

Concept Note: Subject: Income Generation Through Medical Professional tools
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Income enhancement for community health workers through deployment of high-accuracy Point-Of-Care diagnostics for remote and inaccessible communities.

The Challenge:

There is a global shortfall of around 840,000 health workers for diagnostics. A 2019 study suggested that India has only 1,151 accredited medical laboratories, whereas the USA, with a quarter of India's population, has 260,000 accredited medical laboratories.

This creates a market born out of a missing workforce which needs medical technologies that are 'simple', 'intuitive', and 'user-first'.

Program Overview:

SpotSense - (<https://www.spotsense.in/>) (Spot Healthcare Solutions Private Limited) along with ten3T Healthcare (<https://ten3thealth.com/>) is conducting a pilot to improve healthcare access while enabling sustainable livelihoods for women in rural communities.

The program offers micro-incubation support to meet the aspirations of rural women with entrepreneurial mindsets. The women take up microservice ventures tailored to local needs and address the 'last inch' gaps in access to healthcare services. Through the program, we have found that women have been eager to work on improving the services available and the quality of healthcare in their communities.

Our initial pilots involved training 35 women to enable them to provide critical diagnostic services across rural and tribal demographics. 27 of these women are currently continuing as 'Community Health Entrepreneurs (CHE)' and providing healthcare services to a rural populace of about 20,000 in the states of Rajasthan, Madhya Pradesh, Bihar, and Kashmir. Our goal is to offer the program to over 1,000 villages across India by 2025.

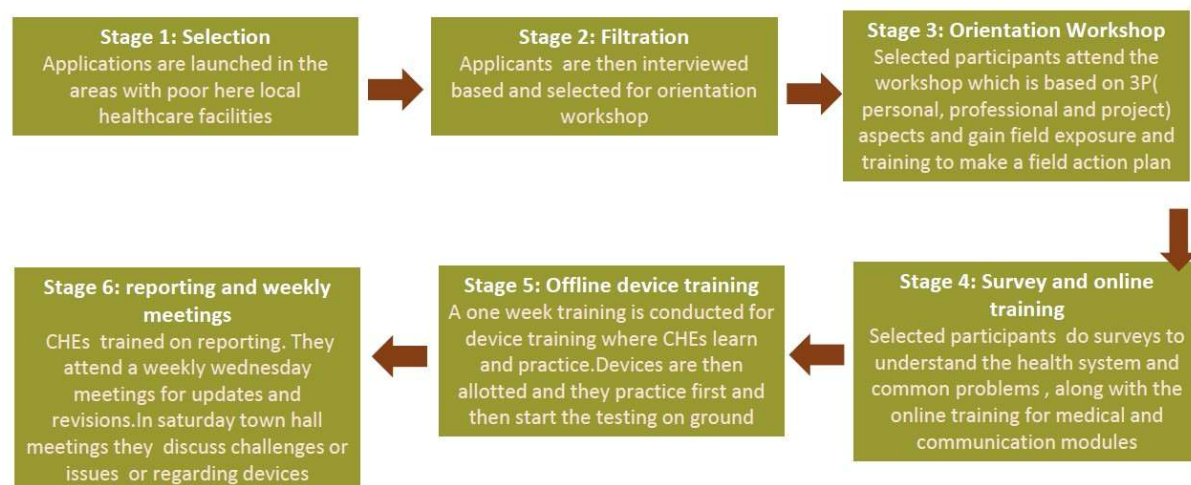
Our Ask:

We invite partners to support this program through the adoption of one or more states. We would like to implement the program in a minimum of 5 districts per state. We intend to identify regional partner organisations for implementation and oversight of the program.

Implementation partners in several states have already been identified and trained.

The unit cost for the initial setup and annual operations of 1 district is INR 10,10,000. Please read further for a brief implementation strategy, program economics, current deployments, partnerships, and key learnings.

Our Implementation Strategy in brief:



Unit economics for program sustainability per district:

Initial costs for program deployment in one district	
Cost head	Amount
Identification and selection	15,000
Initial rolling grant (30,000 per CHE for 10 CHEs)	3,00,000
Training per session (5,000 per CHE for 10 CHEs)	50,000
Devices + PPD kits (15,000 per CHE for 10 CHEs)	1,50,000
Health camps (50,000 per health camp for 3 camps)	1,50,000
Travel (15,000 per session for 3 sessions)	45,000
Trainer honorariums (50,000 per session for 6 sessions)	3,00,000
Total expected budget per district (assuming 8-10 CHEs are trained in each district)	10,10,000

Program sustainability for NGO and technology partners

Type of test	# of tests per year per district by abatch of 10 CHEs (test count averaged from past experience)	Profit made in the test	Total
Blood pressure	7,200	0	0
Glucose	7,200	10	72,000
HbA1c	4,200	10	42,000
Hb	7,200	5	36,000
Infectious disease	2,400	10	24,000
TSH	1,200	10	12,000
Urine tests	1,200	10	12,000
Vision tests	1,200	50	60,000
ECG using CICER	1,200	50	60,000
Total generated revenue per year		3,18,000	
Surplus		1,99,000	
Break Even Time		5 months	
If we exclude the surplus, every geography can break even in 5 - 6 months. The surplus can then be reinvested towards another geography			
Unit economics for the CHE herself (assuming 2 patients tested per day)			
Type of test	# of tests pm	Margin per test	Total
Blood pressure	60	20	1,200
Glucose	60	20	1,200
HbA1c	35	20	700
Hb	60	20	1,200
Infectious disease	20	40	800
TSH	10	40	400
Urine tests	10	40	400
Vision tests	10	200	2,000
ECG using CICER	10	200	2,000
Total expected income per month		INR 9,900	

Current deployments and partners:

The program was initially conceptualised as “JanSehat” as an initiative along with **Project StepOne** (<https://projectstepone.org/>) and **Plustrust** (<https://plustrust.org/>) to augment the laboratory medicine infrastructure in India while

- Reducing the distance travelled for seeking diagnostics to less than 5 kms
- Creating self-employment opportunities for rural women to enable them to earn an additional income of up to **10,000** INR per month.
- Impacting patients in over **1,000** villages by **2025**.

The program was run as a pilot for 16 months to understand adoption strategies, acceptance of community for the program, and the financial sustainability of this program.

During this duration, we impacted **1000+** patients, enabled **35+** community health entrepreneurs, augmented capacity for testing **10,000** patients every month and generated a monthly income of **3,000 - 5,000** INR for the CHes. The scaleup of this program in Bihar is currently being supported by **Villgro, India** (<https://villgro.org/>).

Some of our key learnings:

- It is important to set up specific protocols for communication between the central and nodal support organisations.
- Direct collaboration and communication for the technology providers with a local NGO that either has the capacity to actively support the program or can build up the needed capacity.
- Initial training of 3-6 months needs to be followed up by weekly check-ins.
- The training period is crucial to determine the test load and mix for the chosen geography. For example, some districts may have higher rates of hypertension and cardiac issues, while others may require a higher amount of thyroid evaluation. This can help tailor the provision of test kits to the CHes.

Snapshots of the program



evaluation using Cicer.



Left: ECG

Right: POCT testing using View DX



Left: Health clinic at Jhalwada, MP utilizing POCT devices. **Right:** Training on ViewDx POCT