



# Healthcare Access to India's Remote Communities

Healing Fields Foundation delivers healthcare access to India's most remote and underserved communities through an innovative, community-led, and digitally enabled model. At the heart of this approach is the **Community Health Entrepreneur (CHE)** program, which trains local women to become health leaders and catalysts for health behaviour change in their communities. These women uplift their communities with essential health knowledge and services.

CHEs address critical gaps in health education, preventive care, and offer a continuum of care, telehealth facilitation, serving as the first point of contact for non-emergency health needs. They provide health education, first aid, and access to essential health products. By anchoring telehealth consultations in their remote villages, they connect patients, primarily women, adolescent girls, and senior citizens, with quality doctor consultations. They support screening, using point-of-care devices and digital tools to collect hyper-local data to ensure treatment adherence and monitor community health outcomes. This “**by the community, for the community**” model blends traditional outreach with tech-enabled services, ensuring that healthcare is localized, culturally aligned, and evidence-driven. By generating and sharing data with frontline workers and local administrators, CHEs enable timely, tailored, and effective health interventions.

## Understanding the Problem

India's rural primary healthcare system faces critical gaps in access, infrastructure, and equity. According to *Rural Health Statistics 2021–22*, there is a 79.5% shortfall in medical specialists at Community Health Centres, compromising maternal, pediatric, and primary care delivery. At the same time, the burden of non-communicable diseases (NCDs) is rising sharply, with two-thirds of cases affecting individuals aged 29–59 (*ASSOCHAM*), and diabetes prevalence increasing by 150% (*ICMR*). NFHS-5 reports that 12.3% of rural women have high blood sugar levels, while 20.2% experience hypertension.

These health challenges are exacerbated by entrenched gender and caste barriers. Many rural women face restrictions on mobility and require male accompaniment to access healthcare, leading to delays in diagnosis and treatment. Digital exclusion further compounds inequality: only 46% of rural women own smartphones (*NFHS-5, Oxfam 2022*), and internet use in rural India remains at just 30%.

Healing Fields' CHE model addresses these structural challenges by identifying women from within these communities, training and enabling them as health leaders. CHEs overcome social and digital divides, extend last-mile care, and foster gender-responsive health access from the ground up.



## The Unique CHE Model

CHEs are women from rural, resource-poor communities who are selected, trained and supported to become health leaders in their villages. Under their local presence, CHEs serve as a vital bridge between marginalized communities and formal healthcare systems, transforming grassroots health access from within.

CHEs play multifaceted roles: they are educators, first responders, counsellors, data collectors and facilitators of care. They lead behaviour change and health education sessions on key issues such as maternal and child health, nutrition, hygiene, and NCDs. Offering basic care and first aid, promoting better health behaviour practices at the household level, and ensuring that government health schemes and entitlements reach the intended beneficiaries.

To enhance access to services, CHEs sell affordable health and hygiene products directly within their communities. They are equipped with digital tools to conduct screenings for conditions such as hypertension and diabetes, facilitating early detection of NCDs. Using mobile applications, they collect and analyse hyper-local health data, enabling them to make evidence-driven interventions.

CHEs anchor telehealth consultations, connecting patients, especially women, adolescent girls, and elderly residents, to qualified doctors remotely. Crucially, they close the loop in the continuum of care by providing follow-up care, family counselling and supporting treatment adherence, ensuring that individuals access care and remain on the path to recovery. By embedding health leadership within the community, the CHE model reduces delays in care, lowers out-of-pocket health expenditures, and builds local ownership over health outcomes, ensuring long-term, sustainable impact in some of India's most underserved regions.

## Data-Driven Interventions

CHEs play a pivotal role in generating actionable data. Equipped with digital tools, they collect household-level health data, ranging from maternal and child nutrition and menstrual hygiene to NCD symptoms. This real-time data empowers CHEs to identify high-risk individuals, initiate targeted follow-ups, and ensure continuity of care across the health journey.

CHEs apply this data to shape their outreach, screening for hypertension and diabetes, tailoring menstrual health sessions and tracking behaviour change. For example, they monitor treatment adherence, ensure follow-up teleconsultations, and adjust education sessions based on recurring health patterns in the community.

In addition to local use, this hyper-local data feeds into centralised dashboards, which Healing Fields shares with frontline health workers and block-level health officials. This system supports coordinated, evidence-based planning and timely interventions.

Third-party evaluations are periodically conducted to refine curriculum, tools, and outreach strategies. Feedback loops are embedded within the program, allowing improvements based on



what works on the ground. Through third-party evaluations, the CHEs impact on their community has been documented, including:

- **98% of community members regularly practice improved health behaviors**, such as handwashing, timely antenatal care, and household sanitation.
- **98% of trained women reported increased autonomy** to leave their homes, an improvement from just 15% prior to intervention. (TISS, August 2017)
- **800,000+ individuals** registered in the **community health registry**, enabling **data-driven interventions** and targeted health outreach.
- **More than 35,000 government entitlements have been facilitated by CHEs**, unlocking INR 66.5 crores in value for the most vulnerable households.
- **More than 25,000 teleconsultations have been facilitated by CHEs** using digital tools, enabling rural populations to access qualified medical professionals despite physical and financial barriers.

## Scalability & Sustainability

The CHE model is designed for both scale and long-term sustainability. Its modular training structure, tech-enabled systems and community-led implementation allow for easy adaptation across diverse geographies. CHEs are selected from within their own communities, ensuring cultural resonance, trust and sustained community engagement.

As micro-entrepreneurs, CHEs generate a supplementary income through product sales and service delivery, promoting financial self-reliance. Their integration with public health departments, local governance, and digital platforms supports seamless coordination, real-time data tracking, and performance monitoring. With demonstrated impact across 10 states in India and pilot adaptations in Indonesia, the CHE model offers a replicable blueprint for bridging health equity gaps in underserved regions. Its community-rooted approach ensures that expansion enhances—not replaces—existing systems, enabling scalable, gender-responsive, and locally owned health solutions.

## Lessons Learned or Key Insights

- **Communities are the experts in their own challenges**

Conventional, top-down health interventions often overlook the complex realities of rural society, such as gender restrictions, limited mobility, and mistrust of external actors. Healing Fields has learned that health solutions are most effective when they are developed with communities, not just for them. CHEs, who live in the same villages they serve, understand the daily barriers their neighbors face- from reluctance to seek care due to stigma, to the inability to travel for medical services.

For example, CHEs navigate cultural taboos around menstruation by conducting door-to-door sessions and using relatable storytelling to introduce safe hygiene practices. In other cases, CHEs have adapted national health messaging to align with local dialects and customs, ensuring relevance and comprehension. During the COVID-19 pandemic, CHEs were instrumental in countering vaccine-related myths and misinformation. Their consistent presence, trust within



the community, and ability to deliver information in local languages enabled them to reassure hesitant families and increase vaccine uptake in hard-to-reach areas.

Because CHEs are embedded in their communities, they are trusted voices—able to not only disseminate information but also adapt it, troubleshoot in real time, and build lasting behavioral change. This localized ownership ensures that interventions do not fade after project cycles but are sustained and strengthened over time.

- **Digital tools to scale impact**

In low-resource settings, digital tools have been central to scaling timely and quality care. CHEs use mobile-based platforms for household surveys and health data entry, but also deploy point-of-care devices such as PathShodh for real-time diabetes screening and SWAASA for respiratory assessments. These tools allow on-the-spot screening and immediate referral. In telehealth, CHEs use digital platforms to connect patients to qualified doctors and then leverage the same tools to support follow-ups, monitor treatment adherence, and ensure closure of the care loop. Together, these interventions form a responsive, continuum-of-care model driven by real-time data and digital connectivity.

- **Women as health leaders**

Women are traditionally the caregivers in households, yet they are often excluded from decision-making in public health systems. By positioning women as CHEs, Healing Fields has witnessed profound shifts in their individual health outcomes, but in community-level gender dynamics. CHEs report higher confidence, autonomy, increased income, and greater participation in village decision-making. Their dual identity as caregivers and economic contributors redefines their societal roles.

## Stories From the Field



Hailing from Sanahpur village, Darbhanga, Bihar, Renu Devi joined Healing Fields Foundation as a CHE in 2022. Her first task was to conduct a household-level health survey using digital tools. What emerged was a stark gap: widespread untreated illnesses and delayed diagnoses, largely due to the nearest hospital being 15 km away—an insurmountable distance for many villagers.

Renu analyzed the data and escalated the issue through local governance channels. In coordination with Healing Fields staff, she brought the findings to the Gram Pradhan and advocated for a health camp. Together, they engaged the Community Health Centre (CHC), which approved and

facilitated a camp.

The camp provided services to over 170 residents. Medical staff from the CHC, including female doctors, conducted screenings for diabetes, hypertension, and breast cancer, alongside maternal health checkups. Twenty individuals received vaccinations, and several patients were referred for specialized care at the district hospital.

Following the camp, Renu played a critical role in ensuring continuity of care. Following up with referred patients to ensure they received the necessary diagnostics and treatment. Renu's ability





to collect actionable data, engage stakeholders, and coordinate public health resources earned her the respect of frontline workers and leadership from her village. Her efforts illustrate how CHEs serve as catalysts for integrated, localized health interventions—bridging the gap between underserved populations and formal health systems.

## Photo Gallery



CHE leading menstrual health sessions in her community, raising awareness and demonstrating the use of sanitary pads. Taken by Maya Welch, Impact Lead, Healing Fields.



A CHE during a training session on using digital tools for health data collection. Taken by Shreeti Thapliyal, Communication Associate, Healing Fields.



(Left) CHE participating in a community health camp, assisting with patient check-ups and recording vital signs. Taken by Maya Welch, Impact Lead, Healing Fields.



(Right) Community members attending health sessions led by CHE, engaging in discussions on nutrition. Taken by Maya Welch, Impact Lead, Healing Fields.