

**Impact Assessment Study of CSR project  
of Purchase and Installation of Dialysis  
machines supported by Gujarat Gas  
Limited in FY 2022 – 2023**

*Submitted To*  
Gujarat Gas Limited



*Submitted By*  
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# 1 Executive Summary

Gujarat Gas Limited (GGL), India's largest CGD company, has contributed to various research activities under Corporate Social Responsibility (CSR). The Government of Gujarat established the Institute of Kidney Diseases and Research Centre (IKDRC) within the administration of Civil Hospital, Ahmedabad, in 1981. The institute provides various healthcare services, such as ambulatory care, which includes nephrology, urology, transplantation, outpatient lab, and gynaecology. In March 2022, the IKRDC unveiled an integrated dialysis network, "One Gujarat One Dialysis," to offer free dialysis services across Gujarat. The IKDRC, with financial assistance from the GGL, has installed around 98 dialysis machines across the 30 blocks in Gujarat. Each dialysis center has three machines, and the treatment is given free of cost. The dialysis centers provided services to around 24000 beneficiaries from April 2023 to March 2024.

The GGL has initiated the assessment of the impact of dialysis services across 18 blocks in the state with the collaboration of the Indian Institute of Public Health Gandhinagar (IIPHG). The IIPH Gandhinagar, India's first public health university, conducts various public health research projects. IIPHG conducted the impact assessment of the dialysis services through the haemodialysis beneficiaries who received services in 2023 and are currently undertaking the service. They were interviewed to understand their satisfaction level with the dialysis services regarding social benefits.

A condensed overview of the key findings from the impact assessment of the dialysis services: Out of the 490 haemodialysis beneficiaries surveyed across 30 blocks of 14 districts, the Ahmedabad district had the highest representation at 25.3%. In contrast, Surat and Morbi had the lowest at 1.6%. The demographic profile of the 125 surveyed individuals revealed a predominance of elderly males aged above 45 (72%), with a significant proportion were married (75.2%) and presently employed (31.2%). Few of the noteworthy insights included the prevalence of hypertension 65.6% and diabetes 20% as co-morbid conditions, with a substantial proportion of 59.2% belonged to BPL category. A significant coverage of Ayushman Card scheme (94.4%) was documented suggesting access to government healthcare support. One of the common reason for availing dialysis service from respective center as narrated by participants was free services (84.8% of beneficiaries). However, few infrastructure issues, primarily electricity supply disruptions as narrated by 57.1% respondent for uninterrupted dialysis services. Patient satisfaction levels with staff behaviour,

communication, and follow-up care were overwhelmingly positive, with 99.2% expressing extreme satisfaction with the overall program.

This overviews the insights from in-depth interviews with dialysis technicians and beneficiaries regarding the One Gujarat One dialysis program. Dialysis technicians, driven by personal experiences and motivated by patient blessings, navigate daily challenges with resilience and commitment. Their training and proactive efforts to stay updated on advancements equip them to ensure smooth operations and effectively address emergencies. Despite resource constraints, they advocate for improving patient outcomes, emphasizing collaboration and communication within multidisciplinary teams.

The findings of the present evaluation does suggest a program's appreciation, but challenges like delay in claim of payments delays and need for improved infrastructure did persist. Few other domains that can be improved includes food quality, and access to medical consultation. A positive approach for addressing these concerns can further enhance the effectiveness and satisfaction of renal dialysis services for beneficiaries in the community.

## 2 Background

India has a well-established healthcare system aims to provide free medical services to all citizens through a government-run network of providers and infrastructure. Private networks also offer extra services with different costs. However, these systems face limitations due to socioeconomic factors, a growing population, and cultural diversity. Ensuring access to healthcare and fair distribution of health services are important but challenging tasks in resource-limited settings like India. The One Gujarat One Dialysis Program, a government of Gujarat initiative, was conceptualized in 2010. From the humble beginnings of the A-One Dialysis Program at the Institute of Kidney Diseases and Research Centre (IKDRC) under the leadership of the late Dr H. L. Trivedi, the program is expanded now. It is a network of over 161 Centers set up with more than 800+ high-quality dialysis machines across Gujarat.

Gujarat Gas Limited (GGL) has taken the initiative to support One Gujarat One Dialysis through its CSR activity to purchase and install 98 dialysis machines in the 30 blocks of the 14 state districts. The primary objective of this program is to provide dialysis treatment free of cost.

This assessment evaluated the impact of the One Gujarat One Dialysis Programme on social benefits to the population of Gujarat through the assessment partner - Indian Institute of Public Health Gandhinagar (IIPHG).

## 2.1 About IIPHG

Indian Institute of Public Health Gandhinagar (IIPHG) is a joint initiative of the Public Health Foundation of India (PHFI) and the Government of Gujarat (GoG) established in 2008. IIPHG offers full-time post-graduation courses like Master in Public Health (MPH), Master in Hospital Administration (MHA), Post Graduate Diploma in Public Health Management (PGDPHM), And Associate Fellow in Industrial Health (AFIH). IIPHG is recognized as the first public health university in the country by enacting the IIPH Act 2015 by the Government of Gujarat (on 25th February 2015).



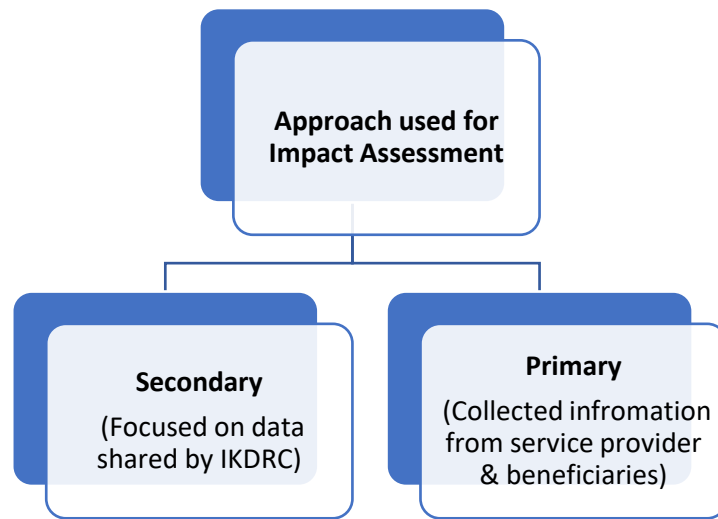
In addition to academic courses, IIPHG and its faculty are actively engaged in various health systems research and advocacy activities supported by national and international agencies. The institute has worked on maternal health, child health, infectious and non-communicable diseases, environmental and occupational health, health policy and health systems, and public health nutrition.

IIPHG has also developed research collaborations and received funding from national and international agencies, including the Indian Council for Medical, Department of Biotechnology, NRDC USA, University of Aberdeen UK, Karolinska Institute Sweden, Liverpool Institute of Tropical Medicine, UK, and other national and international organizations.

IIPHG is a Regional Resource Center for Health Technology Assessment (HTA) in India recognized by the Department of Health Research, Government of India. IIPHG has also evaluated the impact of various government and non-government organizations' projects.

# 3 Methods

## 3.1 Study Approach



The present study focused on the data obtained from the Institute of Kidney Diseases and Research Centre (IKDRC) on beneficiaries of dialysis for the year 2023 amongst the centres supported by GGL through its CSR activities. The primary data was obtained from service providers (dialysis technicians) and beneficiaries (who received the dialysis services) through field visits supported by GGL. The selection of subjects included in the present evaluation was purposive based on operational and logistic feasibility.

## 3.2 Study setting

Gujarat Gas Limited installed 98 dialysis machines in 30 blocks of the 14 districts of the State under the One Gujarat One Dialysis program. However, during the impact assessment, 18 blocks of 10 districts (Ahmedabad, Amreli, Bharuch, Bhavnagar, Kheda, Navsari, Surat, Tapi, Surendranagar and Valsad) were selected out of 30 blocks. The dialysis service implemented in the districts is pinned, as shown on the map (Figure 1).



Figure 1: Implementation Districts of Dialysis Centres

### 3.3 Study sample

In 2023, 490 haemodialysis beneficiaries received dialysis services from the 30 blocks (as per IKDRC). Out of these, the primary quantitative information was collected from 125 haemodialysis beneficiaries who were available during the process of data collection and provided consent for participation (Quantitative Cross-sectional). A total of 18 blocks were included in the primary data collection during March-April 2024, considering the representation of the beneficiaries. Qualitative In-depth interviews were also conducted with haemodialysis beneficiaries (20 patients) and dialysis technicians (10 technicians) until the information was saturated.

	District	Block	Haemodialysis Beneficiaries
Implementation of the dialysis service (Jan-Dec 2023)	14	30	490
Sampled included in the assessment (Feb-Apr 2024)	10	18	125

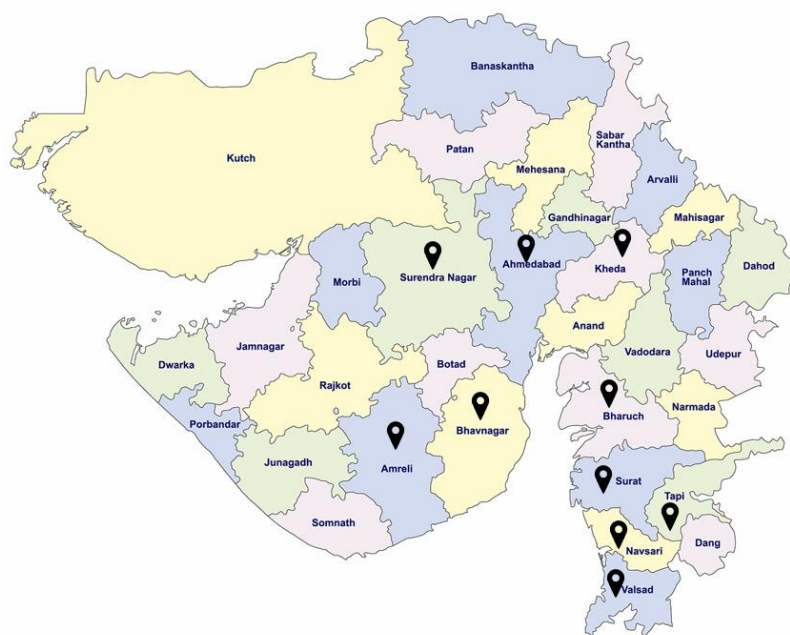


Figure 1: Assessment Districts of the Dialysis Centres



## 4 Data Collection and Data Analysis

### 4.1 Secondary data collection & data analysis

The secondary data of the 490 haemodialysis beneficiaries were retrieved from IKDRC for secondary data analysis. The data included dialysis centers and the gender of the beneficiaries for the year 2023. A descriptive analysis was conducted using the statistical analysis software Stata 14.1.

### 4.2 Primary data collection & data analysis

#### 4.2.1 Cross-sectional Quantitative Survey

A structured quantitative survey tool was used for data collection from 125 haemodialysis beneficiaries. The questionnaire included the patient's demographic details, the dialysis center's distance from the patient's house, expenses before joining the One Gujarat One Dialysis program, satisfaction rate with the dialysis services, economic benefits of dialysis services, unexpected side effects after a dialysis session, and behaviour of staff towards beneficiaries, etc. The final tool was digitized in the KoboCollect ToolBox to collect the information electronically. A descriptive analysis of the data was done using Stata 14.1.

#### 4.2.2 In-depth interviews

In-depth interviews with the 10 dialysis technicians and 20 beneficiaries were conducted to understand the overall experience of the dialysis centers. The laboratory technicians were asked about their roles and responsibilities in the dialysis center, their motivation to pursue a career in dialysis care, their working experience, the challenges they encountered on daily operations, issues with equipment reliability or availability, the biggest challenges or gaps they perceive in executing a dialysis unit, their final thoughts or recommendations for improving dialysis care, etc. The beneficiaries were asked about the overall quality of care received from the center, the challenges or difficulties they encountered while accessing or receiving dialysis services, and their experience with the facilities and equipment used during their dialysis sessions. The interview was conducted in the local language, recorded in the form of audio, and then translated into English. The analysis of the interviews was done using inductive coding by identifying general themes that emerged from the information provided during in-depth interviews.

Before data collection, signed consent was obtained from each patient and laboratory technician for ethical consideration of the assessment.

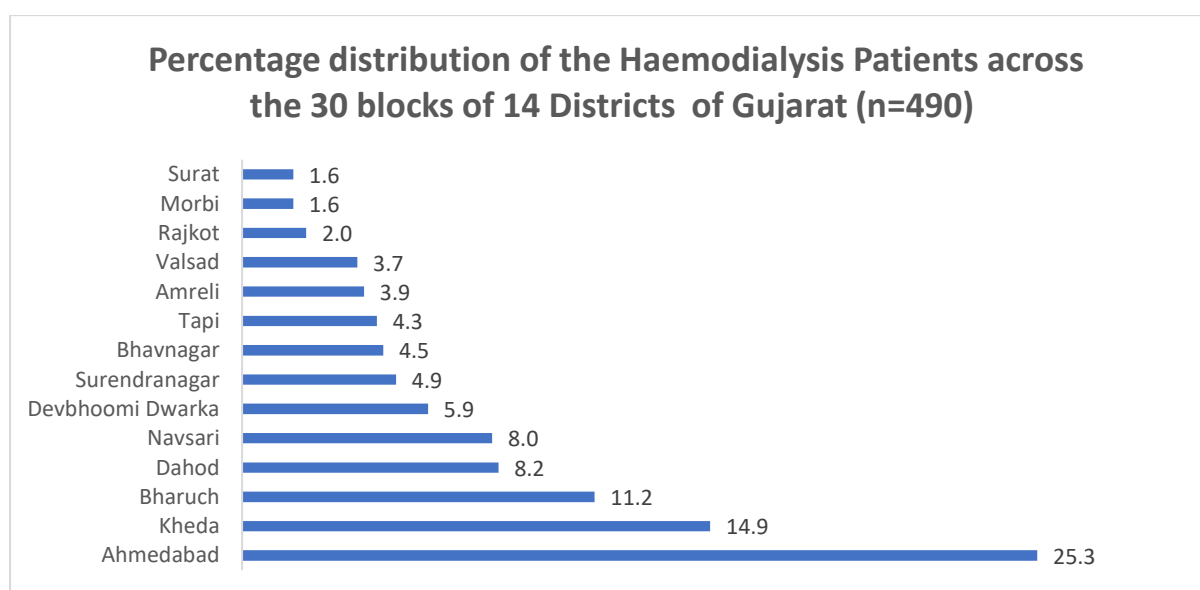
## 5 Result

This section presents the results of the secondary data shared by the IKDRC and the quantitative survey conducted in the 30 blocks of 14 districts (Ahmedabad, Amreli, Bharuch, Bhavnagar, Kheda, Navsari, Surat, Tapi, Surendranagar, and Valsad), as well as the quantitative cross-sectional survey (n=125) and in-depth interviews (10 laboratory technician & 20 beneficiaries) conducted of the 18 blocks of 10 districts.

### 5.1 Result of secondary data collection (July 2022 to July 2023)

#### 5.1.1 Demographic information of the secondary data received from IKRDC

A descriptive analysis of the secondary data (data shared by the IKDRC) was done. About 490 beneficiaries availed services from the One Gujarat One dialysis program in 30 blocks of 14 districts. Out of 490 haemodialysis beneficiaries, the highest were found in the Ahmedabad district, with 25.3%, while the lowest were found in Surat and Morbi, with 1.6%. Out of 490 beneficiaries, 27.6% were female, while 72.5% were male.



### 5.1.2 Result of the primary data collection

Variable	Frequency (n=125)	Percentage (%)
<b>Age</b>		
0-15	28	22.4
15-45	32	25.6
Above 45	65	52
<b>Gender</b>		
Female	35	28
Male	90	72
<b>Marital Status</b>		
Single	25	20
Married	94	75.2
Widow	6	4.8
<b>Education</b>		
Illiterate	21	16.8
Primary	20	16
Secondary	59	47.2
Higher Secondary	10	8
Graduation & Above	15	12
<b>Caste</b>		
General	40	32
OBC	63	50.4
SC	10	8
ST	12	9.6
<b>Occupation</b>		
Employed	39	31.2
Un-employed	46	36.8
NA (Housewife, Student, Minor)	30	24
Retired	10	8

Table 1: Demographic Information of the Beneficiaries

Examining personal and family history data uncovers noteworthy insights within the surveyed populace. Family structures predominantly comprise joint families, representing 56% of individuals, while nuclear families constitute 44%. Regarding family history, 21.6% report blood pressure issues, 20% have a history of diabetes, and 4% have experienced chronic kidney disease within their families. Strikingly, a majority, 56%, have no recorded family health issues. In terms of personal habits, 8% admit to smoking, 1.6% to alcohol consumption, and 28.8% to tobacco usage, with the majority 66.4% abstaining from specific habits. These findings highlight the prevalence of hypertension and diabetes as significant co-morbid conditions within the 125 surveyed population,

The demographic profile of the 125 surveyed population reveals several key trends. Most individuals were male (72%) and aged above 45 (52%), indicating a significant representation of older males within the community. Marital status data shows a predominant proportion of married individuals (75.2%), while a smaller percentage were single (20%) or widows (4.8%). Employment-wise, there's a balanced distribution between employed (31.2%) and unemployed (36.8%) individuals, with a significant portion (24%) not applicable for employment (8%).

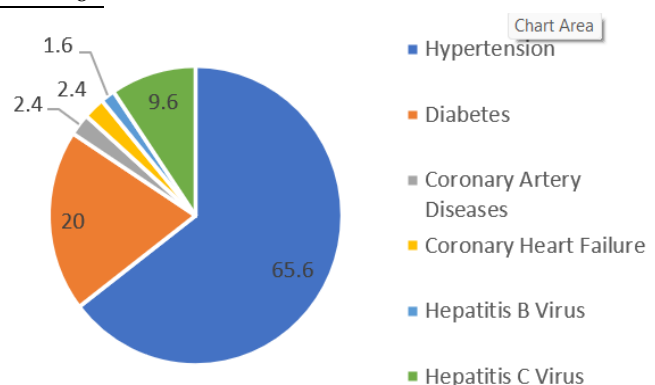


Figure 2: Co-morbid condition of the beneficiaries

representing 65.6% and 20%, respectively. Additionally, hepatitis C virus infection emerges as another notable health concern, affecting 9.6% of individuals.

These findings depict a population with a substantial proportion falling under the BPL category (59.2%), emphasizing potential socioeconomic challenges. Despite this, significant coverage

Variable	Frequency (n=125)	Percentage (%)
<b>Socioeconomic Status</b>		
BPL	74	59.2
APL	51	40.8
<b>Annual Family Income</b>		
<25000	11	8.8
25000-50000	46	36.8
100000-200000	48	38.4
>200000	20	16
<b>Having an Ayushman Card</b>	118	94.4
<b>Centre Km from House</b>		
1 to 10	92	73.6
11 to 20	25	20
21 to 30	4	3.2
31 to 40	4	3.2

under the Ayushman Card scheme (94.4%) indicated access to government healthcare support.. Additionally, most individuals live within 10 kilometres of a healthcare centre (73.6%), highlighting relatively good accessibility to healthcare facilities. These findings underscore the complexity of socioeconomic

Table 2: Socioeconomic Information of the Beneficiaries

factors influencing healthcare access and affordability within the surveyed population.

The Out-of-pocket expenditure (OOPE) is all the expenses incurred by the beneficiaries during availing of the services, which include treatment costs, transportation, food expenses, etc. While recording the OOPE, the beneficiaries reported the average expenses of 2200 (0-1500) before joining the One Gujarat & One dialysis programme, however it has significantly reduced to 150 (60-300) after availing the services under this program. This signifies the practical implications and benefits to the needy population.

The data regarding dialysis centers reveals significant insights into awareness, reasons for seeking dialysis, and centre closures. Healthcare workers emerge as the primary source of awareness, with 59.2% of individuals hearing about these centres through them. The One Gujarat One Dialysis program attracts beneficiaries primarily due to its free services, as cited by

Variable	Frequency (n=125)	Percentage (%)
<b>Hear about the Dialysis Centre</b>		
Self	9	7.2
Healthcare workers	74	59.2
Friends and Neighbour	21	16.8
Family	11	8.8
IEC	8	6.4
Other	30	24
<b>Reason for seeking dialysis under One Gujarat One Dialysis</b>		
Free of cost	106	84.8
Time-saving	100	80
Free advice/ Counselling	65	52
Good doctor/staff/ Supportive Staff	47	37.6
Other	1	0.8
<b>Reason for Centre was Closed (n=7)</b>		
Disruption in Electricity Supply	4	57.1
Disruption in Water Supply	2	28.6
Technical Error in the Machine	1	14.3

Table 3: Information about the Dialysis Centres

84.8% of individuals, followed closely by the convenience of timesaving, noted by 80% of respondents.

Out of 125, only 7 beneficiaries reported some disturbances in availing services due to the disruptions of electricity supply, water supply and technical errors in machines. These findings underscore the crucial role of healthcare worker outreach in promoting awareness, the attractiveness of free and efficient services to beneficiaries, and the necessity for reliable infrastructure to ensure uninterrupted dialysis services, as indicated by the percentages provided. The data on dialysis sessions offers valuable insights into patient experiences and medical recommendations.

Nearly all beneficiaries, 99.2%, receive lab tests before dialysis. However, after dialysis, around a quarter of beneficiaries (27.2%) experience some complaints, including low blood pressure 44.1% and difficulty breathing 23.5%. 60.8% have

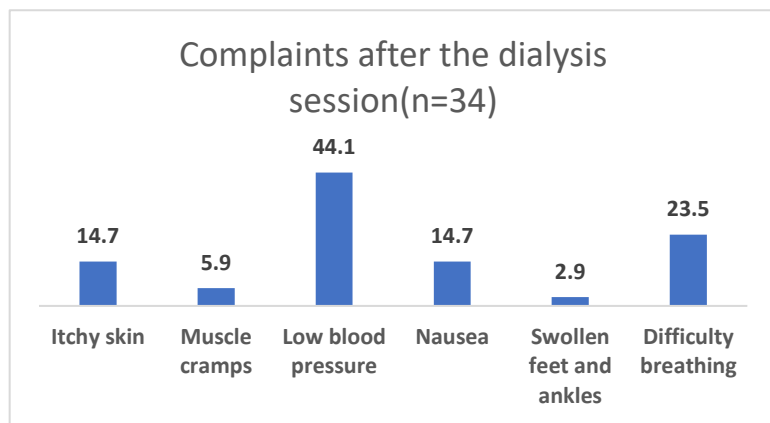


Figure 3: Beneficiaries presented with complaints after dialysis

been advised for renal transplant, highlighting the severity of their renal conditions and the need for further medical interventions.

Variable	Frequency (n=125)	Percentage (%)
<b>Behaviour of the staff during last dialysis</b>		
Excellent	17	13.6
Good	108	86.4
<b>Rate Satisfaction with Last Service</b>		
Extremely Satisfied	119	95.2
Neutral	6	4.8
<b>Rate Communication &amp; Support Received from the Dialysis Centres</b>		
Excellent	10	8
Good	115	89.6
<b>Satisfaction with results after dialysis</b>		
Extremely Satisfied	122	97.6
Neutral	3	2.4
<b>Satisfaction with follow-up care</b>		
Extremely Satisfied	117	93.6
Neutral	8	6.4
Refer any other patient to avail dialysis service if required	125	100
<b>Overall Satisfaction with Program</b>		
Extremely Satisfied	124	99.2
Neutral	1	0.8

Table 4: Satisfaction with Dialysis Services

The data on satisfaction levels at dialysis centres paints a picture of overwhelmingly positive patient feedback. Most notably, the behaviour of the staff during dialysis sessions garnered high praise, with 86.4% of beneficiaries rating it as good and 13.6% as excellent. Similarly, communication and support

from the dialysis centres were rated favourably, with 89.6% rating it as good and 8% as excellent. Moreover, beneficiaries expressed high levels of satisfaction with follow-up care, with 93.6% reporting extreme satisfaction. Overall, most beneficiaries (99.2%) reported extreme satisfaction with the overall program, reflecting the effective delivery of care and support within the dialysis centres.

## 5.2 Results from in-depth interviews

### 5.2.1 In-depth interviews with the dialysis technicians

The in-depth interviews with dialysis technicians addressed challenges related to dialysis centers regarding their roles and responsibilities in the dialysis center, their motivation to pursue a career in dialysis care, their working experience, the challenges they encountered on daily operations, issues with equipment reliability or availability, the biggest challenges or gaps they perceive in executing a dialysis unit, their final thoughts or recommendations for improving dialysis care, etc. The in-depth interviews were conducted with ten technicians and analyzed by themes that emerged from the responses. The detailed results mentioned as follows:

**Motivation and Career Choice:** Most technicians were motivated to pursue a career in dialysis care due to personal experiences within their families or communities. Witnessing the impact of dialysis on their loved ones inspired them to enter this field. Some technicians also agreed that they receive blessings from beneficiaries and relatives.

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*“I feel motivated when I receive blessings from relatives and beneficiaries and like to serve such beneficiaries” – The Dialysis Technician, CHC, Vagra*

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**Address Challenges:** Dialysis technicians are primarily responsible for ensuring the smooth operation of dialysis equipment, monitoring beneficiaries during treatment, and addressing any emergencies or complications that may arise. Daily challenges include issues with needling and equipment reliability and occasional emergencies such as fluctuations in blood pressure or blood sugar levels. All technicians agreed that they had received training on the provision of primary treatment for such complications as vomiting that may arise during dialysis.

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*“During emergencies, I promptly initiate essential primary treatment and coordinate with doctors for further assistance.” – The Dialysis Technician, CHC, Tadaja*

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**Training and Education:** Most respondents mentioned receiving training and certification from institutions like IKRDC or universities offering specialized courses in dialysis technology.

**Patient Care and Satisfaction:** Ensuring patient comfort and satisfaction is a key priority for healthcare staff. This includes providing emotional support, monitoring patient outcomes, and gathering feedback through formal channels like feedback forms or personal interactions. However, most of the technicians advocate for poor beneficiaries' access to nephrology care, highlighting the challenges they face in accessing specialist services due to financial constraints.

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*“The One Gujarat One Dialysis program is very beneficial to all the poor communities. They get very good service and reliable and efficient dialysis machines.” – The Dialysis Technician, CHC, Matar*

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**Resource Availability and Infrastructure:** Several respondents highlighted challenges related to resource availability, including issues with electricity and water supply and infrastructure constraints, such as limited space in the dialysis unit.

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*“The major challenge we face in the Bharuch district is the high salt concentration and TDS > 3000 in the water, which can lead to high blood pressure and vomiting during dialysis. Hence, we require an RO plant.” – The Dialysis Technician CHC, Vagra & Amod*

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Despite facing constraints such as limited supportive staff and occasional disruptions in electricity supply, technicians efficiently manage resources and seek help from relevant authorities when needed.

**Collaboration and Communication:** Effective communication and collaboration among team members are crucial for ensuring smooth operations within the dialysis unit. While some respondents mentioned working individually, others emphasized the importance of teamwork

and coordination, especially during emergencies. The dialysis centers collaborate with multidisciplinary teams, including medical officers, engineers, and laboratory technicians, to ensure comprehensive patient care. They also facilitate communication and coordination between beneficiaries, their relatives, and healthcare providers to optimize treatment outcomes. However, most of the technicians suggested arranging a visit with a Nephrologist once a month.

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*“While we advise haemodialysis beneficiaries to visit a nephrologist regularly, we understand some beneficiaries' financial constraints. Hence, we facilitate referrals to appropriate healthcare facilities, considering their affordability and accessibility.” – The Dialysis Technician, CHC, Amod*

*“We advise the patient to consult with a Nephrologist at IKDRC, Ahmedabad, once a month.” – The Dialysis Technician, CHC, Dhokla*

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**Government Initiatives and Programs:** Many respondents appreciated government initiatives like the One Gujarat One Dialysis program, which provides underprivileged beneficiaries with free or subsidized dialysis treatment.

In conclusion, the insights from interviews with dialysis technicians underscore the profound motivation driving their dedication to patient care. Inspired by personal experiences and fuelled by the blessings of beneficiaries and relatives, these technicians navigate daily challenges with resilience and commitment. Despite resource constraints and infrastructure challenges, they advocate for improvements to enhance patient outcomes, such as access to nephrology care. Collaboration and communication were vital pillars in their practice, facilitating comprehensive care and coordination with multidisciplinary teams. While government initiatives like the One Gujarat One Dialysis program are lauded. In-depth interviews with beneficiaries

The beneficiaries were asked about the overall quality of care received from the center, the challenges or difficulties they encountered while accessing or receiving dialysis services, and their experience with the facilities and equipment used during their dialysis sessions. The detailed results of the in-depth interviews mentioned below:

**Satisfaction with Services Provided:** Many beneficiaries express satisfaction with the services provided, including dialysis treatment, staff behaviour, and cleanliness. Beneficiaries appreciate the dialysis program's convenience and cost-effectiveness, especially those



previously burdened by the high treatment costs. Beneficiaries consistently praise the staff for their professionalism, compassion, and attentiveness during dialysis sessions.

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*“Due to the dialysis centre near my house, it saves my money and time...”*

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In summary, the positive reflections from the interviewed dialysis technicians are-

- Regular training on technology advancement and support from the IKDRC related to dialysis machine issues was appreciated.
- The public-private partnership has worked very well, such as support from a private laboratory in case any advanced tests are needed.

Similarly, while interacting with beneficiaries, it has been recorded that due to the higher availability of dialysis units in these areas, the accessibility near the house was greatly appreciated, ultimately decreasing the out-of-pocket expenses among these vulnerable populations.

Overall, while beneficiaries generally appreciate the benefits of the dialysis program, there are notable areas for improvement, such as infrastructure maintenance, food quality, and access to medical consultation. Addressing these concerns could further enhance the effectiveness and satisfaction of renal dialysis services for beneficiaries in the community.

## 6 Conclusion & Recommendations

Overall, the data indicates a significant burden of renal disease within the surveyed population, with hypertension and diabetes emerging as major co-morbidities. Despite facing socioeconomic challenges, such as being below the poverty line, most beneficiaries have access to government healthcare support through the Ayushman Card scheme. These initiatives of Gujarat Gas are having positive impacts on the community as the majority part of the community is from lower-income groups and are either farmers or self-employed with very small ventures.

GGL's CSR project through IKDRC has successfully achieved its objectives and impacted the target beneficiaries and the community at large.

The findings underscore the importance of healthcare worker outreach in promoting awareness about dialysis centers and the attractiveness of free and efficient services to beneficiaries. They

also highlight the critical need for reliable infrastructure to ensure uninterrupted dialysis services, as disruptions can have significant impacts on patient care.

Despite encountering some complaints post-dialysis sessions, the overwhelming majority of beneficiaries express high levels of satisfaction with the behaviour of staff, communication, and support from dialysis centers, and overall program satisfaction. This positive feedback underscores the effective delivery of care and support within the dialysis centers, indicating the program's success in meeting the needs of renal dialysis beneficiaries in Gujarat. Overall, the findings emphasize the importance of ongoing support and investment in renal healthcare infrastructure to ensure continued access to quality dialysis services for beneficiaries in the region.

. Investment in backup power sources like generators and improvements in water storage facilities can help mitigate the issues. Furthermore, continuous training for dialysis center staff and robust communication channels with beneficiaries. Implementing health education programs to promote healthy lifestyle choices and monitoring and evaluating program effectiveness is essential for long-term success. By implementing these recommendations, the One Gujarat One dialysis program can optimize its impact and ensure the delivery of quality renal healthcare services to beneficiaries across the region.

**ANNEXURE: FILED PHOTOGRAPHS**

