education of the Head	Score
1	Profession or Honors	7
2	Graduate or Post-Graduates	6
3	Diploma	5
4	High school certificate	4
5	Middle school certificate	3
6	Primary school certificate	2
7	Not attending school	1

Occupation of the head of the family

S. No.	Occupation of the Head	Score
1	Legislators, Senior Officials & Managers	10
2	Professionals	9
3	Technicians and Associate Professionals	8
4	Arithmetic job	7
5	Skilled Workers and Shop	6
6	Skilled Agricultural Workers	5
7	Craft and Trade Workers	4
8	Plant and Machine Operators and Assemblers	3
9	Elementary Occupation	2
10	Unemployed	1

Total monthly income of the family

S. No.	Updated Monthly Family Income in Rupees (2020)	Score
1	More than >2,00,001	12
2	1,00,001 to 2,00,000	10
3	75,001 to 1,00,000	6
4	50,001 to 75,000	4
5	30,001 to 50,000	3
6	10,001 to 30,000	2

7	Less than <10,000	1

Kuppuswamy's socio-economic status scale 2020

S. No.	Score	Socioeconomic Class
1	26–29	Upper (I)
2	16–25	Upper Middle (II)
3	11–15	Lower Middle (III)
4	6–10	Upper Lower (IV)
5	Less than < 5	Lower (V)

Objective -3 methodology

Objective -3 was to make appropriate suggestions to address the services gaps identified for enhancement of SFDC services. This objective was accomplished by data analysis, interpretation and findings.

Inclusion Criteria

Adults above 18 years of age.

Members of community residing 2 to 3kms around the clinic.

Exclusion Criteria

Members of community not willing to participate were excluded. Patients of SFDC not willing to participate were excluded.

Development and Description of tool

A structured questionnaire was developed based on WHO declarations and articles regarding primary health care. Modified Kuppuswamy scale was adopted in the questionnaire for classification of Socio economic status of the respondents. A pilot study was conducted with 10 respondents in which 6 respondents are from the community and 4 respondents are from patients visiting SFDC which helped to modify the questions and questioning techniques appropriately to be clearer and more understandable.

Each proforma consist of two parts.

Part A of proforma 1 and proforma 2 consists of demographics details of respondents which comprises of 5 questions. **Part B of proforma 1** consists of primary health care needs of the community which comprises of 15 questions. **Part B of proforma 2** consists of primary health care needs of the patients visiting SFDC which comprises of 9 questions.

Statistical Analysis

Data collected were analyzed by descriptive analysis. Descriptive statistics included frequency and Percentage.

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION:

This chapter details the analysis and interpretation of data collected from 91 members of the community through proforma 1 and data collected from 103 patients through proforma 2 to access the primary health care needs.

Proforma 1

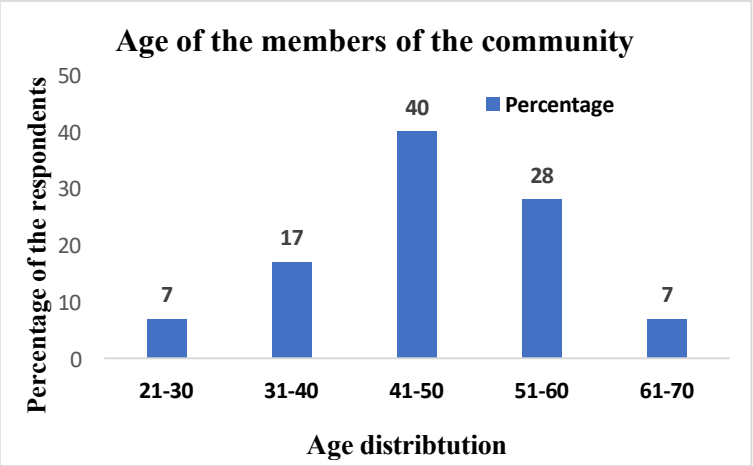
This section deals in understanding the primary health care needs of the community**.**

1. Age of the members of the community

Table 1: **Age of the members of the community**

Age	No. of Respondents	Percentage
21-30	6	7
31-40	17	17
41-50	36	40
51-60	26	28
61-70	6	7
Total	91	100

Chart 1: Age of the members of the community.



Interpretation

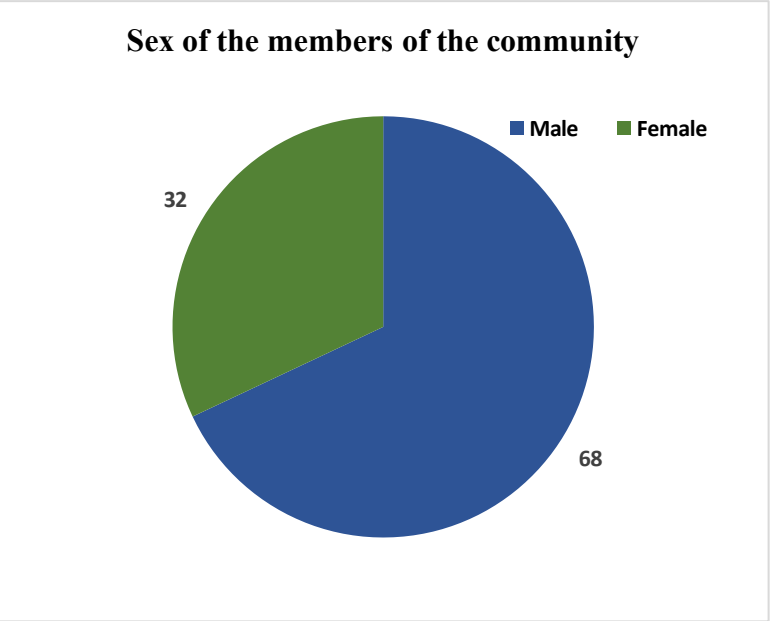
The above table shows that out of 91 respondents 40% of the respondents fall under the age category of 41 to 50 yrs and 28 % of the respondents fall under 51-60 yrs., 17% of the respondents fall under the age group of 31-40 years and 7% falls under the age of 21-30 years and 61-70 years.

2. Sex of the members of the community

Table 2: Sex of the members of the community

Sex	No. of Respondents	Percentage
Male	62	68
Female	29	32
Total	91	100

Chart 2: Sex of the members of the community



Interpretation

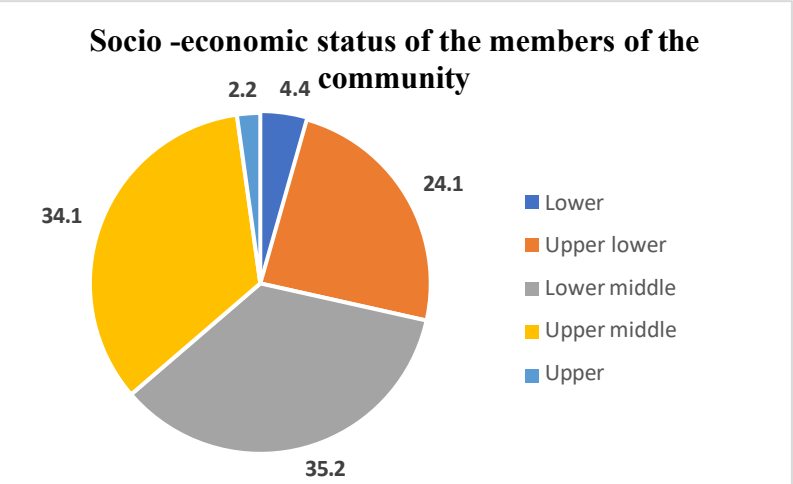
The above table shows that out of the 91 respondents 68% of the respondents are male and 32% of the respondents are female.

3. Socio economic status of members of the community

Table 3: Socio economic status of members of the community

Socio-economic status of members of the community	No. of respondents	Percentage
Lower	4	4.4
Upper lower	22	24.1
Lower middle	32	35.2
Upper middle	31	34.1
Upper	2	2.2
Total	91	100

Chart 3: Socio economic status of members of the community



Interpretation

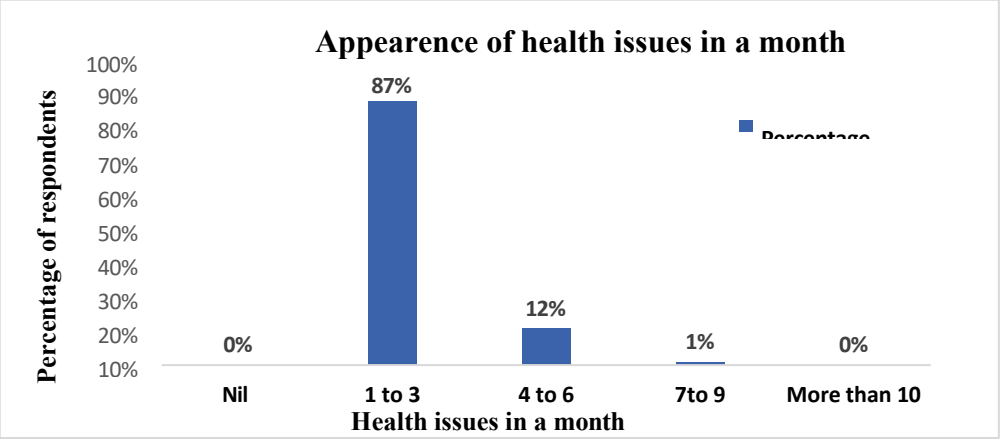
The above table shows that out of the 91respondents 35.2 %of members of the community are Lower middle,34.1 % are upper middle, 24.1% are upper lower, 4.4% are lower and 2.2% are Upper income category.

4. The Frequency of Health Issues in A Month

Table 4: Frequency of Health Issues in A Month

Frequency of health issues in a month	No Of Respondents	Percentage
Nil	0	0
1 to 3	79	87
4 to 6	11	12
7to 9	1	1
More than 10	0	0
Total	91	100

Chart.No.4: Frequency of Health Issues in A Month



Interpretation

The Table above shows that out of respondents 91members of the community, 87 %of the members of the community has 1 to 3 times of health issues in a month and only 1% of the members have7 to 9 times of health issues.

5. **Existence of Health Issues among the members of the community**

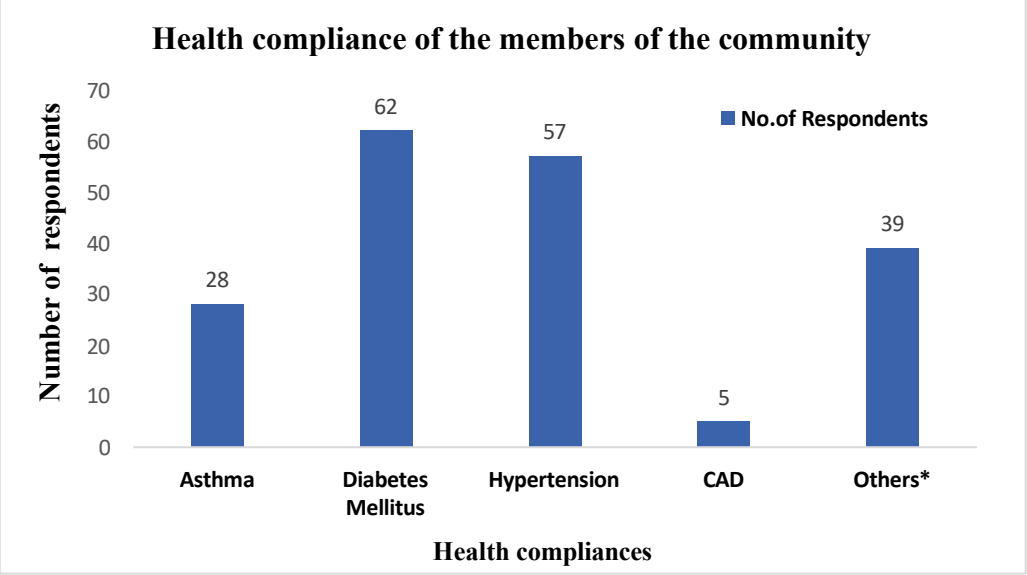
(respondents were allowed to choose more than one option)

Table 5: Health compliance of the members of the community

Health compliance of the community	No. of Respondents
Asthma	28
Diabetes Mellitus	62
Hypertension	57
Coronary Artery Disease (CAD)	5
Others*	39

Note: All the multiple response type statements have been presented in annexure.

Chart 5: Health compliance of the members of the community



Interpretation

From the other table it is inferred that out of 91 members of community,62 respondents of the community suffer from diabetes mellitus whereas ,57 respondents of members suffer from hypertension and 399 respondents members suffer from other health compliance.

*Body Ache and Thyroid Problem-5, Body ache-3, Common Cold-2, Common Cold and Tonsilitis-2, CVD-1, Dental Problem-1,Ear Prob-2,Eye Prob -1,Headache-4,Ortho-2,Rheumatic Arthritis-9,Skin Prob-2Thyroid Prob-4.

6. Immediate response of the community on occurrence of health issues.

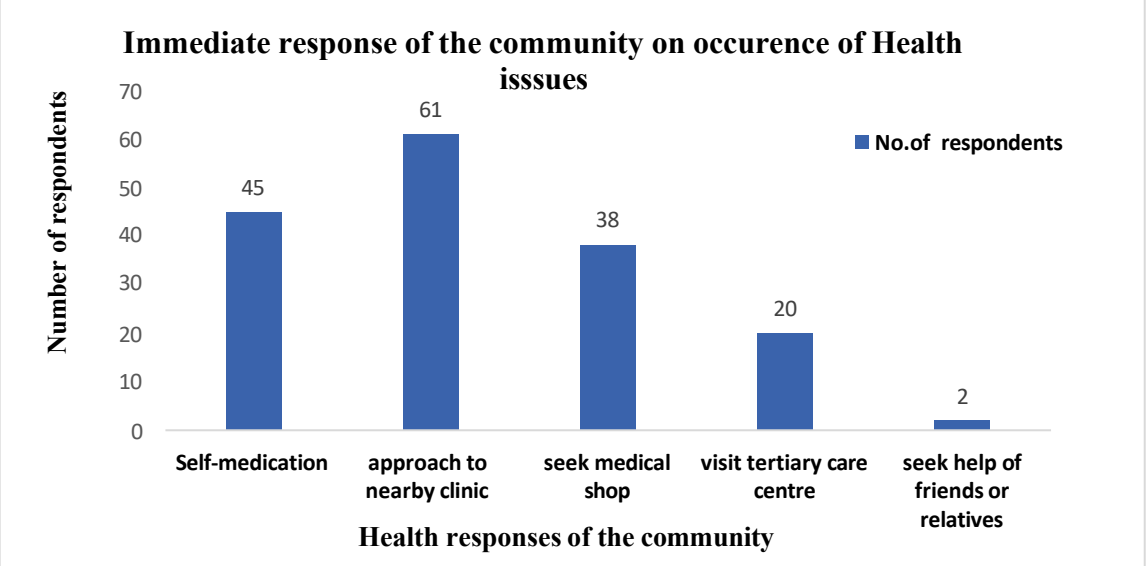
(respondents were allowed to choose more than one option)

Table 6: Immediate response of the community on occurrence of health issues

Immediate response of the community on occurrence of health issue	No. of respondents
Self-medication	45
Approach to nearby clinic	61
Seek medical shop	38
Visit tertiary care center	20
Seek help of friends or relatives	2

Note: All the multiple response type statements have been presented in annexure.

Chart 6: Immediate response of the community on occurrence of health issues



Interpretation

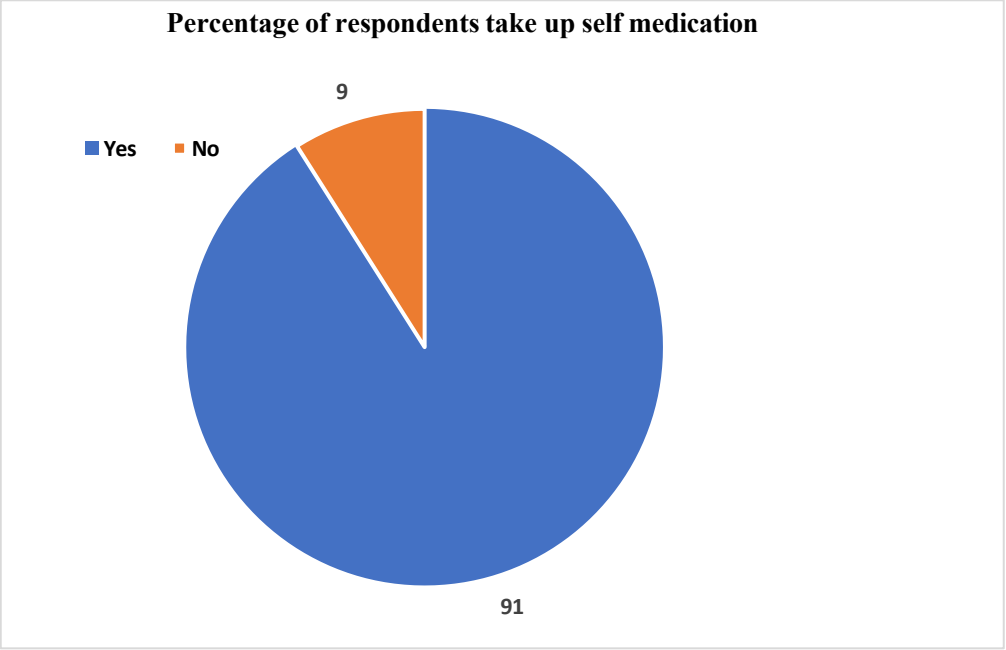
From the table, it is inferred that out of 91 respondents of the community 61respondents of the members approach to nearby clinic as their immediate response,45 respondents of the members take up self-medication whereas 2 respondents of the members seek help of friends or relatives on occurrence of health issue.

7. Self-medication taken up by the community

Table 7: Self-medication taken up by the community

Category	No. of respondents	Percentage
Yes	82	91
No	9	9
Total	91	100

Chart 7: Self-medication taken up by the community



Interpretation

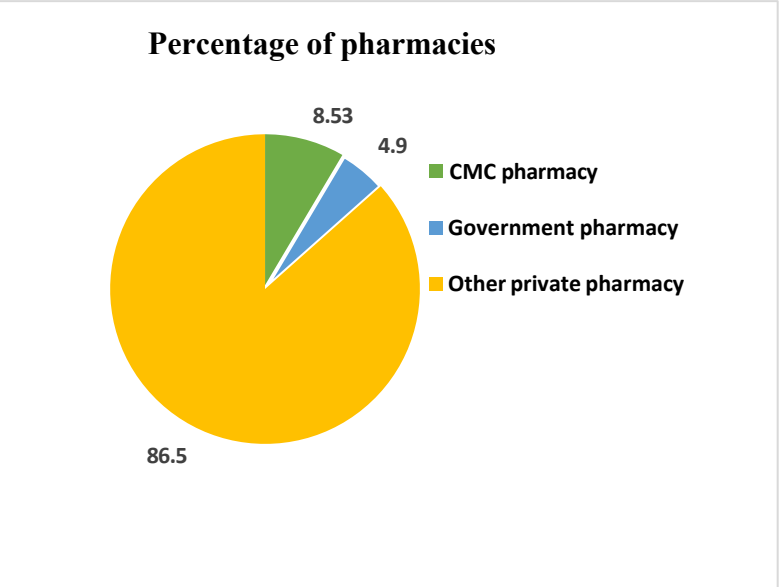
From the Table above it is inferred that out of 91 respondents, 91 %of the members of the community take self-medication whereas 9% members does not prefer self-medication.

7.1 The point of availability of Medicines

Table 7.1: The point of availability of Medicines

Name of the pharmacy	No. of respondents	Percentage
CMC pharmacy	7	8.53
Government pharmacy	4	4.9
Other private pharmacy	71	86.5
Total	82	100

Chart 7.1: The point of availability of Medicines



Interpretation:

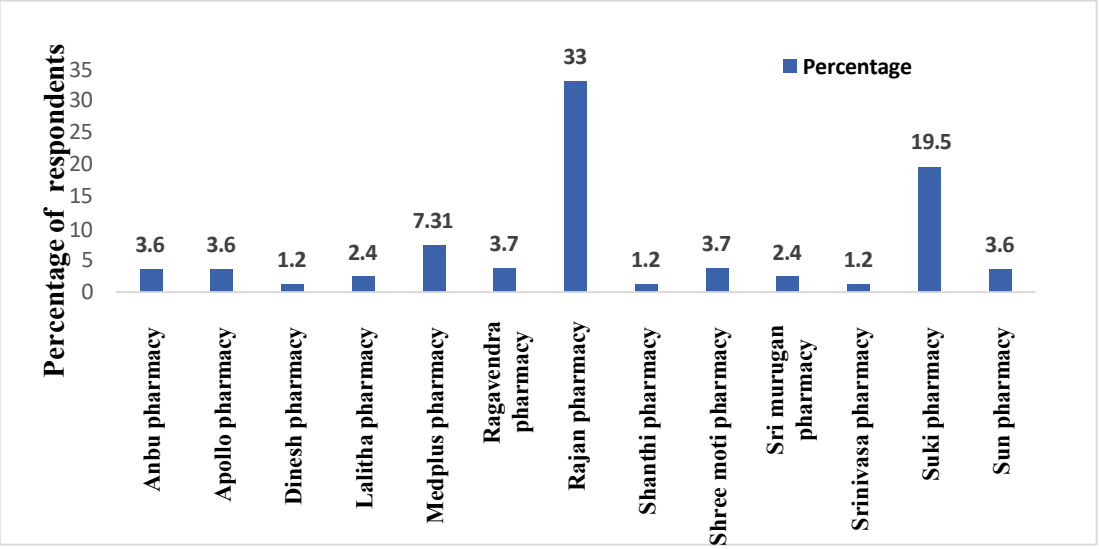
From the above table it is inferred that out of 82 respondents 86.5% get their medicine from other private pharmacy ,8.53% avail medicine from CMC pharmacy and 4.9% avail their medicine from government pharmacy for their health issues.

7.2 The other private pharmacies

Table 7.2: The other private pharmacies

Point of availability	No. of respondents	Percentage
Anbu pharmacy	3	3.6
Apollo pharmacy	3	3.6
Dinesh pharmacy	1	1.2
Lalitha pharmacy	2	2.4
Medplus pharmacy	6	7.31
Ragavendra pharmacy	3	3.7
Rajan pharmacy	27	33
Shanthi pharmacy	1	1.2
Shree moti pharmacy	3	3.7
Sri murugan pharmacy	2	2.4
Srinivasa pharmacy	1	1.2
Suki pharmacy	16	19.5
Sun pharmacy	3	3.6

Chart 7.2: The other private pharmacies



Interpretation

From the above table its seen that 33% who take self-medication approach Rajan pharmacy and 19.5% members approach Suki pharmacy whereas 1.2% approach Srinivasa pharmacy for procurement of medicine.

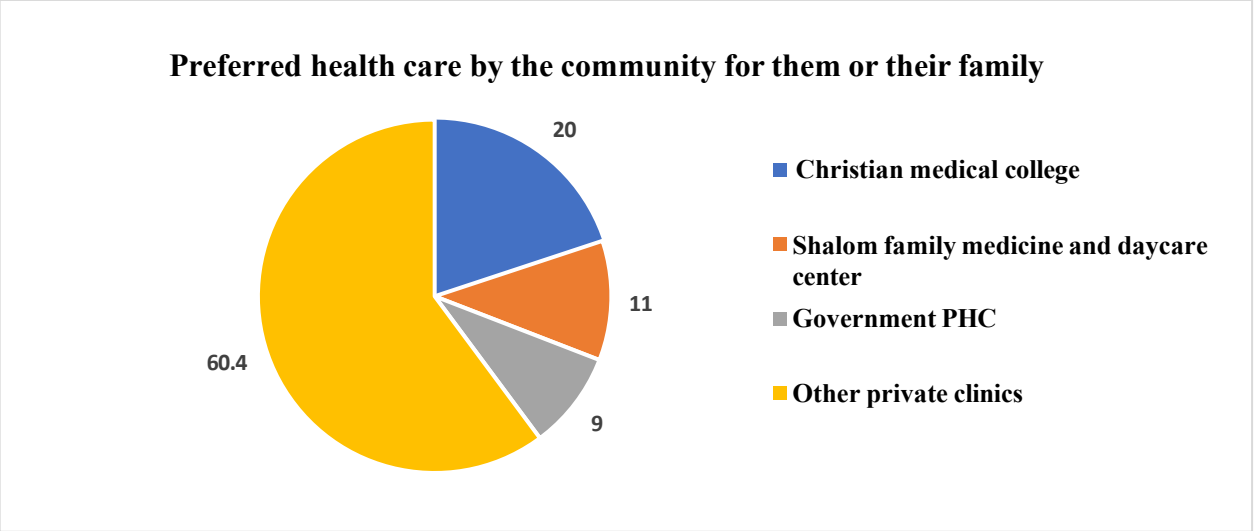
8. The preferred healthcare of community by them or their family on occurrence of the health issue.

Table 8: preferred healthcare of community on occurrence of the health issue

Preferred healthcare	**No. of respondents**	**Percentage**
Christian medical college	18	20
Shalom family medicine and daycare center	10	11
Government PHC	8	9
Other private clinics	55	60.4
Total	91	100

Note: The list of all the other private clinics have been presented in annexure

Chart 8: preferred healthcare of community on occurrence of the health issue



Interpretation

From the above table, it is inferred that out of 91respondents 55%prefer other private clinics, 20% prefer CMC ,11%prefer shalom family medicine and day care center and 9 % prefer Government PHC.

9. Reasons to visit the healthcare center.

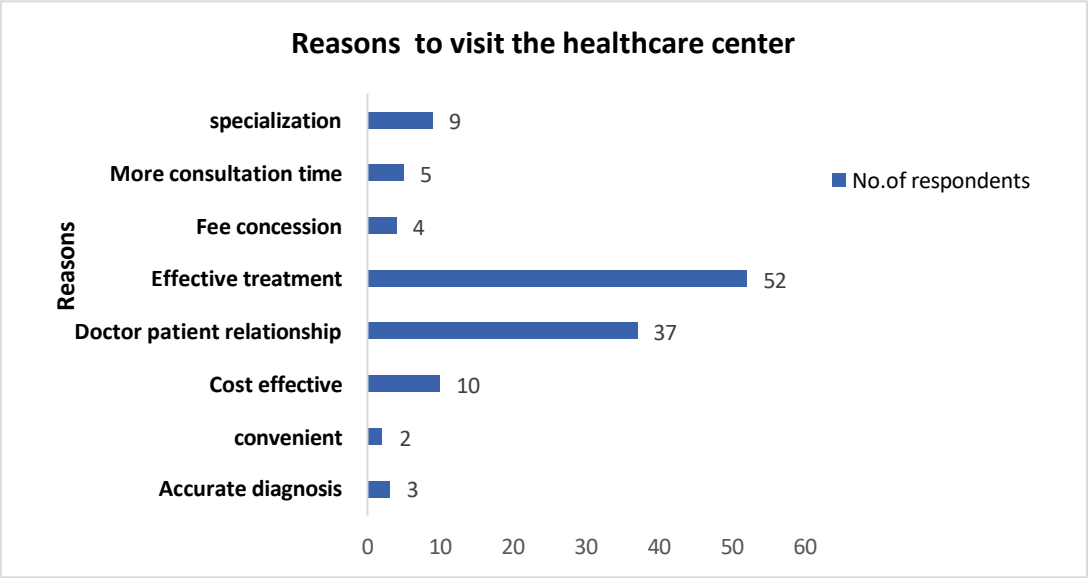
(respondents were allowed to choose more than one option)

Table 9: Reasons to visit the healthcare center.

Preference to visit the healthcare center	**No.of respondents**
Accurate diagnosis	3
Convenient	2
Cost effective	10
Doctor patient relationship	37
Effective treatment	52
Fee concession	4
More consultation time	5
specialization	9

Note: all the multiple response type statements have been presented in annexure.

Chart 9: Reasons to visit the healthcare center.



Interpretation

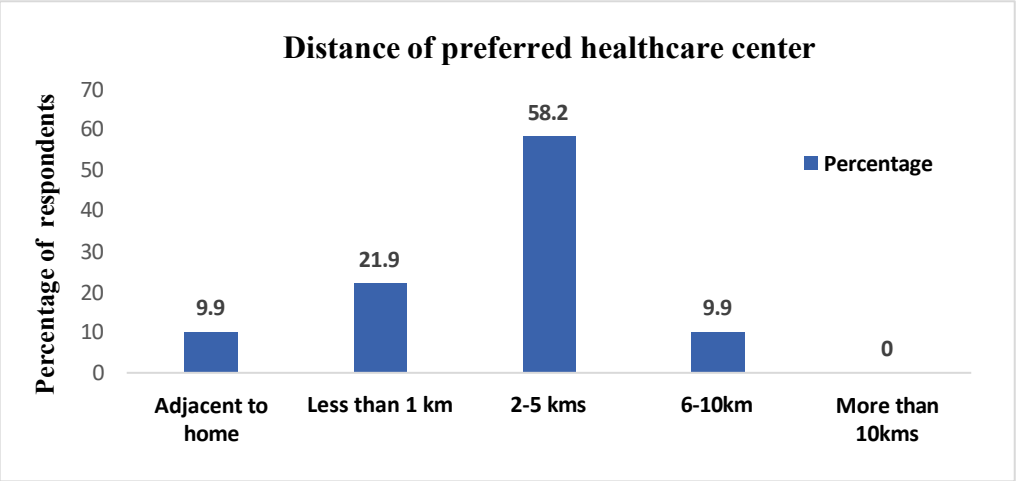
The table shows that 52 respondents prefer to visit their healthcare due to effective treatment and 37 respondents prefer to visit due to doctor patient relationship ,whereas 2 prefer due to convenience of visiting the healthcare center.

10. The distance of the preferred health care center

Table 10: The distance of the preferred health care center

Distance of the preferred healthcare center	No of respondents	Percentage
Adjacent to home	9	9.9
Less than 1 km	20	21.9
2-5 kms	53	58.2
6-10km	9	9.9
More than 10kms	0	0
Total	91	99.9

Chart 10: The distance of the preferred health care center



Interpretation

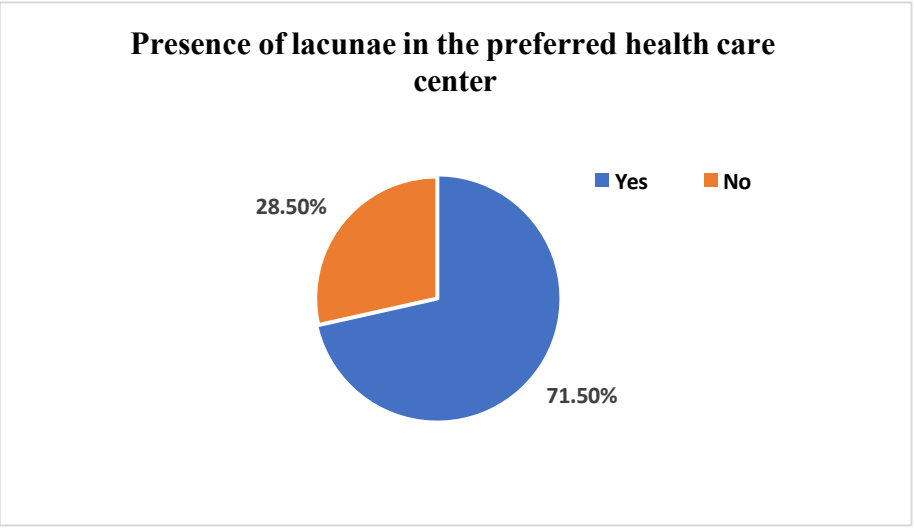
From the above table it is inferred that 58.2 % members of the community travel 2 to 5 kms to access their preferred healthcare center and 21.9 % of the member travel less than 1 km whereas nil percent of members travel more than 10 kms to access their healthcare center.

11. Presence of lacunae in the preferred healthcare

Table 11: Presence of lacunae in the preferred healthcare

Presence of lacunae in preferred Healthcare center	No. of respondents	Percentage
Yes	65	71.5
No	26	28.5
Total	91	100

Chart 11: Presence of lacunae in the preferred healthcare



Interpretation

From the above table, it is preferred that 71.5% of the members of the community has some lacunae in their preferred healthcare center and 28.5% of members has no lacunae in their preferred health care center.

11.1 Specific lacunae seen in the preferred healthcare center

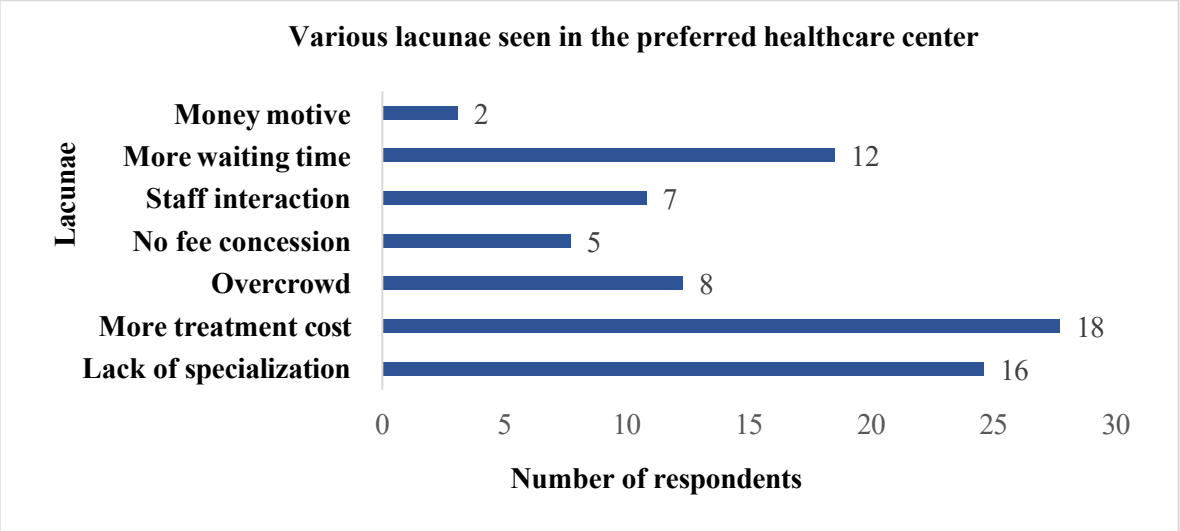
(respondents were allowed to choose more than one option)

Table 11.1: specific lacunae seen in the preferred healthcare center

Various lacunae seen in the preferred healthcare center	No.of respondents
Lack of specialization	16
More treatment cost	18
Overcrowd	8
No fee concession	5
Staff interaction	7
More waiting time	12
Money motive	2

Note: all the multiple response type statements have been presented in annexure.

Chart 11.1: specific lacunae seen in the preferred healthcare center



Interpretation

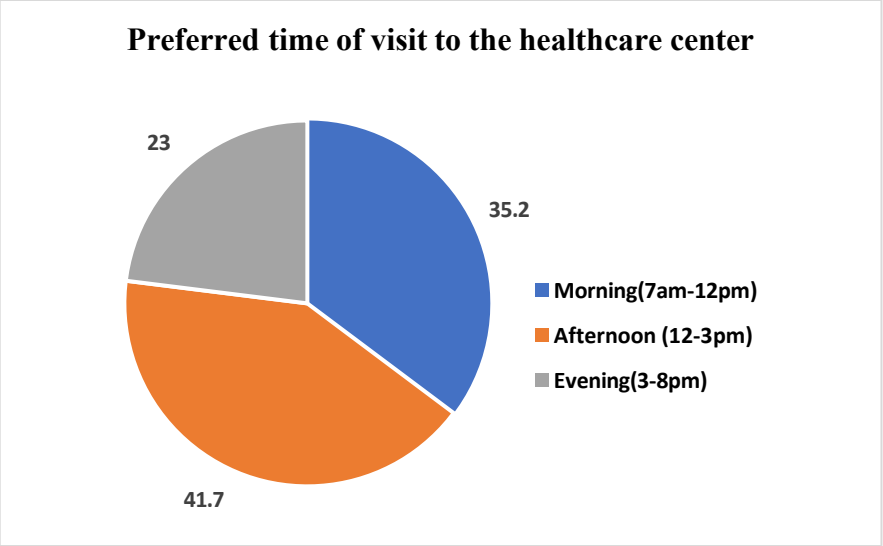
From the above table it is inferred that out of 91 respondents 18 feels treatment cost is more are seen as lacunae in the preferred healthcare center, 16 feels lack of specialization as a lacunae, 12 of them feels more waiting time,8 respondents feel overcrowding, 7 respondents feel limited staff interaction, 5 feels no fee concession and 2 feels money motive as lacunae.

12. The preferred time of visit to the healthcare center

Table 12: preferred time of visit to the healthcare center

Preferred time of visit	No. of respondents	Percentage
Morning(7am-12pm)	32	35.2
Afternoon (12-3pm)	38	41.7
Evening(3-8pm)	21	23
Total	91	99.9

Chart 12: Preferred time of visit to the healthcare center



Interpretation

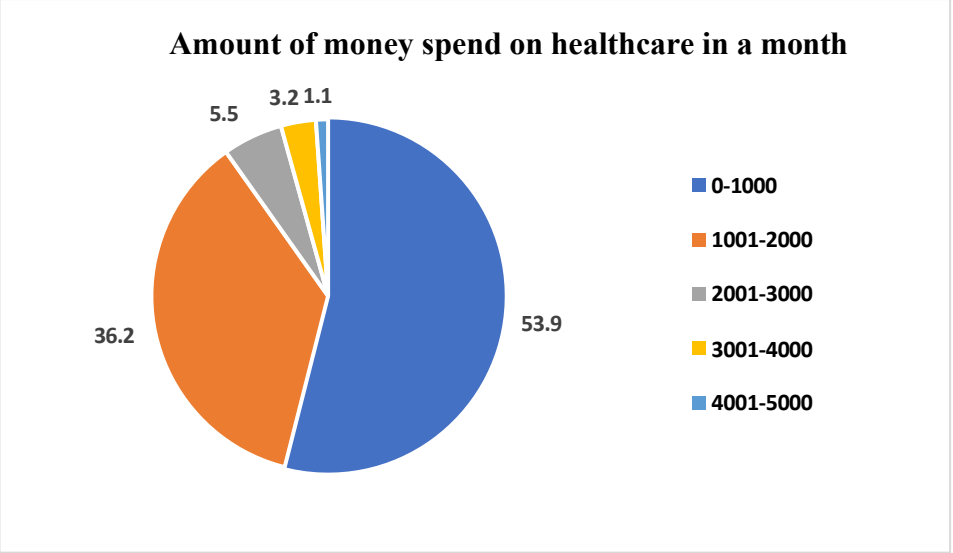
From the above table it is inferred that 41.7% of the members of the community prefer visiting the healthcare center in afternoon and 35%of the members prefer visiting the healthcare in morning whereas 23% prefer to visit in evening.

13. The Amount of money spends for healthcare in a month approximately by members of the community.

Table 13: Amount of money spends for healthcare in a month approximately by members of the community

The amount of money spends on the healthcare in a month (Rupees)	No.of respondents	Percentage
0-1000	49	53.9
1001-2000	33	36.2
2001-3000	5	5.5
3001-4000	3	3.2
4001-5000	1	1.1
Total	91	99.9

Chart 13: Amount of money spends for healthcare in a month approximately by members of the community.



Interpretation

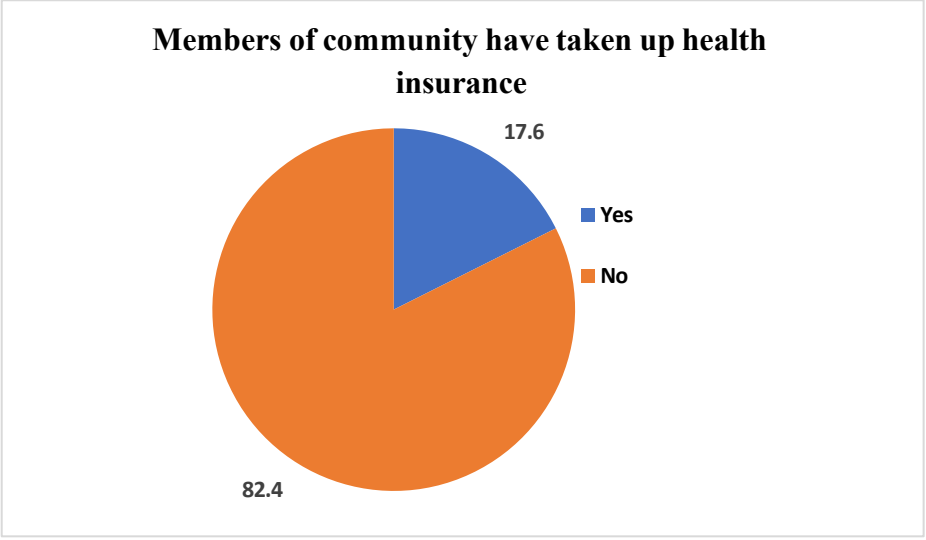
The table above shows that 53.9% members spend less than 1000 rupees for health care in a month and 1% of members spend more than 4000 rupees for health care in a month .

14. Availing of Health insurance in the community:

Table 14: Availing of Health insurance in the community

Members taken up any health insurance	No of respondents	Percentage
Yes	16	17.6
No	75	82.4
Total	91	100

Chart 14: Availing of Health insurance in the community



Interpretation

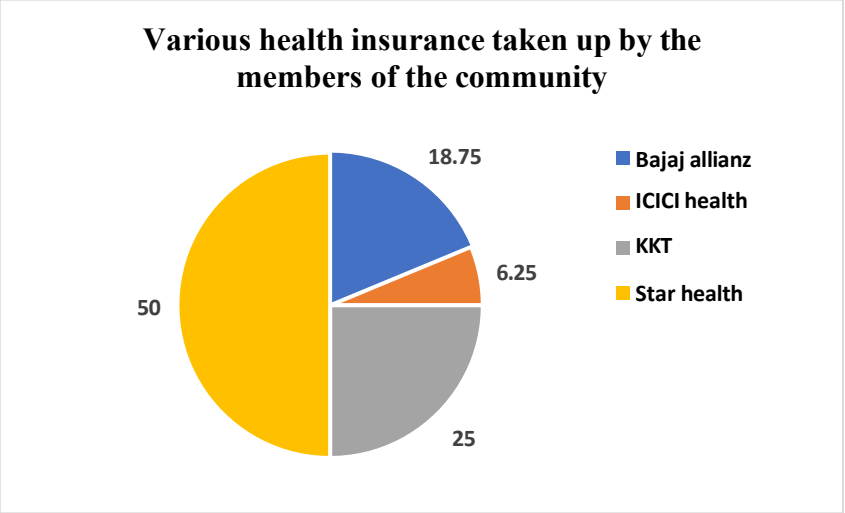
From the above table it is inferred that 82.4 %of the members of the community did not take up health insurance whereas,17.6 % of the members have taken up the health insurance.

14.1 The various health insurance taken up by the members of the community

Table 14: the various health insurance taken up by the members of the community

Name of health insurances	No. of respondents	Percentage
Bajaj Allianz	3	18.75
ICICI health	1	6.25
Kalaignar Kapitu Thittam (KKT)	4	25
Star health	8	50
Total	16	100

Chart 14.1: the various health insurance taken up by the members of the community



Interpretation

From the table, it is inferred that 50% of the members of community have taken up star health insurance ,25% of members have taken up kalaginar kapitu thittam (KKT)whereas, 18.7% of members have taken up Bajaj Allianz health insurance only 6.25 % have taken up ICICI health insurance.

15. Health care specialties availed the most by the members of the community

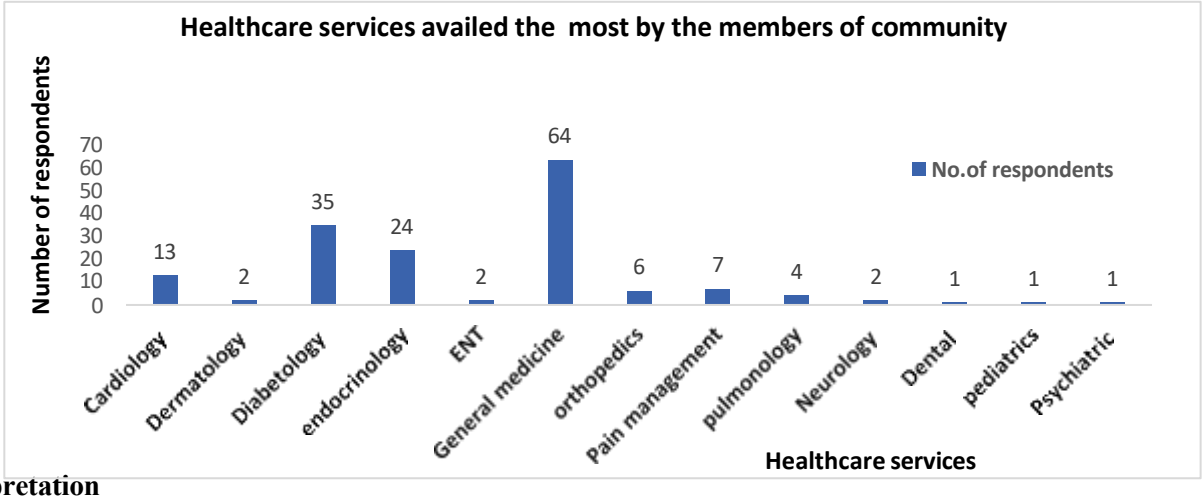
(respondents were allowed to choose more than one option)

Table 15: The Health care specialties availed the most by the members of the community

The various Health care specialties availed	No. of respondents
Cardiology	13
Dermatology	2
Diabetology	35
Endocrinology	24
ENT	2
General medicine	64
Orthopedics	6
Pain management	7
Pulmonology	4
Neurology	2
Dental	1
Pediatrics	1
Psychiatric	1

Note: all the multiple response type statements have been presented in annexure.

Chart.No.15: The Health care specialties availed the most by the members of the community



Interpretation

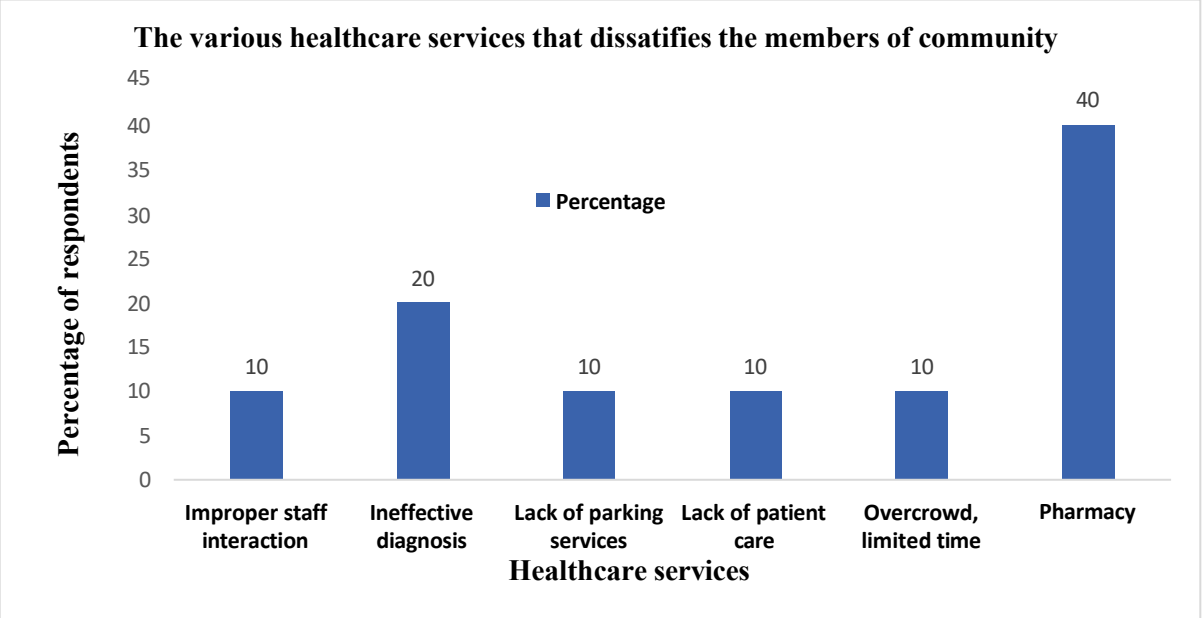
From the above table it is inferred that 64 respondents availed general medicine and 35 respondents have availed Diabetelogy and 24 respondents have availed Endocrinology and 1 of the respondent availed dental services**.**

16. Concerns of the healthcare services center:

Table 16: Healthcare services that dissatisfy the members of the community

The healthcare services that dissatisfy the members of the community	No. of respondents	Percentage
Improper staff interaction	1	10
Ineffective diagnosis	2	20
Lack of parking services	1	10
Lack of patient care	1	10
Overcrowd, limited time	1	10
Pharmacy	4	40
Total	10	100

Chart 16: Healthcare services that dissatisfy the members of the community



Interpretation

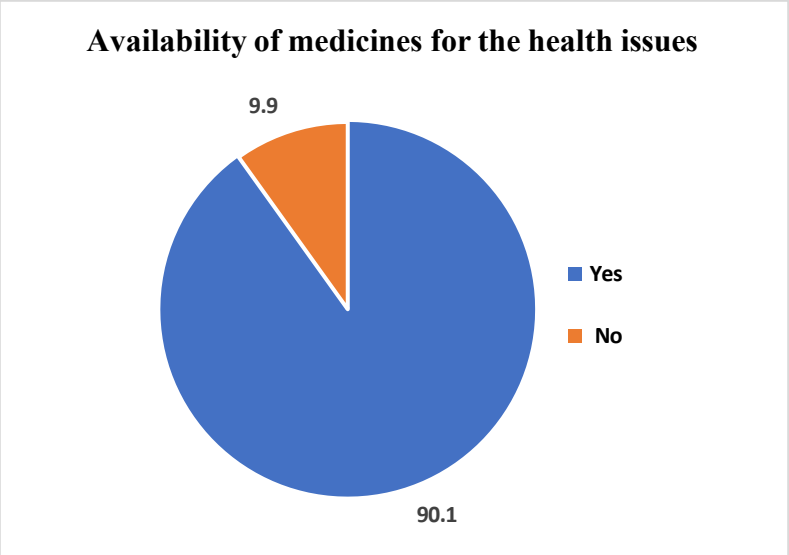
From the above table, it is inferred that 40% of the members of the community is dissatisfied with the pharmacy services and 20 % of the community is dissatisfied with ineffective diagnosis.

17. Availability of medicines for the health issues

Table 17: Availability of medicines for the health issues.

Availability of medicines for the health issues	No. of respondents	Percentage
Yes	82	90.1
No	9	9.9
Total	91	100

Chart.No.17: Availability of medicines for the health issues



Interpretation

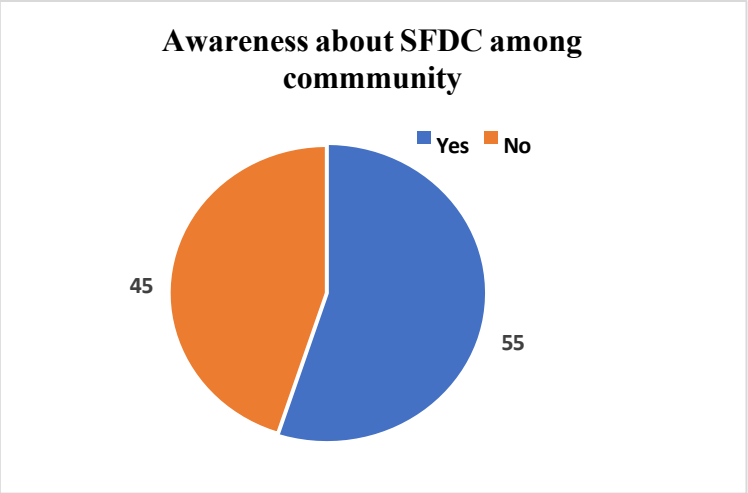
From the above table, it is inferred that 90.1% of the members of the community have availability of medicine for their health issues and 9.9%t of the members does not have available medicine for their health issues.

18. Awareness about SFDC among the community

Table 18: Awareness about SFDC among the community

Awareness about SFDC	No. of respondents	Percentage
Yes	50	55
No	41	45
Total	91	100

Chart 18: Awareness about SFDC among the community



Interpretation

The table above shows that 55% of the members of the community is aware about SFDC and 45% of the members are not aware about SFDC.

18.1. Methods of awareness about SFDC among community

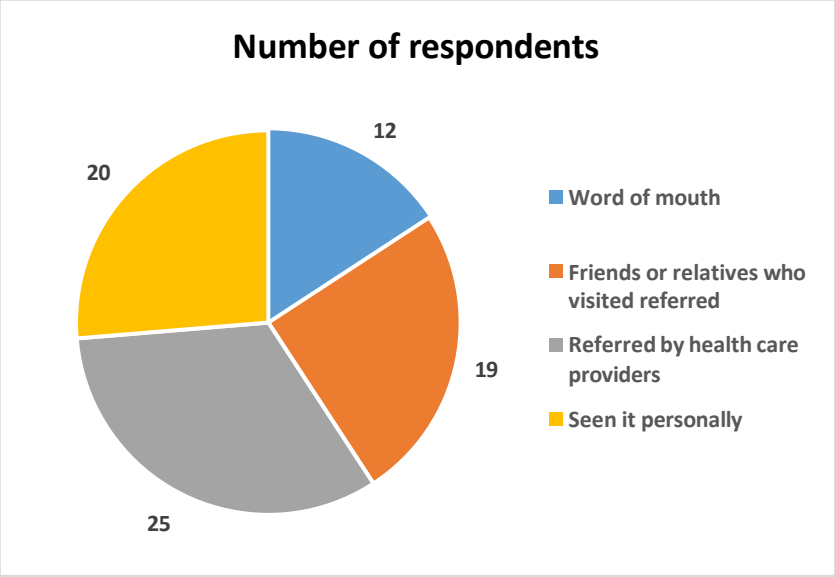
(respondents were allowed to choose more than one option)

Table 18.1: Methods of awareness about SFDC

Method of awareness about SFDC	No.of respondents
Word of mouth	12
Friends or relatives who visited referred	19
Referred by health care providers	25
Seen it personally	20

Note: all the multiple response type statements have been presented in annexure.

Chart 18.1: Methods of awareness about SFDC



Interpretation :

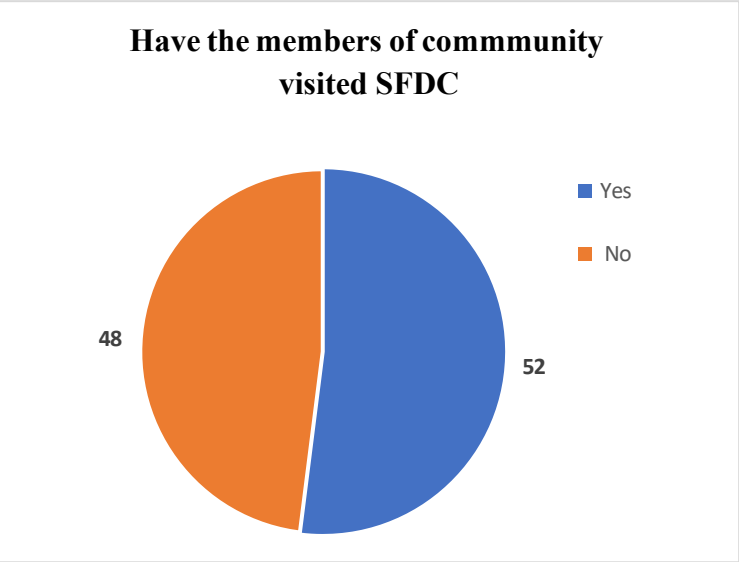
From the above table it is inferred that 25 respondents of members of the community were aware about SFDC through the referral of health care providers,20 were aware by seeing the clinc personally ,whereas 19 respondents were aware through friends and relaatives who visited and 12 respondents were aware through word of mouth .

18.2 Visit to SFDC by members of community

Table 18.2: Have the members of community visited SFDC

Have the member of community visited SFDC	No. of respondents	Percentage
Yes	26	52
No	24	48
Total	50	100

Chart.No.18.2: Have the members of community visited SFDC



Interpretation

From the above, table it is inferred that 52 %of the members of the community have visited SFDC and 48 % of the members have not visited SFDC.

18.3. Services availed in SFDC

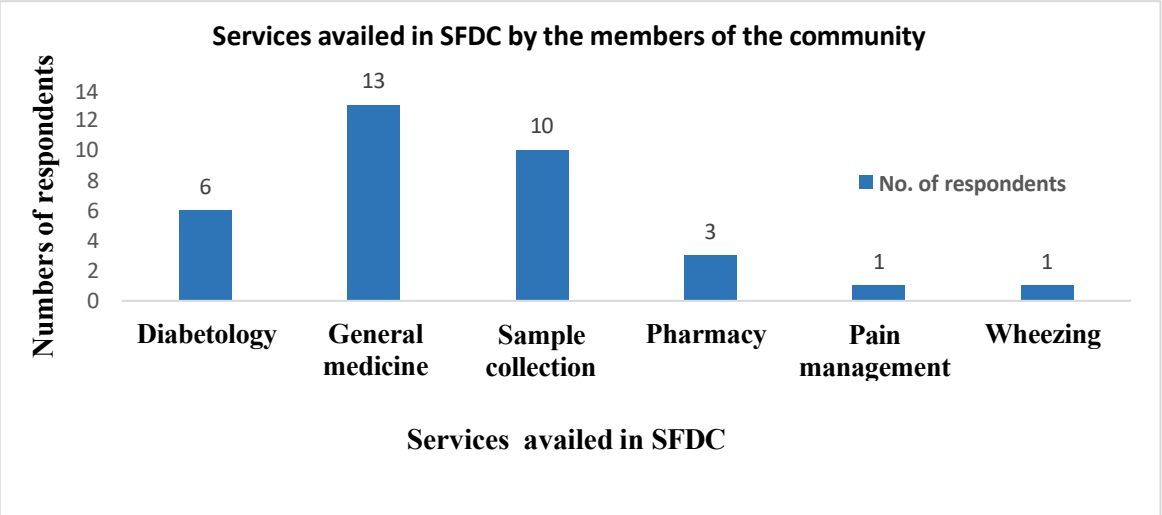
(respondents were allowed to choose more than one option)

Table 18.3: Services availed in SFDC

Services availed in SFDC by the members of community	No. of respondents
Diabetology	6
General medicine	13
Sample collection	10
Pharmacy	3
Pain management	1
Wheezing	1

Note: all the multiple response type statements have been presented in annexure

Chart 18.3: Services availed in SFDC



Interpretation

From the above table it is inferred that 13 respondents of the members of the community availed General medicine,10f the members availed sample collection ,whereas 6 respondents have availed Diabetelogy and 3 respondents have availed pharmacy services in SFDC.

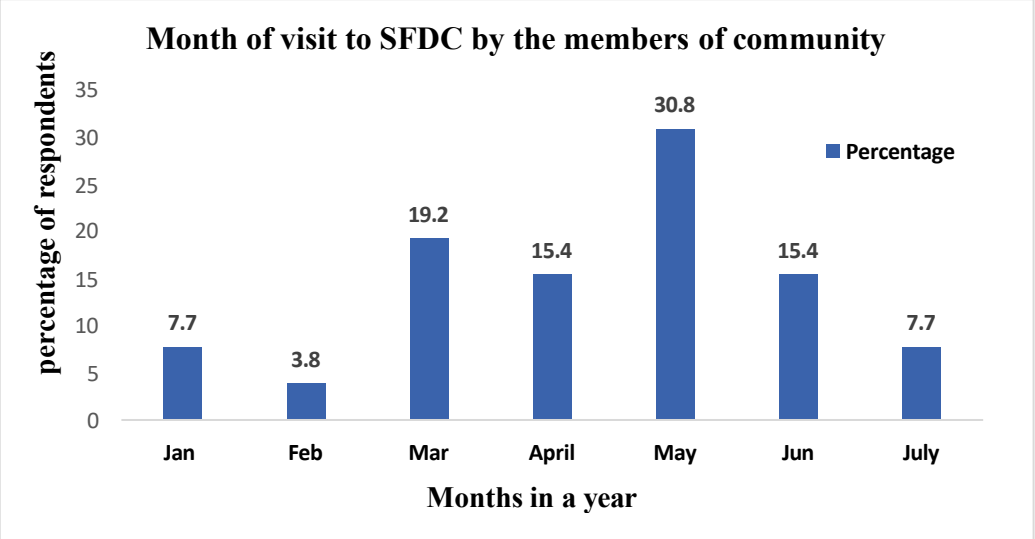
18.4.Month of last visit to SFDC

Table 18.4: Month of last visit to SFDC

Month of last visit to SFDC	No. of respondents	Percentage
January	2	7.7
February	1	3.8
March	5	19.2
April	4	15.4
May	8	30.8

June	4	15.4
July	2	7.7
Total	26	100

Chart. No.18.4: Month of last visit to SFDC



Interpretation

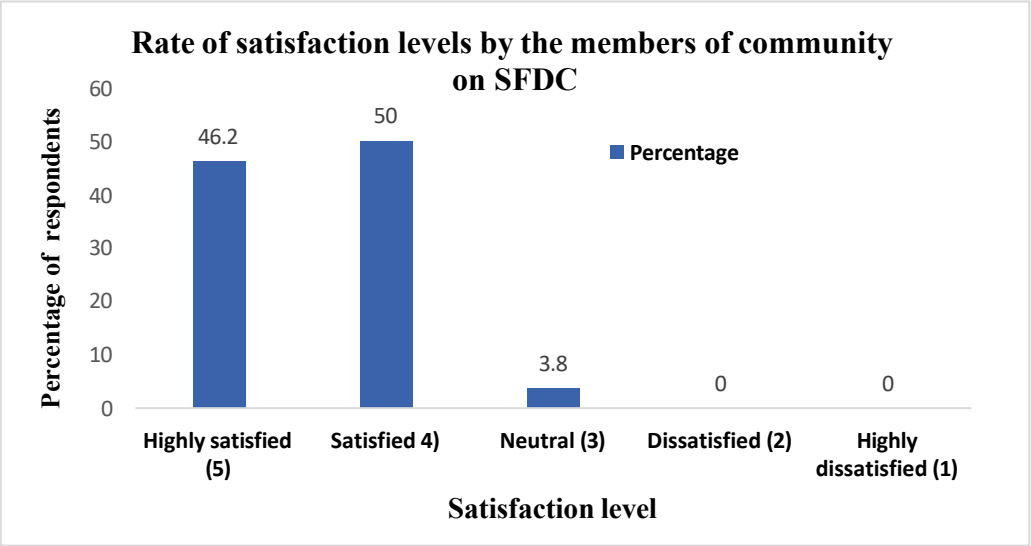
From the above table, it is inferred that 30.8% of the members of community visited SFDC in the month of May-2021 and 19.2 % of the members visited SFDC in March -2021.

18.5 Satisfaction level of community who availed services in SFDC

Table.No. Satisfaction level of community who availed services in SFDC

Satisfaction level	No. of respondents	Percentage
Highly satisfied (5)	12	46.2
Satisfied 4)	13	50
Neutral (3)	1	3.8
Dissatisfied (2)	0	0
Highly dissatisfied (1)	0	0
Total	26	100

Chart No.18.5: Satisfaction level of community who availed services in SFDC



Interpretation

From the above table, it is inferred that 50% of the members who visited are satisfied with the services provided by SFDC and 46.2% of the members are highly satisfied with the services provided by SFDC.

Proforma 2

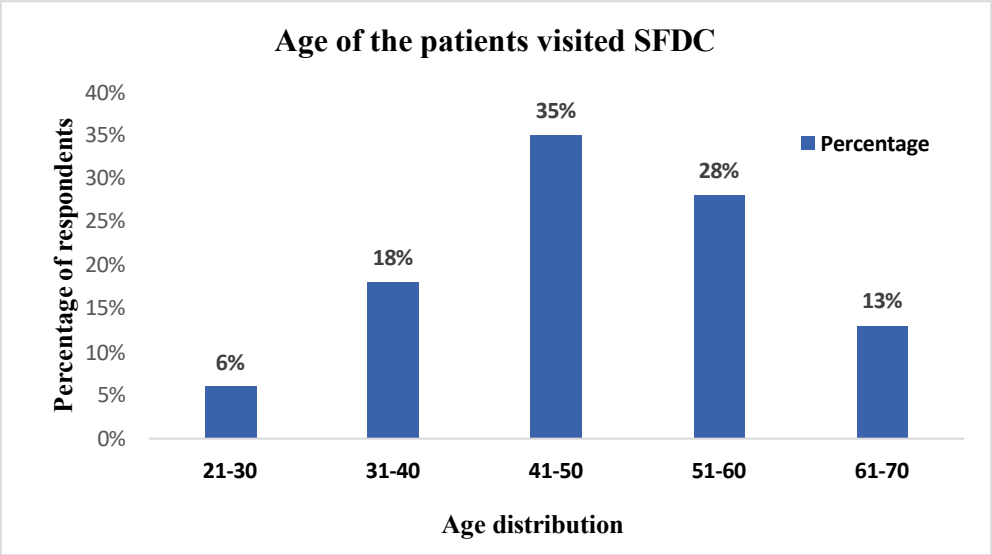
This section deals in understanding the primary health care needs of the patients visited Shalom Family medicine and Daycare center (SFDC).

19. Age of the patients using SFDC

Table 19: Age of the patients using SFDC

Age	No. of respondents	Percentage
21-30	6	5.9
31-40	18	17.5
41-50	36	35
51-60	29	28.1
61-70	13	13
Total	103	100

Chart 19: Age of the patients using SFDC



Interpretation

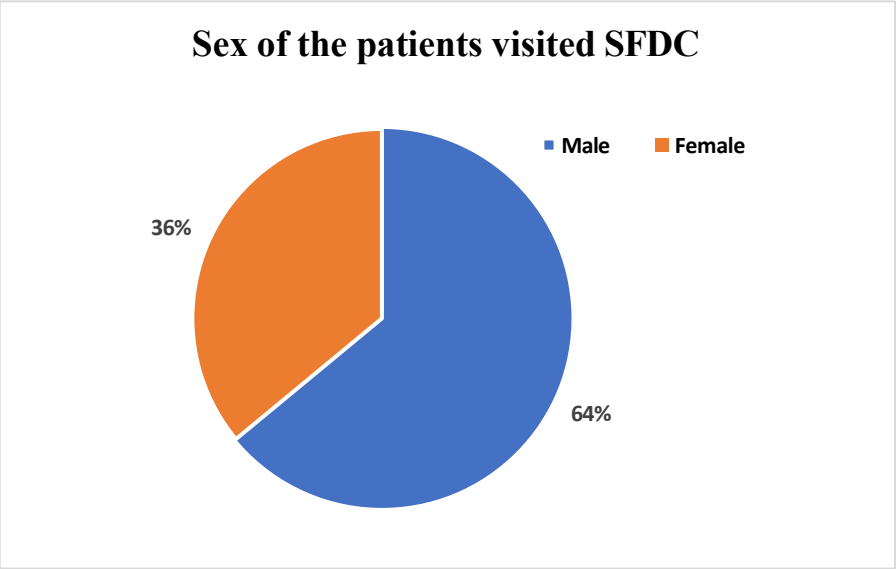
The above table shows that out of 103 respondents, 35% of the respondents fall under the age category of 41-50yrs and 6%of the respondents fall under 21-30 yrs.

20. Sex of the members using SFDC

Table 20: Sex of the members using SFDC

Gender	No. of respondents	Percentage
Male	65	64
Female	37	36
Total	103	100

Chart 20: Sex of the members using SFDC



Interpretation

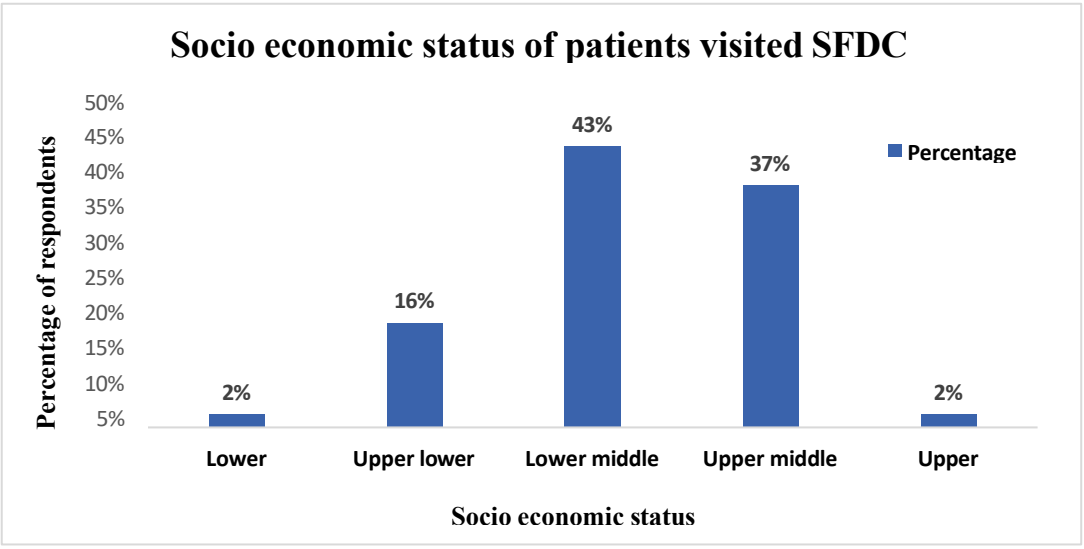
The above table shows that 64 %of the respondents are male and 36% of the respondents are female.

21. Socio economic status of patients visited SFDC

Table.21: Socio economic status of members using SFDC

Socio-economic status	No.of respondents	Percentage
Lower	2	2
Upper lower	17	16
Lower middle	44	43
Upper middle	38	37
Upper	2	2
Total	103	100

Chart.No.21:Socio economic status of the members using SFDC



Interpretation

The Table shows that 43% of members using SFDC are Lower middle whereas,37% of members are upper middle.

22. Awareness about SFDC among the patients who visited.

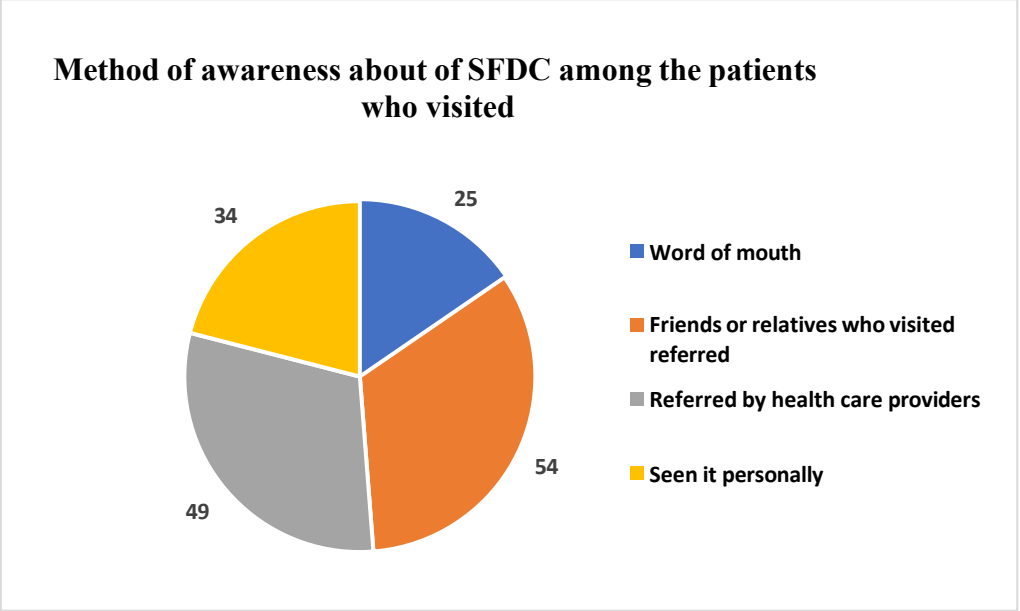
(respondents were allowed to choose more than one option)

Table 22: Method of awareness about SFDC among the patients who visited.

Method of awareness about SFDC	No. of respondents
Word of mouth	25
Friends or relatives who visited referred	54
Referred by health care providers	49
Seen it personally	34

Note: all the multiple response type statements have been presented in annexure

Chart 22: Method of awareness about SFDC among the patients who visited.



Interpretation

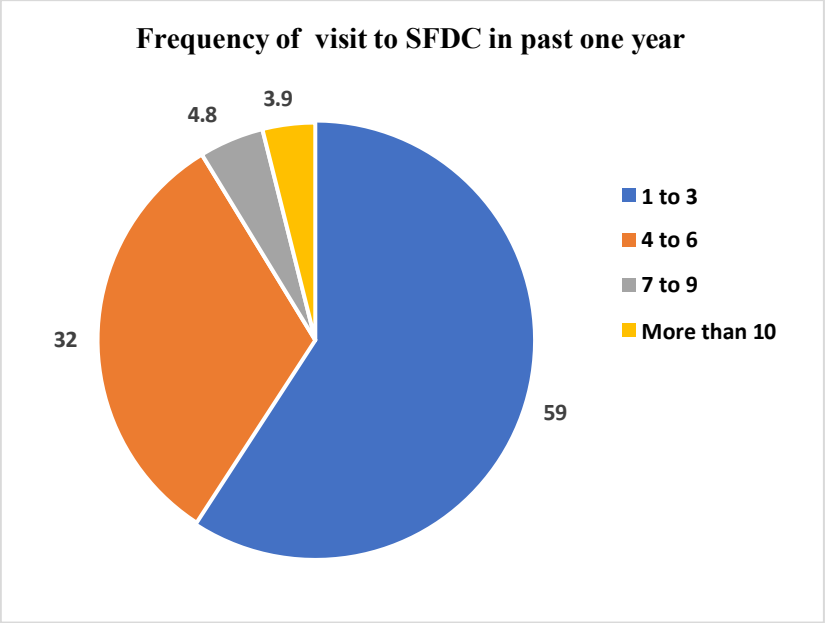
From the above table, it is inferred that 54 respondents were aware about SFDC through friends or relatives who visited referred 49 respondents were aware through referral by the health care providers ,whereas 34 respondents were aware by seeing the clinic personally and 25 respondents were aware through the word of mouth about SFDC

23. Frequency of visit to SFDC in past one year.

Table 23: Frequency of visit to SFDC in past one year.

Frequency of visit to SFDC in past one year	No.of respondents	Percentage
1 to 3	61	59
4 to 6	33	32
7 to 9	5	4.8
More than 10	4	3.9
Total	103	100

Chart 23: Frequency of visit to SFDC in past one year.



Interpretation

From the table, it is inferred that 59% of patients visit SFDC 1 to3 times and 3.9 % of patients visit SFDC more than 10 times.

24. Services availed in SFDC.

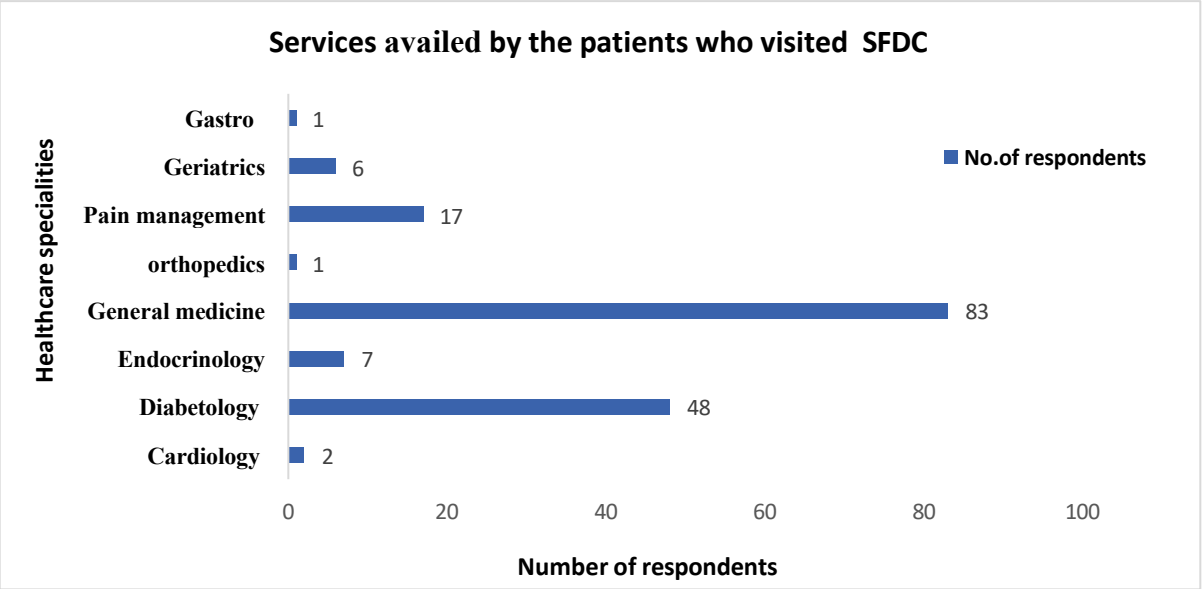
(respondents were allowed to choose more than one option)

Table 24: Services availed by the patients who visited SFDC

Various health care services availed in SFDC	No. of respondents
Cardiology	2
Diabetology	48
Endocrinology	7
General medicine	83

Orthopedics	1
Pain management	17
Geriatrics	6
Gastro	1

Chart 24: Services availed by the patients who visited SFDC



Interpretation

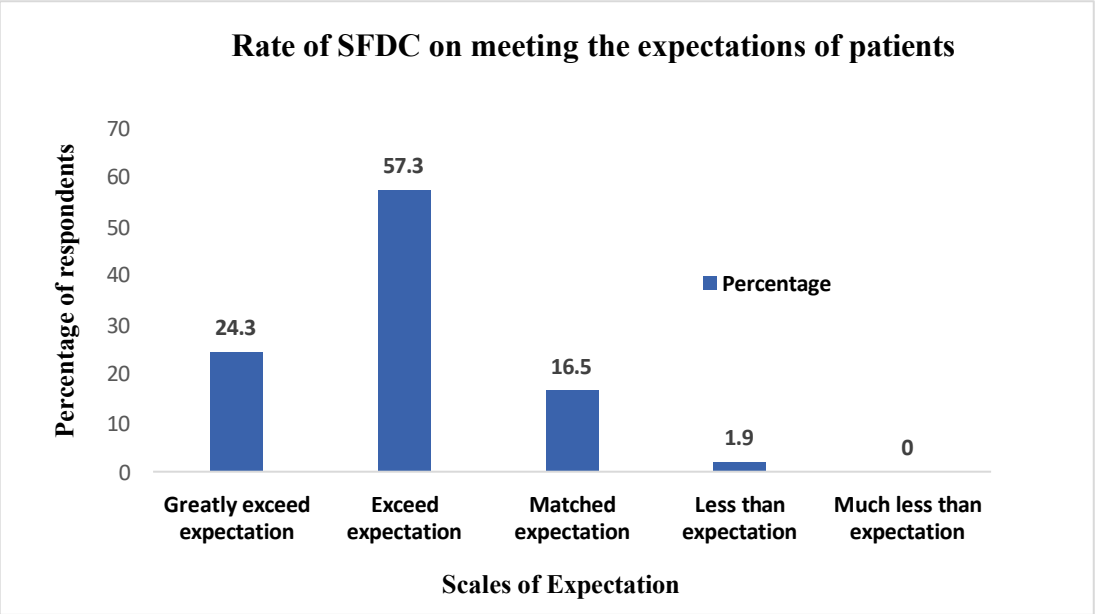
From the above table it is inferred that 83 patients have availed General Medicine from SFDC,48 patients availed Diabetelogy whereas17 patients availed pain management and 2 patients availed cardiology as the healthcare specialities from SFDC .

25. Rate of SFDC on meeting the expectations.

Table 25: Rate of SFDC on meeting the expectations of patients.

Rate of SFDC on meeting the expectations of patients	No. of respondents	Percentage
Greatly exceed expectation	25	24.3
Exceed expectation	59	57.3
Matched expectation	17	16.5
Less than expectation	2	1.9
Much less than expectation	0	0
Total	103	100

Chart 25: Rate of SFDC on meeting the expectations of patients



Interpretation

From the above table, it is inferred that 57.3 % of patient's expectation visited SFDC were exceeded expectation,24.3%of patient expectation visited SFDC were greatly exceed expectation.

26. Strength of SFDC addressed by the patients who visited clinic.

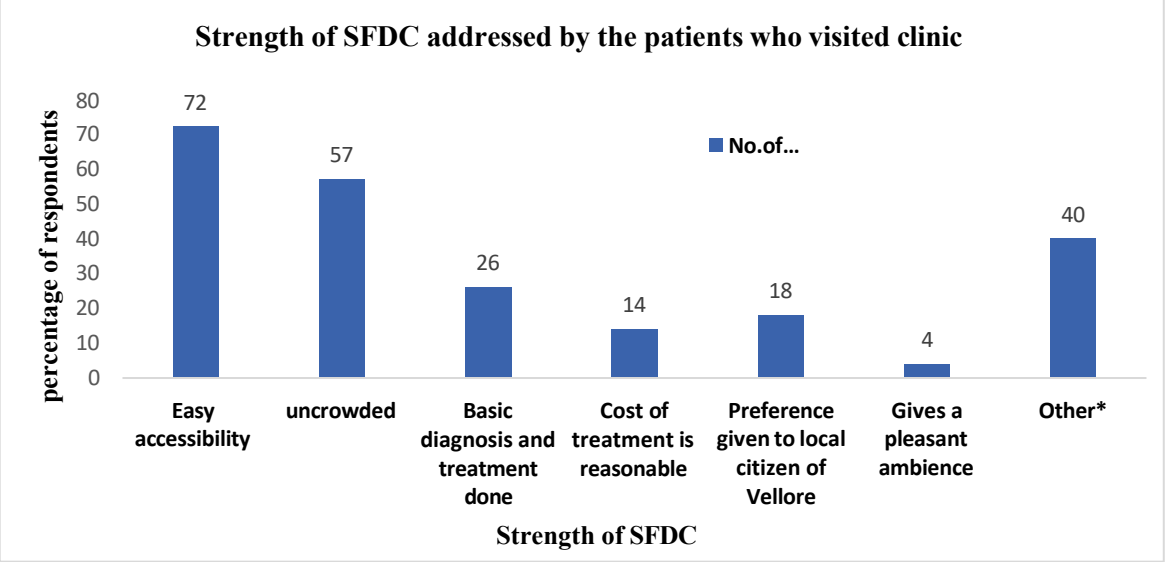
(respondents were allowed to choose more than one option)

Table 26: Strength of SFDC addressed by the patients who visited clinic.

SFDC addressed by the patients visited clinic	No. of respondents	percentage
Easy accessibility	72	82.7
uncrowded	57	65.5
Basic diagnosis and treatment done	26	29.9
Cost of treatment is reasonable	14	16.1
Preference given to local citizen of Vellore	18	20.7
Gives a pleasant ambience	4	4.6
Other*	40	38.8

Note: all the multiple response type statements have been presented in annexure.

`Chart 26: Strength of SFDC addressed by the patients who visited clinic.



Interpretation

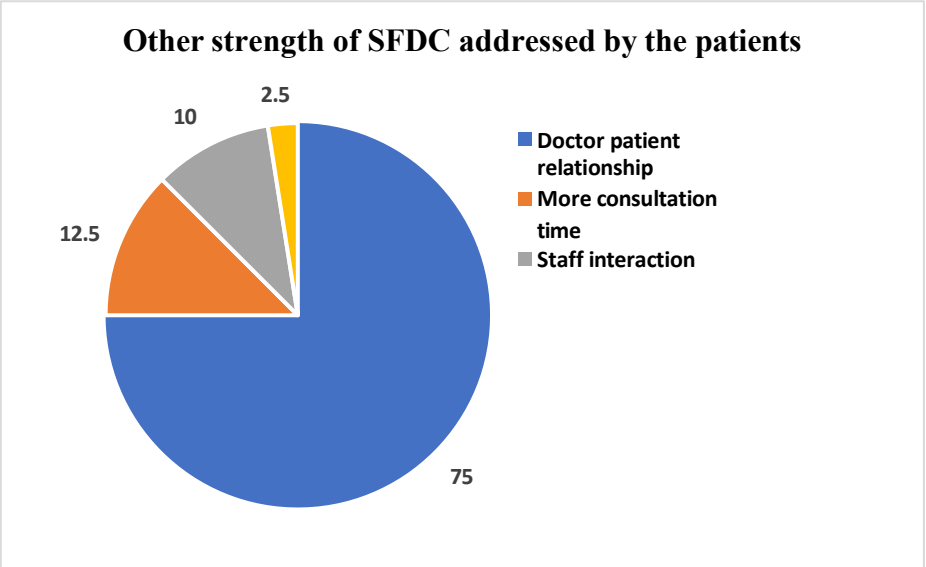
From the above it is inferred that 72 patients who visited SFDC consider easy accessibility as the major strength of SFDC,57 patients consider uncrowded nature of clinic is the another strength of the clinic and 4 patients who visited SFDC consider that the clinic provides a pleasant ambience whereas, 40 patients consider other parameters as strength of SFDC.

26.1.Other Strength of SFDC addressed by the patients

Table 26.1: Other strength of SFDC addressed by the patients

Other strength of SFDC	No. of respondents	Percentage
Doctor patient relationship	30	75
More consultation time	5	12.5
Staff interaction	4	10
Less waiting time	1	2.5
Total	40	100

Chart 26.1: Other strength of SFDC addressed by the patients



Interpretation

From the above it is inferred that 75 % of patients who visited SFDC consider Doctor patient relationship as the strength of SFDC whereas,2.5 percent of the patients visited SFDC consider less waiting time as the strength of SFDC.

27. Difficulties faced in SFDC addressed by patients who visited the clinic.

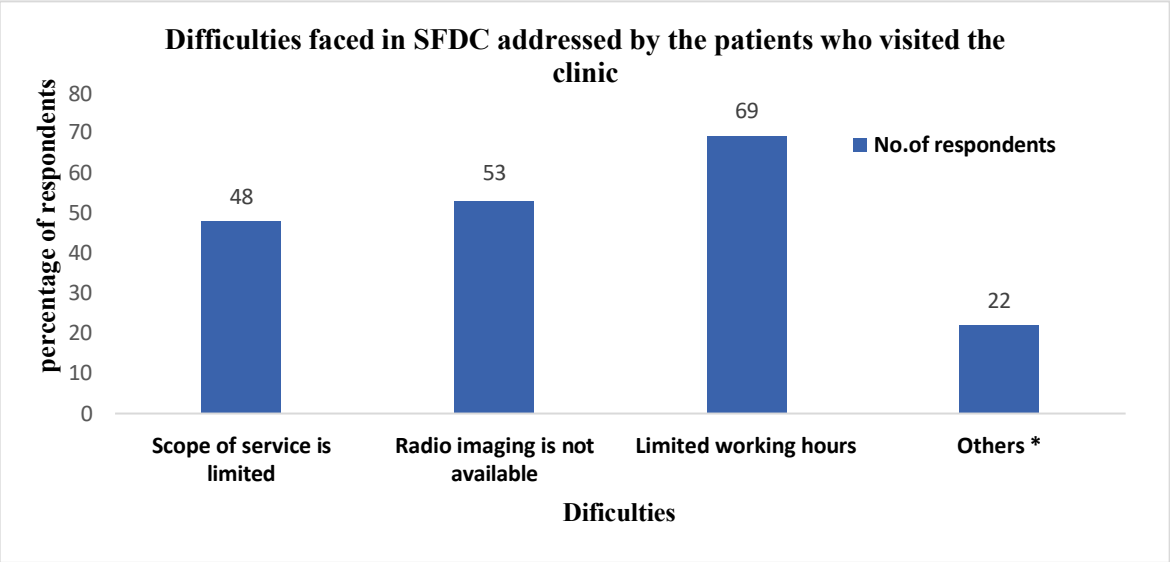
(respondents were allowed to choose more than one option)

Table 27: Difficulties faced in SFDC addressed by patients who visited the clinic.

Difficulties faced in SFDC addressed by the patients	**No. of respondents**
Scope of service is limited	48
Radio imaging is not available	53
Limited working hours	69
Others *	22

Note: all the multiple response type statements have been presented in annexure.

Chart 27: Difficulties faced in SFDC addressed by patients who visited the clinic.



Interpretation

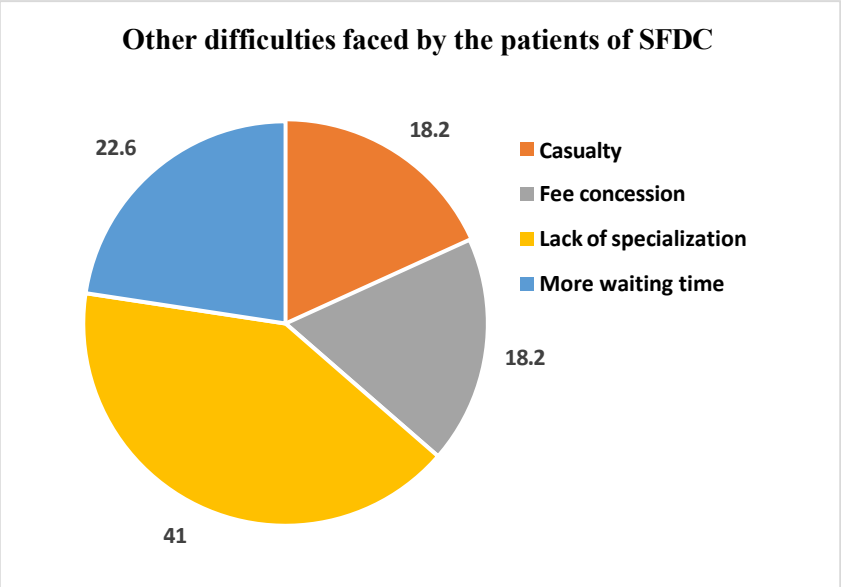
From the above it is inferred that 69 patients who visited SFDC consider limited working hours of SFDC as the difficulty faced by them and 53 consider lack of radio imaging as another difficulty whereas,22 patients who visited SFDC face other difficulties in the clinic .

27.1. Other difficulties faced by the patients of SFDC.

Table 27.1 : Other difficulties faced by the patients of SFDC.

Other difficulties faced by the patients of SFDC	No.of respondents	Percentage
Casualty	4	18.2
Fee concession	4	18.2
Lack of specialization	9	41
More waiting time	5	22.6
Total	22	100

Chart 27.1: Other difficulties faced by the patients of SFDC



Interpretation

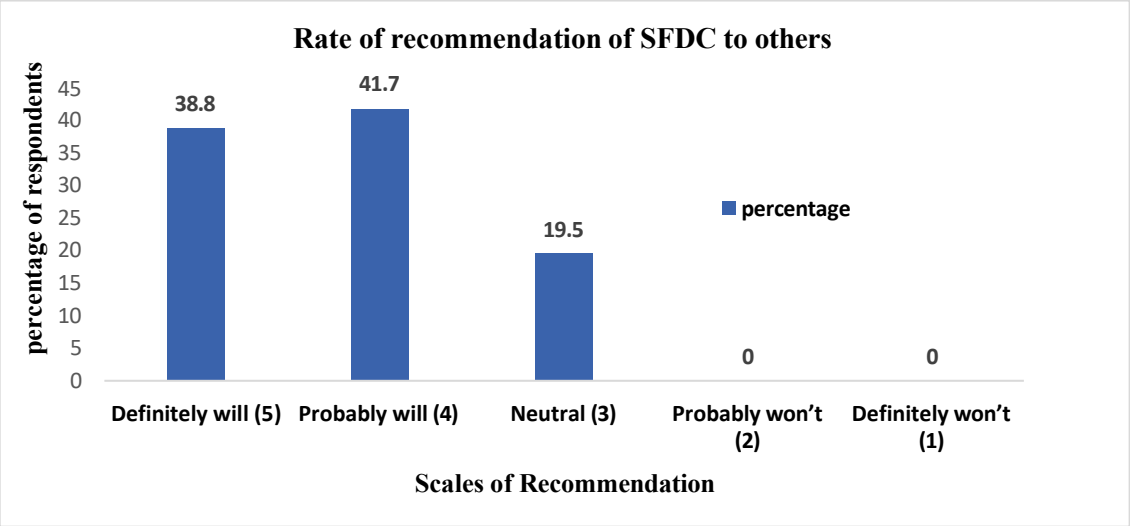
From the above it is inferred that 41 % of patients who visited SFDC consider lack of specialization as the other difficulty faced whereas,18.2 % of the patients visited SFDC consider lack of fee concession and lack of casualty as difficulties faced by them in the clinic.

28. Rate of recommendation of SFDC to others.

Table 8: Rate of recommendation of SFDC to others.

Rate of recommendation of SFDC to others	No.of respondents	Percentage
Definitely will (5)	40	38.8
Probably will (4)	43	41.7
Neutral (3)	20	19.5
Probably won't (2)	0	0
Definitely won't (1)	0	0
Total	103	100

Chart.No.28: Rate of recommendation of SFDC to others.



Interpretation

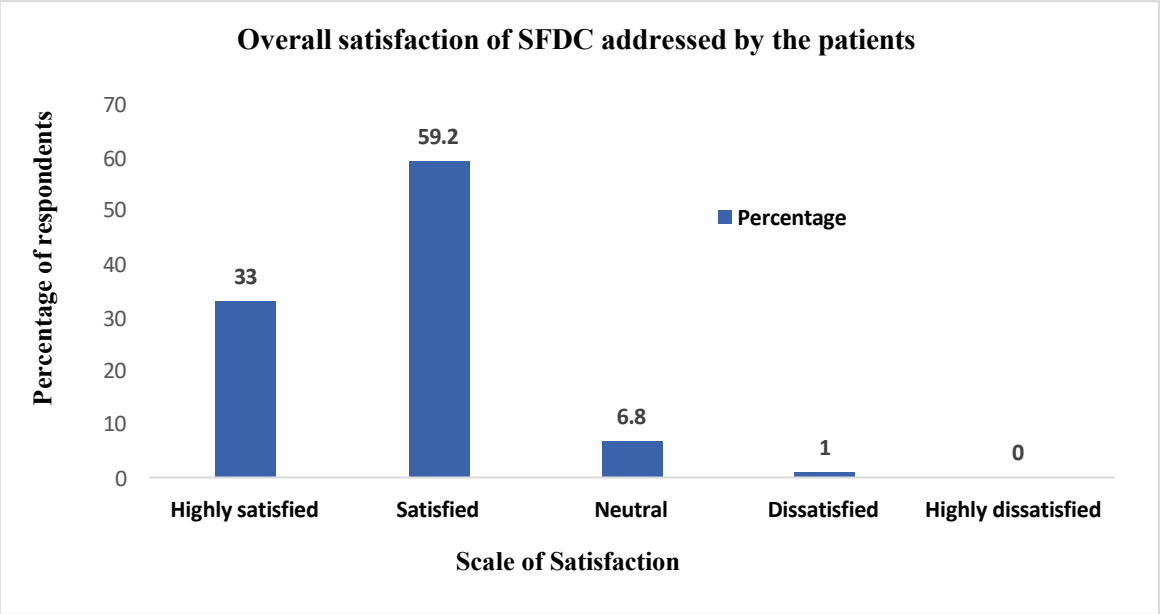
From the above table it is inferred that 41.7% patients visited SFDC will probably recommend about the clinic to others and 38.8% patients visited SFDC will definitely recommend about the clinic to others.

29. Overall satisfaction of SFDC addressed by the patients

Table 29: Overall satisfaction of SFDC addressed by the patients

Overall satisfaction of SFDC addressed by the patients	No. of respondents	Percentage
Highly satisfied	34	33
Satisfied	61	59.2
Neutral	7	6.8
Dissatisfied	1	1
Highly dissatisfied	0	0
Total	103	100

Chart 29: Overall satisfaction of SFDC addressed by the patients



Interpretation

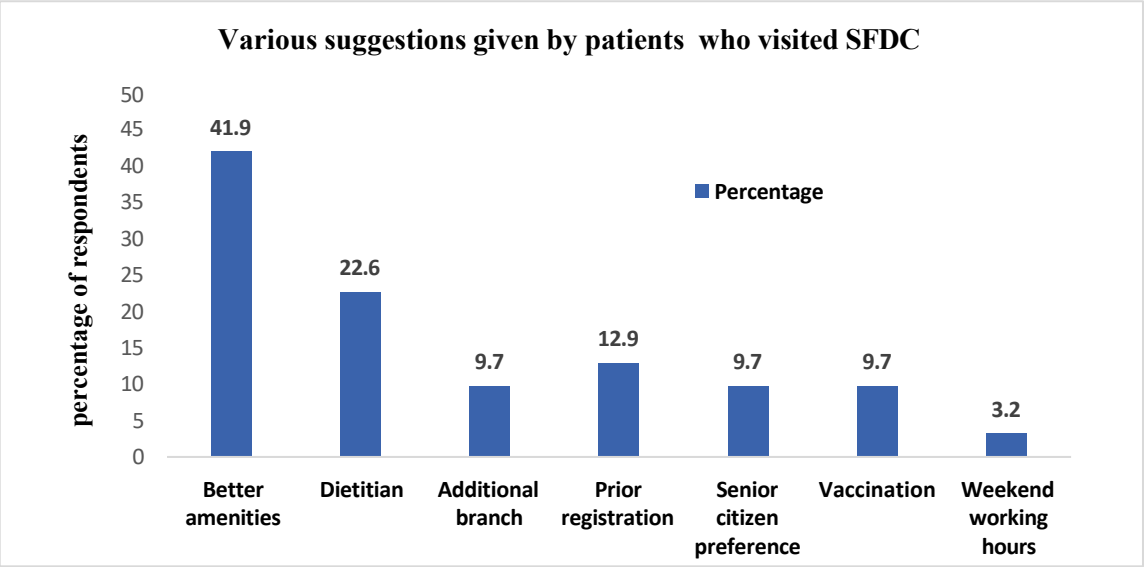
From the above table it is inferred that 59.2% of patient who visited SFDC are satisfied with the clinic and only 1% of the patients are dissatisfied with the clinic.

30. Suggestions given by patients who visited SFDC

Table 30 : Suggestions given by patients who visited SFDC

Various suggestions given by patients who visited SFDC	No. of respondents	Percentage
Better amenities	13	41.9
Dietitian	7	22.6
Additional branch	3	9.7
Prior registration	4	12.9
Senior citizen preference	3	9.7
Vaccination	3	9.7
Weekend working hours	1	3.2
Total	31	100

Chart 30: Suggestions given by patients who visited SFDC



Interpretation

From the above table it is inferred that 41 .9%of patients suggest to have a better amenities and

22.6 %of patients suggest to have dietitian in the clinic.

CHAPTER – V FINDINGS

- A majority of 87% of members of the community experience health issues appear 1 to 3 times in a month and 4 to 6 times it appears in 12% of the members of the community.
- The diabetes mellitus is the major health compliance that is present in 68.1% and 62.6% of the members suffer from hypertension whereas, 42.8 % of the members have other health compliance, on which Rheumatoid arthritis is majorly seen.
- Self-medication was predominately seen in 91% of the members of the community for home care.
- About 86.5% of the members who advocate self-medication seek other private pharmacy as their point of availability and 8.53% seek CMC pharmacy as their point of availability of medicine.
- For immediate response approaching the nearby clinic was seen in 67% members of community and 49.4% of members respond by the self-medication.
- As effective treatment is the major reason that is seen in 57.1% of the members of community and 40.6% prefer the healthcare center due to doctor patient relationship. Hence, 60.4% prefer other private clinics as their preferential healthcare for them or their family on occurrence of health issue and 11% of the members prefer visiting Shalom Family medicine and day care center.
- Majority of the respondents agree that there is a presence of some lacunae in their preferred healthcare center. About 27.7% member of the community consider more treatment cost and 24.6% consider lack of specialization as lacunae in the preferred health care center.

- A majority of 58.2% of the members travel 2-5 kms to access their healthcare and 21.9% travel less than 1 km to access their health center.
- Mostly,41.7% members prefer visiting the health care center during afternoon time and 35.2% prefer to visit the healthcare center during morning hours.
- About 53.9% members spends less than 1000 amount of rupees on the healthcare in a month and 36.2%

members spend less than 1000 to 2000 rupees of money on healthcare.

- It's surprising to see only 17.6% of the members of community have taken up health insurance. on which, 50% members have taken star health insurance and one fourth of members have taken up kalaginar kapittu thittam(KKT).
- Less than 10 % of the members does not have available medicine for their health issues.

- The majority of the members of community have availed general medicine and about 38.5% availed Diabetology specialty. But,40% of the members of community considers pharmacy services and 20% considers ineffective diagnosis are the major services that dissatisfies the members of the community.
- the Awareness about SFDC is seen in 55% of the members of the community. In which, three fourth of the members of the community are aware about SFDC through Referral of friends or relatives who visited clinic and seen it personally.
- Out of about 50 members who were aware about SFDC,52% of members have visited the SFDC.
- General medicine specialty is the major healthcare specialty that is availed by 50% of 26 members who visited SFDC about which 30.8% of 26 members visiting SFDC in the month of May 2021.
- On those members of community who visited the clinic,50% were satisfied and 46.2% were highly satisfied with the services provided by the clinic.
- Referral by Friends or relatives who visited was the method through which awareness was brought about SFDC among patients who visited contribute 52.4%.
- A frequency of 1-3 visits to SFDC in past one year was 59% out of 103 respondents.

- General medicine is the major healthcare specialty availed by the patients who visited SFDC which contribute 80.6 %.
- Three fourth of the patients who visited SFDC concluded the clinic had exceed their expectation.
- About 82.7% patients have addressed easy accessibility as the major strength of SFDC and 75% address doctor patient relationship is another major strength of SFDC.
- Limited working hours consisting of 67% contributes the major difficulties faced by the patients who visited SFDC and lack of specialization consisting of 41% is the other difficulties faced by the patients.
- About 41.7% of patients who visited assured that they will recommend the clinic to others whereas,38.8%will definitely recommend the clinic to others.
- 59.2% of patients who visited SFDC were satisfied with the services provided and 33% of patients were highly satisfied with the services.

LIMITATIONS

The COVID-19 pandemic ended up being an obstacle to this study. Due to the government curfew, there were restrictions in many areas, and people living in many regions could not be approached. Many members of the community were not willing to participate in this study due to the pandemic situation. The lockdown was also a significant hindrance in carrying out the study as it decreased the time available for sample collection. Due to the limitations mentioned above, though 130 members were approached for the survey, only 91 members responded and were willing to take part in this study. Another end of this study was that the respondents were hesitant to reveal the actual income of their family. Hence, there is probably an inaccuracy in the income data collected.

The third limitation was the lack of proper documentation or SOPs for understanding the current healthcare services offered by SFDC. The details of the services were obtained based on an interview with staff.

CHAPTER – VI RECOMMENDATIONS

- From the findings of the study, majority of the community respondents suffer from diabetes mellitus and hypertension. SDFC could offer exclusive services to cater to this group.
- As majority of the community prefer self medication, over the counter services for Generic medicines could be facilitated in the SDFC.
- The working time of the clinic can be extended and OPD consultations time can be increased Since, limited

working hours is the major difficulties faced by patients who visited the clinic.

- Luminant Digital Board consisting of Name of the clinic in block letters can be placed outside the clinic and also on the terrace facing the road.
- A scope of service board can be displayed at the entrance of the clinic adjacent to that the consultant board consisting of Name of the consultant and the OPD consultation timing can be displayed for the members of the community .
- Conducting special health campaigns on special occasions like world diabetes day, international family day and also providing health educations about life style diseases will improve the awareness about the clinic among the members of community .
- As the female population visiting the clinic is considerably more, having a female consultant posted in the clinic can improve the satisfaction of the patients visiting SFDC. Also exlusive services for female population could be introduced.
- Since, majority of the patients who visit the clinic suffer from diabetes mellitus, a diabetes educator and a dietician can be posted periodically in the clinic who educates patients about the diet plan, nutrition and life style practices.
- Most of patients who approach the clinic avail the blood sample collection for fasting and after-food sugar levels, hence a dining place can be provided by the clinic.
- The patients are seen in SFDC through token system. Hence, having a digital token display board will help to have the better clarity and avoid possible confusions..

CHAPTER -VII CONCLUSION

On the basis of this study, it has been concluded that the various primary healthcare needs of the community are met by the Shalom family medicine and Day care center. But the clinic has to be promoted in the nearby areas and strategically expand its services which can increase patients laod opting Shalom Family medicine and Daycare Center as a primary healthcare center for their family.

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ANNEXURES

PRO FORMA – 1

PART A DEMOGRAPHIC DETAILS

This section of the pro forma deals in enquiring about the personal demographics' details of the community.

1. **Age (in years):** _____
2. **Sex:** Male/ Female

3. **Education of Head of the family:**

(i) Profession or Honors
(ii) Graduate or postgraduate
(iii) Diploma
(iv) High School Certificate
(v) Middle School Certificate
(vi) Primary School
(vii) Not having attended school

4. **Occupation of Head of the family :**

(i) Legislators, Manager & Senior Official
(ii) Professional
(iii) Technician & Associate Professional
(iv) Arithmetic skilled workers
(v) Skilled Workers and Shops
(vi) Skilled Agricultural Workers
(vii) Craft and trade workers
(viii) Plant and Machine Operators
(ix) Elementary occupation
(x) Unemployed

5. **Income (in rupees)of the family per month:**

(i) More than > 2,00,001
(ii) 1,00,001 to 2,00,000
(iii) 75,001 to 1,00,000
(iv) 50,001 to 75,000
(v) 30,001 to 50,000
(vi) 10,001 to 30,000
(vii) < 10,000

PART – B

PRIMARY HEALTHCARE NEEDS OF THE COMMUNITY

This section of the proforma deals in understanding the primary healthcare needs of the community.

6. On average, the frequency of the health issue that appears in a month

(i) Nil (ii) 1 to 3 (iii) 4 to 6 (iv) 7 to 9 (v) more than 10

7. Existence of health issues among the family members:

(i) Asthma
(ii) Diabetes Mellitus
(iii) Hypertension
(iv) Coronary Artery Diseases
(v) Cancer
(vi) Others, specify _____

8. In case of any health issues for you or your family, what is your immediate response?

(i) Self –medication
(ii) Approach close by Clinic or Medical practitioner
(iii) Seek nearby medical shop
(iv) Approach internet or medical app
(v) Seek help from friends or relatives
(vi) Visit Tertiary care Centres

9. Do you take self-medication? Yes / No. If yes, Point of Availability

10. Which healthcare centre do you and your family visit most often or regularly?

_____

11. Why do you prefer to visit that healthcare facility?

_____

12. How far is the Health care facility from your residence?

(i) Adjacent to my home or street
(ii) Less than 1 km
(iii) 2-5 kms
(iv) 6-10 kms
(v) More than 10 kms

13. Were there any lacunae in the healthcare facility you visited? Yes / No

If yes, specify_____

14. The preferred time of you visiting the hospital:

(i) Morning (7am-12pm)

(ii) Afternoon (12-3pm)

(iii) Evening (3-8pm)

15. The amount of money, you or your family spend for healthcare in a month (approximately):

_____(Rs.)

16. Have you or your family members taken up any health insurance: Yes/No

If Yes, specify_____

17. The healthcare service you avail the most:

_____

18. The scope of service that dissatisfies you in healthcare :

_____

19. Are the medicines easily available for the health issues that you or your family have experienced? Yes/No

20. Are you aware of Shalom Family Medicine and Daycare Centre (SFDC)? Yes/No

If yes, answer the following questions

A) How did you hear about it?

(i) Word of mouth
(ii) Friends or relatives who visited referred me
(iii) Referred by Healthcare providers
(iv) Seen it personally
(v) Others ,specify_____

B) Have you visited it? Yes / No. **If yes, answer the following questions**

I) What services have you availed?

_____

II) The last visit to Shalom Family Medicine and Daycare Centre (SFDC):

_____

III) How would you rate your satisfaction at Shalom Family Medicine and Daycare Centre (SFDC)?

Highly satisfied(5)	Satisfied(4)	Neutral(3)	Dissatisfied(2)	Highly dissatisfied(1)

Thank you for your participation!!

PRO FORMA – 2

PART A DEMOGRAPHIC DETAILS

This section of the pro forma deals in enquiring about the personal demographics' details of the community.

1. **Age (in years):** _____
2. **Sex:** Male/ Female
3. **Education of Head of the Family:**

(i) Professional or Honors
(ii) Graduate or postgraduate
(iii) Diploma
(iv) High School Certificate
(v) Middle School Certificate
(vi) Primary School
(vii) Not having attended school

4. **Occupation of Head of the Family:**

(i) Legislators, Manger & Senior Official
(ii) Professional
(iii) Technician & Associate Professional
(iv) Arithmetic job workers
(v) Skilled Workers and Shops
(vi) Skilled Agricultural Workers
(vii) Craft and trade workers
(viii) Plant and Machine Operators
(ix) Elementary occupation
(x) Unemployed

5. **Income (in rupees) of the Family per Month:**

(i) More than > 2,00,001
(ii) 1,00,001 to 2,00,000
(iii) 75,001 to 1,00,000
(iv) 50,001 to 75,000
(v) 30,001to 50,000
(vi) 10,001 to 30,000
(vii) < 10,000

PART -B

PRIMARY HEALTHCARE NEEDS OF THE PATIENTS VISITING SHALOM FAMILY MEDICINE AND DAYCARE CENTRE (SFDC)

This section of the Proforma deals in understanding the satisfaction of the patients visiting Shalom Family Medicine and Daycare Centre (SFDC)

6. How did you come to know about Shalom Family Medicine and Daycare Centre (SFDC)?

(i) Word of mouth
(ii) Friends or relatives who visited
(iii) Referred by Healthcare providers
(iv) Seen it personally
(v) Others ,specify_____

7. How many times you or your family visited the Shalom Family Medicine and Daycare Centre (SFDC) in the past one year:

(i) 1 to 3
(ii) 4 to 6
(iii) 7 to 9
(iv) more than 10

8. What services have you or your family availed in the Centre?

_____

9. Keeping your expectation in mind, how would you rate Shalom Family Medicine and Daycare Centre (SFDC) on meeting your needs?

Greatly Exceed Expectations	Exceeded Expectations	Matched Expectations	Less than Expectations	Much less than Expectations

10. What are the strengths of Shalom Family Medicine and Daycare Centre (SFDC), according to you ***(tick all relevant)*** ?

(i) Easy accessibility
(ii) Uncrowded
(iii) Cleanliness is satisfactory
(iv) Basic diagnosis and treatment is done, preventing me from visit the main campus
(v) The cost of treatment is reasonable
(vi) Preference is given to local citizens of Vellore
(vii) Gives a pleasant ambience
(viii) Others,specify_____

11. Kindly rate the difficulties faced by you or your family members while availing services at Shalom Family Medicine and Daycare Centre (SFDC)? ***(tick all relevant)***

(i) Scope of services is limited
(ii) Radio imaging is not available
(iii) Limited working hours
(iv) Others,specify_____

12. Would you recommend Shalom Family Medicine and Daycare Centre (SFDC) to others:

(i) Definitely will
(ii) Probably will
(iii) Neutral
(iv) Probably won't
(v) Definitely won't

13. How would you rate your satisfaction at Shalom Family Medicine and Daycare Centre (SFDC)?

Highly satisfied	Satisfied	Neutral	Dissatisfied	Highly dissatisfied

14. Kindly give your suggestion for the further improvement of the Shalom Family Medicine and Daycare Centre (SFDC):

_____

Thank you for your participation!!

5) The existences of health issues among the members of the community

Table.5: the existences of health issues among the members of the community

Health compliance	No.Of Respondents
Asthma	11
Asthma, Diabetes Mellitus	3
Asthma, Diabetes Mellitus, Hypertension	10
Asthma, Diabetes Mellitus, Hypertension, CAD	1
Asthma, Diabetes Mellitus, CAD	1
Asthma, Hypertension	1
Asthma, CAD	1
Diabetes Mellitus	9
Diabetes Mellitus, Hypertension	30
Diabetes Mellitus, Hypertension, Others	7
Diabetes Mellitus, Hypertension, Cancer	1
Hypertension	4
Hypertension, CAD	2
CAD	1
Others*	39

6) Immediate response of the community on occurrence of health issue: Table.6: Immediate response of the community on occurrence of health issue

Immediate Response	No.of respondents
Self-medication	8
Self-medication, approach to nearby clinic	21
Self-medication, approach to nearby clinic, seek medical shop	3
Self-medication, approach to nearby clinic, visit tertiary care center	2
Self-medication, seek nearby medical shop	2
Self-medication, seek nearby medical shop, tertiary care center	1
Self-medication, visit tertiary care center	8
Approach nearby clinic	11
Approach nearby clinic, seek nearby medical shop	19
Approach nearby clinic, seek nearby medical shop visit tertiary care clinic	2
Approach nearby clinic, visit tertiary care clinic	3
Seek nearby medical shop	5
Seek nearby medical shop, seek help of friends	2
Seek nearby medical shop visit tertiary care clinic	2
Visit tertiary care Centre	2
Total	91

8) Other private healthcare clinics visited by members of community Table 8: Other private clinics

Other private healthcare clinics	No.of respondents
Guru clinic	1
Indira nursing home	1
Mani Sundaram medical mission	3
Mothers' diabetic clinic	1
Nalam hospital	3
Narayani clinic	14
Rakesh clinic	13
Sivakumar hospital	13
Vellore specialty clinic	2
Sankari hospital	1
Other medicine hospital	3

9 Preference to visit the healthcare center.

Table 9: the preference of the members to visit their preferred healthcare center.

Preference to visit the healthcare center	No. Of respondents
Accurate diagnosis, effective treatment	2
Accurate diagnosis, effective treatment CMC reputation	1
Convenient	1
Cost effective	6
Cost effective, effective treatment	2
Cost effective, fee concession	1
Doctor patient relationship	19
Doctor patient relationship, cost effective	1
Doctor patient relationship, effective treatment	14
Doctor patient relationship, fee concession	1
Doctor patient relationship, ortho specialty	1
Doctor patient relationship, specialization	1
Effective treatment	18
Effective treatment, CMC reputation	7
Effective treatment ,24 hrs pharmacy	1
Effective treatment, convenient	1
Effective treatment, more consultation time	1
Effective treatment, specialization	6
Fee concession	2
More consultation	4
Specialization	1
Total	91

11 Specific lacunae seen in the preferred healthcare center

Table 11.1: specific lacunae seen in the preferred healthcare center

Various lacunae seen in the preferred healthcare center	No.of respondents
Ambience not satisfactory	1
Distance	1
Harshness, lack of patient care	1
Harshness ,staff interaction	1
High treatment cost	4
Improper guidance	1
Lack of casualty	7
Lack of diagnostic services, specialization	1
Lack of specialization	2
Limited services	4
Limited services,staff interaction	1
Limited working hours	3
Money motive	1
Money motive,lack of scan	1
More treatment cost	12
More treatment cost,no fee concession	1
More waiting time	1
More waiting time ,improper guidance	1
More waiting time,consultation time	3
More waiting time,overcrowd	4
More waitingtime	3
No fee concession	4
Overcrowd	3
Overcrowd,harshness	1
Specialization	1
Staff interaction	1
Staff interaction ,high cost	1
Total	65

15) Health care service availed the most by the members of the community.

Table.15: The various health care services availed the most by members of community

The various health care services availed	No.of respondents
Cardiology	3
Cardiology, Dermatology	1
Cardiology, orthopedics	1
Cardiology, psychiatry	1
Diabetology	8
Diabetology, Cardiology	1

Endocrinology	2
Endocrinology, Cardiology	1
Endocrinology, Diabetology	1
Endocrinology, orthopedics, Diabetology	2
Endocrinology, pulmonology	1
Ent	2
General medicine	15
General medicine, Endocrinology	1
General medicine, Cardiology	2
General medicine, Cardiology, neurology	1
General medicine, Cardiology, pediatrics	1
General medicine, dental, pulmonology	1
General medicine, Dermatology	1
General medicine, Diabetology	19
General medicine, Diabetology, Cardiology	2
General medicine, Diabetology, orthopedics	2
General medicine, Endocrinology	13
General medicine, Endocrinology, orthopedics	1
General medicine, pain management	3
General medicine, physiotherapy	2
Neurology	1
Pulmonology, pain management	2
Total	91

18) Awareness about SFDC among community

Table 18.1: how did the members of community were aware about SFDC

Method of awareness about SFDC	**No. of respondents**
Word of mouth and, friends or relatives who visited referred	1
Word of mouth, friends or relatives who visited referred and seen it personally	1
Word of mouth and seen it personally	10

Friends or relatives who visited referred	2
Friends or relatives who visited referred and referred by health care providers	6
Friends or relatives who visited referred and seen it personally	7
Referred by health care providers	14
Referred by health care providers and seen it personally	5
Seen it personally	4
Total	50

Table 18.3: the services availed in SFDC by the members of community

Services availed in SFDC by the members of community	**No.of respondents**
Diabetology	2
Diabetology, sample collection	1
General medicine	9
General medicine, Diabetology	3
General medicine, sample collection	1
Pharmacy	1
Sample collection	6
Sample collection, pharmacy	2
Wheezing, pain management	1
Total	26

22) Awareness about SFDC among the patients who visited.

Table 22: method of awareness about of SFDC among the patients who visited.

Method of awareness about SFDC	**No.of respondents**
Word of mouth	1
Word of mouth, friends or relatives who visited.	8
Word of mouth, friends or relatives who visited, referred by health care providers.	3
Word of mouth, referred by health care providers.	5
Word of mouth and seen it personally	8
Friends or relatives who visited	17
Friends or relatives who visited and referred by health care providers	15
Friends or relatives who visited, referred by health care providers and seen it personally	5
Friends or relatives who visited and seen it personally	6
Referred by health care providers	20

Referred by health care providers and seen it personally	1
Seen it personally	14
Total	103

24) Services availed in SFDC

Table.24: services availed in SFDC by the patients

Services availed in SFDC by the patients	**No.of respondents**
Diabetology	16
Endocrinology	4
General medicine	23
General medicine, Cardiology	2
General medicine, Diabetology	30
General medicine, Diabetology, pain management	2
General medicine, Endocrinology	3
General medicine, gastro	1
General medicine, Geriatrics	6
General medicine, pain management	15
General medicine, Orthopedics	1
Total	103

26) Strength of SFDC addressed by the patients visited clinic.

Table 26 : strength of SFDC addressed by the patients visited clinic.

Strength of SFDC addressed by the patients visited clinic	**No.of respondents**
Easy accessibility	8
Easy accessibility, uncrowded	25
Easy accessibility, uncrowded, preference to local citizen.	6
Easy accessibility ,uncrowded, preference to local citizen, gives pleasant ambience	4
Easy accessibility, uncrowded, preference to local citizen	4
Easy accessibility, uncrowded, and basic diagnosis and treatment is done .	7
Easy accessibility and basic diagnosis	4
Easy accessibility, basic diagnosis and preference to local citizen	4
Easy accessibility and cost of treatment is reasonable	10
Uncrowded	4
Uncrowded and basic diagnosis and treatment done	7
Basic diagnosis and cost of treatment reasonable	4
Total	87

27) Difficulties faced in SFDC

Table 27: Difficulties faced in SFDC by the patients

Difficulties faced in SFDC addressed by the patients	No,of respondents
Scope of service is limited	10
Scope of services is limited and radio imaging not available	11
Scope of services is limited and radio imaging not available and limited working hours	11
Scope of services is limited and limited working hours	16
Radio imaging is not available	8
Radio imaging not available and limited working hours	23
Limited working hours	19
Total	98