MICROFINANCE & TELE-CONSULTATION PARTNERSHIP FOR PROVIDING BETTER ACCESSIBILITY FOR HEALTHCARE IN RURAL INDIA

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfillment for the award of the degree of

Master of Business Administration

(MBA) in

Hospital and Health Management

by

Surbhi Verma

Under the Supervision and Guidance of

Dr. Piyusha Majumdar

Assistant Professor

2021

MICROFINANCE & TELE-CONSULTATION PARTNERSHIP FOR PROVIDING BETTER ACCESSIBILITY FOR HEALTHCARE IN RURAL INDIA

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfillment for the award of the degree of

Master of Business Administration

(MBA) in

Hospital and Health Management

by

Surbhi Verma

Under the Supervision and Guidance of

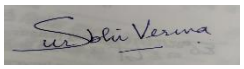
Dr. Piyusha Majumdar

Assistant Professor

2021

DECLARATION BY STUDENT

I solemnly declare that this dissertation titled **Microfinance and Tele-consultation partnership for providing better accessibility for healthcare in rural India** is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.



Surbhi Verma
Date- 2nd July, 2021

m-insure
SANRAKSHAN | SWASTHAYA | SURAKSHA

2nd July 2021

INTERNSHIP CERTIFICATE

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms Surbhi Verma** is pursuing her two-month internship at **M-Insure Services Private Limited**, from 7th May 2021 to 6th July 2021.

During her internship, we found her sincere and hardworking.

We wish her all the best for her future endeavors.

For M- Insure Services Private Limited

Priya Rajput
(For HR Department)

CERTIFICATE

This is to certify that dissertation titled **Microfinance & Tele-consultation partnership for providing better accessibility for healthcare in rural India** is a record of the research work undertaken by Surbhi Verma in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

Faculty Guide
IIHMR University, Jaipur
Date- 2nd July, 2021

School Dean
IIHMR University, Jaipur
Date- 2nd July, 2021

ABSTRACT

Title: Microfinance and Tele-consultation partnership for providing better accessibility for healthcare in rural India

Author: Surbhi Verma

Guided by: Dr. Piyusha Majumdar

Background: HCW should understand the crucial social intermediary role that MFIs play in local communities and the networks of millions of women borrowers and savers that can be reached out through alliance with the microfinance sector. It is crucially important that the Government of India look to link the microfinance and health sectors as a reassuring policy for utilizing the strengths of two sectors to enhance the health of the most endangered. Some run health camps or have established health clinics. Others have ingenious partnerships that fasten microfinance service users with health care providers through teleconsultation.
The rural people in India are inclined to select a substitute for acquiring healthcare and telemedicine can be a potent tool, given they are aware of its pros **It will help to decrease the panic and bring satisfaction among them.** Due to the scarcity of super-specialist doctors in rural and semi-urban regions of India, telemedicine has been emerging as an indispensable tool to overpass this loophole.

General Objective – M-insure:

- To create acceptance about teleconsultation services in meeting the needs and requirements of people (especially females) in lower resource settings
- To setup e-clinics in small different regions of rural India to provide better access to healthcare

Specific study objectives:

- To improve the outreach of micro-finance and telemedicine services in rural India as an attempt to solve the "poor accessibility of healthcare services."
- To study the process used -to create awareness about the micro-insurance and telemedicine services in India.

Methodology:

- The study is observational and exploratory. It was done at M-insure using the repository data from the past year (in 2 slots of 6 months each) to explore the accessibility of teleconsultation services in rural India. A sample size of approx. 27000 consultation is taken for the study.

Results:

This data analysis demonstrated the present state of the process flow being followed for the customers using m-insure services. The results of this analysis also demonstrated the accessibility and acceptability of telemedicine services in rural India.

Conclusion:

This study aims to find out the problem areas associated with the process followed by the insure-tech service as the number of patients in rural India was high due to the distance, the need of the hour was to understand and refine the process flow as well as to form approaches to prevent the loopholes for all the users, its consequences were recognized and exhortations were made to aid in upgrading the inside out quality of healthcare services for a sustainable profitable model.

Keywords: HCW, intermediary, MFIs, women borrowers, ingenious partnerships, telemedicine, the indispensable tool

ACKNOWLEDGEMENTS

The dissertation opportunity in m-insure was a great chance of learning and professional development. Therefore, I consider myself fortunate as I was provided with an opportunity to be a part of it. I am also grateful for having a chance to meet so many wonderful people and professionals who led me through this dissertation period. The foremost regards to Mr. Prakash Ranjan the Vice President of m-insure for having faith in me to make me a part of the m-insure family.

I am highly grateful and would like to express my deepest gratitude and special thanks to my mentor Mrs. Prajakta Rakhe, senior operations manager at m-insure who despite being extraordinarily busy with her duties took time out to hear, guide, and keep me on the correct path and arranging all facilities to make life easier and allowing me to carry out my project at their esteemed organization during my dissertation I choose this moment to acknowledge her contribution gratefully.

I would like to thank Dr. Piyusha Majumdar for continuous support and guidance in completing my project so I could learn from my mistakes. I perceive this opportunity as a big milestone in my career development. I will strive to use gained skills and knowledge in the best possible way and will continue to work on their improvement to attain desired career objectives hope to continue corporations with all of them in the future.

Sincerely,

Dr. Surbhi Verma

TABLE OF CONTENTS

ABBREVIATIONS

- M-health – Mobile Health
- E-Clinic – Electronic Clinic
- MFIs - Microfinance Industries
- MBBS - Bachelor of Medicine and Bachelor of Surgery
- WHO - World Health Organization
- COVID-19 - Corona Virus Disease 2019
- SHGs- Self Help Groups
- AI - Artificial Intelligence
- HealthSAT- health Satellite
- ISRO - Indian Space Research Organization
- HIV- Human Immunodeficiency Virus
- AIDS - Acquired Immuno Deficiency Virus
- MoHFW- ministry of health and family welfare
- BoG- Board of Governors
- MCI - Medical Council of India
- RMP – Registered Medical Practitioners
- TMS – Telemedicine Services
- MHC – Medical Health Centre
- HCW – Health Care Workers
- DZM – District Zila Magistrate
- RM – Regional Manager
- MIS – Management Information System

ABOUT THE ORGANIZATION:

M-Insure is a Digital **Micro-Insurance & Health Services** company that provides a one-stop solution for all health care needs – preventive as well as **primary Health care and Insurance**, covering the entire health journey of the low-income population of India.

Our three pillars –

- Sanrakshan (Preventive Health Care)
- Swasthya (Primary Health Care)
- Suraksha (Digital Micro-Insurance)

for the entire health journey of the customer.

SANRAKSHAN

Wellness using Contextual multichannel health messages and videos curate to the specific area. These include specific health programs, Specialist Sessions, topics of interest to the customer, i.e. nutrition, oncology, gynecology, etc.

SWASTHYA

M-Insure provides an in-house Telehealth & Tele-Medicine platform for providing mobile healthcare services. We also have an e-Clinic facility to serve in hinterlands and we provide referral services to the nearest rated hospital.

SURAKSHA

Our Insure-tech solution bridges the gap in the entire insurance ecosystem from policy distribution, policy management to claim information and processing. A Unified Platform from Policy Delivery to Claim Payment which gives ease of access to all parties involved (viz Distributors, Insure-tech & Insurance Co.) and makes it completely paperless.

Vision:

- **Transparency:** We try to keep things as transparent as possible to make sure one can adhere to the principles above
- **Truthfulness:** Individuals will try to be as truthful as possible, one will always be celebrated to be truthful to himself and the company.

Mission:

- **Customer Centricity:** All major and minor decisions have to follow customer-centric behavior. Thinking from customers to backward. At all levels, the customer has to be the center of decision-making.
- **Ownership:** We are a decentralized company which can only work when individuals take ownership, we as a principle try to run company bottom-up where all individuals make decision and management is there to reconcile them.
- **Creating leaders:** As a principle each individual will be judged how many good leaders was one able to create who can lead functions tomorrow. This is a yardstick of how we train our juniors to become leaders of tomorrow.

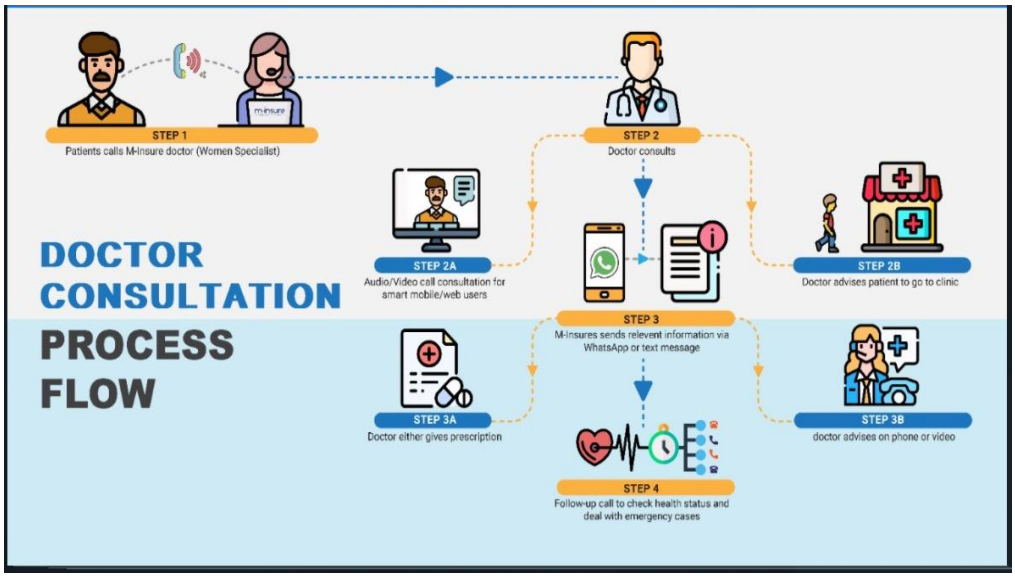
Tele-doctor and Tele-Medicine:

Get access to an MBBS certified doctor that speaks to you in your mother tongue, 24 by 7 from the ease of your home. You can do a Video call if you have a smartphone or an audio call if you have a feature phone.

E-Clinic:

An offline space of 4 feet by 4 feet closer to customers location which has basic medical equipment (Temperature check, BP check, Weight check, Oximeter, etc..) and a Tablet for Video Consultation with a doctor.

The process of Doctor Consultation is defined as below.



The core node of the product is to utilize mobile forms of communication (phone calls, chat messages, and video), customers can call this service 24/7 and receive a consultation from a certified doctor. Depending on the condition, the doctor may diagnose and recommend treatment or medication. Prescription is sent directly to customers' mobile phones as a PDF or SMS depending on the type of the phone. In some cases, the doctor will refer the customer to a local physician/hospital or laboratory for investigative tests. In all cases, our team will maintain a digital medical record for each customer and will follow upon initial consultation. Regular routine check-ups and handholding of the customers (patients) after doctors' advice are a key part of the telehealth experience that we provide.

INTRODUCTION:

Microfinance has emerged from important development considerations. Health financing includes health micro-insurance, flexible savings, and emergency health loans that help the poor in accessing and managing health care costs. However, its main motive is developmental, which aims to along at eliminating hunger and poverty. But it cannot be conveyed appropriately without addressing the issue of health. For microfinance to achieve its aim of providing financial security to the poor, it has to inscribe health security as a pivotal element of social security. Their gross could easily be exterminated without support services—i.e., health and childcare. MFIs should subsidize in the purveying of conducive, collaborative primary healthcare, build capacities at the local level for the delivery of health service—including concoction of trained health care workers at the community level—and provide a range of capitalizing products to increase the accessibility of health services and safeguarding from health shocks for their clients.
According to the government's data, as per the current population of the country, there is only 1 doctor for approximately more than 1,400 Indians, which is quite lower than the WHO's prescribed norm of one doctor for 1,000 people.
It is demonstrating to be a crunch point in the rural areas amid the underserved areas by making it uncomplicated for people to get examined by a qualified doctor. It is assisting in two ways:
Firstly, it is aiding by increasing the availability of medical facilities to many people with indifferent health conditions without the requirement to go to clinics and hospitals, preventing the possibility of contamination.
Secondly, it is aiding suspected COVID-19 patients to seek medical advice and aid in self-quarantine or post COVID care. The rural people in India are inclined to select a substitute for obtaining healthcare and telemedicine can be a vital tool, given they are mindful of its pros. It will help to reduce the panic and bring satisfaction among them. Due to the scarcity of super-specialist doctors in rural and semi-urban regions of India, telemedicine has been emerging as an indispensable tool to overpass this loophole.

Due to high internet penetration and speed upgrading remarkably since the last five years, many health tech startups have progressed in this domain and are suggesting ingenious models to level up the healthcare available to all the underserved people deprived of adequate primary and secondary healthcare facilities. For people residing in the rural areas, who had to progress extensive distances to be able to ingress a doctor, a video consultation facility at their doorstep is a dream come true.
To live up to its commitment to universal health coverage, the Indian government must widen the accessibility and affordability of health care services. With the help of microfinance-based self-help groups (SHGs), poor women and their families are supplying not only with finance access to upgrade their livelihood along with a range of basic health services. The microfinance habitat in India is changing. MFIs face new governing regulations and more vigilant banks and investors which has accompanied them to commend psychodynamic products and their approaches.
Rural areas can be best handled by the use of TMS due to the slighter availability of doctors. Underprivileged education and medical professionals in rural areas are the reason behind the government's principle to use technology to overpass this void. According to research, back in 2019, the Indian telemedicine market was predicted to reach $32 million by 2020. However, due to the extended covid era, telemedicine apps have seen growth. Almost all TMS providers such as Practo,1mg, myupchaar, etc. have experienced a demand tsunami as there is a surge in their demand up to 500%.

Governments and NGOs in India have executed large-scale programs for the marketing of SHGs. MFIs and SHPIs routinely train their clients and members on a wide range of health topics, from child and maternal health for prevention and management of diseases

such as malaria, HIV/ AIDS, COVID, post-COVID vaccine syndrome, diabetes, neonatal/maternal mortality, and infant/child feeding. There is a prolonged focus on community performance all over the sector otherwise a difficult sector to combat one of the highest barriers to the profitable development of the poor: ill-health.

REVIEW OF LITERATURE:

1. **Expanding health coverage in India: role of microfinance-based self-help groups**

Author: Somen Saha
Published on 2017 May 31.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5496064/

A field study found that the inclusion of a health program within microfinance-based SHGs, such as health awareness sessions during routine SHG meetings, followed by home visits from village health workers, was associated with improvements in health behaviors, including facility-based deliveries, feeding newborns colostrum, and having a toilet at home.

2. **Microfinance and its contributions to healthcare access: A study of self-help groups (SHGs) in Kerala**

Author: Saji Saraswathy Gopalan
Published on: January 2007
https://www.researchgate.net/publication/258994737_Microfinance_and_its_contributions_to_health_care_access_A_study_of_self-help_groups_SHGs_in_Kerala

To make microfinance more feasible for meeting emergency health care requirements, setting up a welfare fund at the SHG level is appreciable. A collective approach with mutual coordination of the government and self-help groups can overcome this inadequacy and limitation. Above all, inter-sectoral coordination, by keeping microfinance mechanism as the pivot or by incorporating microfinance mechanism can always ensure an easy, appropriate, affordable, and effective service delivery at the doorstep of the people.

3. **Linking health to microfinance to reduce poverty.**

Author: Sheila Leatherman & Christopher Dunford
Published on: 02 November 2009
https://www.who.int/bulletin/volumes/88/6/09-071464/en/

Microfinance institutions offer a unique opportunity, admittedly with challenges, to employ this global infrastructure for the delivery of health-related services to those most in need. The world's poorest people bear a hugely disproportionate share of disease and ill-health. MFIs have already shown themselves capable of contributing to improving healthcare capacity and health outcomes by educating clients, facilitating access to public and private providers, making referrals to higher levels of skill and resources, providing health financing options (such as loans, savings, and micro-insurance) and even directly delivering clinical care.

4. **Integrated Health and Microfinance in India: Harnessing the Strengths of Two Sectors to Improve Health and Alleviate Poverty State of the Field of Integrated Health and Microfinance in India published** in 2012

Authors: Marcia Metcalfe, Somen Saha, D.S.K. Rao, Microcredit Summit Campaign Kathleen Stack, Anna Awimbo
https://arthaimpact.com/wp-content/uploads/2019/09/4e3810d7-531e-4253-a392-cf63ca1646c9_65.pdf

Indian microfinance and development practitioners, healthcare providers, policymakers, and funders will heed the call to action embedded in this report and take the necessary steps to achieve the promise of greater collaboration between the microfinance and health sectors. MFIs should invest in the provision of contributory, participative primary healthcare, build capacities at the community level for the delivery of this service—including the preparation of trained health workers at the local level—and provide a range of financing products to enable greater access to health services and protection from health shocks for their clients.

5. **Telemedicine can bridge healthcare gap between rural and urban India: Expert**

Author: YashVed
Published on: Thursday, October 29, 2020
pharmabiz.com/NewsDetails.aspx?aid=133109&sid=1

Telemedicine is becoming a prominent tool in the healthcare system to bridge the healthcare gap between rural and urban India by acting as a healthcare provider, bringing access to specialist doctors in rural areas where access to medical facilities, advanced healthcare amenities, and specialists opinion is limited. Without telemedicine, the healthcare gap between urban and rural India will remain the same. While India is developing rapidly, in the absence of telemedicine, eliminating the healthcare gap could still take decades if not longer. Today telemedicine is the need of the hour. In the backdrop of COVID-19, the safest way for anyone, whether they live in urban or rural areas to seek medical treatment is through telemedicine.

According to the latest census, about 70% of the country's population is living in rural areas with no or less access to the finest healthcare facilities. Due to the lack of opportunities and exposure, hospitals and a talented pool of doctors are majorly found in the urban cities as compared to the rural areas.

6. **Telemedicine is tackling the healthcare gaps in India and saving lives**

Published on: May 11, 2021
By Brand Post
https://www.hindustantimes.com/brand-post/telemedicine-is-tackling-the-healthcare-gaps-in-india-and-saving-lives-101620733612901.html

Besides, the urban-rural gap, there is also a vast gender gap. Access to health care is a distant dream for many Indian women, revealed a study conducted by Harvard University, with the help of experts from India. Indian women indeed suffer a huge gender bias in their efforts to access health care. Because of gender stereotypes in society, women still tend to be silent, not seeking help for their health problems. Compared to 67% of men getting access to health care, only 37% of women got the same. Telemedicine is bridging the healthcare gap in India. The most respectable, well-trained doctors can now treat patients in far-flung, distant parts of the country with a click on the device. Thanks to the good digital infrastructure, patients living far away can get proper medical treatment and care.

7. **Telemedicine in Rural India**

Published in: April 2006
Author: Sanjit Bagchi
https://www.researchgate.net/publication/7267654_Telemedicine_in_Rural_India

The efficacy of telemedicine has already been shown through the network established by the Indian Space Research Organization (ISRO), which has connected 22 super-specialty hospitals with 78 rural and remote hospitals across the country through its geostationary satellites. This has encouraged ISRO to set up an exclusive satellite, called HealthSAT, to bring telemedicine to the poor on a larger scale. The proposed satellite would not only serve remote areas of India but also those in other poor countries in Asia and Africa. HealthSAT is expected to cost only about 1% of this budget, that is, between INR600 million to INR1 billion.

METHODOLOGY:

An observational exploratory study is done to note the outreach of telemedicine in rural areas and to access the performance of the company by comparing the last year (from 1-06-2020 to 31-12-2020) and the current year's performance. This will let us know whether the telemedicine services are accessible in the innermost part of rural areas. This study is done by using existing data of the microfinance partnered states of m-insure like in 2021 the partnered states are:
Uttar Pradesh, Bihar, West Bengal, Jharkhand, Haryana, Punjab, Jammu & Kashmir, Rajasthan, Odisha, Karnataka, Kerela, Maharashtra, Uttarakhand, Assam, Tamil Nadu, Chhattisgarh "'
whereas in 2020 there were only 5 partnered states i.e. Uttar Pradesh, Bihar, Madhya Pradesh, Jharkhand, Chhattisgarh

Research question:

- Can microfinance & teleconsultation partnerships provide better accessibility for healthcare in rural India?
- Is telemedicine accepted to meet the needs and requirements of people in lower resource settings?

Research objectives:

General Objectives – M-insure:

- To create acceptance about teleconsultation services in meeting the needs and requirements of people (especially females) in lower resource settings

- To setup e-clinics in small different regions of rural India to provide better access to healthcare.

Specific study objectives:

- To understand the outreach of micro-finance and telemedicine services in rural India as an attempt to solve the "poor accessibility of healthcare services." By using M-insure data.
- To study the process used -to create awareness about the micro-insurance and telemedicine services in India.

-

- Study Type: Descriptive and exploratory study
- Study Area: Rural parts of India
- Study Design: Non-probability convenient sampling
- Data type: secondary data
- Research approach: a quantitative approach
- Study population: All the users who are availing telemedicine facility through M-Insure company
- Mode of data collection: Data was taken from the M-Insure repository, only after all due permissions and consent regarding the privacy of the company are granted.
- Data collection for the study will take place over one year divided into 2 slots of 6 months duration:

▪ Slot 1: June 2020-December 2020
▪ Slot 2: January-June 2021

- Sample size: Consultations done tentatively in 6 months from 1st June 2020 to 31st Dec 2020 and from 1st Jan 2021 to 20th June 2021 (i.e. 27000 consultations approx.)

· Inclusion criteria: All the users, staff, employees, and their family members working in Microfinance companies and partnered with M-Insure
· Exclusion criteria: All the users who are not partnered with M-Insure was not a part of this study

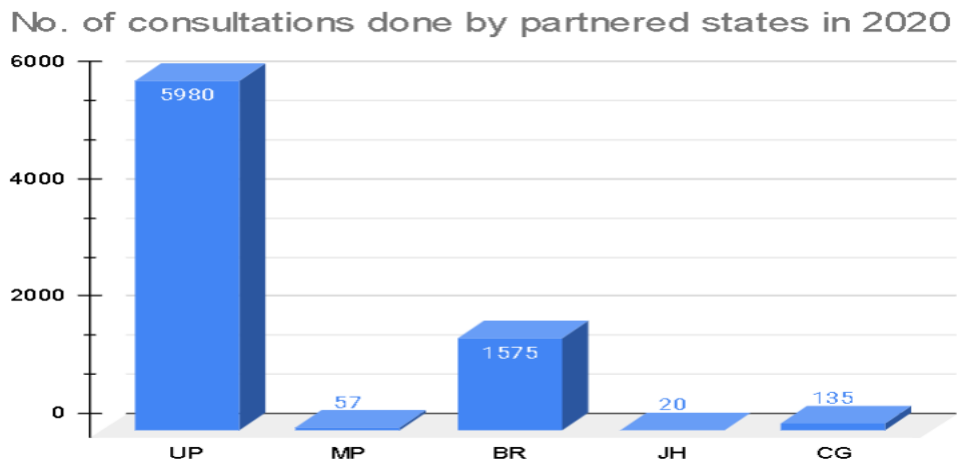
- Ethical considerations: Before the study, all aspects of confidentiality were assured to all the participants and of the organization. Only those people were eligible who is a member of the organization and give proper consent to participate in the study.

RESULTS:

This observational study was done to find out whether the accessibility and acceptance of teleconsultation services by m-insure in rural India by comparing last year and the current year's performance. The analysis to find out the accessibility of teleconsultation in rural areas in 2020 and 2021 is shown below:

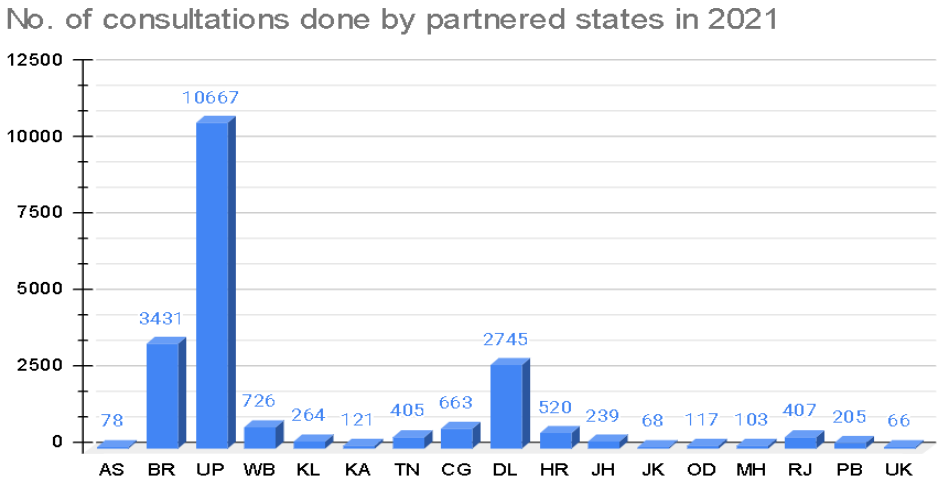
Comparison of State-wise Teleconsultation

Figure 1.0



The above figure (fig 1.0) depicts that in 2020 M-insure has partnered with 5 states MFIS to get consultations topmost being UP (5980) followed by Bihar (1575), Chhattisgarh (135), MP (57), Jharkhand (20).

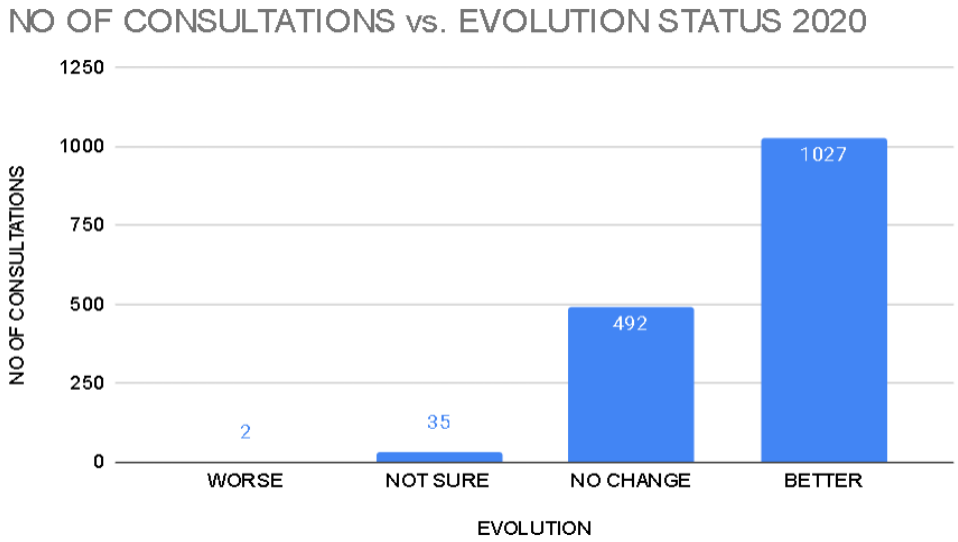
Figure 2.0



The above figure (fig 2.0) depicts that number of m-insure partner states has increased exponentially in 2021 from five to 17 states in total highest being UP with 10,667 consultations followed by Bihar (3431), Delhi (2745), West Bengal (726), Chhattisgarh (663), etc.

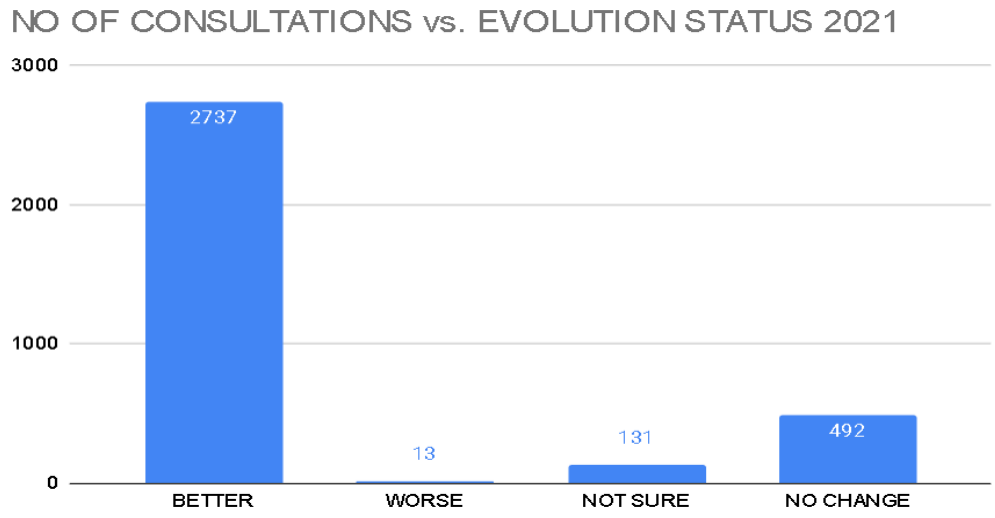
The analysis to find out the acceptability of teleconsultation in rural areas in 2020 and 2021 is shown below:

Figure 3.0



The above figure (fig 3.0) depicts the status (i.e. the evolution status) of the patients who have received teleconsultation by m-insure in 2020. This feedback is taken by the feedback team of trained and qualified pharmacists which depicts that 1027 patients felt better after consultation and 492 with no change in their health status.

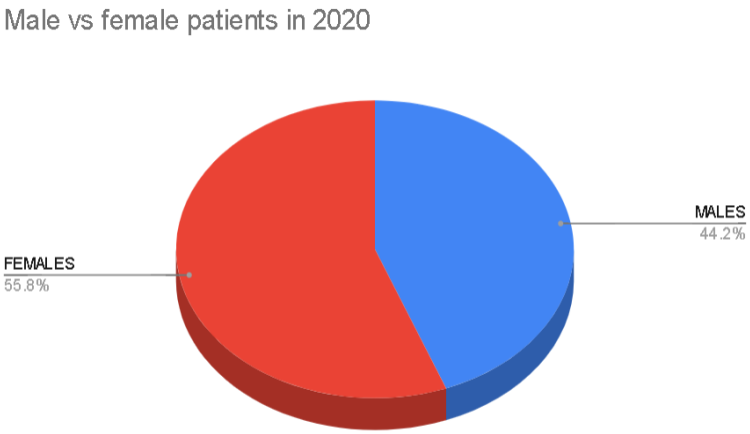
Figure 4.0



The above figure (fig 4.0) depicts the status (i.e. the evolution status) of the patients who have received teleconsultation by m-insure in 2021. This feedback is taken by the feedback team of trained and qualified pharmacists which depicts that 2737 patients felt better after consultation and 492 with no change in health status.

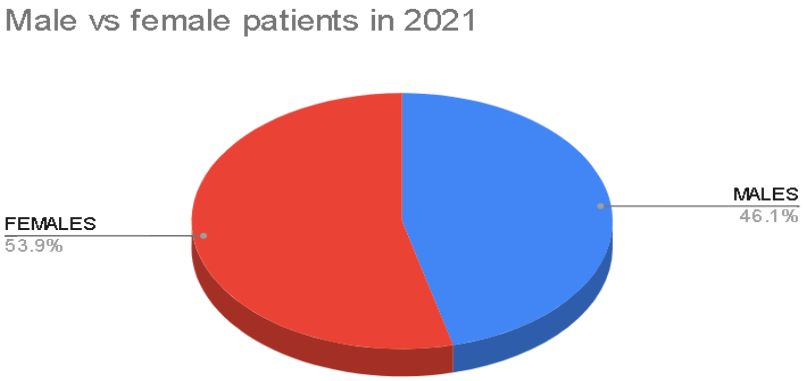
<u>The analysis to find out whether the teleconsultation services are accessible to the females in rural areas in 2020 and 2021 is shown below:</u>

Figure 5.0



The above figure (fig 5.0) depicts that the accessibility of telehealth services is slightly more for rural females (55.8%) than the rural males (44.8%) in 2020.

Figure 6.0



The above figure (fig 6.0) depicts that the accessibility of telehealth services is slightly more for rural females (53.9%) than the rural males (46.1%) in 2021.

E-clinic

Our Organization partners Cashpor have 600 branches with a combined base of 9.71 Lakh customers. The primary customers are all female loanees who belong to extremely rural parts of UP, Jharkhand, Chhattisgarh, and Bihar.

The customers can quite often be illiterate, not able to read numbers, names, etc. Therefore they are given training when taking loans and made to learn their loan ID, loan amount by heart since they are not able to read. They have at least 1 feature phone in their family. As for semi-rural places like Son Bhadra, we can also expect a smartphone per family mostly used by the tech-savvy newer generation.

CASHPOR has its e-clinic branches in following states:

Uttar Pradesh	187
Delhi	1
Bihar	95
Madhya Pradesh	13

Chhattisgarh	16
Jharkhand	6

Our partner UTKARSH has its 4 e-clinic branches in Uttar Pradesh

To create awareness about healthcare services in rural areas following key parameters are taken:

S.No	Key Parameters	**Observation**	**Action/Recommendation**
1	Product Awareness	Branch staff are aware about the Hospicash product features and its benefits. Customers are properly explained the product and were also able to understand product benefits and recall the features	• Marketing support at branches will enhance recall and in-depth understanding of the product for staff and customers. • New initiatives to be taken to increase product and digital claim process awareness.
2	Customer's Interest	Most of the customers were keen to opt for Hospitalization as a product considering that it is going to help them mitigate wage-loss risk while being hospitalized. It also compensates them to pay off their loan EMI for the period they are not able to go to work.	We will further highlight- • The simplified and paperless claims process. • Recent claim payment of Rs 3,500, has greatly helped the family during hospitalization.

3	Current Product Penetration	Current Penetration for Members is around 40-45% while for spouses, it is around 20-25%,thus acceptability of the product is very very high among CMC customers.	Product Penetration would further be increased- • By offering the product to everyone for active loan customers too, not just fresh loan customers • If the product tenure is increased to cover the complete loan tenure of 18 and 24 month loans as well.
4	Usefulness/ Use Case Scenario	Without Hospicash which is a wage loss protection product, customers do not get hospitalized even for severe illnesses, instead eating strong antibiotics to save them from missing daily work. In the long run, this impacts their health adversely, requiring prolonged hospitalization, severely impacting their savings and loan repaying ability.	Hospicash and its utilization will drastically improve customer health and therefore their EMI repaying abilities. A receipt covering product features would be provided to customers at the time of enrollment.
5	Key Success Factors	On an average, a family spends between Rs10,000-Rs15,000 annually on health expenses including Hospitalizations and medicines.	With the amount of saving the Hospicash brings, it is essential we offer the product to customers of all other regions of Cashpor.

6	Marketing	Marketing will increase touchpoints for the customer and can enhance recall as well as credibility of the product.	We will provide marketing and awareness materials like poster and banner in Cashpor branches. We will design more product video material to educate the customers
7	Sales, Training and Field Support	CMC staff is very well aware about the product which is highly appreciated. Access to daily MIS to RM (Regional Managers) or DZMs will give very good control to manage and drive enrollments .	• We will provide more monthly training and product/process video materials to the staff. • RMs will be given access to MIS portal to drive Hospicash in their region. • M-Insure will provide MIS and enrollment access to all RMs and DZMs.

DISCUSSION:

The analysis of data demonstrated the present scenario of the process flow being followed for the customers using m-insure services. Results have also demonstrated the accessibility and acceptability of telemedicine services in rural India.

This research study is done to detect whether the accessibility and acceptance of teleconsultation services by m-insure in rural India by comparing last year and the current year's performance. These interpretations suggest that there is a huge rise in the accessibility of teleconsultation services by rural people in India.

Fig 1.0 and 2.0 depicts the results of data analysis suggest that there is a huge rise in the accessibility of teleconsultation services in rural areas rising from 5 to 17 states i.e. highest for **UP** in both years doubling from **5980 to 10,667** and **Bihar** (from **1.5k** doubling to **3.4k**) followed by Haryana, Tamil Nadu, Chhattisgarh, Jharkhand thereby increasing the count of consultations drastically within 6 months. This humungous number is the result of several client partnerships with micro-insurance companies proving that this MoU is the reason for the exponential growth of the organization thereby increasing healthcare accessibility in core parts of rural India.

Fig 3.0 and 4.0 show the evolution status which shows the feedback given by the patients after getting the consultation and receiving the prescription which is taken by our feedback team of trained pharmacists. The overall experience of the patients was analyzed which reveals that the feedback given by the patient is positive in both the years:

In 2020 cases:

Felt better	1027
No change	492
Not sure	35
Worse	2

Whereas in 2021cases:

Felt better	2737
No change	492
Not sure	131
Worse	13

This data proves that the negative aspects are not increased as compared with the drastically increasing number of consultations. They are readily availing this service especially during these hard times with a promise to continue receiving these services post covid as well. Also, the quality of the doctors is reviewed by the feedback team and peer reviews to ensure the overall quality of the consultation from the doctor's end is maintained.

As discovered in a study conducted by Harvard University, with the help of experts from India about the urban-rural gap, there is also a vast gender gap. Access to health care is a distant dream for many Indian women, Indian women indeed suffer gender bias in their efforts to access health care. Because of gender stereotypes in society, women remain silent, not seeking aid for their health issues. Many a times we have come across cases where rural women don't want their husband or any family member to know they are seeking a doctor consultation. But this study (fig 5.0 and 6.0) reveals that women are aware, interested in the telemedicine services and are readily availing this teleconsultation service either for themselves or for someone in their family is somewhat higher than males (F: M ratio is 54:46).
To overcome the lack of awareness about teleconsultation and related services product awareness, marketing, how to position the services in the mind of rural people so that a sense of reliability increases and training the sales and marketing team which can help in creating awareness will surely be a proven advantage. Its usefulness and customers' interest by providing them hospicash or a payment claim of Rs 3500 during hospitalization are the success factors for these products and services.

Our organization partners Cashpor and Utkarsh have agreed with the **E-Clinic** concept. The idea of an e-clinic is to provide a virtual space to the customer for a Teleconsultation with a doctor with help of CHF.

Interview with End Customer

The customers do not trust government doctors partly because they are free and partly because of apathy. There local doctors are with a varying range of expertise and the customers generally visit doctors who are cheaper gradually moving to expensive doctors once the current doctor's remedies don't work. These doctors provide both consultations as well as medicines. For severe diseases, this doctor take blood and get necessary checks done in local labs.
The customers end up paying anywhere between Rs 2000-Rs 5000 annually per family for doctor consultation and medicine. Therefore, as per them, our product offering would

be enticing enough for them but we will have to break the benefits and values 2 levels beneath laymen definition because the customers are often illiterate, not able to comprehend when things start to get even a little complex.
Prevalent illnesses in customers-

- Skin Disease
- Fever
- Urinary Tract Infection (UTI)
- Joint Pain
- Other female-related problems especially during Menstrual Cycle.

The CHF

CHF or Field Officer are customers of Cashpor who have been employed to serve customers. This CHF is generally selected from customers who have a certain level of education and who are willing to serve their community and in return are paid Rs 100 per day usually working 4-5 hrs per day. This CHF help in loan disbursement in the field, at the branch, helps the doctor in MHC and e-clinic. CHF are given training by Cashpor and adept in using smartphone/tab/computer with minimum training.

The Branch

The branch is a small room that disburses money to the local customers. Nothing fancy about them. There are no monitors or even computers. The officials have used a mix of tabs and notebooks to keep records of loan disbursement. The loanees bring their passbook for new loan disbursement or EMI repayment. Major disbursement happens at the ground when Field Officers visit local villages disbursing loans and making people aware of Cashpor and its product offerings. Every branch has a unique code and email ID which is maintained through the Tablet. A single branch can cover 2000 customers.

The E-Clinic

Cashpor has recently started taking a small room either in a branch or a central place. The video and pictures of a newly established E-clinic are shared. Cashpor has set up the computer with a power back and video camera and internet connection while partnering with Medsugar to get a doctor on skype. The CHF helps in the operations while using the following equipment-

- BP Machine
- Weight Check
- Pregnancy Kit
- Breast Cancer Check Pad

There is a printer for prescriptions as well while some generic medicines are given in the clinic itself. Any customer can come and pay Rs 30 to avail of the services.

The MHC

Medical Health Centre has been set up next to the branch by Cashpor to cater to local customers. Once every fortnight, a local doctor comes to this MHC to see the customer. This doctor is helped by 2-3 CHF who help organize customers, take the weight, BP, and other rudimentary tasks. Although the response is good (40-50 customers sometimes even spouses visit)as per feedback from the health team, the model is not very viable.

Health Team Meet

The team was enthusiastic about our proposition especially Telemedicine.
The two points raised by them were-

- Covering members with exiting loans
- Providing basic medicine which is generic

Medsugar

Medsugar works with national-level agencies to overcome the voids in medical services. Together we aim to deliver quality care to people with diabetes and other ailments. The company has started giving e-consultation in the newly established E-Clinics of Cashpor. Further, the company is maintaining Electronic Medical Record system while is also sending prescription which can be printed in the E-clinic.

CONCLUSION:

The telemedicine sector continued to function in the grey area due to the deficiency of proper TMS practice guidelines. Previously, telemedicine services were governed by the Information Technology Act, 2000 however, there were no translucent regulations regarding privacy, security, the confidentiality of the patient data in electronic data records related to the healthcare industry.

The objective of this study is to rule out the complicated areas associated with the process followed by insure-tech service as the number of visitors in rural India was high as this service is the need of the hour to acknowledge and refine the process flow as well as to form a plan of action to prevent the issues for all the users, their domino effects were recognized and suggestions were made for upgraded to abet in refining the quality of services for a wholesome sustainable profitable model.

Seeing the grave impact of Coronavirus in India, the center's decision on setting the Telemedicine practice guidelines brought the need for confidence in doctors on trying the virtual consultation. People used virtual platforms for their healthcare needs as stated wide lockdown was imposed as a virus-containing measure. Also, the burden on the healthcare system is decreased as the resources are being utilized for the ones in need. With a significant effect of microfinance and telemedicine partnerships, the accessibility of healthcare facilities can be considerably improved in rural areas. Also, the doctor who speaks in their regional language can help to build rapport with specific patients.

Thus, healthcare facilities not being accessible to rural females is a myth and this has been proved in the above results as the number of consultations booked by the female is higher than males as females book doctor's appointment either for themselves or for someone in her family (husband or children, etc.) or nears. This clearly shows rural women are active and aware of the healthcare services available to them.

The E-clinic concept is invented to have a virtual contact of patients with a well-qualified doctor with video (or audio) calling so that patients can build a level of trust with the available services.

Thus, TMS can best be described as a global pilot in a real-time situation. Telemedicine has its limitations as it cannot replace the need to go to a hospital in moderate and severe cases. Therefore, certain restraints in rural areas can be:

- Low awareness about Tele-Medicine as a practice
- Skewed distribution of healthcare delivery infrastructure
- Decentralization of day-to-day operations
- Lack of field/on the ground agents
- Absence of structured referral network with local doctors/hospitals/pharmacies

These restraints are overcome by training the sales and marketing team to create product awareness and product penetration so that its use and success factors are positioned in the mind of rural people. Field agents or CHF are appointed to create awareness about teleconsultation in rural areas.

RECOMMENDATIONS:

- Leverage Jan Aushadi Kendra who can provide free medicines to BPL customers based on our prescription. **Rashtriya Arogya Nidhi** which provides profitable aid to the BPL patients suffering from fatal diseases, to get medical aid at any government/super specialty institution. Synergize referrals here if can be built. Ayushman Bharat is another Government scheme that may be used.
- With our model, we can further build **Telemedicine** where we may not even need physical infrastructure to support it. CHF can take smartphones to the field to get a video call from a doctor or customers can call our phone numbers directly through their feature phone to get consultation on basic illnesses which are persistent 70% of the tines.
- The audio-visual being created has to break down the product benefit and value to the lowest level possible. The branches/field agents as well need to behave posters breaking down the product. This can help in creating awareness about the TMS.
- The latest guidelines by MOHFW are silent on the aspects of confidentiality of the patients. A clear picture of these aspects should be looked into, given the professional ethical code of conduct of the doctors.
- Medico-legal laws have to be changed to protect doctors' rights as the margin of error would increase.
- Training for telemedicine should be included in the curriculum of medics as well as paramedics.
- Accreditation standards for telemedicine (for home isolation and stand-alone facilities) maintaining the quality of the healthcare services should be given. Telemedicine guidelines to be established for naturopathy or yoga.
- Enabling infrastructural and regulatory environments with clearly defined roles, responsibilities, benefits, and risks for all stakeholders, including financial reimbursement mechanisms for remote care delivery, can be crucial to overcoming the structural challenges to expand the usage of telemedicine.
- Planning for new e-clinics set up is on the table as our partnership becomes widespread which will also help create awareness about healthcare services.
- Planning for reconnecting with patients who are not satisfied with a consultation.

REFERENCES:

- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5496064/
- https://www.researchgate.net/publication/258994737_Microfinance_and_its_contributions_to_health_care_access_A_study_of_self-help_groups_SHGs_in_Kerala
- https://www.who.int/bulletin/volumes/88/6/09-071464/en/
- https://arthaimpact.com/wp-content/uploads/2019/09/4e3810d7-531e-4253-a392-cf63ca1646c9_65.pdf
- https://www.researchgate.net/publication/7267654_Telemedicine_in_Rural_India
- https://www.hindustantimes.com/brand-post/telemedicine-is-tackling-the-healthcare-gaps-in-india-and-saving-lives-101620733612901.html
- pharmabiz.com/NewsDetails.aspx?aid=133109&sid=1
- https://arthaimpact.com/wp-content/uploads/2019/09/4e3810d7-531e-4253-a392-cf63ca1646c9_65.pdf

- https://www.who.int/bulletin/volumes/88/6/09-071464/en/
- https://www.researchgate.net/publication/258994737_Microfinance_and_its_contributions_to_health_care_access_A_study_of_self-help_groups_SHGs_in_Kerala
- http://www.medsugar.in/
- Telehealth Models for Increasing Access to Specialty Care - RHIhub Toolkit (ruralhealthinfo.org)