

## About Sehatsathi

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SehatSathi 2.0 is a user-centered healthcare platform designed to bridge the healthcare gap in rural and semi-urban India. It combines a digital solution (mobile app and future web portal) with physical touchpoints like guided kiosks at local pharmacies, ensuring accessibility for users with limited tech access or literacy. The name “SehatSathi” means “Health Companion” in Hindi, reflecting its mission to be a trusted, affordable, and reliable health partner.

# 02

## Research and Understanding the Problem

Before designing SehatSathi 2.0, we took a step back to truly understand the real challenges people face in accessing healthcare. Through field visits, interviews, and deep research, we aimed to ground our solution in real-life needs and make it both practical and trustworthy.

### ✓ Problem Statement

How might we ensure that people in India's rural and underserved areas can access trusted primary healthcare quickly, affordably, and conveniently, without having to travel long distances or rely solely on informal advice?



# From Market Research

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To design a solution that truly fits the needs of underserved communities, we explored how healthcare is currently accessed—both physically and digitally.

Our secondary research focused on two key areas to uncover what's working, what's missing, and where SehatSathi 2.0 can make a difference:

- On-ground healthcare interventions in rural India
- Digital health platforms like telemedicine apps and health portals
- How these solutions compare globally in similar low-resource settings
- Gaps in continuity, accessibility, and trust in current systems

## Physical Interventions

- Many on-ground healthcare initiatives have aimed to bridge rural healthcare gaps in India. These efforts bring essential services closer to remote communities—but face challenges

## Digital Interventions

- India has witnessed rapid growth in digital health tools—apps, platforms, and government schemes offering remote consultations, medicine delivery, and health records. However, challenges like digital literacy and rural reach still persist.

# Contextual Inquiry

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We visited rural Bihar and a semi-urban clinic to observe how healthcare is accessed. We shadowed a pharmacist, sat in outpatient hours at a PHC, and spoke with locals. The goal was to understand real user behavior, pain points, and workarounds.

**45+**  
Primary User

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Number of Observed Users  
across 3+ city



Pharmacy as First Stop

"Patients treat pharmacists  
like local doctors"



Limited Tech Access

"Spotty internet, no mobile  
health use"



Paper-Based System

"No digital health records,  
frequent info loss"



Overloaded Clinics

"Brief consults, unclear  
instructions"



# From Interviews

We spoke with patients, caregivers, pharmacists, an ASHA worker, and a physician to understand their real-world healthcare experiences, barriers, and hopes for a better system. Below is a synthesis of key excerpts, insights, and implications.

1	Interviewee	Quote / Excerpt	Type	Key Insight / Design Implication
2	Patient (45, male)	<i>"Going to city hospital means ₹500 gone, so we wait unless it's serious."</i>	User Statement	Delay in seeking care → Need for local consults
3	Caregiver (30, female)	<i>"I won't go back unless someone reminds me."</i>	User Need	Add follow-up/reminder system
4	Pharmacist	<i>"They trust me more than city doctors."</i>	User Insight	Leverage local pharmacists for trust
5	Patient (60, female)	<i>"I don't understand medical English, give in Hindi."</i>	User Need	Must include local language + large font UI
6	Young caregiver	<i>"If Dinesh ji is there to help, my mother will use it."</i>	User Insight	Human-assist model works better than standalone app
7	Doctor	<i>"If I had basic vitals and history before a consult, I'd be more effective."</i>	Provider Insight	Design for record-sharing + basic diagnostics
8	ASHA Worker	<i>"They lose prescriptions, forget what was said."</i>	User Need	Health record continuity and patient education tools
9	Multiple users	<i>"Depends on cost... ₹100-200 okay if no travel needed."</i>	User Feedback	Keep consults affordable or free, explore subsidy model

# 📝 Interpreting the Interviews – Key User Insights

## 💡 Access & Convenience

- “We wait till it's serious... going to the city takes a whole day and ₹500.
- “If care could come to the village, that would be best.
- “I'd rather ask the chemist than travel 30 km.”

## 🏠 Continuous Care

- “No one reminds us to follow up.”
- “I stop meds when I feel better.”
- “ASHA comes only for pregnancy checkups, not for BP or sugar.”

## ₹ Affordability & Incentives

- ₹100 for a call is okay only if I don't have to travel.”
- “We prefer sarkari medicine because it's free.”
- “If the chemist earns from this, they will keep it running.”

## ❤️ Trust & Human Touch

- “We trust our village pharmacist more than big hospitals.”
- “Dinesh bhaiya explains better than the doctor.”
- “If someone from the village helps, we will use the app.”

## 🔗 Simplicity & Accessibility

- “I don't understand English medicines.”
- “My mother can't use apps. If someone helps, maybe she can.”
- “Reading small text is hard. Voice would be better.”



# 03 Personas

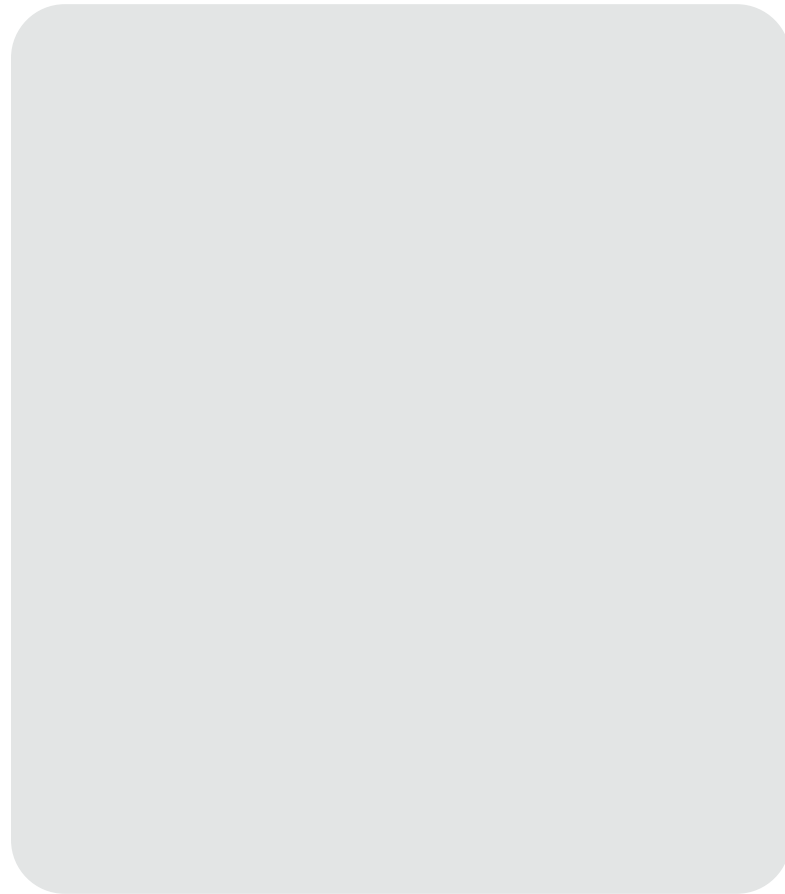
In addition to organizing the insights by similarity, we also organized them using Empathy Mapping, factoring in what the users Think, Say, Feel, & Do.

Two unique types of users were identified from this.

## Two distinct user type:







# Ramesh Kumar, 38

Profession	Farmer
Family	1 Father, 2 Kid
Location	Village
Language	Hindi

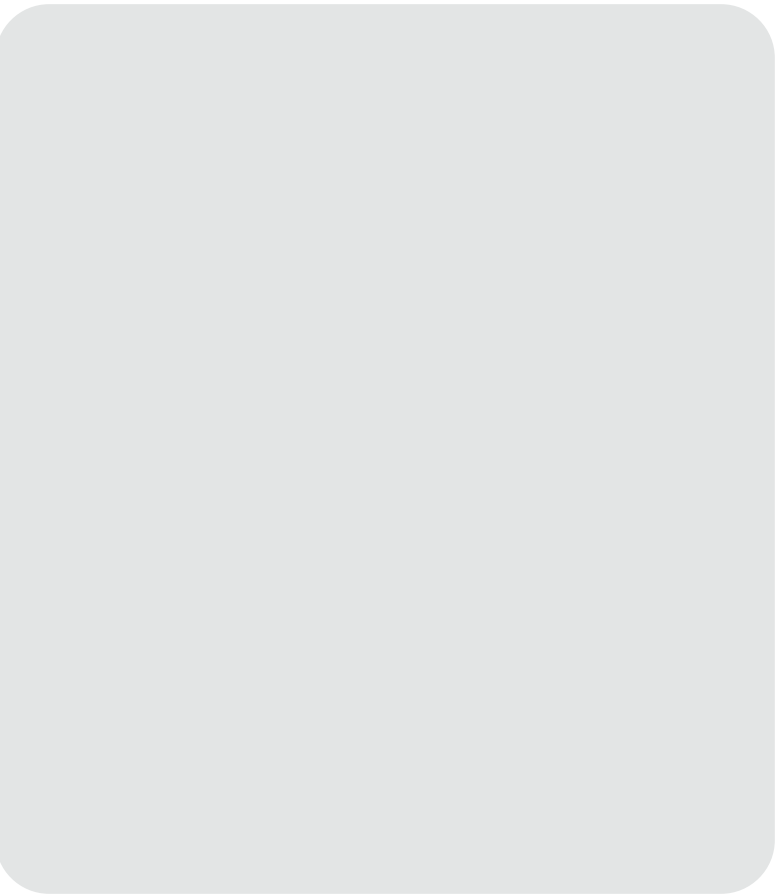
*“ Time away from his farm means loss of income, so he avoids traveling to the city unless absolutely necessary.”*

## Goals

Keep his family healthy without incurring huge expenses. - Get timely medical advice for his father’s condition and kids’ occasional illnesses. - Save time – he wants solutions within the village if possible, so he can attend to his farm and family.

## Frustrations/Pain Points

Distance & cost: Hates the long trip to city hospitals; bus fare and a day’s lost work hurt financially.- Continuity: Finds it hard to manage his father’s diabetes – “We only check his sugar when we go to the doctor which is rare.” No system to regularly monitor or get refills easily.- Communication gap: Doctors in city speak in technical terms; Ramesh often leaves confused about the care plan. - Anxiety: Always worries “What if something happens at night or suddenly?” as no doctor is immediately available



# Sunita Verma, 29

Profession	Local Pharmacist
Family	Father & Mother
Location	semi-urban town
Language	Hindi, English

*“ She’s entrepreneurial and open to new ideas that can expand her business or serve her customers better..”*

## Goals

Provide good service to her customers so they stay loyal to her pharmacy. - Increase her income by expanding services (e.g., offering diagnostics or consultations). - Continue learning and keep up with larger trends (she’s heard of online pharmacies and wants to stay competitive).

## Frustrations/Pain Points

Limited expertise: While she knows common drugs, she sometimes feels out of depth when customers ask for advice on more serious conditions  
– she doesn’t want to give wrong advice but often there’s no doctor nearby to refer promptly.- Inventory & Supply: Struggles to stock all medicines; sometimes can’t fulfill a prescription if it’s uncommon, and customers have to go elsewhere.  
- E-Pharmacy competition: She is worried that apps delivering medicines might take away her customers in the future, or that patients might bypass her if government starts distributing free meds by mail. She lacks an online presence.  
- Tech learning curve: She’s tech-savvy enough to use basic apps but has never used a professional digital tool for her pharmacy management. The idea of using new software or hardware is a bit intimidating, but she’s willing if it’s beneficial and easy to use

# User Journey Map

We mapped the current healthcare journey of Ramesh, a rural caregiver, to understand his real-world challenges while seeking care for his diabetic father. This helped uncover key pain points and opportunities where SehatSathi can make a meaningful difference.

## Current Journey for a Rural Patient (Ramesh) Seeking Care:

### Problem Arises – “Noticing Symptoms”

Ramesh's father is feeling weak and has a foot sore that isn't healing (a common diabetes issue)

Tries home remedies on the wound and ensures his father rests.

Think: “Maybe it's just a minor issue, it will heal.”

Slight worry, but hopes it's not serious.

Tends to wait too long hoping to avoid a hospital trip. Early warning signs might be ignored.



## Local Consultation – “Asking the Village Pharmacist”

After a week, the wound looks worse.  
Ramesh goes to Sunita (pharmacist) with his father or at least describes the issue.

Shows the wound or explains symptoms; also shows the last prescription from a city doctor (perhaps months old).

Think: “I hope Sunita can give us some medicine so we skip the city.”

Getting anxious seeing father in discomfort, but still avoiding panic.

The pharmacist can’t diagnose or prescribe properly, leading to delays and guesswork in serious cases.

Sunita cleans the wound, gives an antiseptic cream and some painkillers, advises keeping it clean, and says if it doesn’t improve in a few days,

## Decision to Seek Hospital Care – “Travel to City”

Two more days and the father’s condition worsens. Ramesh now decides they must go to the district hospital.

Arranges transport (maybe a bus or hires a car if urgent).  
The journey takes several hours.

Think: “I should have come sooner.  
I hope it’s not too late.”

Stressed, guilty for delay, worried for father.  
Father is in pain during travel, adding emotional strain.

Long travel wastes time, money, and strains the patient—local care could have prevented this.

# Hospital Experience – “Receiving Treatment”

At the government hospital, Ramesh and his father wait in line. Eventually, they see the doctor for a quick 5-minute consult.

Doctor examines the wound, checks sugar levels (which are very high), scolds for not coming sooner. Prescribes antibiotics, higher insulin dose, daily

Ramesh is trying to absorb instructions quickly. He’s thinking about getting the medicines and heading back before late. Also

Overwhelmed by medical info and a bit ashamed for the delay. But also relieved to finally get professional help. Father is tired and just wants to go home.

Brief consultation with no clear guidance leaves Ramesh unsure about managing care at home.

# Post-Visit & Follow-up – “Back Home, Adhering (or Not)”

Ramesh gets the prescribed medicines from the hospital pharmacy if available (some he had to buy outside). Back in the village, he now must do daily wound cleaning and give medicines. A week later, a follow-up is due, but traveling again is burdensome.

He might call the pharmacist to help with dressing changes or advice. If the father seems a bit better, they might skip the follow-up visit due to the hassle. They might adjust dosage themselves if sugar fluctuates (not really knowing the best way).

“Father seems a little better, maybe we don’t need to go back so soon.” Or if worse, “We have to go again... but how to arrange?”

If improving: moderately confident but hoping it continues. If not improving: anxious and possibly resigned that this will be a long battle.

Lack of monitoring and support – After the initial treatment, there’s no one checking on them. They may default on the follow-up or mismanage care. The opportunity for intervention (like tele-follow-up or at least a phone check) is lost in the current system.