25 JANUARY 2025

Aaranya care+

HEALTHCARE FOR REMOTE INDIA

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Design Brief

Strengthening Rural Primary Healthcare in India:
Design a service model that combines telemedicine, ASHA workers, and mobile clinics to address the lack of consistent healthcare services in rural India, particularly in tribal and remote regions.

Understanding the brief

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Preliminary research on existing gov services

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Identifying issues

↓

Empathising

↓

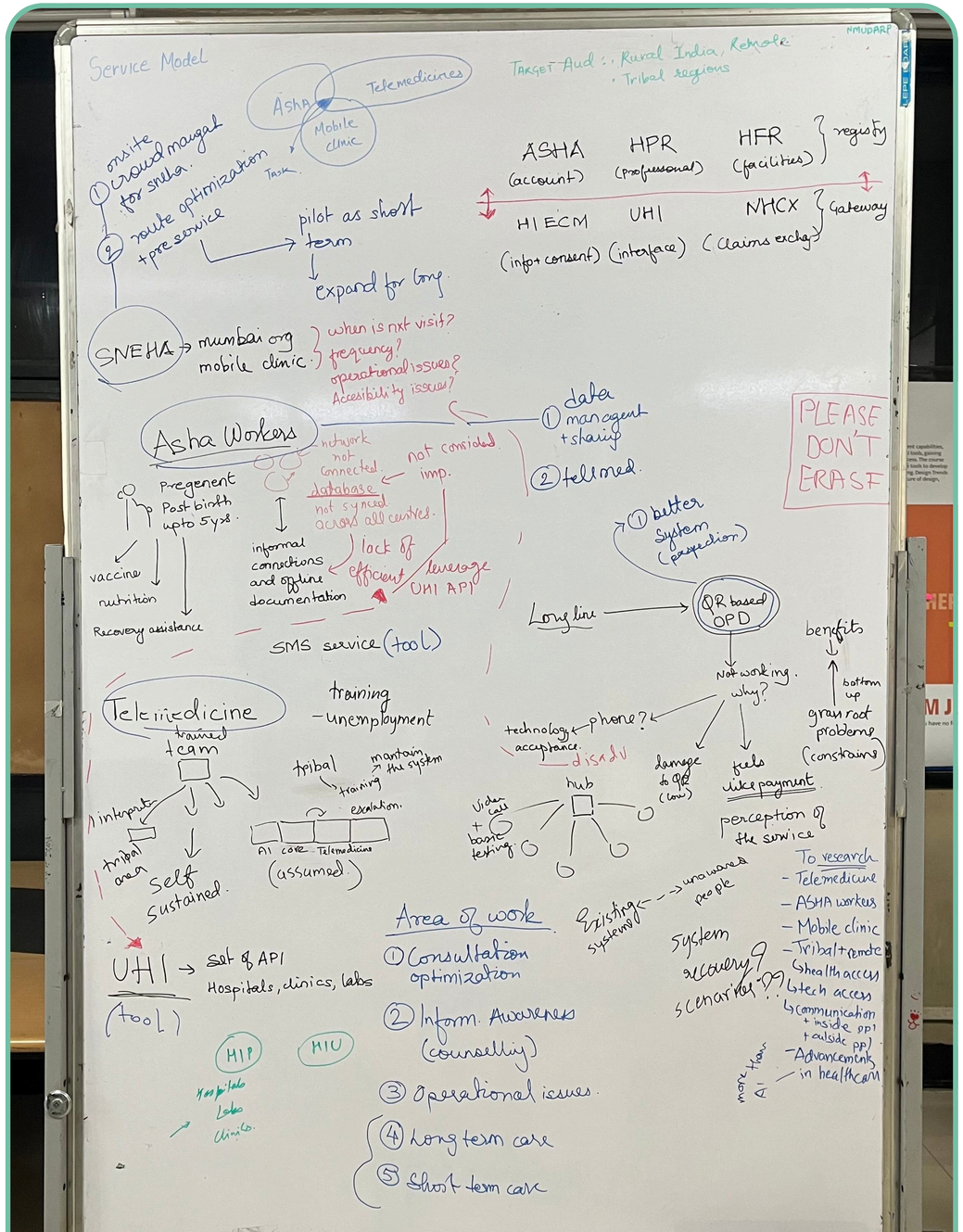
Defining problem statement and scope

↓

User research

↓

Personas



THOUGHT PROCESS

Understanding the existing system & service's **current scenario, challenges**:

MMU
(Mobile Medical Units)

Asha workers

ABDM
(Ayushman Bharat Digital Mission)

Scan & pay

References:

1.

Insights

- MMUs revolutionize healthcare by bringing services to communities, bypassing travel to clinics. However, challenges like **scheduling inconsistencies, staff shortages, overcrowding, transportation barriers, and data issues limit their effectiveness.**

- Asha workers are essential to community healthcare, but their efficiency is hindered by **offline documentation, unsynchronized databases, inaccessible patient records, low update prioritization, inadequate training, and hiring restrictions**, affecting service delivery and outcomes.

- The Ayushman Bharat Digital Mission transforms healthcare with robust infrastructure, **leveraging Digital Public Infrastructure** for seamless data interoperability, enhancing accessibility and efficiency.

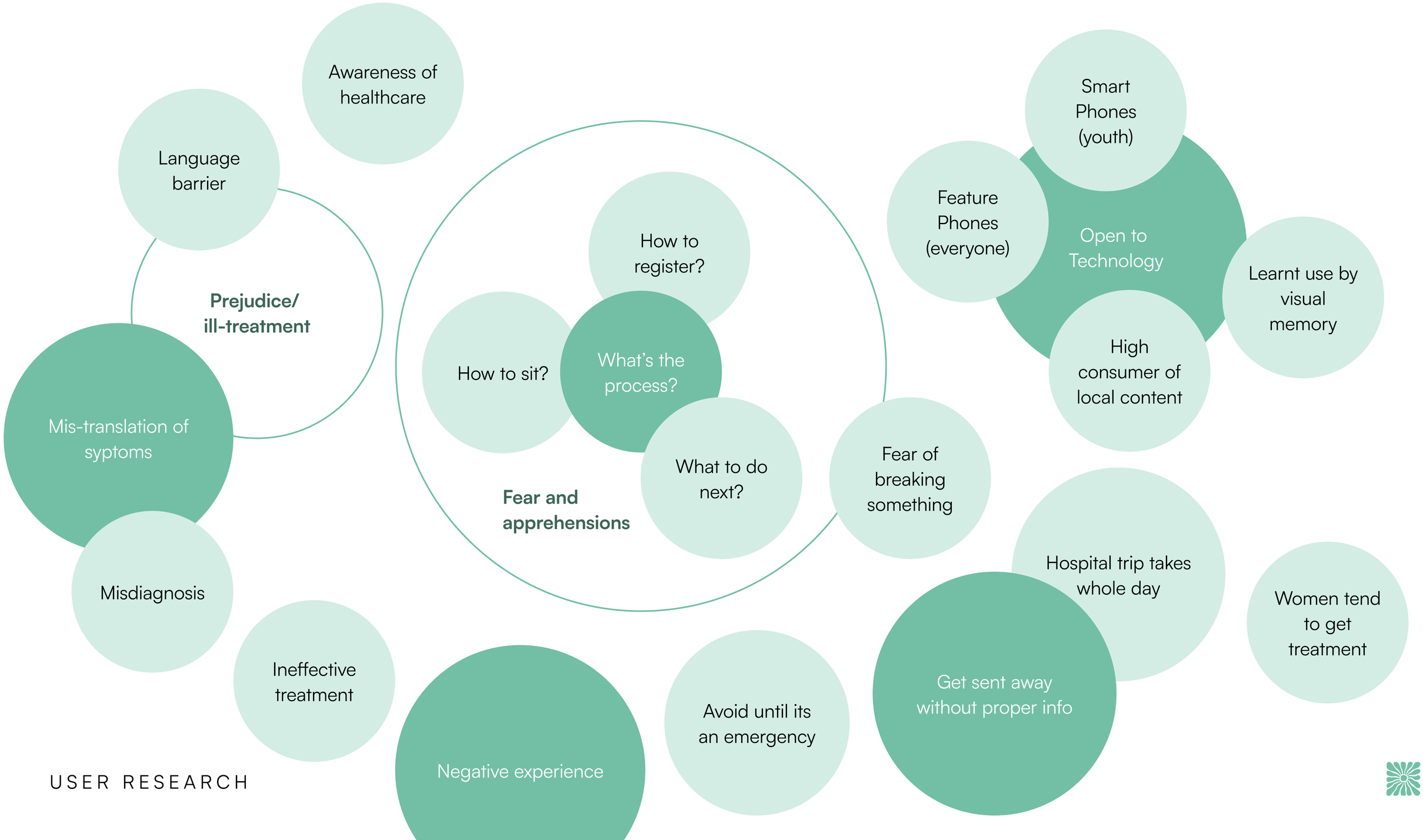
- QR-code-based OPD registration reduces queues and errors but faces challenges like **limited phone access, damaged codes, confusion with payments, low awareness, and preference for visible desks.**

User research

Understanding behavioral patterns of rural people and their attitude towards healthcare
Sachin Satvi,
Founder of AYUSH

Understanding the relation between the NGO and the rural community with respect to healthcare
Dr. Sandeep Daphale,
SPMESM Organization

Working and operations of mobile clinics
Sanjeevan Mobile Health Clinic,
SNEHA

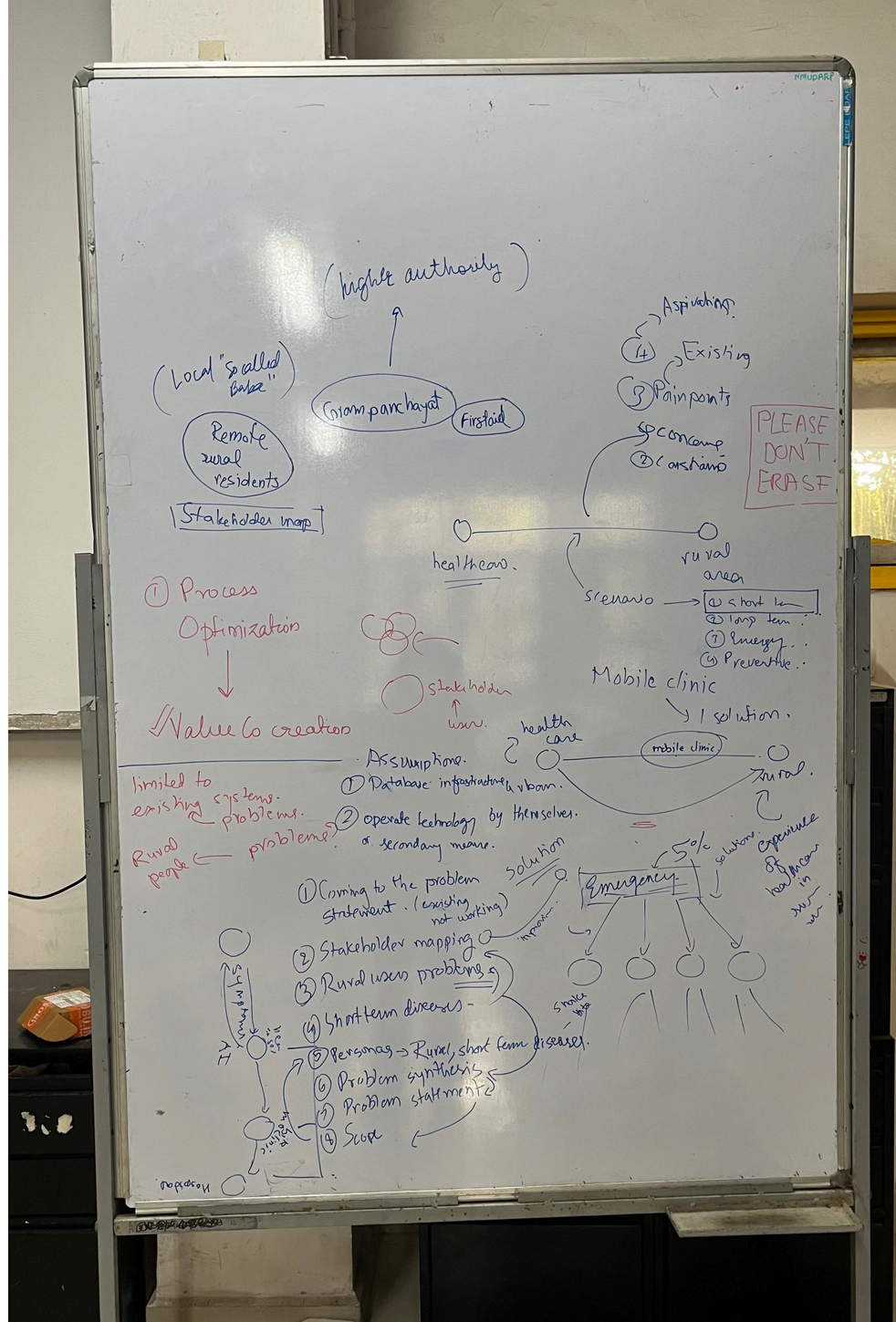


USER RESEARCH

USERS:
1. Painpoints
2. Constrains
3. Concerns
4. Aspirations

Healthcare → **Rural Remote Residents**

CASES:
1. Short term diseases
2. Long term diseases
3. Emergency cases
4. Preventive



TAKING A STEP BACK

Constraints

Awareness of healthcare

Language barrier

Mis-translation of symptoms

Women tend to get treatment

Misdiagnosis

Get sent away without proper info

Hospital trip takes whole day

Ineffective treatment

Concerns

How to register?

How to sit?

What to do next?

What's the process?

Fear of breaking something

Avoid until its an emergency

Negative experience

Opportunities

High consumer of local content

Feature Phones (everyone)

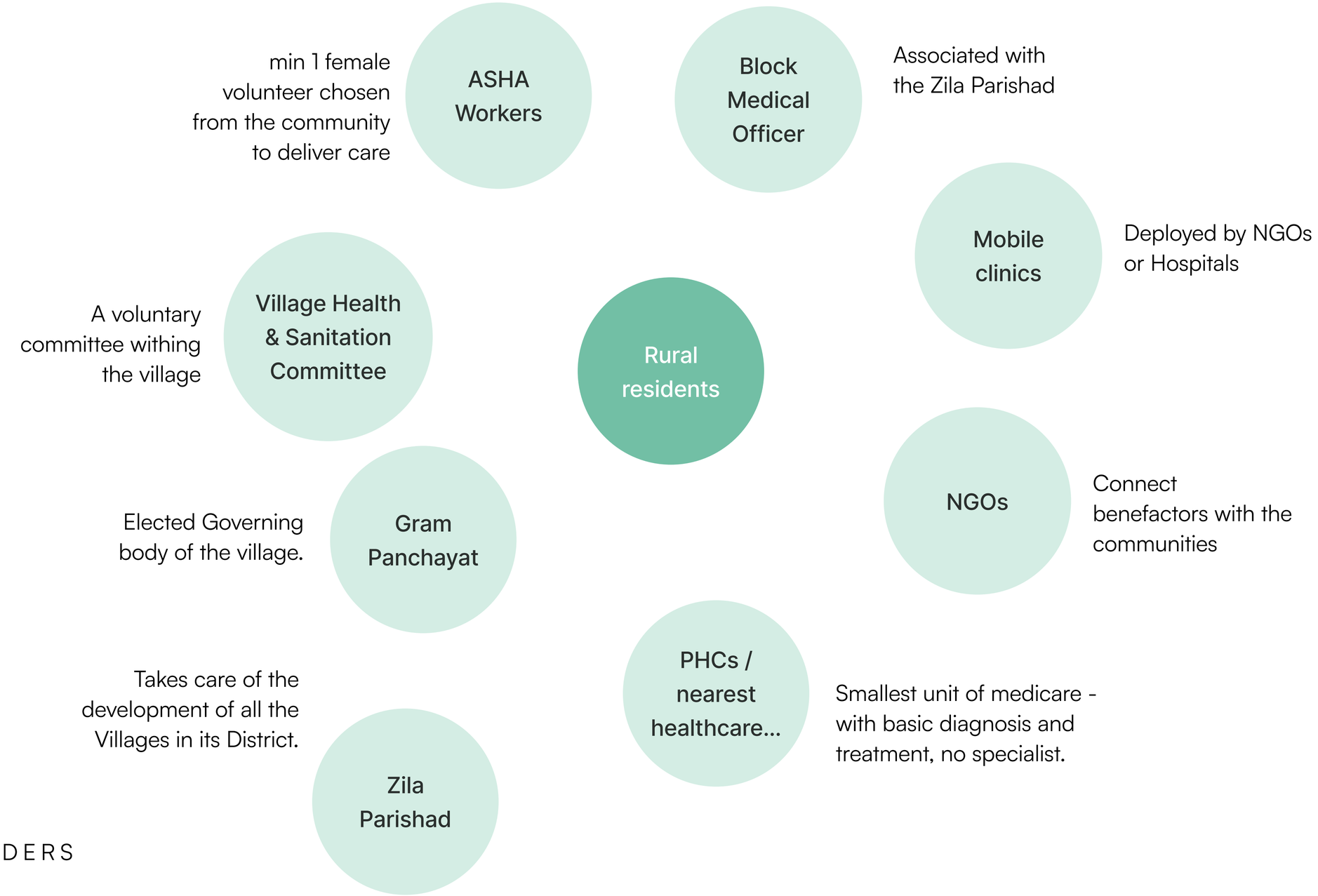
Smart Phones (youth)

connected with ASHA workers

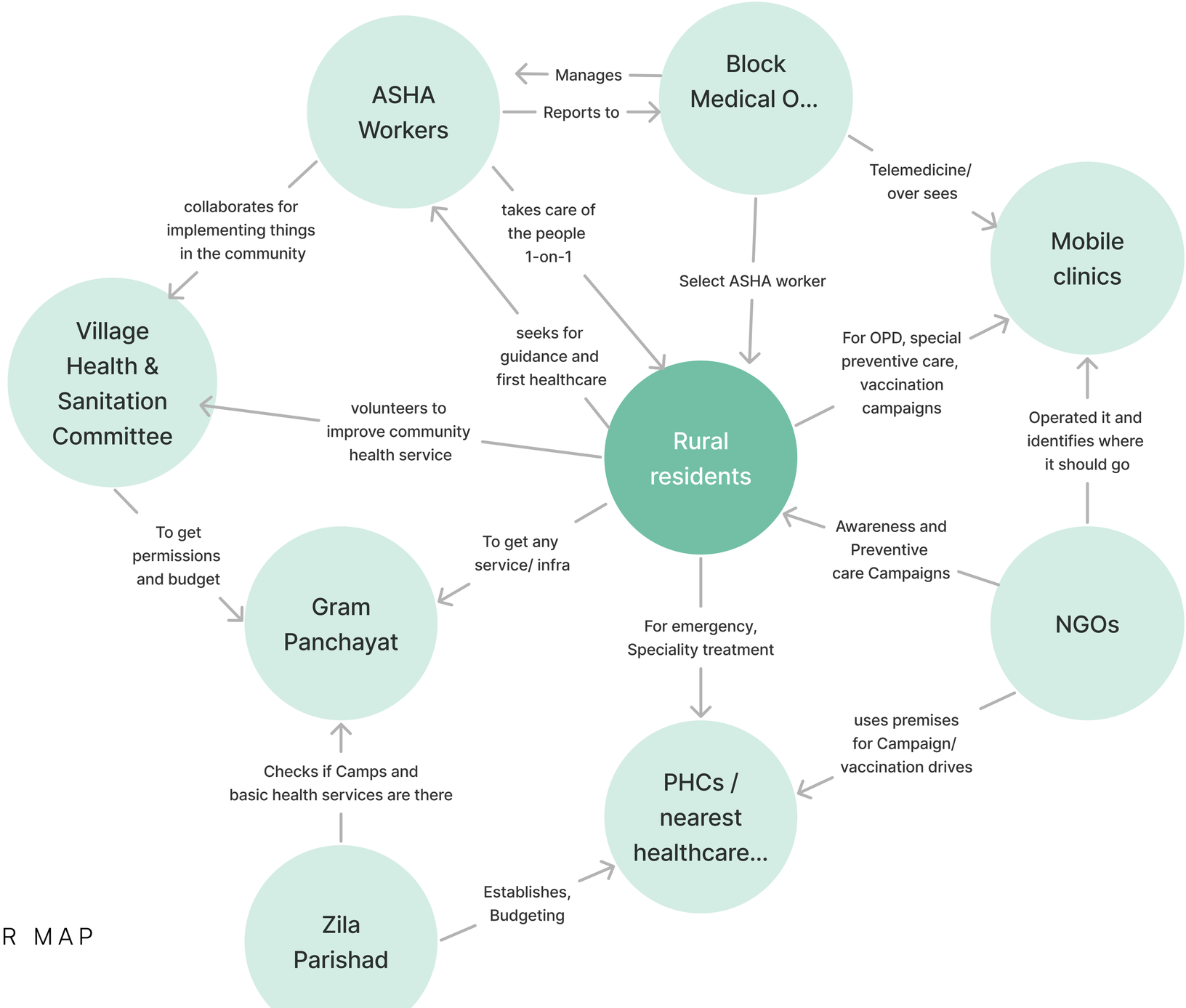
Learnt use by visual memory

Open to Technology

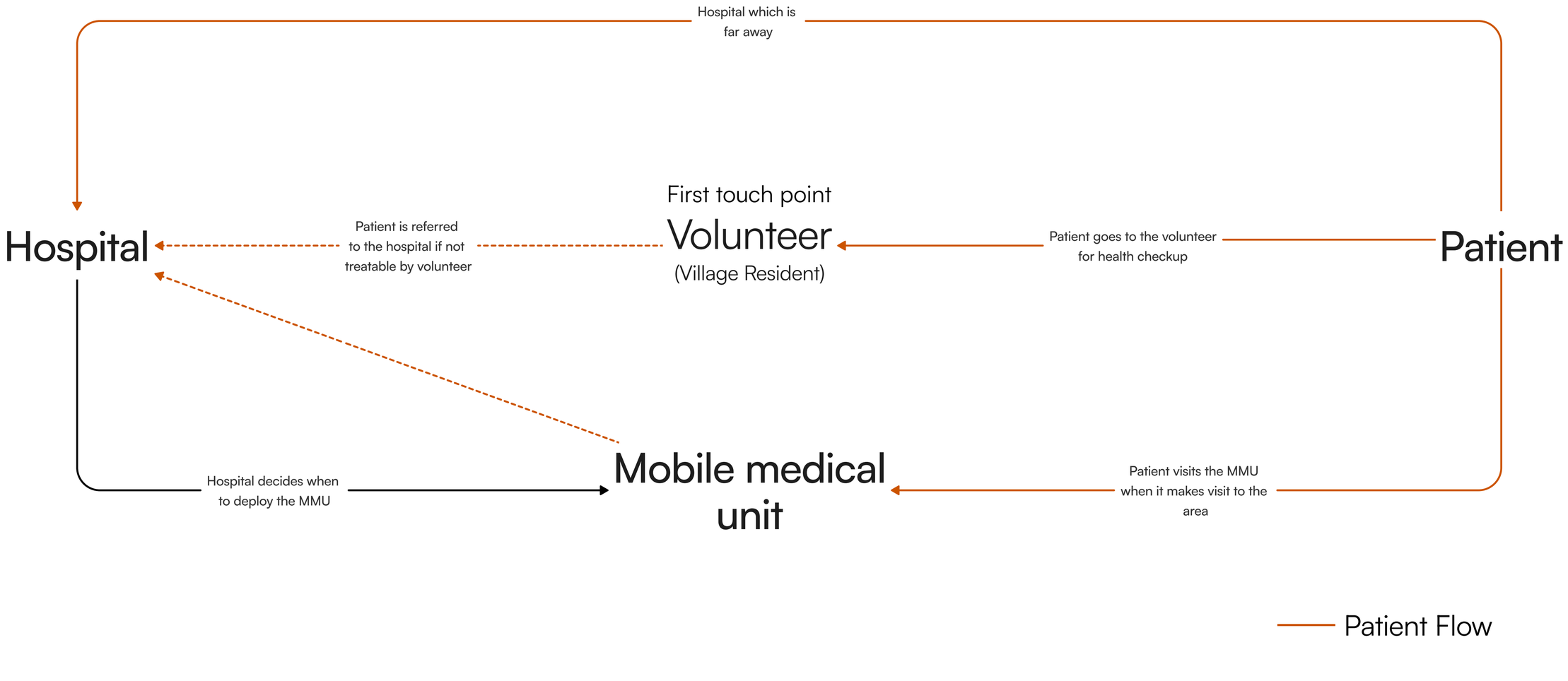
PROBLEM SYNTHESIS



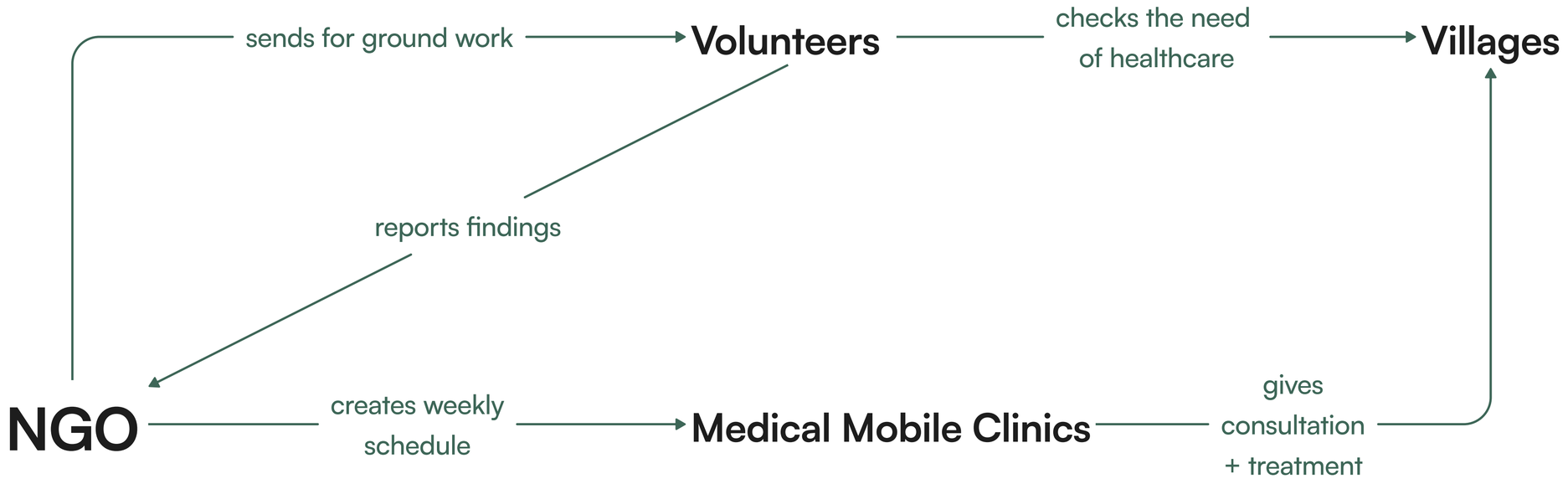
STAKEHOLDERS



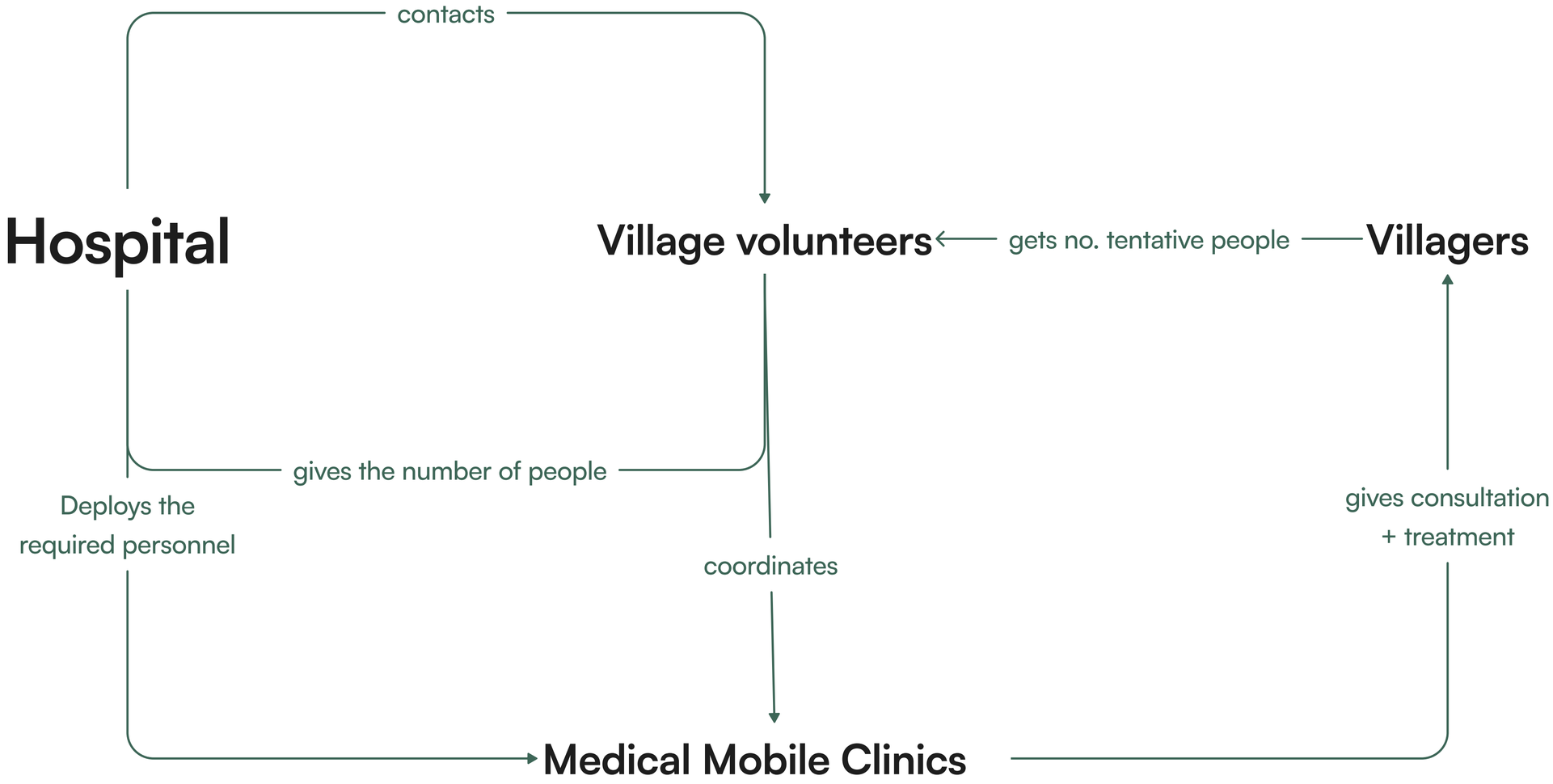
STAKEHOLDER MAP



CURRENT SCENARIO



CURRENT SCENARIO: SOURCE: NGO



CURRENT SCENARIO: SOURCE: HOSPITAL

Key Issues

Uncertainty in Healthcare Access: Patients face difficulties in knowing when and where to seek care due to unclear information about clinic availability and services.

Overcrowded Clinics: Long waiting times and overburdened staff result in delays and limited attention for individual patients.

Inadequate Follow-Up Care: Patients lack proper post-consultation monitoring and reminders, leading to incomplete recovery and poor outcomes.

Rushed Consultations: High patient volumes force providers to rush through appointments, leaving patients feeling unheard and misunderstood.

Poor Treatment Adherence: Patients struggle to follow prescribed treatments due to unclear instructions or lack of support.

Feelings of Being Unsupported: The absence of a support system after consultations leaves patients feeling isolated and uncertain about their care.

Lack of a Holistic, Patient-Centered Approach: Healthcare services fail to address the unique needs of rural communities, focusing on transactions rather than empathetic care.

Problem Statement

Rural communities face **significant barriers to timely and effective healthcare for short-term illnesses**, including uncertainty, overcrowded clinics, and lack of follow-up care. These challenges often result in rushed consultations and poor treatment adherence, leaving patients feeling unsupported. A **holistic, patient-centered approach** is needed to ensure seamless and reliable healthcare experiences for these communities.

Scope

This project aims to **design a holistic service framework** that enhances the healthcare experience for rural communities managing short-term illnesses. The focus is on **addressing gaps in accessibility, continuity of care, and patient support** to create a more connected and patient-centered approach to healthcare delivery.

Persona

The Caregiver

Name: Prajakta Pawras
Gender: Female
Location: Palghar, Maharashtra
Age: 30
Occupation: Homemaker and goes on farm during harvest season

"I wish for a healthcare system that understands my struggles, guides me with care, and helps me stay healthy without adding to my worries."

Objects and technology:
Shared feature Phone, Case Paper, Husband's Scooter

Background:
Prajakta Pawras, 30, lives in the remote village in Palghar district, Maharashtra, with her husband and two children - 8 and 6 yrs, along with her mother-in-law. She studied till 5th grade but was more interested to help her mother around the house. Her family is from the neighbouring village and she moved here after her marriage. She loves to take care of everyone and puts their needs before her own. During harvest season she helps her husband in the field and during free time she makes things for the house.

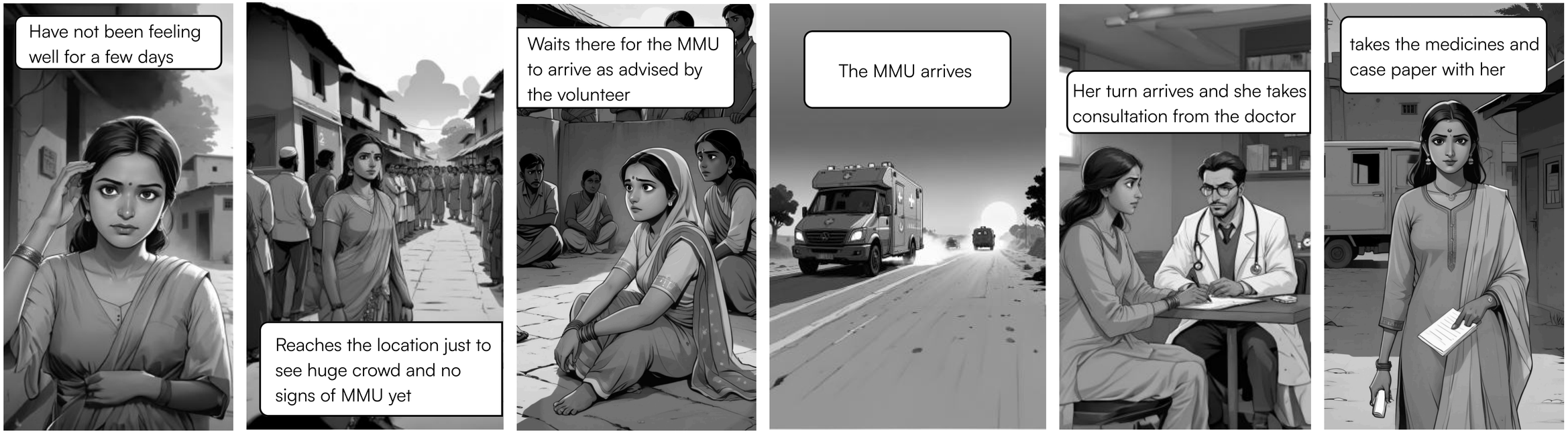
Painpoints:
- Large crowds at the clinic result in rushed consultations.
- She suffers recurring weakness and shortness of breath.
- She gets tired easily while working and cannot keep up with all the work that needs to be done.
- She does not get time to see a doctor when she feels sick.

Constrains:
- The nearest doctor is at a small private clinic 1 hr away, and the nearest PHC is 2 hrs away.
- The village is in a remote region and its difficult to reach it.
- She has to wait for the ASHA worker for any information or assistance regarding healthcare for her and her family.
- She does not have any formal education and can not write but can make out some words.
- She does not own a phone, and the network in the village is unreliable.

Aspirations:
She wants to stay healthy and active to be able to finish her work and give more time to her family. She hopes to be able to use her free time to be able to make more small baskets that she hopes to sell someday.

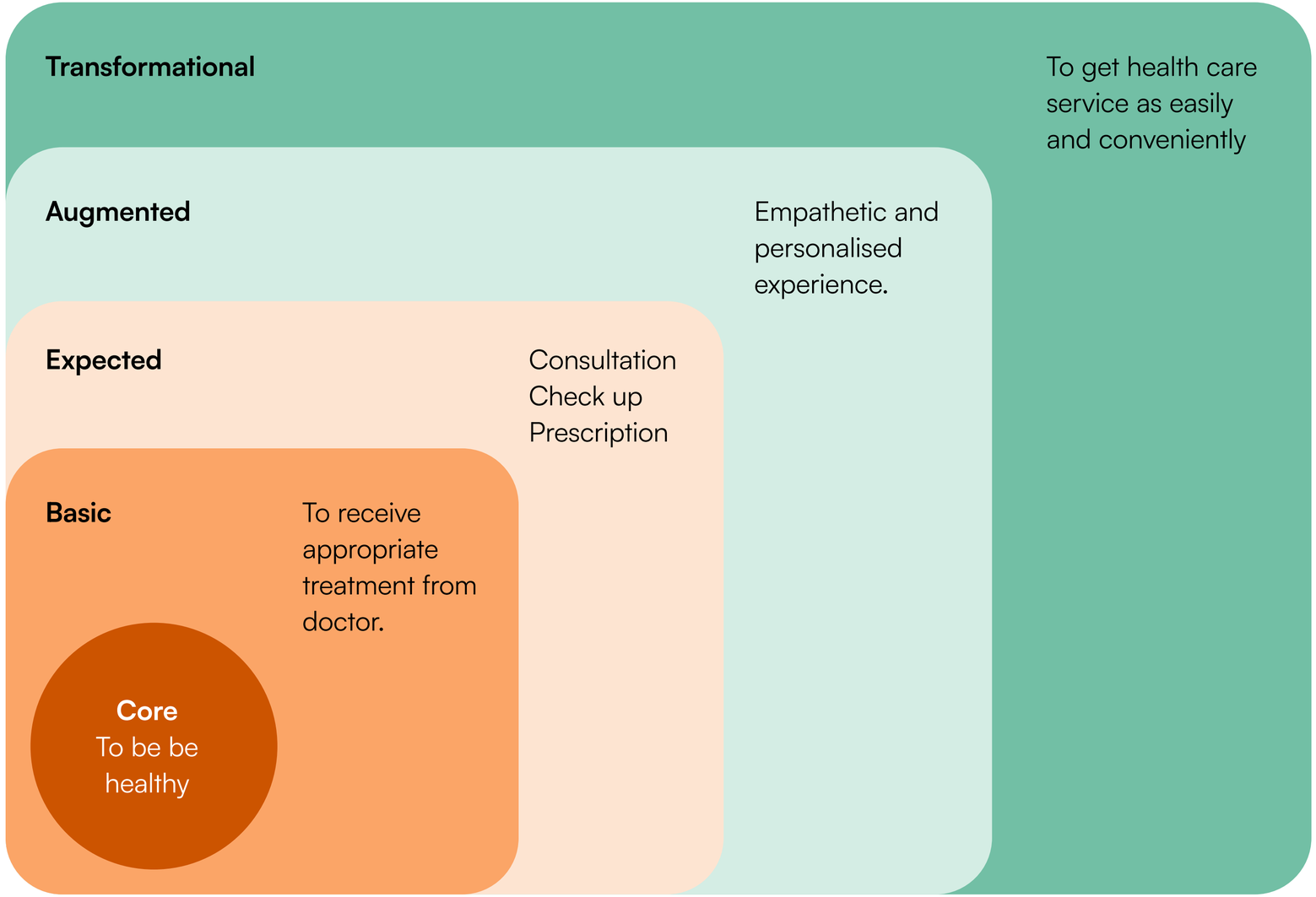
User Scenario

Drawing a story to understand the users, where she comes from and what could happen during the existing service encounter.

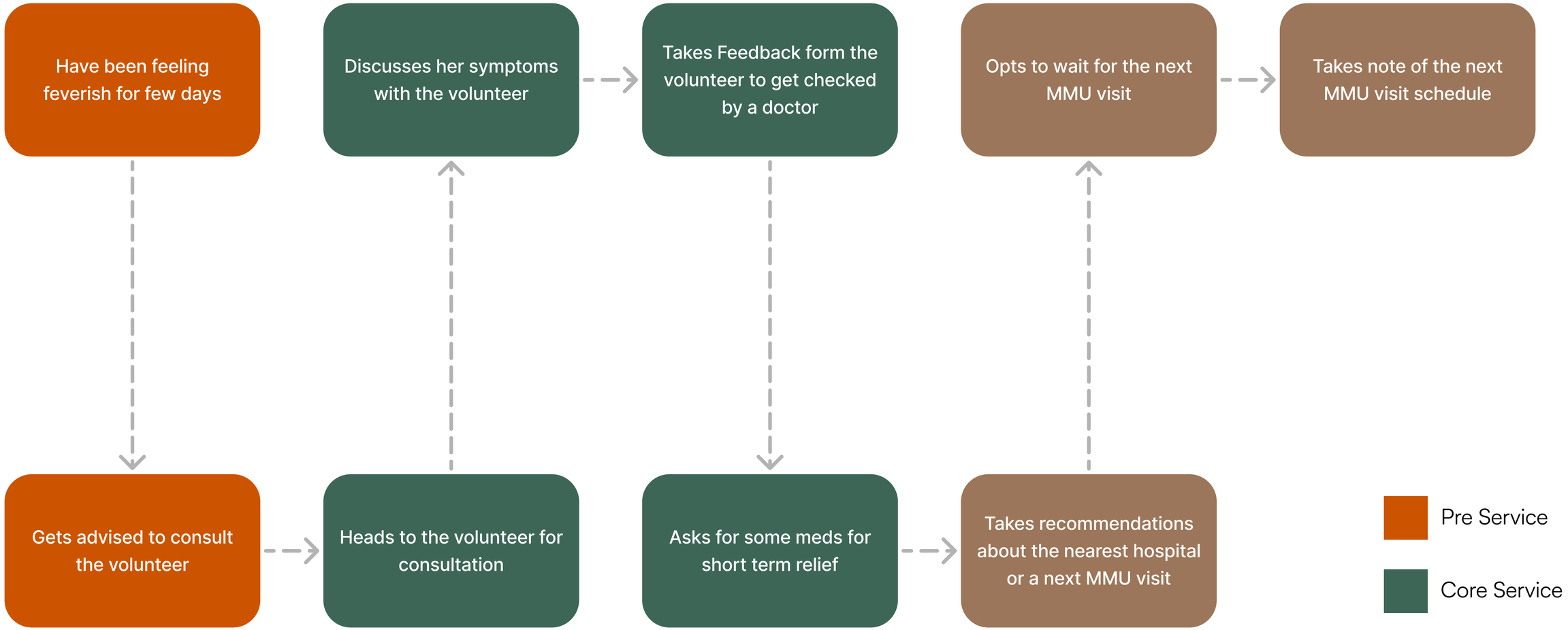


Levels of Service Value CoCreation

Understanding the Expectation we need to design for.



Current Customer Journey Map (Touchpoint 1)



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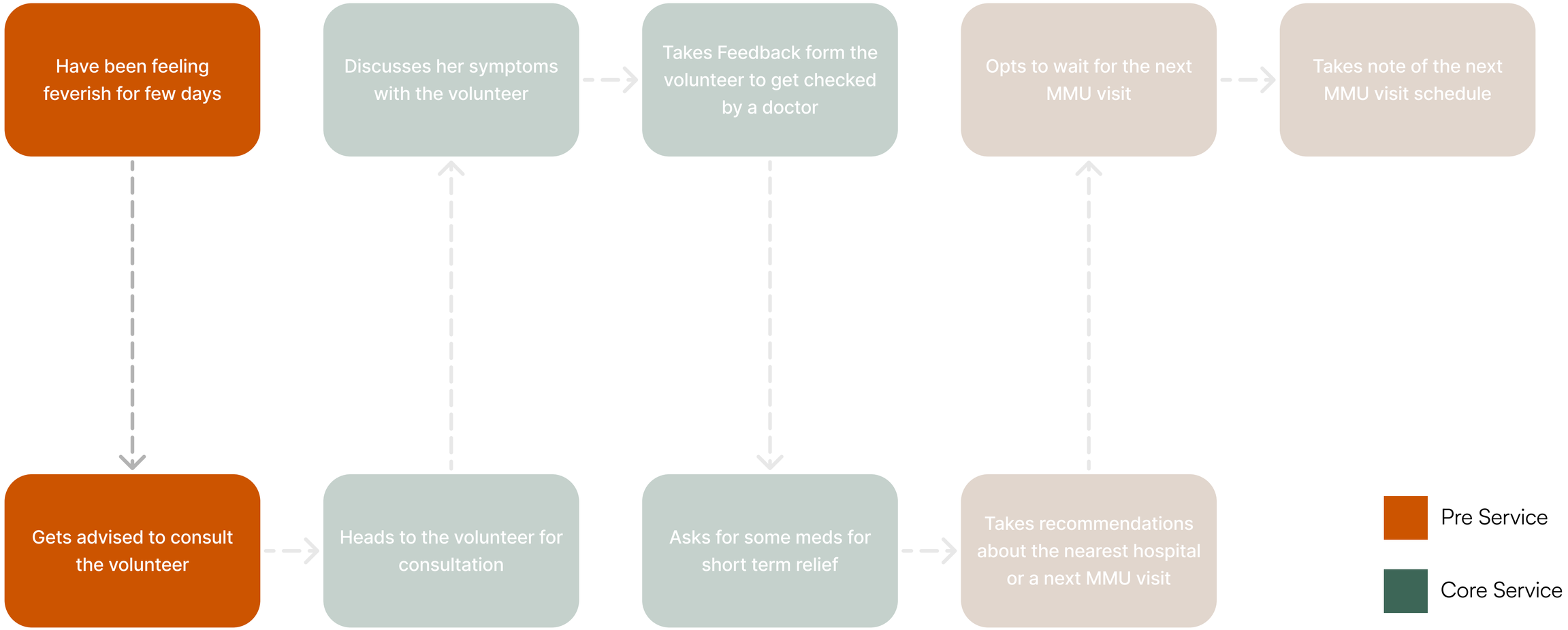
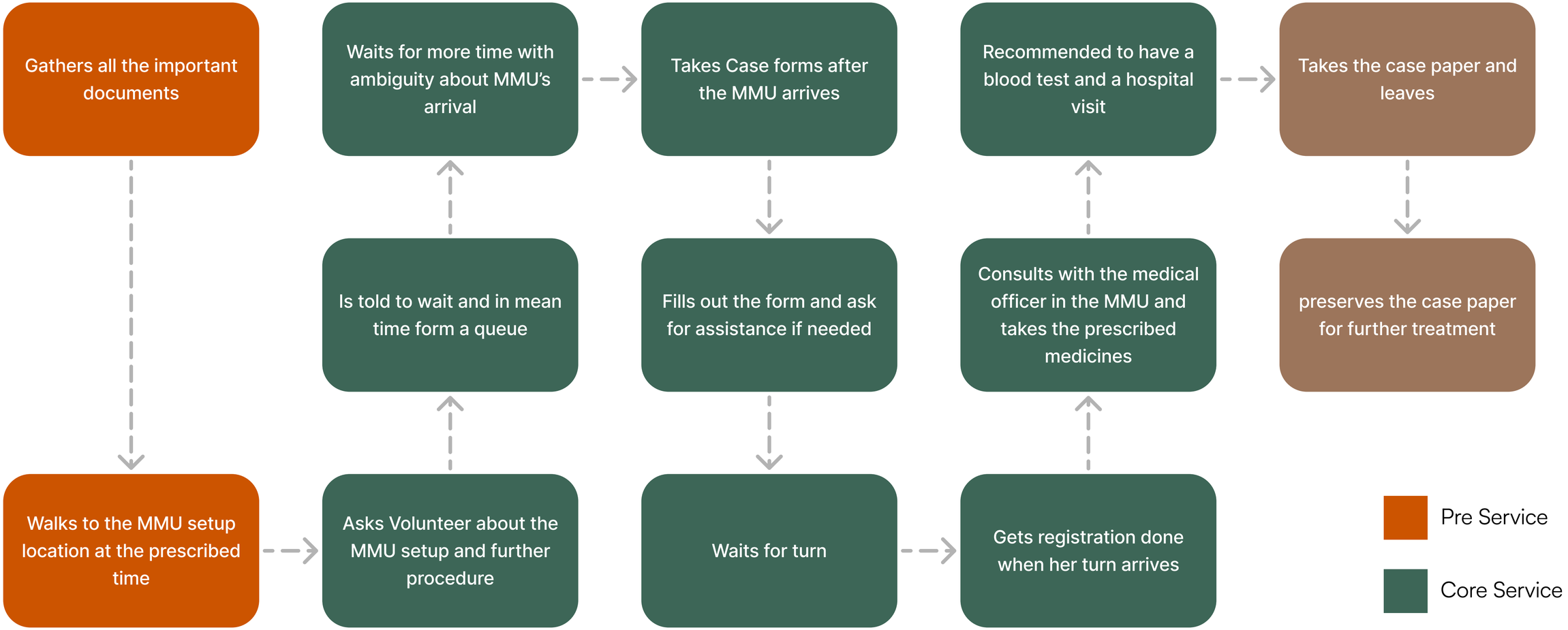


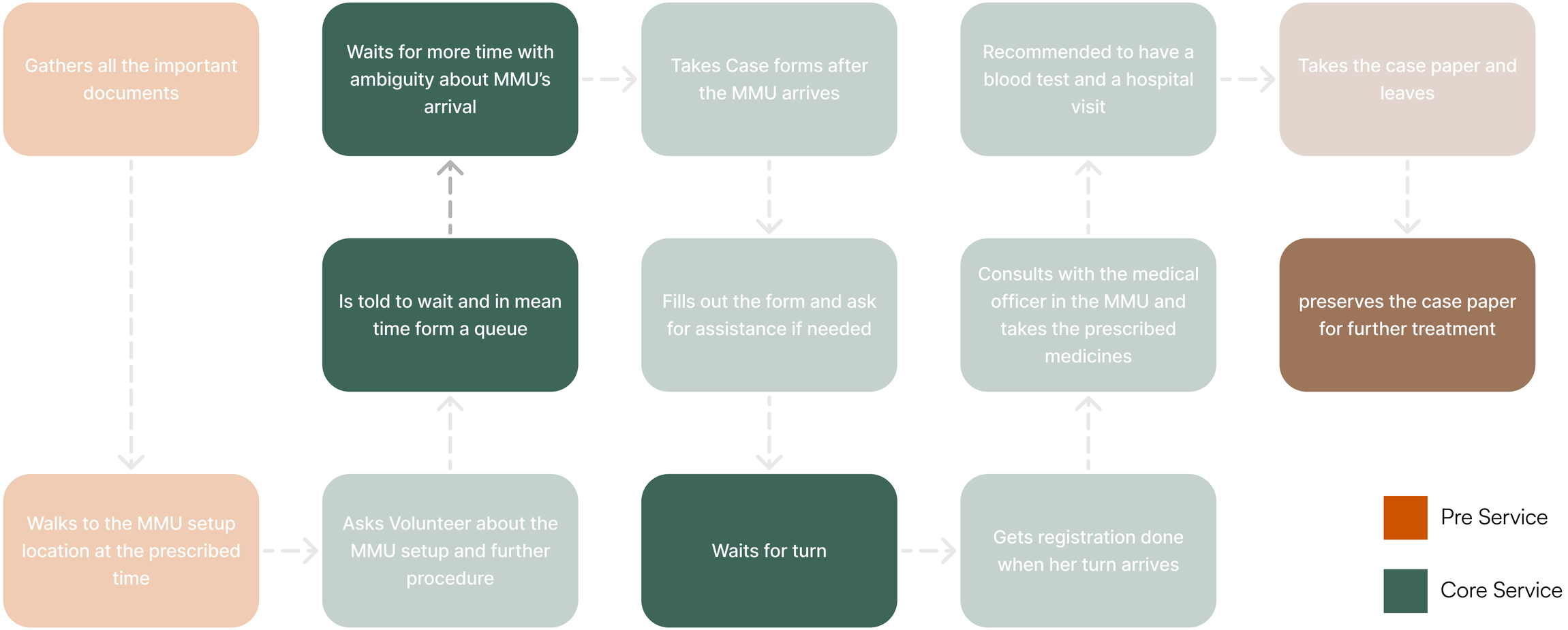
USER FLOW

Customer Journey Map (MMU)



USER FLOW

Customer Journey Map (MMU)



USER FLOW

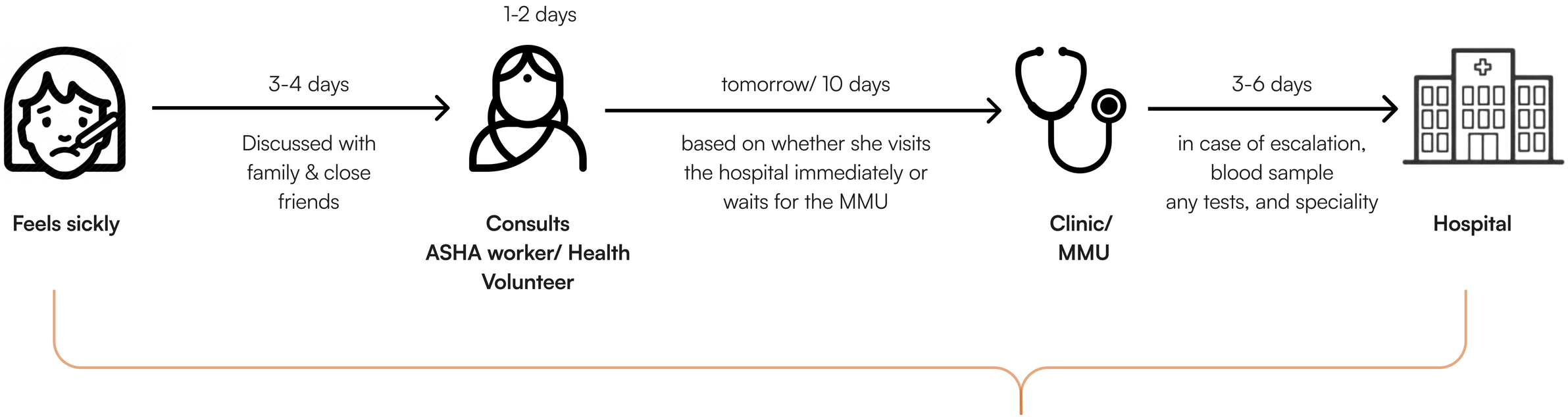
Service Blueprint

Step	Getting Consultation from the village volunteer						
Step Goal/s	To get consultation						
User Action	Visiting a volunteer	Tells symptoms to the volunteer		Waits for the response from the volunteer	Takes the feedback from the volunteer	Asks for some medicines for the time being	Takes medicines and leaves
Line of Interaction							
Touch Points	Greet	Volunteer listens to the problems	Volunteer examines the symptoms	Gives consultation to the patient	Patient is advised to visit the MMU as it will be visiting the area in few days		
Line of Visibility							
Back Stage Actions						Gets the general medicines from inventory.	
Line of Internal Interaction							
Support Activities and Processes					Gets to know that the MMU is scheduled to come to that area in a few days.		

	Getting Consultation from the MMU								
	To get treated								
	Visiting the MMU at the prescribed time	Asks how much time will they be waiting	Starts queueing up	Waits for the MMU to arrive	Sees the MMU arrive	Goes to the MMU attendant	Receives the case paper	Waits for her turn, with the case paper	Approach attendant paper
	The Volunteer tells the patient about the delay in arrival of the MMU	Volunteer tells an average time based on their asumption.		Assured that the MMU will be arriving soon		Hands out the case papers to the patient	Volunteers help in filling the case paper		MMU atte case pape the regist
	The MMU is en-route to the village	The MMU is en-route to the village	volunteers helping and managing the crowd		MMU arrives	volunteers helping and managing the crowd		Doctor starts seeing the patients	Doctor pr pateint
	The MMU is in contact with the volunteers on site for updates			The MMU is in contact with the volunteers on site for continuous updates		The MMU is setting up	Social worker starts outreach activities		

es the MMU with case	Goes inside to the doctor		Takes the feedback from the doctor		She takes the case paper and medicine and leaves
ndant check er and does ration.	Doctor does the routine checkup	Gives the consultation	Prescribes and hands out the medicines.	Doctors asks to get a blood test and refers to the nearest hospital.	
eps for new	Attendant checks for next patient.				Attendant sends the next patient.

What's happening here?



The core issue we identified is that -
people from rural areas who don't have access to decent hospitals nearby go through a lot of steps before they reach adequate formal health care

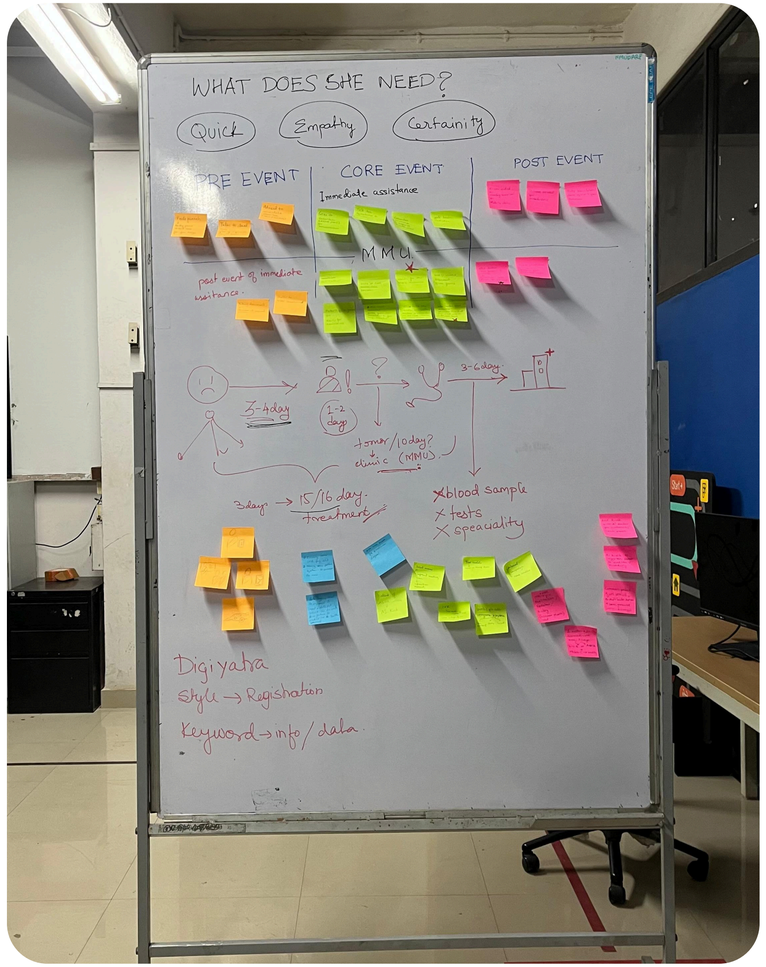
What does Prajakta need?

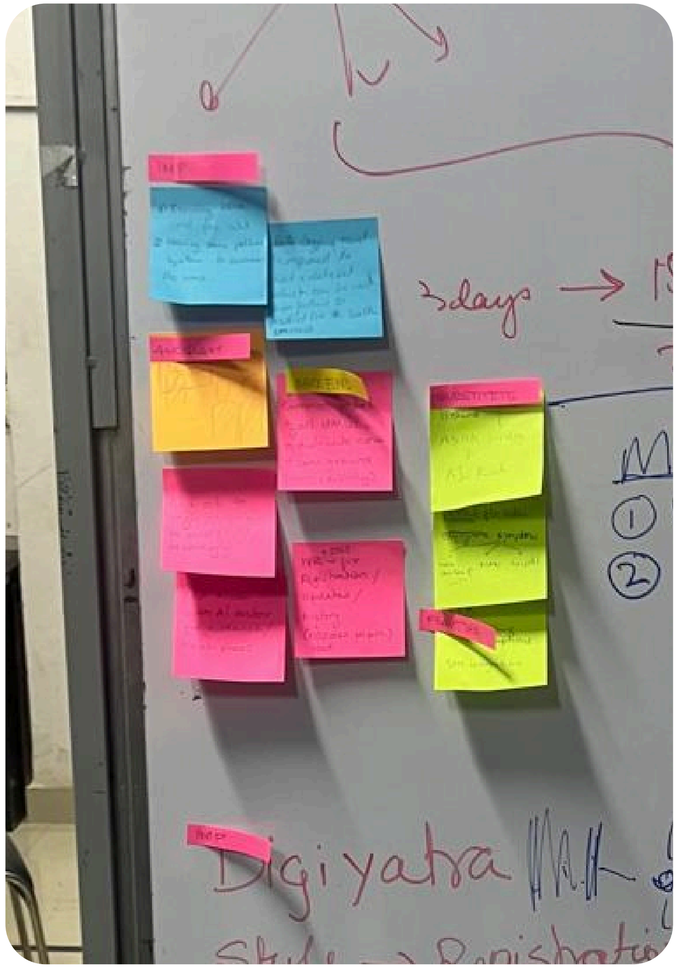
The core need that should be designed for at every step of the service.

Assumptions

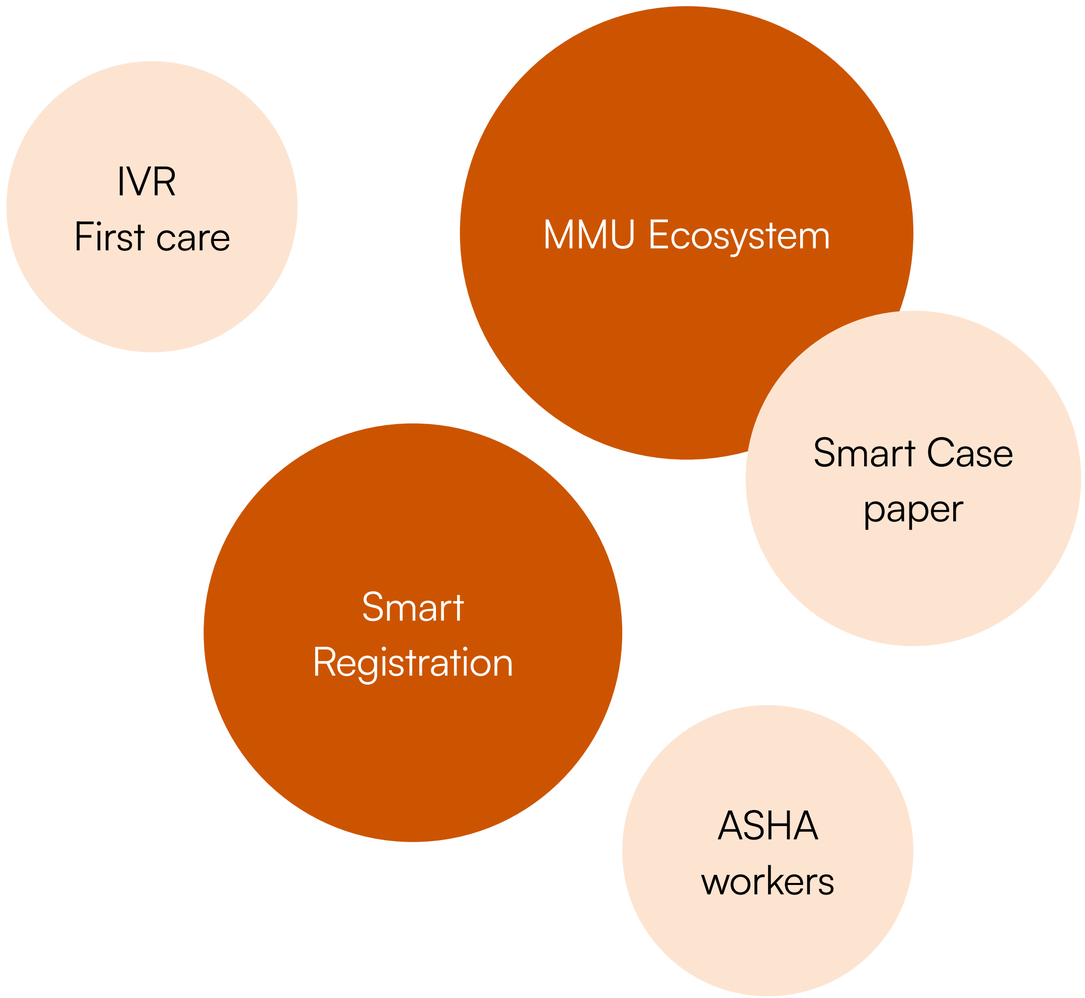
- Users have access to a phone (shared or personal), atleast a feature phone
- Complete implementation of ABHA card
- Use of ABDM for all the database management

Brainstorming



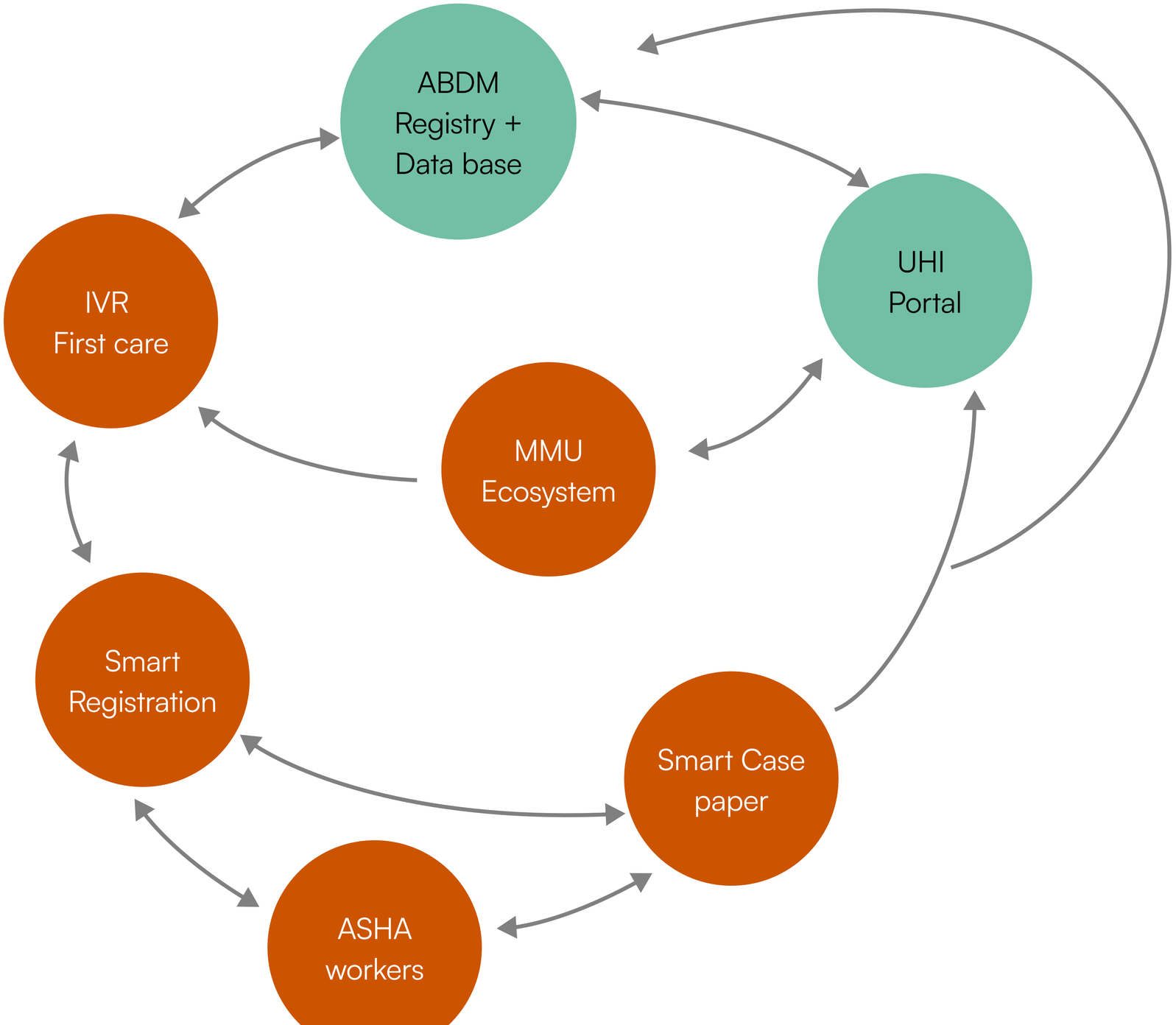


The Solution



Service Constellation

Adding to the existing ABDM ecosystem, our service proposals aims to shorten the duration between when you feel sick and till you finally get formal treatment.

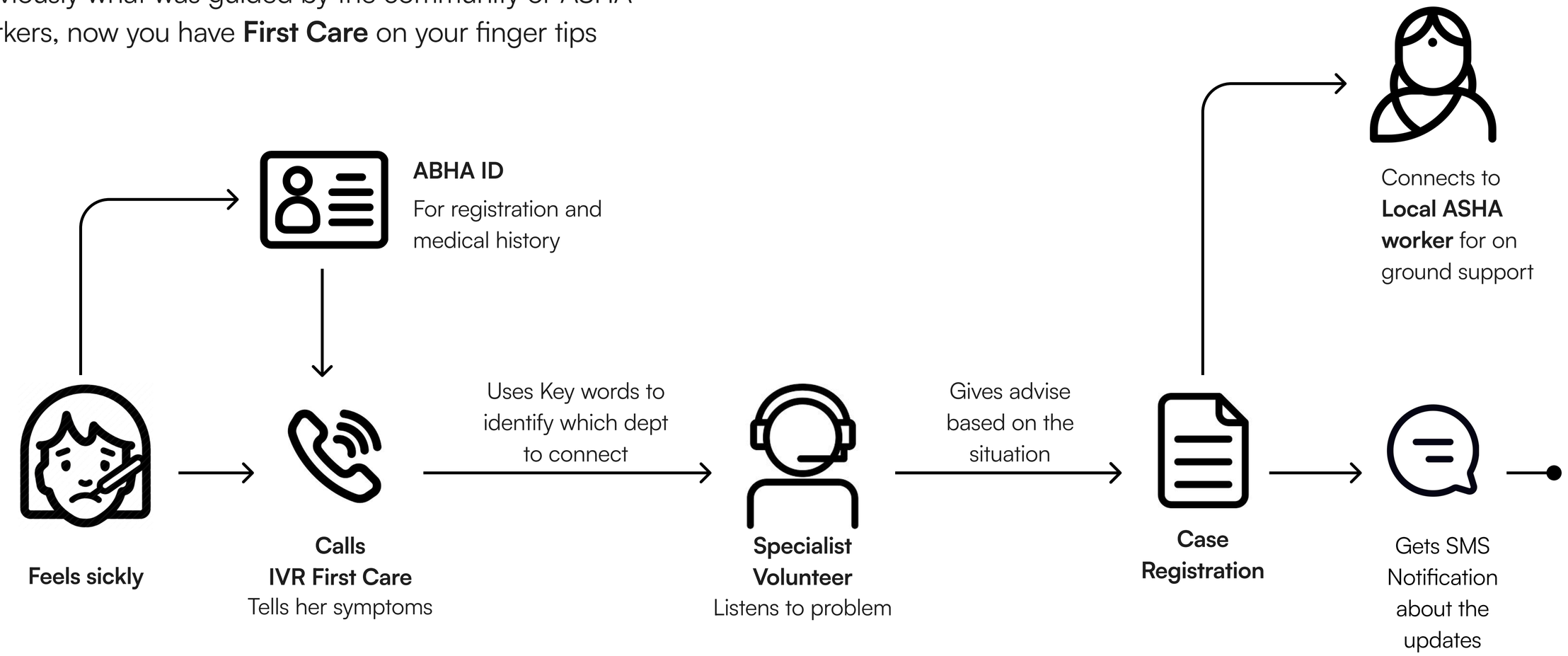


Existing Services

Proposed Services

I feel sick what to do?

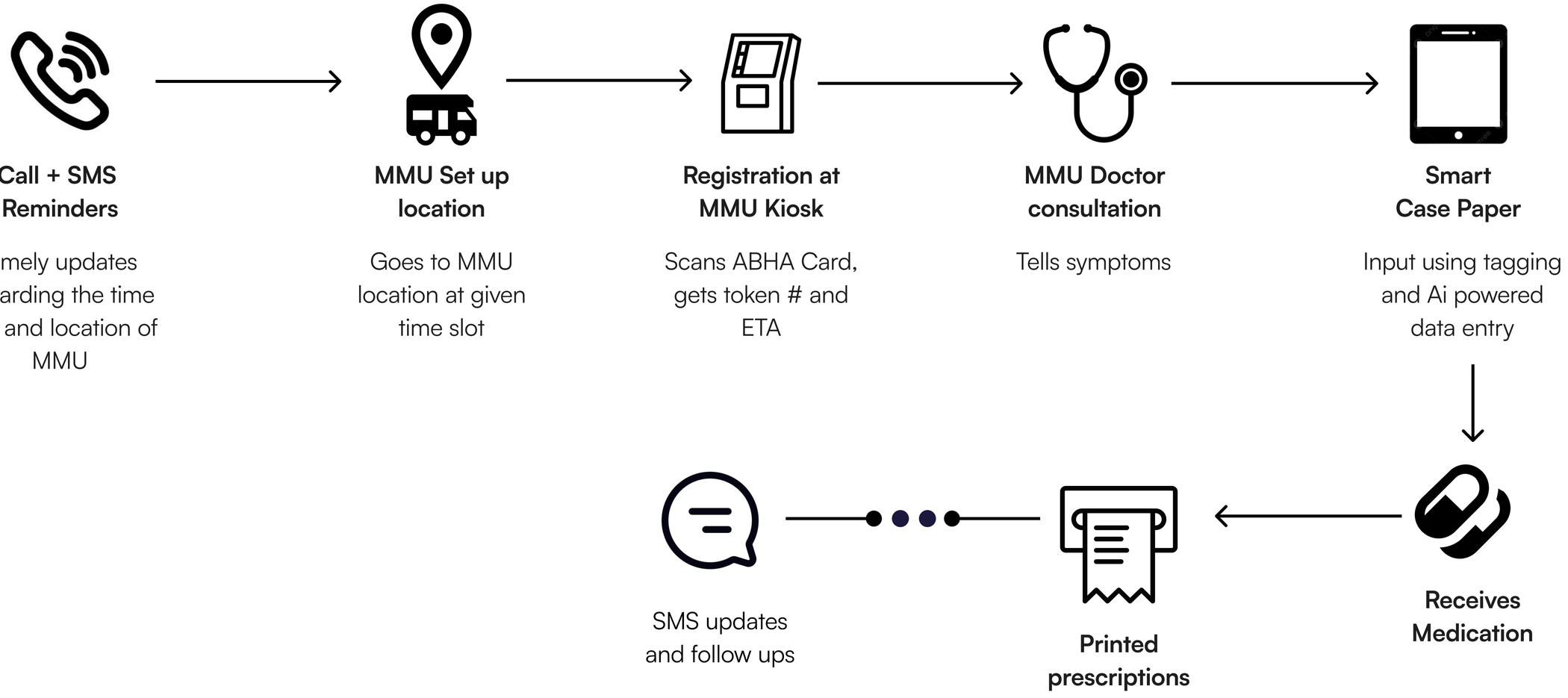
Previously what was guided by the community or ASHA workers, now you have **First Care** on your finger tips



USER FLOW: FIRST CONTACT

I have a follow up with the MMU

With timely updates, and streamlined process you can be assured of the service delivery.



USER FLOW: NEXT FOLLOW UP

Way forward...