Healthcare for All: **Affordable, Accessible, Quality Primary Healthcare for the Underserved**

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Community health workers (iCHAs) deliver care using point-of-care (POC) devices as part of an iKure healthcare intervention in Khunti district, Jharkhand
Photo Credit: iKure

CASE STUDY

Healthcare for All: Affordable, Accessible, Quality Primary Healthcare for the Underserved

AT A GLANCE

Company	iKure Techsoft Pvt. Ltd.
Social theme(s)	Energy/Climate Change/ Environment; Enterprise Development/Financial Inclusion; Health
Geography	India
Year founded	2010
Revenues	€2 million
Legal structure	For-profit company
Clients	iKure serves households beyond Tier-I cities in India, which accounts for approximately 840 million people. iKure serves these populations through a B2C model (directly to households) and a B2B model (through leading organizations and companies)
Business model	Earned income (95%); Grants and other sources (5%)
Product/services	iKure develops and runs rural health clinics through a hub-and-spoke model that is supported by a network of community healthworkers (CHWs) and a software platform that supports telemedicine, point-of-care diagnostics, and health data management
Impact reach	iKure operates 10 healthcare hubs and 160 peripheral clinics, and has treated 3M+ individuals in 6400+ villages across India

Background

India's health system has improved significantly in recent decades, yet significant disparities remain between urban and rural areas. According to the World Bank, roughly 64% of India's population lives in rural areas,[1] while the remaining 36% live in urban areas, including tier II, tier III, and other cities. Challenges in rural and semi-urban areas include an insufficient number of facilities, which often requires patients to travel long distances at significant cost, as well as lack of human resources, since many trained professionals prefer to work in cities. As a result, many individuals living in these areas lack access to accessible, affordable, and quality primary healthcare. However, new technologies and systems improvements that link facilities, professionals, and patients together offer opportunities to deliver primary healthcare in new ways.

[1] https://data.worldbank.org/indicator/SP.RUR.TOTL.ZS?locations=IN

About the Company

iKure was founded by **Sujay Santra,** an IBM and Oracle IT engineer from West Bengal with a passion to bring affordable and easily accessible primary healthcare to underserved communities. Santra experienced the challenges of rural healthcare when his father was diagnosed with heart disease and village doctors prescribed the wrong medication, a mistake that was only discovered when visiting a specialist cardiologist in Bangalore. This experience led Santra to found iKure to develop a unique hub-and-spoke model that enables greater access to modern procedures and equipment through central 'hub' operations and 'spoke' peripheral clinics.

iKure iCHA carrying medic bag for community mobilization
Photo credit: iKure

Sources of Impact

Customers: *Who is served?*

iKure serves two customer segments: **individual healthcare seekers** who pay out-of-pocket for services and established companies and **organisations who contract iKure** to provide care for groups of employees and beneficiaries

Workforce: *Who is employed?*

iKure employs **75 staff members** across **7 divisions**. iKure also trains and contracts with 60 **community health workers** who are the primary point of contact for patients

Product/Service: *What is delivered?*

iKure operates a **hub-and-spoke primary healthcare model**, trains community healthcare workers, and supports these activities with a cloud-based data system designed for low-connectivity settings

Eco-System: *What relationships are developed?*

iKure connects stakeholders —including **NGOs, SHGs, Government bodies, and research institutes**—to ensure a coordinated approach to rural healthcare
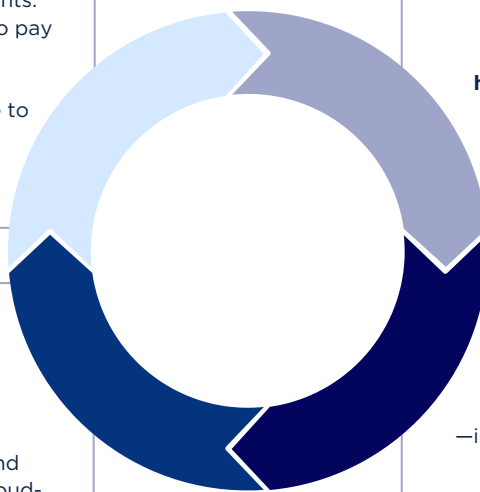
Innovation Activities

iKure engages in several activities that drive innovation, both in their organisation as well as the larger eco-system:

> ### INNOVATION ACTIVITIES
>
> **Connecting rural to urban through process innovation:** iKure has created a unique hub-and-spoke clinic model that leverages modern equipment and highly trained personnel across a wider network, reducing time, costs, and efforts for primary care
>
> **Task-shifting to village community members:** iKure selects and trains community health workers (CHWs) to visit homes, collect and capture diagnostic data with point-of-care (POC) devices, and return to peripheral clinics to access services for patients
>
> **Integrating portable diagnostics for home-based care:** iKure is working to deploy the latest portable diagnostic equipment so that rural patients can receive home-based care and avoid costly and time-intensive travel

Key Innovation Challenges & Learnings

iKure is working in a context with limited resources, where medical infrastructure and personnel is limited. Operating in this environment has involved numerous challenges and learnings:

- **Testing data capture solutions for rural settings:** iKure has spent significant time and effort testing data capture applications and training community health workers to use them. Founder Sujay Santra describes their efforts: *"In the beginning, we saw community health workers were able to capture data on paper much faster than on a tablet or phone. We had a lot of challenges in terms of the equipment. There were sweat and dust issues. There were a lot of members, especially village women, who had never seen a phone, let alone a smartphone. The simple swipes which are so common for us, especially in the urban areas, are not so common for them. Hand textures, especially for people who work with their hands, are different than people who are staying in the cities. But within a matter of a few months we were able to reverse that order, and that was very encouraging for us."*

- **Working in rural settings with low connectivity:** iKure's community health workers (CHWs) often operate in rural settings where internet connectivity is low or non-existent. iKure has created a remote data collection system. Dr. Tirumala Santra Mandal, AVP Research and Communications, describes this: *"We have developed a simple cloud hosted technology platform called Wireless Health Incidence Monitoring System (WHIMS) which allows frontline health workers to be efficient on the field. WHIMS is integrated with point-of-care (POC) devices, and powered with GPS attendance system to track and monitor CHWs."*

Featured Community Health Worker: Pranati Karan

iKure selects and trains village community members to become lay healthworkers, providing critical linkages between households and peripheral clinics. Pranati Karan describes her job: *"Six months back my life was confined to household chores and taking care of my family. Now, I take care of my community as well. We are not here to replace doctors; rather we are here to reduce emergencies by treating and managing health conditions on time. Our primary objective is to promote health and well-being through health education, preventive measures, and early detection of health issues. I am happy to take the first step with iKure and serve my communities across the remote islands that have never seen a doctor before."* (Adapted from the iKure blog)

iCHAs taking the ferry to provide accessible and affordable healthcare at the doorstep
Sundarbands, Bay of Bengal
Photo credit: iKure