PART – I: INTERNSHIP REPORT

1.1 ROSS CLINICS:

1.1.1 ABOUT ROSS CLINICS:

Ross Clinics is a chain of every-day Multi-Facility Health Clinics providing quality health care services at a price affordable for the common mass. It is founded by Dr Devashish Saini, an alumnus of the All India Institute of Medical Sciences (AIIMS), New Delhi. The clinic basically focuses on delivering primary care to the residents in and around the clinics.

Ross thrives to provide medical care that is based on world-class standards, adapted by experts to the context of Urban India.

At Ross, we provide our patients the kind of care and service they expect from their family doctors: Doctors who know them and their whole family, give them time, have their complete trust and share their concerns and dreams!

1.1.2 MISSION AND VISION OF ROSS CLINICS:

We are building an enduring institution aiming to transform primary health care in India, with more than **100 clinics across India by 2014.**

1.1.3 GOALS:

- Ross Clinics aims to revive the age-old tradition of the Family Doctor, who has a long-lasting relationship with the entire family based on trust and personalized care.
- Patients receive quality care based on latest research guidelines, including advice on dietary and lifestyle changes. By making quality care accessible at affordable prices, the long-term health care costs to the family are significantly reduced.
- Through rapid expansion in urban and peri-urban areas of India, Ross Clinics aims to establish a unique continuum of care for today's migrant urban population.

1.1.4 KEY PROGRAM COMPONENTS:

Ross Clinics is building a chain of low-cost, low-overhead clinics, providing all components of primary care under a single roof. Health Checkup Camps focused on preventive health and early detection help create awareness about available care options. Focus on primary care helps keep costs low both for Ross Clinics and the patients.

Each clinic has facilities for dispensing medicines, conducting diagnostic tests and providing vaccinations. To increase accessibility of care, clinics are located in under-served urban areas, and open seven days a week, from 8:30am to 8:30pm.

1.1.5 FACILITY AVAILABLE:

- Family Physicians,
- Family Dentists and
- Physiotherapists

1.1.6 SERVICES AVAILABLE AT ROSS CLINICS:

- Medical Consultation,
- Dental Procedures,
- Dispense Medicines,
- Conduct Laboratory and Diagnostic Tests,
- Give Vaccinations and
- Perform Minor Procedures - all under one roof.

1.1.7 PRESENT BRANCHES OF ROSS CLINICS:

Sl. No.	Ross Branch	Address	Land mark	Contact Details
1	**SECTOR 56**	SCO 65, First Floor, Main Mkt, Sector 56, Gurgaon - 122011	Behind Jalvayu Towers, Near More	0124 2386665
2	**SECTOR 23**	Shop #2, First Floor Main Mkt, Sector 23, Gurgaon - 122017	Near 6 Ten and Reliance Fresh	0124 4119595
3	**SECTOR 47**	House No. 861-P, Sector 47, Gurgaon - 122003	Near Subhash Chowk,	0124 4109595
4	**SECTOR 31**	Shop#109, Main Market, Sector 31, Gurgaon - 122001	Opp State Bank of India,	0124 4059595
5	**DLF PHASE III**	House No. U-16/49 DLF Phase III, Gurgaon - 122002	Behind RBS, Behind Cyber City	09990505859
6	**MANESAR**	Kasan Road, Manesar, Gurgaon - 122050	Near Chairman Kothi,	0124 6579280

Table.1: Branches of Ross Clinics

1.1.8 CLINIC LOCATIONS:

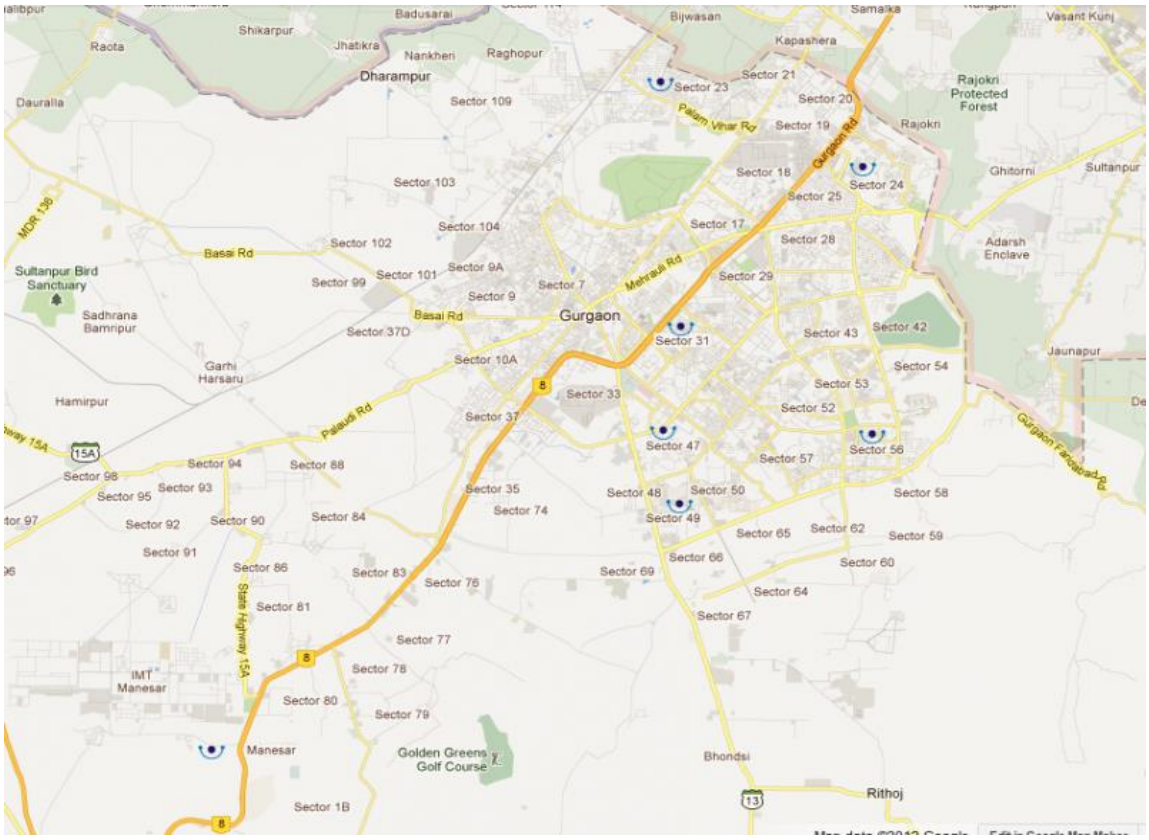


Fig.1: Clinic Locations.

1.1.9 UP COMING PROJECTS OF ROSS:

Another upcoming sister chain of ross clinics is likely to be opened up by may, 2012. The chain is also planning a rapid expansion in Delhi/NCR and other cities of Haryana.

1.1.10 USP OF ROSS CLINICS:

As Ross focus on affordability, we, at Ross provide certain health plans for the benefit of consumers so that they can get their treatment as well as consultation done at the bare minimum cost.

Plan Benefits

- Free Consultation by Family Physicians *
- Free Follow-up Visits *
- Free BP Check
- Free BMI Check
- Free Growth Tracking for Children

Discounts

- 10% on all Dental Procedures
- 10% on all Medicines
- 15% on all Laboratory Tests
- 10% on all Diagnostic Tests
- 5% on all Vaccinations
- 10% on all Health Checkup Packs

(* Up to 12 visits per year for a family of 2; Up to 24 Visits for a family of 4, and so on)

PLAN CHARGES (Per year)

Individuals Rs 299

Couples (2 Adults) Rs 449

Nuclear Families (2 Adults + 2 Children) Rs 999

For Larger Families

Each Additional Adult Rs. 299

Each Additional Child Rs. 399

MANAGERIAL TASK PERFORMED DURING THE INTERNSHIP PERIOD:

Marketing and awareness

1. Plan and execute health camps in partnership with residential organization.
2. Plan design and execute promotional activities within clinic.
3. Plan and execute health promotion activities and campaigns in schools and colleges.
4. Design, print and distribute pamphlets, banner, and other promotional activities.
5. Plan and execute customer retention activities.

Hiring, training and supporting

1. Screen and interview potential candidates for clinical and administrative staff.
2. Train new staff in procedure and processes unique to Ross Clinics.
3. Manage leaves, and ensure adequate staff coverage at all clinics.

Inventory management

1. Forecast requirement and generate purchase order.
2. Receive order and make payment to vendor.
3. Distribute medicines and consumables as well as administrative supplies to individual clinic.
4. Ensure adequate inventory of medicines, consumables and administrative supplies in the clinic all the time.

Operations

1. Ensures that the clinics are comfortable and professional looking all the times.
2. Interface with the patients to understand their needs and concerns and ensure a satisfying experience at the clinics.

Strategic planning and project management

1. Study and analyze potential locations for setting up new clinics.

2. Oversee setting up and procurement of infrastructure, furniture and equipment for new clinics.

PART II. Effectiveness of various awareness activities and the factors driving people to visit/revisit or not to visit/revisit sector 56, Ross clinics.

Chapter – I: INTRODUCTION AND LITERATURE REVIEW

2.1 A GROWING HEALTHCARE SECTOR:

Healthcare is one of India's largest sectors, in terms of revenue and employment, and the sector is expanding rapidly. *As per Emerging Market Report: Health in India 2007 PricewaterhouseCoopers* during the 1990s, Indian healthcare grew at a compound annual rate of 16%. Today the total value of the sector is more than $34 billion. This translates to $34 per capita, or roughly 6% of GDP. By 2012, India's healthcare sector is projected to grow to nearly $40 billion. The private sector accounts for more than 80% of total healthcare spending in India.

Middle Class

India traditionally has been a rural, agrarian economy. Nearly three quarters of the population still lives in rural areas, and as of 2004, an estimated 27.5% of Indians were living below the national poverty line. Some 300 million people in India live on less than a dollar a day, and more than 50% of all children are malnourished.

Middle Class	**% of Entire population**
1998–99	44.92
2001–02	50.53
2009–10 (estimate)	62.95

Source: CRIS Infac, 2005

As, India's thriving economy is driving urbanization and creating an expanding middle class, with more disposable income to spend on healthcare. While per capita income was $620 in 2005, over 150 million. Indians have annual incomes of more than $1,000, and many who work in the business services sector earn as much as $20,000 a year. While this is a fraction of the income that their US peers earn, it is the equivalent of more than $100,000 per year when adjusted for purchasing power parity. More women are entering the workforce as well, further boosting the purchasing power of Indian households. Between 1991 and 2001, the percentage of women increased from 22% to 26% of the workforce, according to the latest Indian government census. Many of these women are highly educated: the ratio of women to men who have a college degree or higher level of education is 40:60.

Thanks to rising income, today at least 50 million Indians can afford to buy Western medicines—a market only 20% smaller than that of the UK. If the economy continues to grow faster than the economies of the developed world, and the literacy rate keeps rising, much of western and southern India will be middle class by 2020.

As per a Report by CII – McKinsey & Company (support from the Indian Healthcare Federation) Healthcare is one of India's largest sectors, in terms of revenue and employment and the sector is expanding rapidly. During the 1990s, Indian healthcare grew at a compound annual rate of 16%. Today the total value of the sector is more than $34 billion. This translates to $34 per capita, or roughly 6% of GDP. By 2012, India's healthcare sector is projected to grow to nearly $40 billion.

The private sector accounts for more than 80% of total healthcare spending in India. Unless there is a decline in the combined federal and state government deficit, which currently stands at roughly 9%, the opportunity for significantly higher public health spending will be limited.

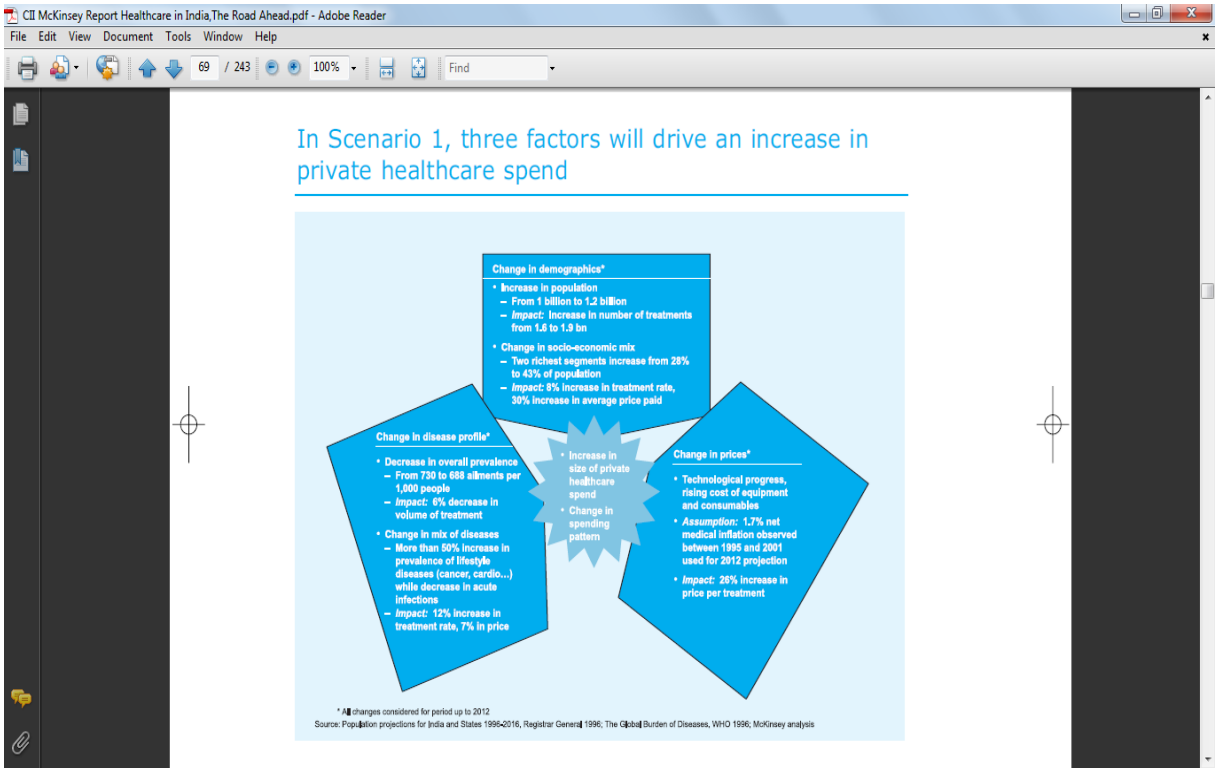


Fig.2: Factors driving increase in private healthcare spend.

The private provider industry is essential to meet increasing demand and customer requirements.

They can do so through three delivery formats

- High investment driven tertiary care facility,
- Medium investment driven secondary care facility and
- Low investment driven primary care unit

At current economics, **tertiary care providers** for cardiac diseases can address an inpatient market of Rs. 2,200 crore but they do not recover their cost of capital. To create value, the cost of creation needs to be reduced and the operating performance improved. At optimal performance levels, prices can be reduced to expand the addressable market to Rs. 2,700 crore.

In the **secondary care market**, mid-size hospitals can address a Rs. 19,000-crore market while recovering the cost of capital. Through operational efficiencies, they could reduce prices and expand the addressable market to Rs. 20,000 crore.

In the primary care market, GP clinics can address a Rs. 36,800-crore market and recover the cost of capital.

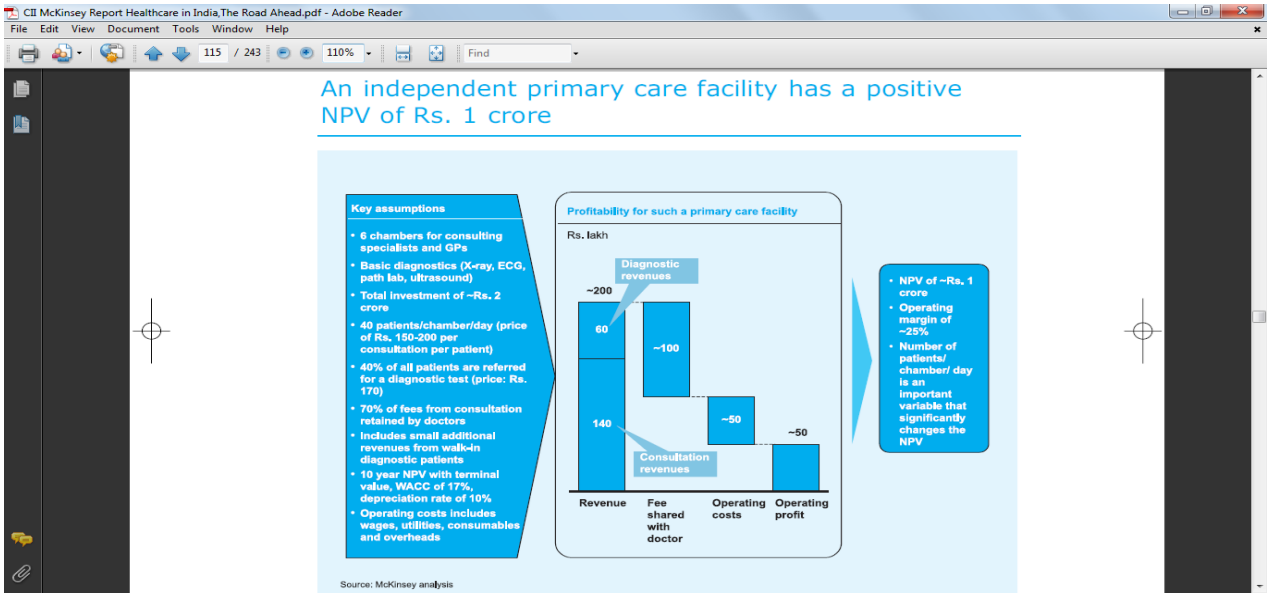


Fig.3: Extent of Primary Healthcare

With primary care two growth models exists for the private provider, each with a unique set of USPs.

Franchisee Model	- An entrepreneur set up the facility and manages day to day operation. - A corporate provides its Brand name and management expertise. - A fixed fee and/or revenue sharing agreement exists between entrepreneur and franchiser.	- Control over quality of care delivered at the franchisee. - Consistency of customer experience across multiple touch points that is aligned with brand name. - Ability to manage a group of significantly dispersed entrepreneurs on the ongoing basis.

Fully owned clinics	- The corporate entity invests in infrastructure and marketing. - GP and specialists are either employed on salaried basis or on revenue sharing basis.	- Managing productivity of GPs and specialists. - Ability to drive patient flows. - Aggressive retail mindset to manage a large network of such clinics. - Ability to employ high quality & experienced GPs & specialists.

Table.2: Two growth models exists for the private provider

In the primary care market, GP clinics can address a Rs. 36,800-crore market and recover the cost of capital. High-quality nursing homes and primary care facilities can cater to a large Market (approximately Rs. 25,000 crore and Rs. 36,000 crore respectively) by optimizing both initial investment and operating costs. There is greater flexibility in investments in such facilities that is determined by the level of specialization to be provided, local purchasing Power, etc.

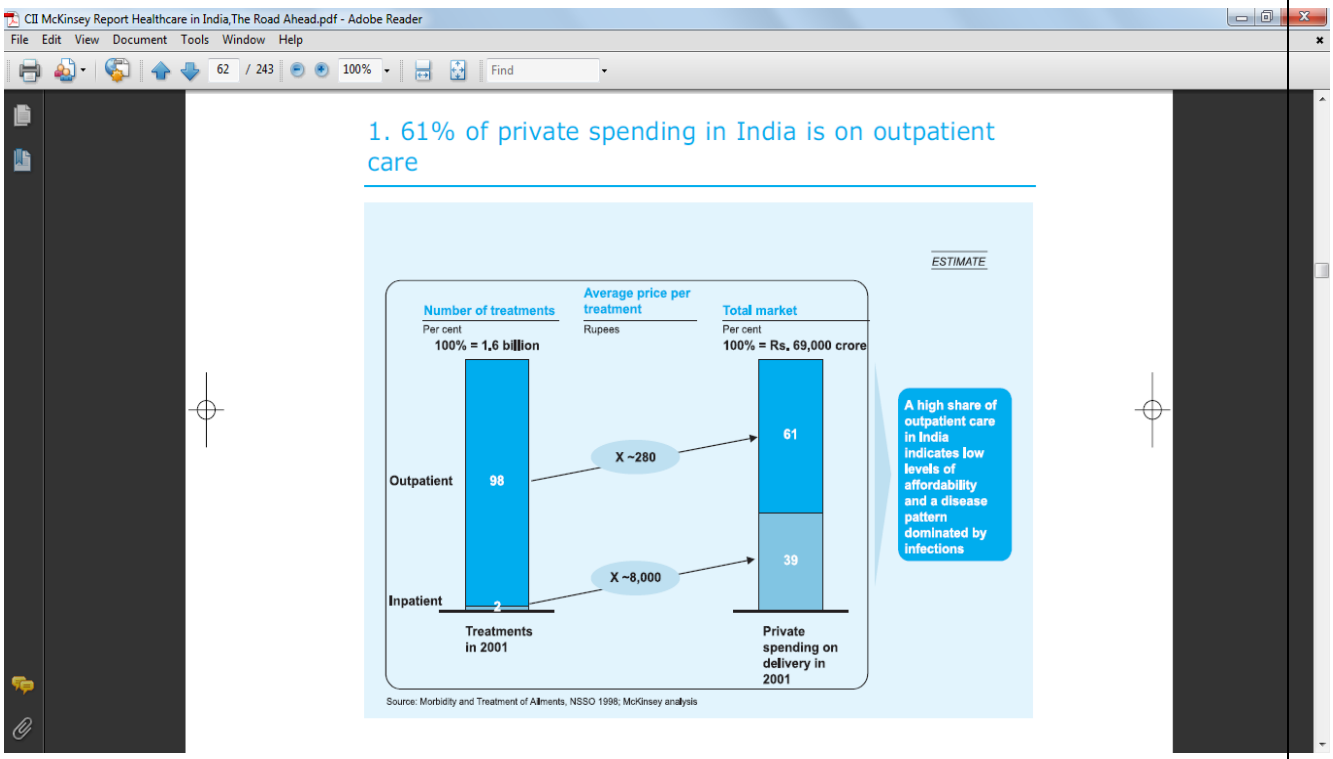


Fig.4: OPD expenditure.

Today, preventive care, which focuses on keeping people well through disease prevention, early detection and health promotion, is a concept without a champion in India. Generally speaking, consumers ignore it, payers do not incent it and providers do not profit from it. General Physician expects the notion of preventive healthcare will expand, combining allopathic and indigenous approaches and the best of the old and the new. Consumers are likely to seek this care in new settings, such as their workplaces and homes, which should offer lower prices, enhanced convenience and more effective delivery channels than traditional health care venues.

Accessibility and availability of health care is important for ensuring a community's general health status and reflects the coverage of health facilities. Nearly two-thirds of all households (65 percent) in India generally seek health care from the private medical sector, while one-third of households use the public medical sector. Forty-six percent of urban households and 36 percent of rural households go to a private doctor or private clinic for health care.

The next most common sources for health care are public and private hospitals, followed by community health centres. The most common reason given for not using public sector health care facilities is poor quality of the service, followed by non-availability of a facility nearby. While most respondents are generally satisfied with the health care they receive, ratings on quality of services are lower for both urban and rural public-sector facilities than for private sector and NGO facilities.

The private medical sector remains the primary source of health care for the majority of households in both urban areas (70 percent) and rural areas (63 percent). The main provider of care among private providers is a private doctor or clinic. Forty-six percent of urban households and 36 percent of rural households go to a private doctor or private clinic for health care. The next most common sources of health care are public and private hospitals, each relied upon by 16 percent of households. Community health centres (CHC)/rural hospitals/Primary Health Centres (PHC) are relied upon by 15 percent of households. Private hospitals are the second most common source of health care among urban households and CHC/rural hospitals/PHC are the second most common source of health

care among rural households.

Private Doctors and private clinics are the most commonly used provider of health care among households in all wealth quintiles. Use of private hospitals increases with increasing wealth quintiles, whereas use of CHC/rural hospitals/PHC decreases with increasing wealth quintiles. Overall, the private medical sector dominates health care delivery in the country, and use of private doctors and private clinics is the primary source of health care among rich and poor alike.

In urban India, about 32 per cent of the households spent less than Rs. 665 per month per person. On the other hand, in rural India, about 44 per cent of the households spent less than Rs.420. Over 56 per cent of the urban households spent Rs.775 or more per person per month compared to only 12 per cent in rural areas.

Treatment of Ailments

Proportion of Ailing Persons Treated:

Persons who are ailing do not always get their ailments medically treated and sometimes resort to self-medication, home remedies or no medical care. Statement 14 gives the percentage of ailments treated. While for the present round (Jan-June 2004), the estimates relate to the spells of ailments treated, the estimates obtained from the 52nd (1995- 96) and the 42nd (1986-87) round surveys relate to the proportion of ailing persons medically treated.

These two sets of estimates are almost comparable since the average number of spells per ailing person, for all the categories of persons considered in the Statement, has been found to be around 1. In all the surveys, the percentage of ailing persons who got their ailments treated is found to be higher in the urban areas than in the rural areas.

The reported rates of treatment of the sick do not indicate any perceptible gender bias in either of the surveys. Moreover, the results of the three rounds do not reveal any detectable change over time in the percentage of ailing persons treated.

Spells of Ailments Treated

Statement 15 reveals the relationship between the percentage of treated spells of ailments and monthly per capita consumption expenditure (MPCE) separately for the rural and urban areas. The proportion varied between 76 to 89 per cent in the rural areas and 78 to 95 per

cent in the urban areas over the different expenditure classes, the proportion increasing gradually with the level of expenditure or levels of living. The overall difference between the rural and urban areas was about 7 percentage points – more spells of ailments being treated in the urban areas.

Public Provider in Treatment of Illnesses:

The public providers for health care include government hospitals, government clinics, government dispensaries, Primary Health Centers (PHCs) and the Community Health Centers (CHCs), and the state and central government assisted ESI hospitals and dispensaries. The rest of the providers fall in the category of 'private' sources. The 'private' sources include private doctors, nursing homes, private hospitals, charitable institutions, etc. The share of public provider in treatment of ailments varies with expenditure class. It reveals that a large proportion of total ailments were treated from the private sources - 78 per cent in the rural areas and 81 per cent in the urban areas, while the overall proportion of treated ailments to all ailments was 82 per cent in the rural and 89 per cent in the urban areas.

By and large, it has shown that a progressive, if gradual, decline with rise in level of living in the reliance on public sector institutions as measured by proportion of ailments treated in such institutions. For the people in the lowest MPCE class (less than Rs. 225) in the rural areas, treatment was received from the government institutions in about 30 per cent of the treated cases, whereas the proportion was 18 per cent for highest MPCE class (Rs. 950 & above). In the urban areas, the corresponding proportions were 26 per cent and 11 per cent. The statement shows more reliance on the public provider among the households belonging to the scheduled categories, both in the rural and in the urban areas. While for the people belonging to the *ST* and *SC* categories, treatment was from the Government institutions in about 24 to 33 per cent of the treated cases of ailments, the proportion was about 17 to 20 per cent for the people belonging to the *others* categories.

Cost of Non-hospitalized Treatment

In the survey, data on expenses incurred for medical treatment was collected separately for each case of hospitalization for hospitalized treatment, but in the case of non hospitalised treatment, for the ailing person as a whole irrespective of the number of spells and type of ailment or hospitalization. The 'other expenses' was also recorded separately along with

the *medical expenses*. *Medical expenses* included expenditure on items like medicines, bandages, plaster etc., fees paid for medical and para-medical services, charges for diagnostic tests, charges for operation and therapies, charges for ambulance, costs of oxygen and blood, etc. The 'other expenses' constituted all expenses relating to treatment of an ailment incurred by the household in connection with treatment of an ailing member of the household, but other than the medical expenditure proper. This category of expenditure included all transport charges (except ambulance charges) paid by the household members in connection with the treatment, lodging charges of the patient and her or his escort(s), attendant charges paid, and personal medical appliances purchased during the reference period. The estimates of 'total expenditure' were arrived at as the sum of 'medical expenditure' and 'other expenditure'.

Source of Finance for Non-hospitalized Treatment during the last 15 days:
It can be seen that 77 and 88 per cent of the *total expenditure* for treatment of rural and urban population, respectively was financed by households' own 'income and savings'. This was 17 and 7 per cent in the case of financing by 'borrowing' by the rural and urban households, respectively. As expected, the dependency on own 'income/savings' for financing of expenditure on treatment was more in the case of households with higher levels of living as measured by monthly consumption expenditure.

Healthcare infrastructure expansion

Emerging Market Report: Health in India 2007
PricewaterhouseCoopers
An enormous amount of private capital will be required in the coming years to enhance and expand India's healthcare infrastructure to meet the needs of a growing population and an influx of medical tourists. Currently India has approximately 860 beds per million populations. This is only one-fifth of the world average, which is 3,960, according to the World Health Organization. It is estimated that 450,000 additional hospital beds will be required by 2010—an investment estimated at $25.7 billion. The government is expected to contribute only 15-20% of the total, providing an enormous opportunity for private players to fill the gap.

Recently we have seen many new investments in healthcare infrastructure Facilities in India. For instance, ICICI Venture, the country's largest private equity fund, has invested $8.6

million in a chain of diagnostics facilities, along with Metropolis Health Services Ltd. And in 2006, General Electric announced a $250 million investment in infrastructure and healthcare projects in India. With the advent of private insurance and the emergence of India as a medical tourism destination, there also has been a surge of growth in so-called "super specialty" hospitals, which have teams of specialists, sophisticated equipment, links to other medical centers, and the ability to treat a broad range of ailments.

PROBLEM STATEMENT:

Effectiveness of various awareness activities and the factors driving people to visit/revisit or not to visit/revisit sector 56, Ross clinics: A cross-sectional study.

OBJECTIVES:

The general objective of this study is t**o assess the factors driving patient visit in sec 56 clinic.**

The specific objectives are:

- To assess the effectiveness of various awareness activities undertaken since the inception of the Clinic.

- To discover the reason(s) driving the decision to visit or not to visit Ross Clinics, among people who are aware about Ross Clinics.

- To discover the reason(s) driving the decision to revisit or not to revisit Ross Clinics, among people who have had at least one clinical encounter with Ross Clinic.

Chapter – II: Methodology

3.1 SEARCH STRATEGY: The aim of this study was to explore the factor driving patient to visit Sector 56, Ross clinics. In order to extract relevant research from the published literature to achieve this aim the electronic databases from NFHS, NSSO and other online news and journals were searched. Keywords were 'current health scenario in India', 'perception of community towards general physician and clinics' and 'survey on out-patient load'. The years 2002 - 2012 were chosen as a limit option in order to select only recent published work. Where possible, the search was globally limited to research and manually where electronic search limits were not possible.

3.2 STUDY DESIGN: A cross sectional survey study was conducted to analyse the awareness and to discover the reason(s) driving the decision to visit/revisit or not to visit/revisit Ross Clinics.

3.3 POPULATION: The target population included all residents of the community in and around Sec 56 Ross clinics (within a radius of 2kms).

3.4 SAMPLING: A non-probability convenient sampling was adopted to select the samples for the study. Data were collected over a period of 1 month.

Inclusion	**Exclusion**
Telephonic interview	
Individuals above 15 years of age and interested to participate.	Individuals below 15 years of age
Individuals who visited Ross clinics	Individuals who visited but the database has no contact number and not interested.
	Individuals not reachable, not available

Personal interview

Individuals above 15 years of age And interested to participate	Individuals below 15 years of age Individuals who are visibly busy like shop keepers, not available at home, in hurry, etc.

Table.3: showing criteria for inclusion and exclusion of samples involved under survey

3.5 VARIABLES:

Both dependent and independent variables were used in this research survey. The independent variables include age, sex, location, occupation, size of family, annual health expenditure, etc whereas the dependant variables include questions governing the awareness of Ross clinics.

3.6 PILOT SURVEY:

A pilot survey was done on a sample size of 100 in the same area where the original study was projected to be conducted through non probability convenient sampling method. Out of 100 samples collected only 30% of the samples visited to the clinic. Rests either aware or never visited the clinic/availed any service like free health camp.

So, in order to get a minimum sample of 100 who have visited and availed service at sec 56 Ross clinics, the sample size was decided to be kept around 300.

3.7 INSTRUMENT/QUESTIONNAIRE: A self-reported questionnaire was developed through secondary research reviews. The questionnaire included all the necessary questions derived through secondary research and discussion with guides in order to meet the previously set objectives.

3.8 DATA COLLECTION:

The data collection was done for a period more than 3 months (January to 15th April, 2012). The data collection was done through 3 modes:

1. In-clinic feedback forms,
2. Personal interviews in nearby areas (within 2kms), and
3. Telephonic interviews of the samples derived from clinic database.

Ares covered for the data collection:

- Sector 56 SCO Market.
- Sector 56 Huda Market.
- Hongkong Bazar.
- Outside nearby societies.

3.9 DATA ANALYSIS:

The data collected was entered in the Google documents spreadsheet and later the same is imported to the Microsoft excel 2007 for further analysis. Analysis was carried out with frequency and percentage distribution.

3.10 SCOPE OF THE STUDY:

The study was limited to only sector 56, Gurgaon and it did not include the individuals who are not aware about Ross Clinics. So, the reason for unawareness could not be traced out. The study was also time bounded to a period of three months.

Chapter – III: RESULTS AND FINDINGS

SURVEY STATISTICS:

Total market population is around 36,000.

Total people available on the clinic database are 770.

Total people who have visited Ross or received care are 134.

Total people people who never availed the service of Ross are 171.

Type of interview/ modes of data collection	Total people approached	Total people ready to participate	Total non-respondents	Common Reasons for not responding
feedback forms	187	15	172	Approach was voluntary
Personal interviews	220	183	37	Respondents were in a hurry Busy Not interested
Telephonic interviews	170	107	63	Not available No connectivity Not interested
total	577	305	272	

Table.4: Survey Statistics.

Feedback forms: Out of 187 clients visiting the clinic only 15 respondents were available. This might be because of the reason that the approach was voluntary regarding filling of feedback forms.

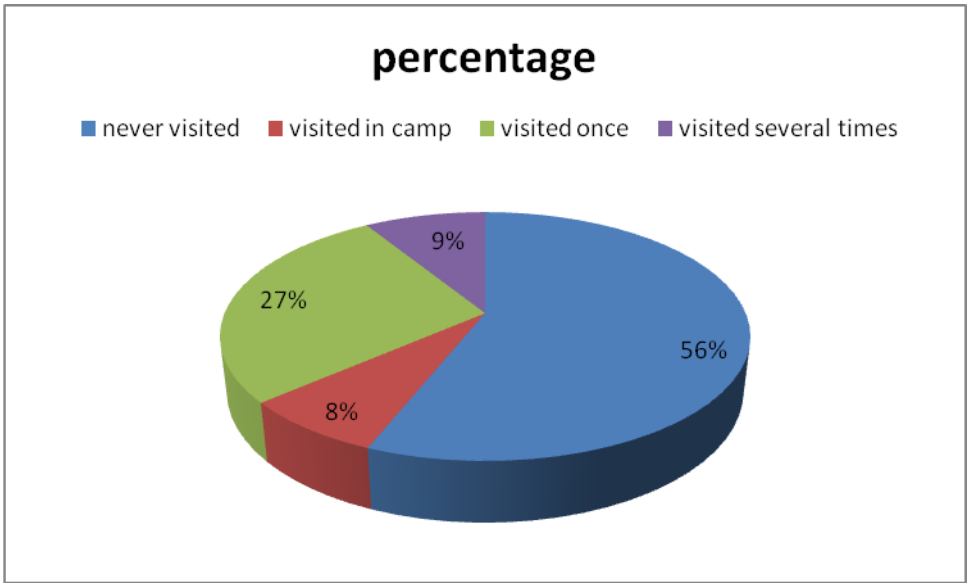
Personal interviews: Out of 220 residents approached 37 turned up not responding with remaining 183 respondents. The reasons were hurries of the respondents, busy place for data collection (survey carried out in market area) and few people approached showed no interest in the data collection.

Telephonic interviews: out of a total database of 770 people, 170 people were approached randomly through telephonic interview out of which only 107 had turned up giving replies.

63 other peoples could not be reached during the time of data collection (not available, no connectivity or not interested).

	Feedback	personal interview	telephonic interview	total frequency	percentage
never visited	0	171	0	171	56.06
visited in camp	0	4	19	23	7.54
visited once	13	5	66	84	27.54
visited several times	2	3	22	27	8.85

Table.5: sample break up



Graph.1: sample break up

From the graph it can be interpreted that 56% of the people have not visited the clinic,8% only visited the camp, 27% visited the clinic once whereas remaining 9% visited several times.

sex	feedback		personal interview		telephonic interview		total frequency	percentage
male	13	86.67	166	91%	51	48%	230	75.40
famale	2	13.33	17	9%	56	52%	75	24.59

Table.6: Demographic statistics: Sex

In the collected sample male and female ratio is very scattered with 13%, 9% and 52% were female in feedback forms, personal interviews and telephonic interviews respectively. As it was bit difficult to collect data from them in field we collected data from female over phone to minimize the gender bias. As it is shown in table we collected nearly 50% of telephonic samples from women.

location	feedback	personal interview	telephonic interview	total frequency	percentage
sector 56	13	95	103	211	69.18
outside sector 56 <2km	1	48	4	53	17.37
>2km	1	40	0	41	13.44

Table.7: Demographic statistics: Location

As the data was supposed to be collected from the catchment area of sec 56 clinic, we classified the area into three segments like within sec 56 gurgaon, outside sec 56 but within 2 km from sec 56, outside sec 56 and more than 2 km from from sec 56.

Almost 87% samples were collected from sec 56 and outside sec 56 but within 2km.13% of the samples collected were from outside catchment area of sec 56 clinic. These 13% are also included in the analysis of data as Ross Clinics is having patients from outside catchment area of 2km from clinic.

Age	feedback	percentage	personal interview	percentage	telephonic interview	percentage	total	percentage
18-25	1	6.67	70	38.25	21	19.63	92	30.16
26-40	10	66.67	88	48.08	48	44.86	146	47.86
41-60	3	20	19	10.38	18	16.82	40	13.11
61 & above	1	6.67	6	3.279	20	18.70	27	8.85

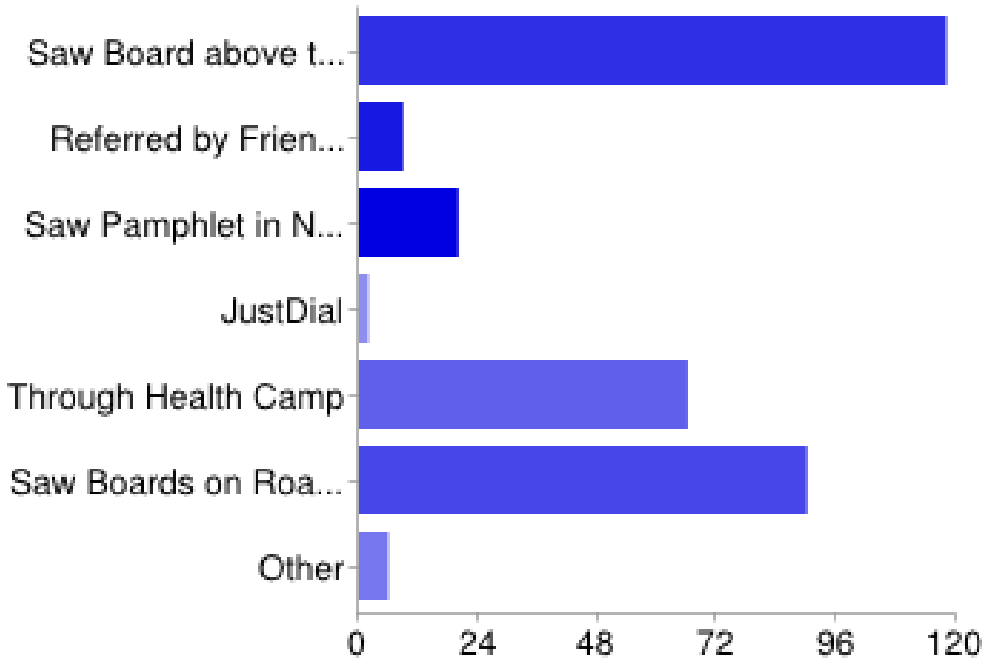
Table.8: Demographic statistics: Age

From the table it is interpreted that 67% of all who visited ross 56 were from the middile age group of 26-40 years. Same is the scenerio of telephonic and personal interviews sample where 44% and 48% sample were from this age group respectively. One important factor came out from this demograpic tool is that when we collecte samples from the field we encountered very few above 60 age group people but when we collected data from telephonic conversation we got 20% from that age group. This shows that a very percent population in sec 56 belongs to oldage group and out of them 20% visit Ross Clinics 56.

Sl. No.	Factors driving individual to come to Ross Clinics	frequency	Percentage
1	Strong referral by friend/neighbour	5	4.50
2	No other doctor available	2	1.80
3	Saw and liked board above clinic	27	24.32
4	Talked on phone and liked personal attention	17	15.32
5	Liked health camp	52	46.85
6	others	4	3.60

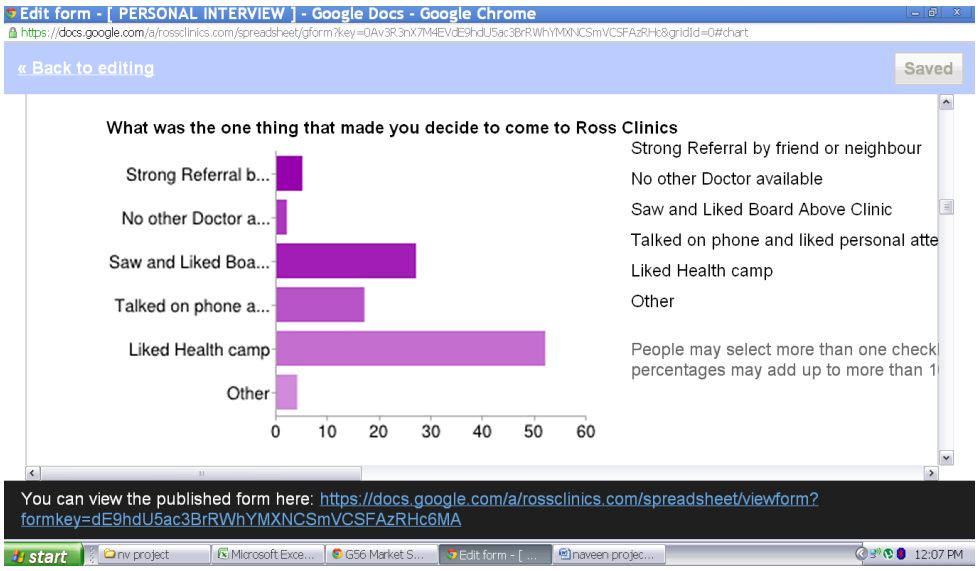
Table.9: Factors driving individual to come to Ross Clinics

From the table it can be interpreted that majority of the footfall at Sector 56 Ross clinics is through camps (46.85%) and board above clinic (24.32%) which can be further interpreted that majority of the business comes through the Free health check up camps.



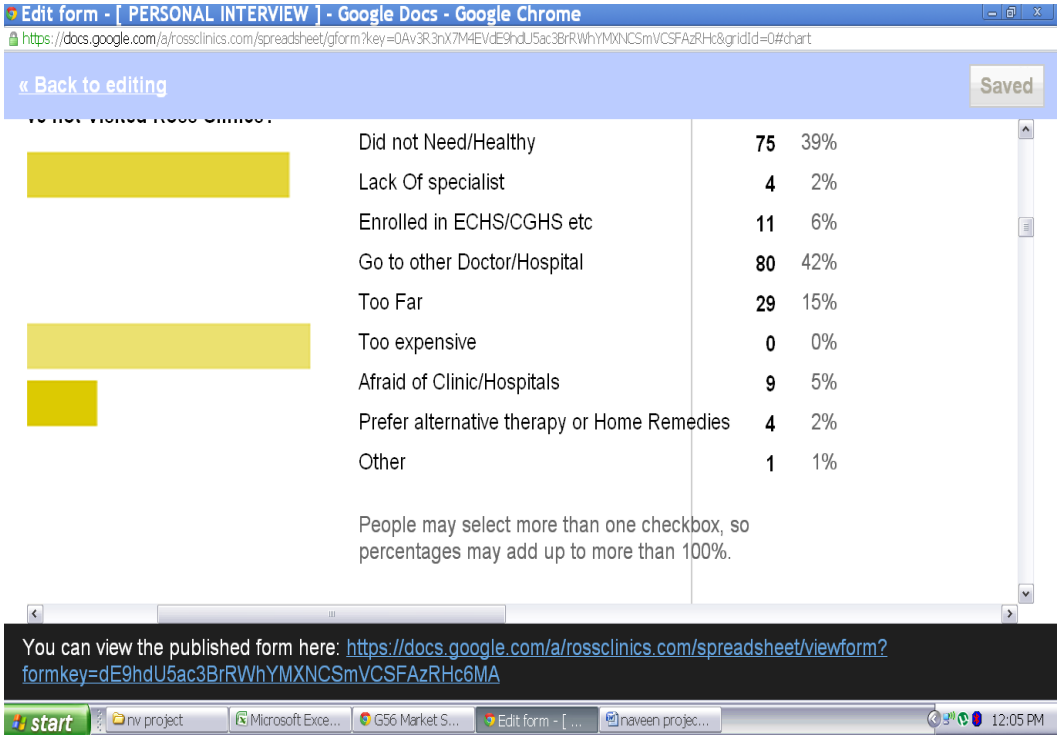
Graph.2. awareness through various activities

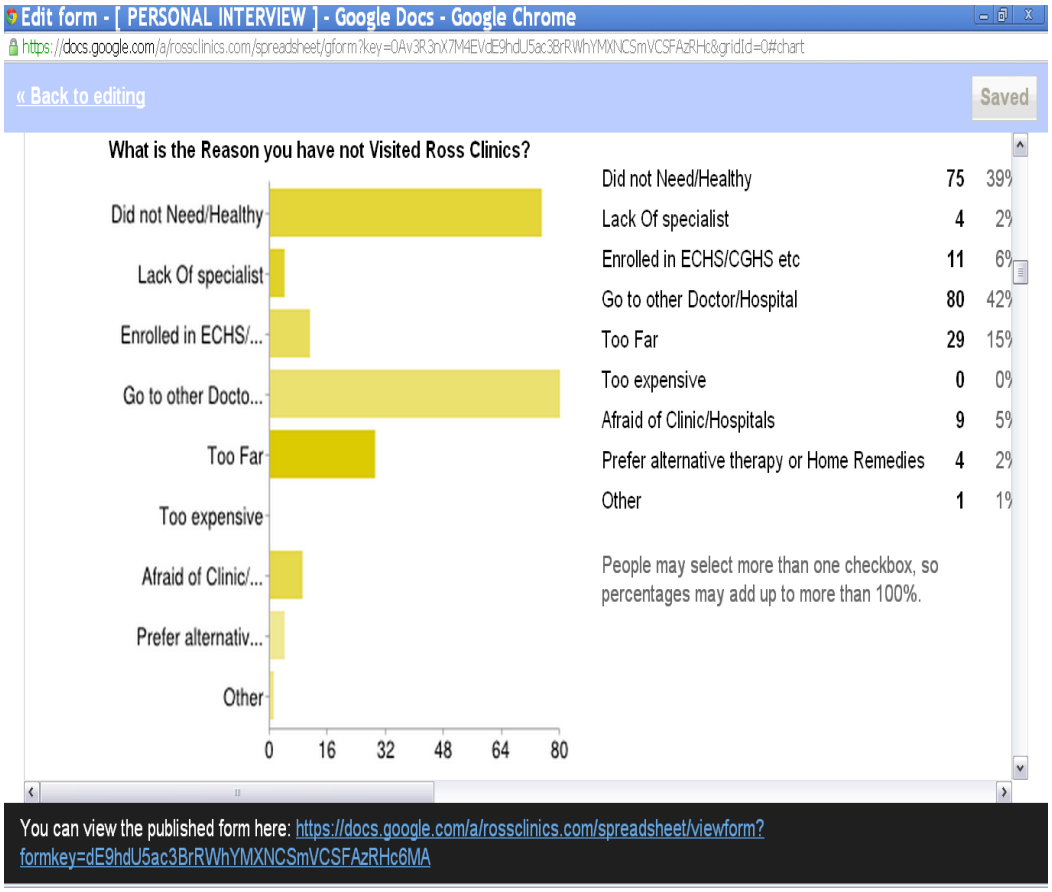
Many marketing activities are run by rossclinics to aware and influence people to visit Ross 56 in case of healthcare need. Our objective was to find out which marketing activity is more successful in making people aware about ross clinic 56. It is interpreted on the basis of data collected that most of the people are aware through the clinic board above the clinic and the sun boards on the roadsides. The third most effective way of our marketing was health camps which are being conducted every weekend (Saturday and sundays) in the nearby societies, market, sec 56 clinic etc.



Graph.3: reason for first visit

Along with objective of knowing activity causing more awareness we also found out the most effective marketing activity in taking people into the clinic when they need healthcare. Here the weekly champs showed most number of responses and board above clinic showed second highest responses. That means board above clinic are more fruitful in creating awareness and health camps are more fruitful in getting patients into the clinic. Clearly health camps and board above clinic are the most effective marketing activity for Ross Clinics sec 56.





Graph 4: reason for not visitng Ross

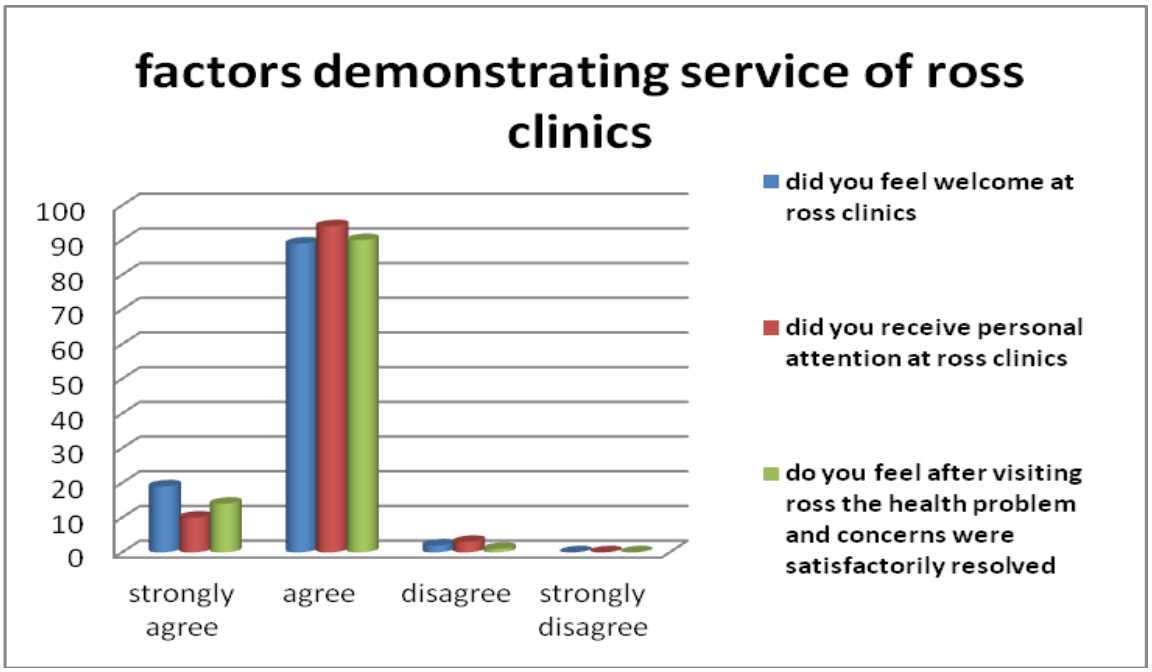
The above graph interprets that majority of the people are either healthy or visit other physician for the treatment of their ailments.

factors demonstrating service of ross clinics	strongly agree	agree	disagree	strongly disagree
did you feel welcome at ross clinics	19	89	2	0
did you receive personal attention at ross clinics	10	94	3	0
do you feel after visiting ross the health problem and concerns were satisfactorily resolved	14	90	1	0

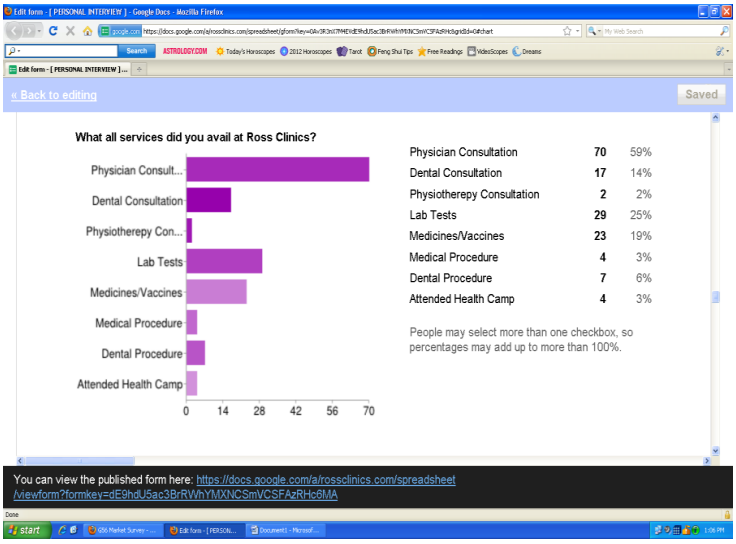
Table.10: factors demonstrating service of ross clinics

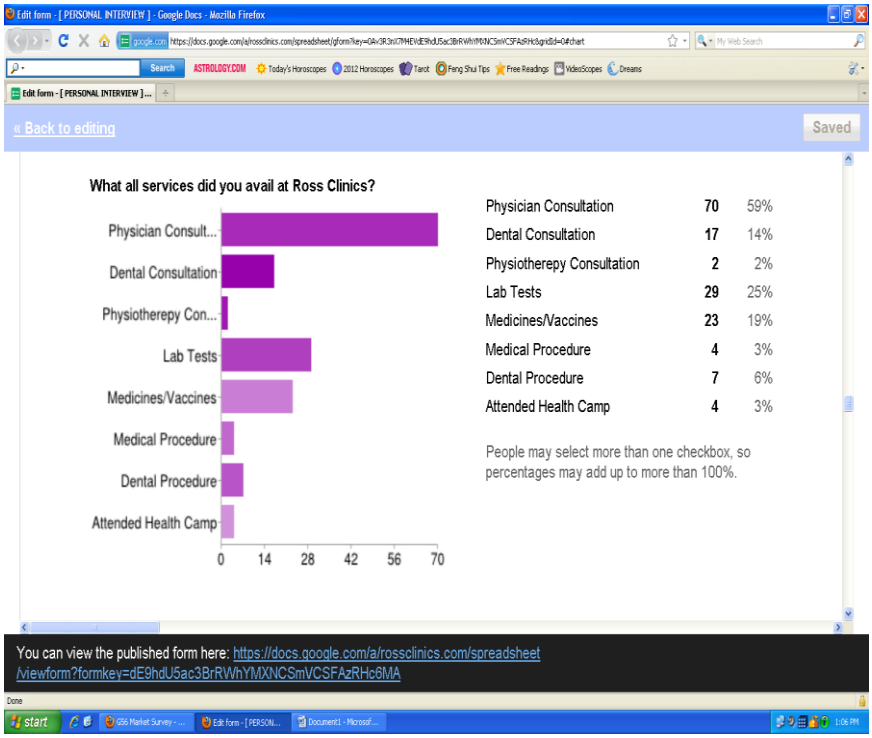
From the chart it can be interpreted that out of 134 peoples, 89 people agrees and 19 strongly agrees to the fact that they feel welcomed at ross clinics; 94 agrees and 10 strongly agrees to the fact that they receive personal attention at ross clinics and 90 agrees and 14 strongly agrees to the fact that they feel the health problem and concerns were satisfactorily resolved after visiting ross.

For clear picture a multiple bar chart have been developed for the data of the above table.



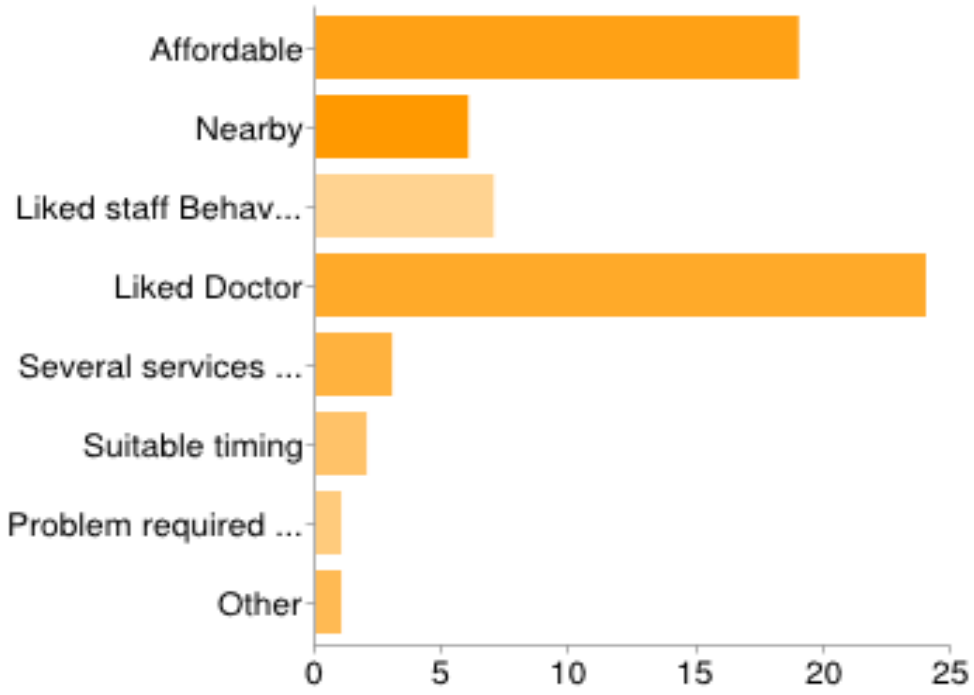
Graph 4: various services.





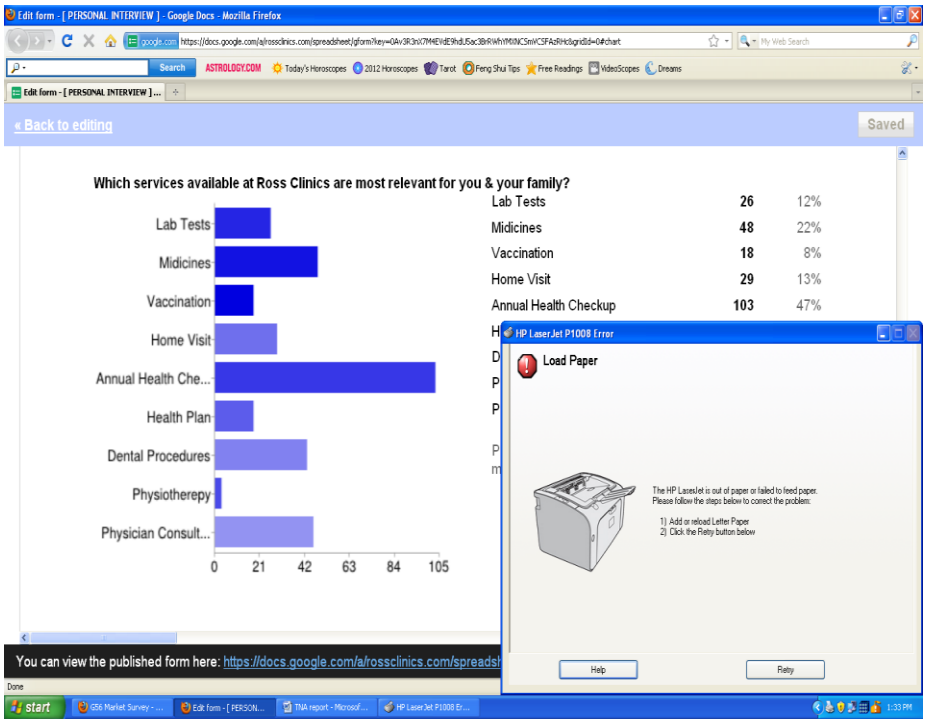
Graph.5: services availed at Ross

From the above graph it can be interpreted that physician consultation,laboratory tests and medicines are the three major factors which are most frequently availed by the residents of Sector 56, Ross clinics.



Graph.6: Reasons for revisit.

From the graph 6 it can be interreted that most of the people who have visited once and then again visited are those who feel that they liked the doctor in terms od time given, communication, understanding problem, correct diagnosis etc due to which they visited Clinic again. Second majority of people feel that the prices are very affordable to them that's why they never hesitate to visit again.



Frome the graph is it interpreted that most respondents not only want consultation from doctor but they also need Annual health check up, Lab tests, home visit, and vaccinations.

Chapter – IV: DISCUSSION

- The first objective of the project is to assess the effectiveness of various awareness activities undertaken since the inception of the Clinic.

To attain to the objective a detailed analysis of all the responses gathered was done. From table 9 and graphs 2 and 3 it is interpreted that most of the people are aware through the clinic board above the clinic and the sun boards on the roadsides. The third most effective way of our marketing was health camps which are being conducted every weekend (Saturday and sundays) in the nearby socities, market, sec 56 clinic etc.

Again if we consider graph 3, the health camps are regarded to be the most important factor driving an individual to the clinic.

Though hoardings and boards makes most of the awareness activities, health camps plays a vital role in bringing individuals seeking healthcare to clinics.

- The second objective formulated is to discover the reason(s) driving the decision to visit or not to visit Ross Clinics, among people who are aware about Ross Clinics.

To attain to the objective a detailed analysis of all the responses gathered was done. From graphs 4 it is interpreted that most of the people did not visit Ross clinics, sector 56 despite being aware of it the major reason of which was explored in the study that they either visit other doctors or remain healthy.

Again if we consider table 8 we can see that most of the people (86%) are below 40 years and Above 18 yrs of age group, which is a healthier population in comparison to the children and older age groups. This is one factor.Again there remains an existence of Apollo clinics which has increased their marketing activities in terms of health camps.

The third objective formulated is to discover the reason(s) driving the decision to revisit or not to revisit Ross Clinics, among people who have had at least one clinical encounter with Ross Clinic.

From the graph 6 it can be interreted that most of the people who have visited once and then again visited are those who feel that they liked the doctor in terms od time given, communication, understanding problem, correct diagnosis etc due to which they visited Clinic again. Second majority of people feel that the prices are very affordable to them that's why they never hesitate to visit again.

Those who have visited severall time did not give much response regarding the behavour of front office staff. This might be the reason for them not to revisit Ross Clinics as ample competition is present in the same vicinity.

From graph 4 during the survey it was also noted that many respondent asked for annual health check up packages, home visits, medicine, vaccines etc which they look into a healthcare structure along with treatment and diagnosis. We at Ross clinics have all of them but could not market them properly. So people who visit Ross clinics are not aware about our services. Hence we need to market them along with our name and logo.

5.1 OBSERVATIONS OF THE STUDY:

- Health camps were the most influential activity of sector 56, Ross Clinics driving an individual to visit the same in case of healthcare needs.
- The hoardings and sun boards were certain other factors which also help to cater awareness among individuals along with health camps.
- As tough competition exist in the Sector 56, Gurgaon, the marketing activities must also be given due consideration.
- As during the survey it was also noted that many respondent asked for annual health check up packages, home visits, medicine, vaccines etc which they look into a healthcare structure along with treatment and diagnosis. We at Ross clinics have all of them but could not market them properly. So people who visit Ross clinics are not aware about our services. Hence we need to market them along with our name and logo.

Chapter – V: CONCLUSION

- From the study it is revealed that people are well aware about Ross Clinic sec 56 through our marketing activity, but too much competition has arrived during last 6 month people are moving to other healthcare facilities. One of the reasons is that they expect a lot from a healthcare facility along with diagnosis and treatment like annual health check up packages, home visits, medicine, vaccines etc. We at Ross clinics have all of them but could not market them properly. So people who visit Ross clinics are not aware about our services. Hence we need to market them along with our name and logo.

- To deal with the dense competition we need to increase the awareness activity like our health camps and hoardings so that we can catch more and more people towards Ross Clinics.

6.1 RECOMMENDATIONS FOR FURTHER STUDY:

- A replication of the present study can be conducted with large subjects.
- A similar study can be conducted for the other branches of Ross clinics.
- An exploratory study can be conducted to find out the awareness among the residents of the community in and around ross clinics.

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ANNEXURE

Annexure 1: Questionnaire used for the Survey.

Questionnaire for Personal & Telephonic Interview No. of non-respondents_____

I am Naveen Kumar Vashist, a management student. I am conducting a research project on behalf of Ross Clinics. It will take 5 to 10 minutes of your time. Your responses will remain confidential. Would you like to participate?

Name of Respondent_____
Age _____ M/F
Phone No. _____
Location _____
Occupation _____
Size of Family ___ C__ A__ S__
Annual Health Expenditure of Family (Rs) _____

1. Have you heard about Ross clinics? ___Yes____No

1a. If yes, go to Q2; If No, All these services are available at Ross Clinics. Which of these are most relevant for you & your family? (Tick all that apply)
__ Physician Consultation __ Lab Tests __ Medicines ___ Vaccination __ Home Visits __ Physiotherapy __ Dental Procedures __ Annual Health Checkup __ Health Plans
Inform them about Ross Clinics and the ongoing offer, and thank them for participation. End of Interview for respondents who have not heard about Ross Clinics.

2. How did you hear about Ross Clinics? (Tick all that apply)
__ Saw Board above the Clinic __ Referred by Friends or Family __ Saw Pamphlet in Newspaper __ Just Dial __ Through Health Camp __ Saw Boards on Roadside __ Other (Please Specify)_____

3. What is the first thing that comes to your mind when you think about Ross Clinics?

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4. How many times have you visited Ross Clinics?
__ Never __ Only in Camp __ Once in Clinic __ Several Times.

5. If Never Visited or Only in Camp,

5a. What is the reason you have not visited Ross Clinics?

__ Did not need/Healthy __ Lack of specialists __ Enrolled in ECHS/CGHS etc __ Go to other Doctor/Hospital __ Too far __ Too expensive __ Afraid of clinics/hospitals __ Prefer Alternative Therapies or Home Remedies.

5b. All these services are available at Ross Clinics. Which of these are most relevant for you & your family? (Tick all that apply)

__ Physician Consultation __ Lab Tests __ Medicines ___ Vaccination __ Home Visits __ Physiotherapy __ Dental Procedures __ Annual Health Checkup __ Health Plans

Inform them about the ongoing offer, and thank them for participation. End of Interview for respondents who have never visited Ross Clinics or only attended Health Camp.

6. If Visited Once or Several Times, What was the one thing that made you decide to come to Ross Clinics?

__ Strong referral by friend or neighbour __ No other doctor available __ Saw and Liked Board above Clinic __ Talked on phone and liked personal attention __ Liked Health Camp __ Other (Please specify) _____

7. If Visited Only Once, Why have you not visited Ross Clinics after that?

__ Did not Need/Healthy/Got Relief __ Too busy __ Forgot appointment __ Did not get relief __ Long waiting time __ Staff or doctor were rude or discourteous __ Doctor did not give enough time __ Did not like doctor __ Stairs __ Used same old prescription __ Went to specialist __ Travel __ Do not live in Gurgaon __ Other (Please specify) _____

8. If visited several Times, What made you return to Ross Clinics?

___Affordable __ Nearby __ Liked staff behaviour ___liked Doctor ___Several Services under one roof ___ Suitable timings __ Problem Required several follow ups __ Other (Please specify) _____

If Visited Once or Several Times, go to “Let us know how we are doing” form.

9. If Visited Once or Several Times, but did not refer anyone, What is the reason you haven’t referred anyone to Ross Clinics?

__ Do not know any one in the neighbourhood __ Friends live too far from Ross Clinics in Gurgaon __ Did not think of Ross Clinics when someone needed care __ Other (Please specify) _____

THE END