Profile: Sustainable Innovations/Arogya

Using information and communications technology to provide basic health services door to door

SUSTAINABLE INNOVATIONS

Challenge

India accounts for almost a fifth of all global maternal deaths (WHO 2013) and a third of all first-day deaths (Save the Children 2013). It also suffers from a doctor shortage, with just 70 doctors per every 100,000 people (WDI n.d.).

This health care provider travels with a portable clinic—a laptop equipped with a camera, an oximeter, a blood pressure meter, a peak flow meter, and computerized treatment protocols.

The challenge is to provide health care without relying heavily on doctors, especially in rural areas. One strategy for doing so is to provide every village with an Accredited Social Health Activist (ASHA), a village woman who act as an interface between the community and the public health system. ASHAs are contributing to improvements in maternal, newborn, and child health and reductions in associated mortality. More than 820,000 have been trained since 2006, with a focus on preventive care, such as counseling women during pregnancy, accompanying women during delivery, promoting immunizations, and improving newborn care.

Innovation

Sustainable Innovations (SI) has adapted the CHW model with a view to becoming financially sustainable in the next few years. Its Arogya Triage@Home program (https://www.si-usa.org/arogya) delivers health check-ups and diagnostic services to people in rural communities in Rajasthan by sending *Pannas* (a term for CHW that has more positive connotations) door to door.

SI trains young women from the community with secondary education to address common ailments and preventable diseases, such as diarrhea, anemia, reproductive system diseases, worm infestation, and asthma, and conducts hearing and vision testing. In addition to providing medical services, *Pannas* conduct seminars and meetings at local schools to raise awareness about hygiene and disease prevention methods.

Pannas own their care delivery enterprise; they are social entrepreneurs rather than employees. SI provides them with a portable clinic—a laptop equipped with diagnostic devices such as a camera, an oximeter, a blood pressure meter, a peak flow meter, and computerized treatment protocols. The equipment cost per CHW is approximately USD 1,000–1,200, which includes equipment, laptop, and diagnostic devices and is paid by Arogya.

Pannas relay their findings to health professionals at public facilities for review, advice, and intervention in real time. The Fortis Health Care Foundation provides pro bono physician consultation at Fortis Hospitals. The professionals' response, which may include a recommendation to come in for a consultation, is then communicated to the patients in real time.

WORLD BANK GROUP

This series on Inclusive Innovations explores business models that improve the lives of those living in poverty. Editors are Elaine Tinsley and Natalia Agapitova. Written and researched by Endeva and Ashley Insight with additional contributions by Madhusmita Hazarika.

Each *Panna* operates its own portable clinic enterprise and prices its own consultations (regular consultation generally cost USD 0.40, with an extra fee sometimes charged for additional services). The more visits a *Panna* makes, the more she earns. It is estimated that *Pannas* earn approximately USD 200 a month from consultations.

SI collects vast amounts of data on patients. It strips the data of patient identifiers and sells the electronic medical records to public and private institutions, including research institutes and pharmaceutical companies. The company shares some of these earning with the *Pannas*, bringing their average monthly income to approximately USD 300–400.

Impact

Arogya is currently serving about 45,000 people. Grants of USD 400,000 from the Merck Foundation and the Jain Foundation will be used to roll out the model and reach another 100,000 people. The program has also created income opportunities for young women in 15 villages. The holistic model includes innovative components that are being refined to become sustainable.

Scaling Up

Scaling up depends critically on buy-in—by communities, local health facilities, and the government. Soon after the project began, SI recognized that it would succeed only if villagers saw immediate results. To do so, it began offering vision and hearing testing (Bitsaa International 2012).

The program initially faced problems of buy-in from local public health facilities, whose staff perceived it as a competitive threat. Buy-in was achieved after the facilities recognized that the *Pannas'* reports could help them meet their reporting obligations and provide them with early warning of epidemics. Government buy-in was facilitated by providing it with a reliable channel through which to distribute information (on free drugs, for example).

Before being able to replicate on a larger scale, SI will have to first prove to the government that the model works in 100 villages in Rajasthan. It will then need to conduct a feasibility assessment and present a project plan for an additional 1,000 **v**illages, demonstrating that the model can work on a larger scale. If it succeeds, the government may adopt the Arogya model more widely through its National Rural Health Mission and roll it out as a public-private partnership with SI.

References

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