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# CYGNUS MEDICARE

## Continuum of Care - The Sehat Chaupal Model

### Abstract

India's healthcare system has made notable strides in expanding medical infrastructure, yet access to quality healthcare is still deeply unequal. Rural populations continue to experience considerable geographic, financial and informational barriers to care. Nearly 910 million Indians live in villages, many of whom travel between 50 and 100 kilometers for basic healthcare services. Limited access to diagnostics, low health literacy and delayed treatment often result in chronic diseases being diagnosed only at advanced stages, increasing both mortality and household healthcare expenditure. Ujala Cygnus developed the Sehat Chaupal Model to directly address this access gap by integrating preventive screening, community participation, secondary care and tertiary healthcare services. Implemented through a hub-and-spoke architecture linking village-level Sehat Chaupals, district-level Sehat Kendras and Ujala Cygnus Hospitals, the model shifts healthcare delivery from reactive treatment to preventive action.

### Introduction

Whereas advanced medical facilities have expanded throughout urban centres, large segments of the rural population continue to experience considerable difficulties in accessing even basic healthcare services. The result is delayed diagnosis, preventable complications, catastrophic health expenditures and deepening poverty.

Recognising these structural gaps, Ujala Cygnus developed the Sehat Chaupal Model as an integrated health care delivery system that reaches underserved populations before illness progresses to advanced stages. The model is built on a three-tier continuum of care. At the first level, Sehat Chaupals bring preventive screening and health awareness directly into villages. At the second level, Sehat Kendras provide district-level secondary care services. At the third level, Ujala Cygnus Hospitals deliver specialised and tertiary care interventions.

Together, these three components create a direct pathway from screening to treatment.

The initiative builds on Ujala Cygnus's larger healthcare ecosystem. Founded with the objective of bringing quality healthcare to Tier-2 and Tier-3 cities, the network today comprises 25 hospitals, over 2,800 beds, more than 300 doctors and has treated over 3 million patients. The hospital network functions as the backbone of the Sehat Chaupal programme, enabling referrals, continuity of care and clinical oversight.

Since its large-scale rollout in July 2022, the programme has expanded across five states and 22 operational hubs. Through mobile healthcare delivery, digital follow-up systems, community participation and integration with national programmes such as Ayushman Bharat, TB Mukh Bharat, Anaemia Mukh Bharat and Swasth Nari Sashakt Parivar, the model now delivers fair healthcare in underserved geographies.

**The Problem Statement** India's healthcare challenge is not simply one of infrastructure but one of access. Despite significant investments in health systems, large rural populations remain disconnected from timely, affordable care. Approximately 910 million Indians live in rural areas, where access to healthcare is constrained by distance, shortage of medical professionals and inadequate diagnostic facilities. Nearly 75 percent of doctors are concentrated in urban centres, leaving vast regions underserved. Many rural citizens travel as much as 100 kilometres to access basic healthcare services.

The economic consequences are equally severe. An estimated 55 million Indians are pushed into poverty each year because of healthcare-related expenditure. Approximately 17 percent of households experience catastrophic health spending. Medical costs often force families to postpone treatment until conditions become critical, creating a cycle of illness and impoverishment.

The burden is particularly visible in non-communicable diseases. India currently has approximately 89.8 million adults living with diabetes. One in four Indians suffers from hypertension, yet a large proportion remains undiagnosed. Cataracts account for 66.2 percent of blindness among individuals above fifty years of age, while nearly 60 percent of women suffer from untreated gynaecological conditions. Osteoarthritis affects approximately 28.7 percent of rural citizens. Such conditions often remain undetected until they reach advanced stages, resulting in significantly higher treatment costs and poorer health outcomes.

The challenge is intensified by fragmented medical care delivery systems. Standalone screening camps often identify health conditions but lack mechanisms for follow-up and treatment. Government facilities, though extensive in principle, frequently face staffing shortages and limited diagnostic capabilities.

**Strategic Vision** The strategic vision underpinning the Sehat Chaupal Model was to create a healthcare ecosystem in which geography, income and social status would no longer determine access to quality healthcare. Rather than focusing solely on treatment, the model aimed to transform health care delivery from a reactive system centred on illness to an active system centred on prevention, early diagnosis and continuity of care.

The vision recognised that healthcare interventions cannot succeed through isolated screenings or standalone facilities. Sustainable impact requires a seamless pathway connecting awareness, diagnosis, referral, treatment and follow-up. Ujala

Cygnus therefore designed a model that unites community-level engagement with the institutional medical system. By leveraging its growing hospital network, the organisation sought to create a continuum of care capable of reaching underserved populations while continuing to maintain clinical quality and financial sustainability.

The organisation aims to establish more than 100 hubs, screen over 5 million individuals annually by 2030, expand digital health capabilities including AI-enabled triage and WhatsApp-based follow-ups and strengthen research partnerships, including collaborations with institutions such as the Duke University.

**Solutions Stack**

The Sehat Chaupal Model is built on an integrated continuum-of-care framework that combines preventive healthcare, community participation, digital systems and institutional health care infrastructure to address gaps in access and follow-up care.

At the grassroots level, Sehat Chaupals function as mobile health screening platforms that bring healthcare directly to village communities. Conducted in partnership with panchayats and local leaders, these camps provide free screenings for diabetes, hypertension, eye disorders, orthopaedic conditions, tuberculosis, anaemia and other health concerns. Community awareness campaigns, local-language communication and culturally sensitive health education encourage participation and improve health-seeking behaviour.

Each Chaupal is staffed by a multidisciplinary team of six members: physicians, nurses, optometrists, data operators and support personnel. The teams conduct screenings, document findings digitally and generate referrals where required. Real-time digital data capture guarantees continuity and facilitates systematic follow-up.

The second layer of the model consists of Sehat Kendras, which provide district-level secondary care services. These centres bridge the gap between primary screening and specialised treatment, enabling patients to receive timely consultations and follow-up care closer to their homes.

The third layer comprises Ujala Cygnus Hospitals, which provide specialised and tertiary care. Patients requiring advanced diagnostics, surgeries or specialist interventions are referred through structured pathways. Integration with Ayushman Bharat makes certain that eligible beneficiaries can access cashless treatment, reducing financial barriers to care.

The operational design follows a hub-and-spoke architecture. Each Chaupal

functions within a 50-60 kilometre radius of an Ujala Cygnus hospital, guaranteeing efficient deployment of medical teams and manageable referral distances. This model combines the accessibility of mobile healthcare with the accountability and quality assurance of institutional systems.

A distinguishing feature of the model lies in its emphasis on continuity. Unlike conventional health camps that finish with diagnosis, Sehat Chaupals incorporate structured follow-up systems. Centralised databases, phone-based tracking, referral management and patient counselling ensure that identified cases translate into actual treatment outcomes. This closed-loop mechanism directly addresses one of the most significant weaknesses of traditional outreach programmes.

## Outcomes

Between July 2022 and March 2025, the programme conducted 8,332 Sehat Chaupals and screened more than 7,01,085 individuals across underserved communities. In FY 2024-25 alone, 4,552 Chaupals were organised, reaching over 3.8 lakh individuals. These interventions significantly reduced the need for rural residents to travel long distances for basic health assessments.

The initiative enabled large-scale early disease detection. More than 75,000 individuals with health concerns were identified in FY 2024-25. Among diagnosed conditions, eye-related disorders accounted for 42.9 percent, hypertension for 18.5 percent and diabetes for 6.5 percent. Early diagnosis prevented disease progression and facilitated timely treatment interventions.

Research underlying the programme indicates that 48-64 percent of lifetime medical expenditure is associated with preventable complications. By identifying

conditions early and enabling timely intervention, the programme reduced the likelihood of catastrophic healthcare expenditure.

The health benefits extend beyond cost savings. Cataract interventions alone can yield quality-of-life improvements exceeding 1.8 Quality-Adjusted Life Years (QALYs) per patient. Similar gains arise from early management of hypertension, diabetes and other chronic conditions that otherwise lead to severe complications.

Equally important has been the creation of a sustainable referral ecosystem. The programme has demonstrated that community-based screenings can be successfully integrated with secondary and tertiary healthcare facilities. Patients are no longer abandoned after diagnosis but are guided through a structured continuum of care, supported by digital systems and public insurance mechanisms.

## Highlights

- Ujala Cygnus' Sehat Chaupal Model is an integrated rural healthcare initiative that unites preventive screening, secondary care and tertiary treatment in a single continuum of care for underserved communities.
- The model operates through a hub-and-spoke architecture, linking village-level Sehat Chaupals, district-level Sehat Kendras and 25 Ujala Cygnus hospitals across five states.
- It addresses critical barriers to healthcare access faced by rural populations, including long travel distances, delayed diagnosis, low health literacy and high out-of-pocket medical expenses.
- Since its rollout in 2022, the programme has conducted 8,332 Sehat Chaupals and screened more than 7 lakh individuals, bringing healthcare services directly to villages and improving access to early screening.
- The initiative identified over 75,000 health cases, with major detections including eye disorders, hypertension, diabetes, anaemia and orthopaedic conditions, enabling early intervention and helping reduce disease progression.
- A key differentiator is its closed-loop referral and follow-up system, ensuring patients receive diagnosis, treatment, counselling, and ongoing care rather than being lost after screening, which strengthens continuity of care.

## Conclusion

The Sehat Chaupal Model represents a significant innovation in health service delivery, demonstrating how integrated systems is able to bridge longstanding gaps between communities and healthcare institutions. By combining mobile screenings, community participation, digital tracking, district-level care and tertiary healthcare services, Ujala Cygnus has created a genuine continuum of care which addresses both the medical and socio-economic dimensions of healthcare access.

The initiative's success lies not in any single intervention but in integrating multiple components into a cohesive ecosystem. Through 8,332 Sehat Chaupals, more than 7 lakh screenings, over 75,000 identified cases and a structured referral framework spanning five states, the programme has shown that preventive healthcare can be delivered at scale while remaining affordable, accessible and sustainable.

As India advances towards universal health coverage, the Sehat Chaupal Model offers an important blueprint for healthcare equity. Its emphasis on prevention, continuity, community trust and institutional integration provides valuable lessons for decision-makers, healthcare providers and development practitioners seeking to ensure such quality healthcare reaches the last mile. By transforming village courtyards into community health hubs and linking them to formal healthcare systems, Ujala Cygnus has demonstrated that health services accessibility can be reimagined not as an aspiration, but as an operational reality.



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