



IMPACT REPORT 2019

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MISSION

DELIVER QUALITY HEALTHCARE WHERE THERE IS NO DOCTOR

At Intelhealth, we believe access to health is a basic human right that everyone should be able to access the health services they need, when and where they need them

**Impact at a
glance**



60,000

POPULATION COVERED

2,938

VISITS FACILITATED

482

SCREENINGS CONDUCTED

54

HEALTH WORKERS TRAINED

1,376

TRAINING HOURS PROVIDED

4.3/5

PATIENT SATISFACTION RATING

6.5 hrs

AVG TIME SAVED PER PATIENT

\$10.50

AVG COSTS SAVED PER PATIENT

3.4 km

AVG TRAVEL SAVED PER PATIENT

79

CLINICAL PROTOCOLS

32,220

HEALTH DATA POINTS COLLECTED

7

PRODUCT RELEASES

Chikitsa Sahayta Kendra, Odisha, India

The Chikitsa Sahayta Kendra project (Health Outreach Center) in tribal villages of Odisha was set up in December 2017 in partnership with the Arogya Foundation of India. The project aims at improving geographic and financial access to health care services to the patients in a low-resource setting.

It uses a comprehensive care delivery model to identify, treat and manage patients with high-quality care for primary health conditions through technology. The intervention is implemented in 81 remote villages in Pallahara block, in Angul District, Odisha.

A total of 3 community health workers called Arogya Sanyojikas are provided with mobiles and telemedicine kits to facilitate teleconsults, counseling and referrals with 3 remote doctors. These CHWs are supported by 44 community volunteers, called Arogya Sevikas, who support them in screening, follow-up and tracking patient health improvement.



81
Villages



1,673
Patients visits



4.61
Patient Satisfaction



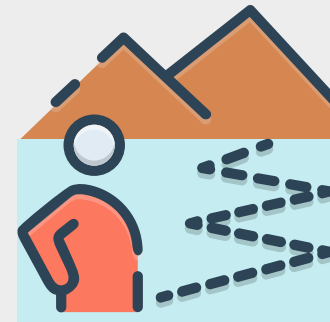
Impact Of The CSK Program

Through the CSK program, we've helped patients cumulatively save 16115 hours, 74370 km and \$25659 to access primary care. 89% of patients walked to CSK. On an average, the patients gave a rating of 4.61/5 to our health services. We also witnessed an increase in the patients visit by 104% as compared to 2018 which is indicative of the increasing penetration of our services and the trust in the community. Patients can conveniently access medications through a partner pharmacy that sends the medicines to the health workers once the prescriptions are issued.



16115 Hrs

Time saved to access
primary healthcare



74370 Kms

Distance travelled saved to
access primary health care



\$25659

Time saved to access
primary healthcare

Impact Of The CSK Program

We randomly sampled 240 patients and conducted a cross-sectional survey through home visits to understand the impact on health outcomes. We also analyzed data from the electronic health record. We found that 89% of patients walked to a CSK clinic. The most common conditions include upper respiratory tract infections, fever, hypertension, back pain, malaria, gastroesophageal reflux disease (GERD), spondylitis, ear problems, vertigo, osteoarthritis, eczema. 41% of patients received a doctor's response within 15 mins - 1 hour, 64% within 3 hours and 99% of patients received a doctor's response within 24 hours.



61%

Demonstrated full compliance with medication.
37% had partial compliance



95%

patients reported that they got better after taking treatment

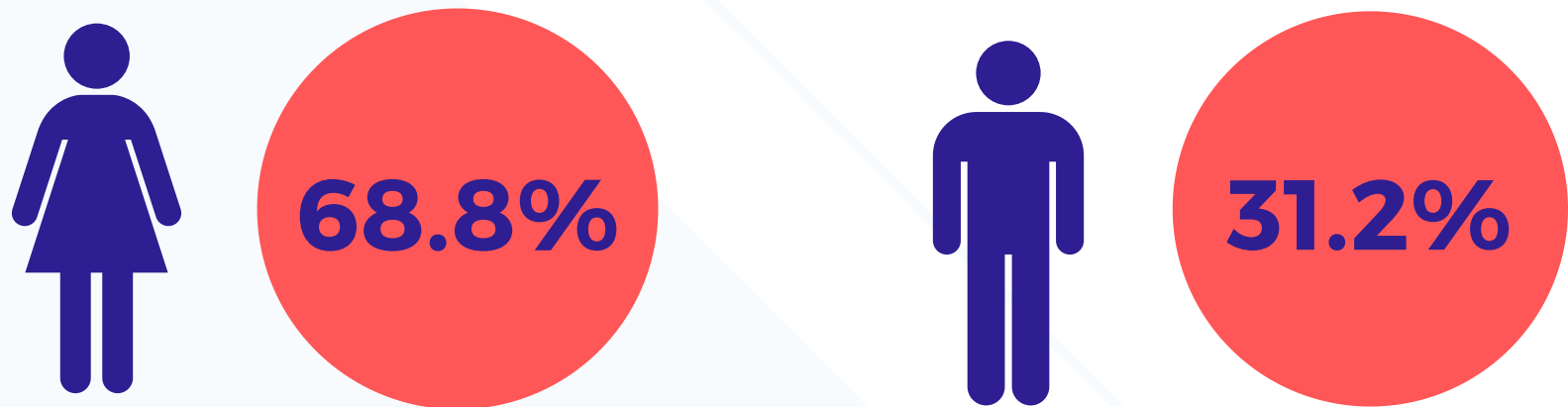


99%

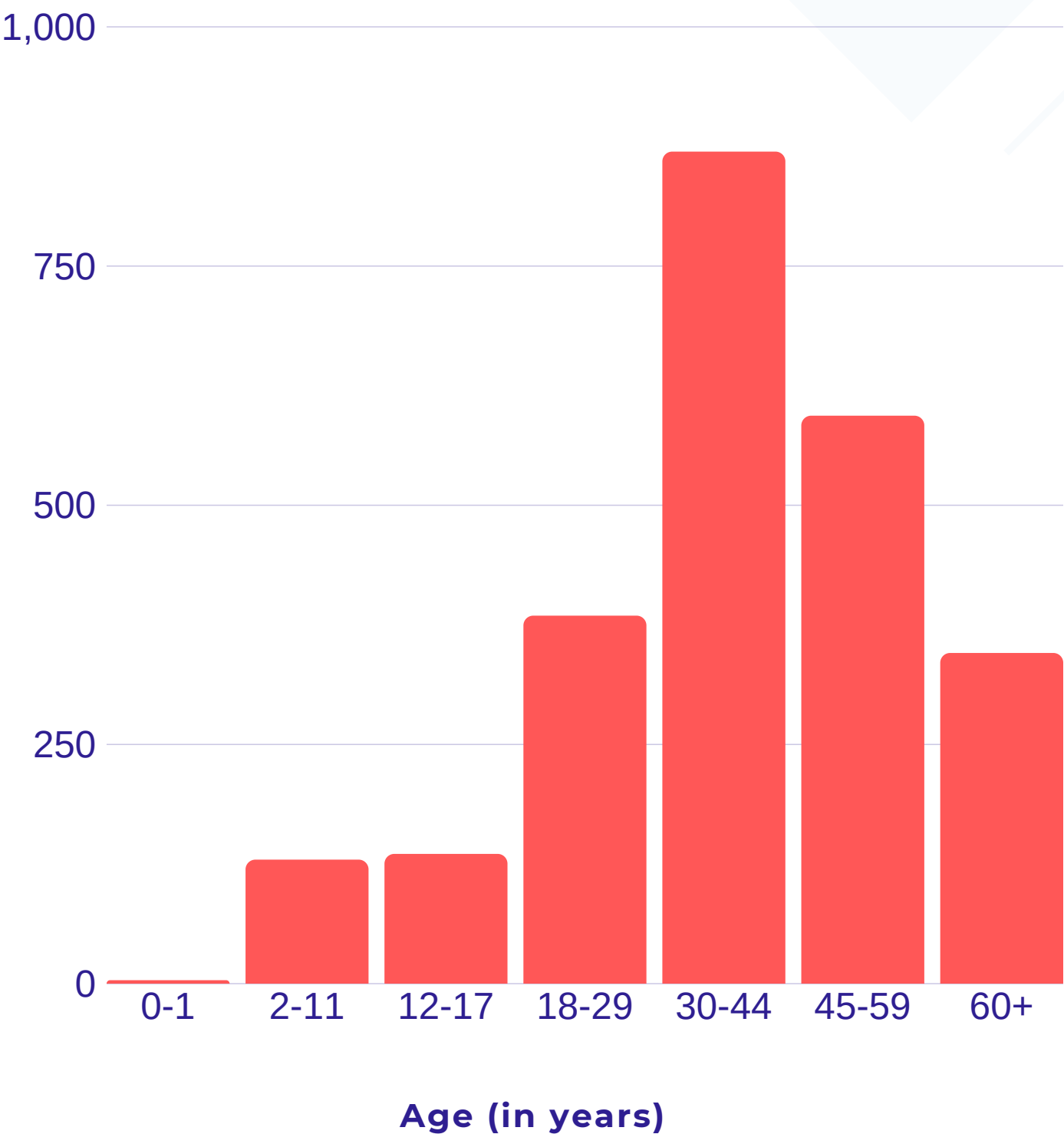
patients said they would recommend the tele-medicine service to others

Inclusion Of Women And Elderly

Many research studies show women and the elderly have a low rate of health-seeking behavior due to socio-economic norms and access barriers. We are glad to observe a high percentage of women and the elderly seeking healthcare services from the CSK initiative. Often the socially disadvantaged, poorest of poor and those without formal education are left out of most affirmative interventions. Our data shows that, 70% of patients belong to the scheduled tribe and scheduled castes, 99% are below the poverty line and 60% do not have formal education.



Age Distribution Graph





MNCHN Program, Mindanao, Philippines

In 2018, we partnered with Voluntary Services Overseas, Philippines and the Department of Health, Bukidnon to implement the MNCHN Project in Mindanao, Philippines.

The project aims to improve access to primary health services for women of reproductive age, expectant mothers and adolescent girls, neonatal and postpartum care, unmet needs for contraception, skilled birth attendance, adolescents at risk of unintended pregnancies and child health in poor and marginalized communities. It also includes early screening and diagnosis for Tuberculosis in these populations.

The project has been implemented in 8 Barangays of Bukidnon province in the Philippines with 40 volunteer health workers and 8 midwives.



8

Clinics



406

Patients visits



4.29

Patient Satisfaction



Impact of the MNCHN program

Through the home visits, BHWs were able to conduct early identification of signs of common illnesses and refer them to a midwife. Midwives could manage some cases on their own. High-risk cases were referred to a hospital and lower risk cases were managed using telemedicine.

The following metrics were achieved,

376 Screening visits by BHW

373 families provided with health counselling

30 high-risk patients referred to a midwife including,

- 1** pregnant woman with danger signs

- 6** children with danger signs/missed immunizations

- 9** couples in need of family planning services

- 14** patients with chronic cough (tuberculosis screening)

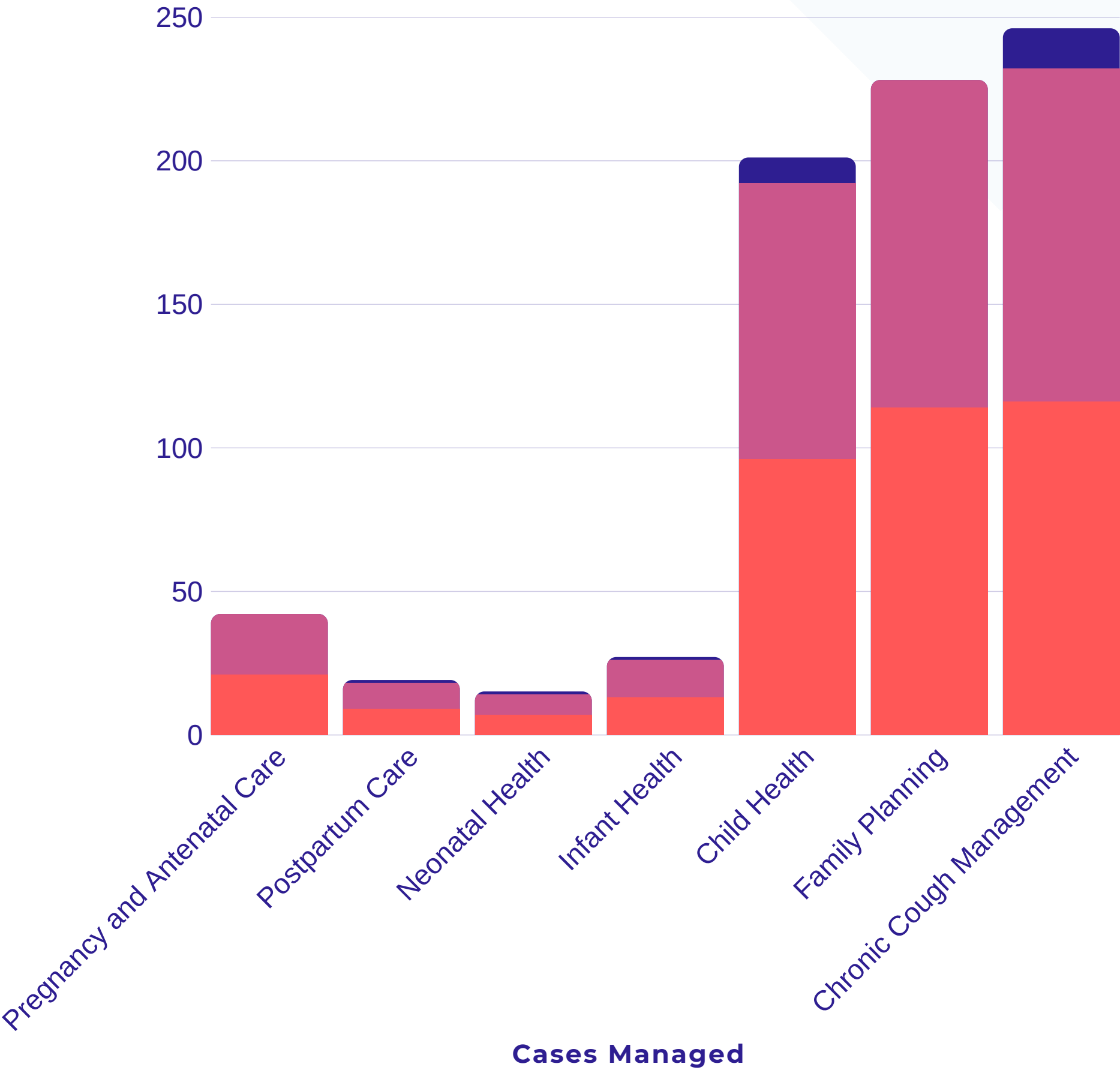
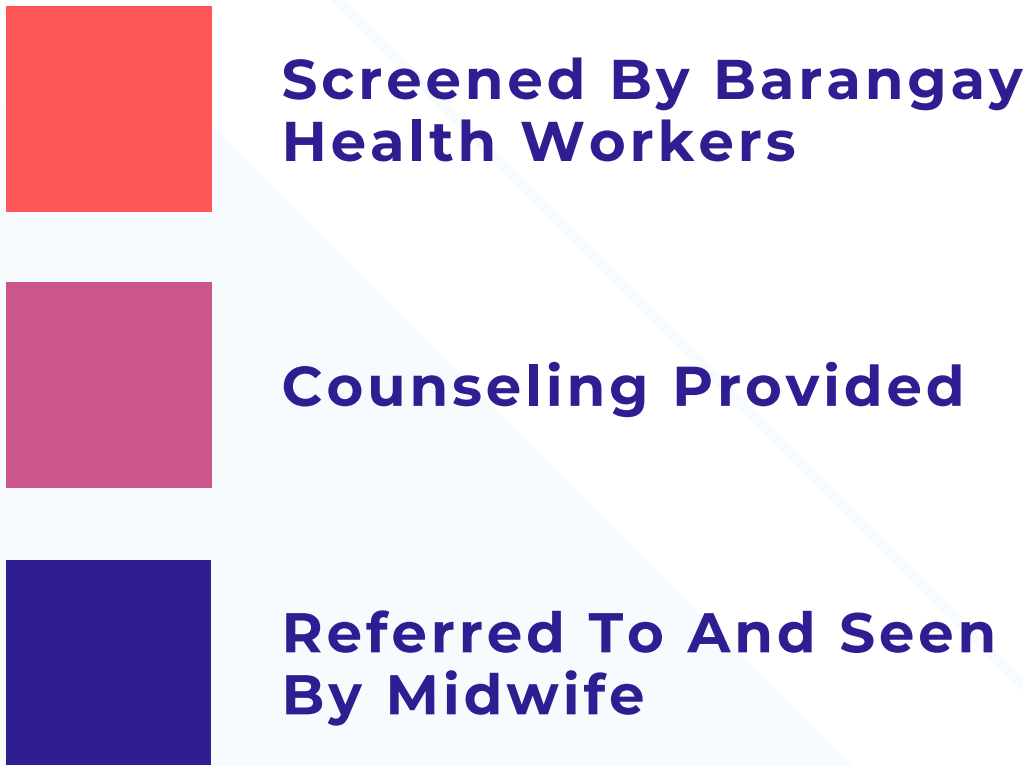
3 Patients referred for teleconsultation

5 Patients referred to rural health unit for further treatment



Collaboration with the Philippines Government

We are excited to add mother and child health, family planning and cough management for TB screening protocol of the Philippines Government on our platform.



NCD Management For Conflict-Affected Regions Of Syria

The Intelhealth mobile telemedicine project in Syria with Johns Hopkins University aims to screen specific community groups for Hypertension and Diabetes in the conflict-affected region. Those screened positive will be followed up regularly to improve treatment adherence and connected virtually with specialists to monitor their healthcare status regularly. In addition, those screened negative in the screening phase will also be sent regular health updates and primary prevention strategies to reduce risk of acquiring NCDs (messages on lifestyle factors, smoking, diet etc.). The project will be implemented by the Syrian American Medical Society in conflict-affected areas of Syria with 18 CHWs for a 20,000 population.

- Completed the program design workshop - Attended by 12 SAMS staff
- Developed the program implementation plan and manuals
- Proposed first phase roll out in Jordan at Zataari refugee camp

Other Program Initiatives

Launched the 'quality of care & patient safety in telemedicine programs' toolkit

A major goal in developing this Clinical Quality Index for Telemedicine is to achieve quality improvement keeping in mind patient safety and wellbeing. We are thrilled to launch a quality index for provider-to-provider telemedicine programs. It aims to set a standard for measuring the performance and improvement of population health, frontline providers of services, and other clinicians in the delivery of telehealth services in LMICs.

Hypertension screening and follow up protocols

On an analysis of the periodic clinical data on Electronic Health Records, it was observed that many beneficiaries come for BP monitoring and screening. Hypertension is also the most common cardiovascular disorders. We designed an evidence-based hypertension screening and follow up protocol from guidelines from The Journal of Clinical Hypertension, Treatment of Hypertension: JNC 8 and more.



QUALITY OF CARE & PATIENT SAFETY IN TELEMEDICINE

A clinical quality index and toolkit for measuring the quality of care delivered in telemedicine programs in developing countries

Prepared by:
INTELEHEALTH



Other Program Initiatives

Training plan for continued learning and development

An important aspect of a tech-enabled social development project is the continued capacity building of the users in a way that is sustainably addressing the current needs on the ground.

We worked with our partners to designed a process a periodic capacity building for users that identifies on-site needs and observations from the Electronic Health Records and develops the curriculum for continuous learning and development.

Program Design Toolkit 2.0

The playbook that we begin our project with has gotten a new look! The new workshop tool format of the program design toolkit makes it easier for the participants as well as the facilitator to collaborate and synthesis data for the final project plan.



Product Growth

2019 was an exciting year in terms of growing and improving our product offerings.

We focused on the tech's usability and acceptability for Frontline Health Workers, doctors & patients. This helped us design for our users to provide them a great experience while using our products.

We solidified our key value proposition that sets us apart from other solutions - Ayu, a programmable digital assistant for frontline health workers (FWs), and overhauled our doctor's portal - the Intelhealth Web App.

We launched the in demand dashboards as an M&E tool for our partners. We focused on key tools for open source community building including setting up a Wiki, Community Forum, adopting a code of conduct and contribution guidelines making it easier for developers to contribute code.

In addition to that we made 7 product releases which included sprints consisting of major architectural changes in our software code along with the important feature releases like the audio-video calling feature and adherence to privacy and security compliance.

Key product metrics

Number of releases - 7

Number of repositories - 6

YTD Commits - 1512

YTD contributors - 21

YTD lines of code - 566,200

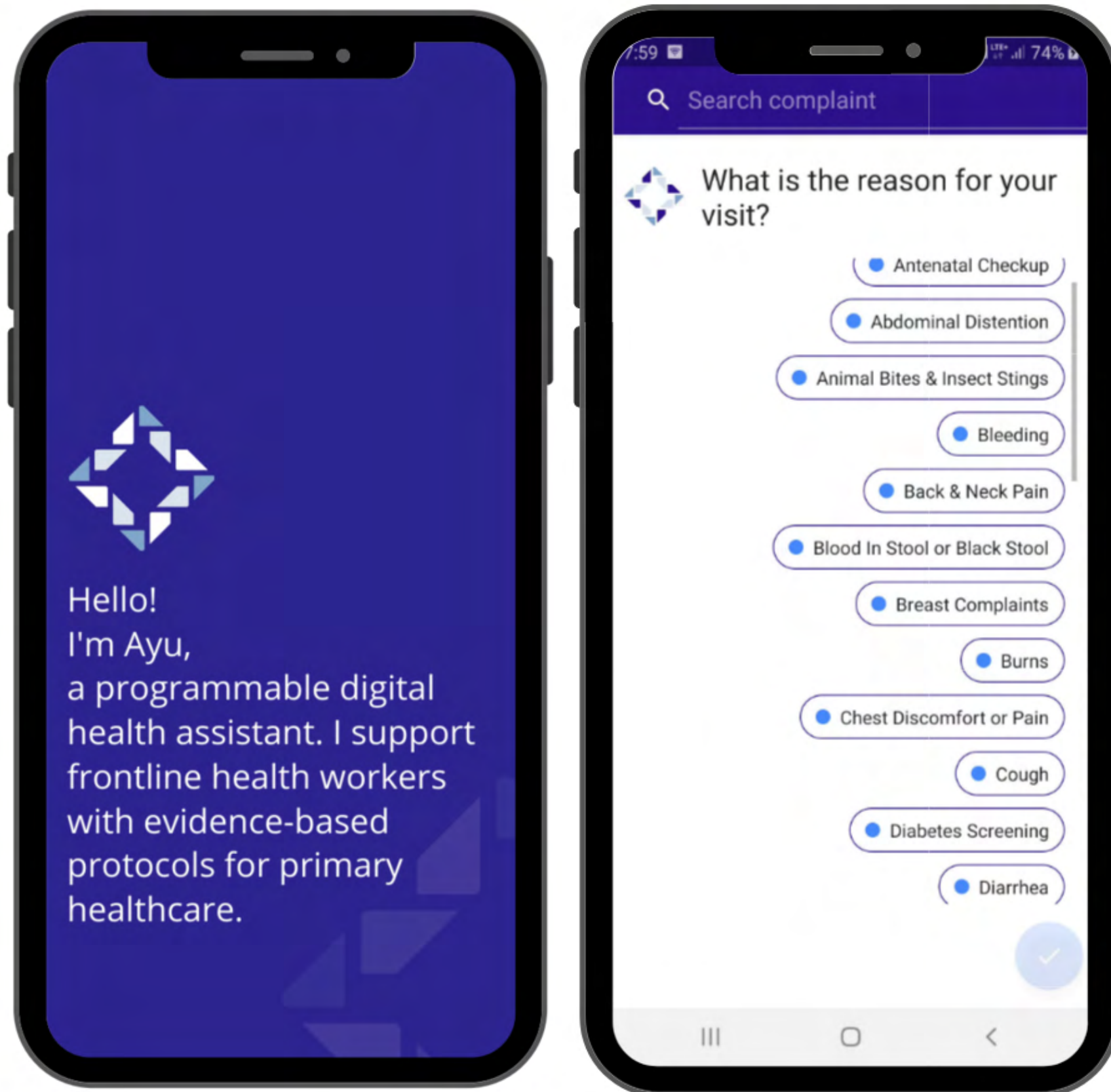


Meet Ayu

Hx Guide Revamped and Remodeled

Ayu (previously known as HxGuide) is a digital expert system to enable task-shifting of complex care processes such as history-taking, physical examination and disease management. Ayu has over 70 protocols for preventative and curative care to support health workers to manage cases autonomously as well as for evidence-based history taking to support high-quality teleconsults.

Using Ayu, health programs can digitize evidence-based protocols to ensure that health workers deliver quality care. Ayu can also connect them to a remote expert (doctor) through telemedicine.



EXECUTIVE LEADERSHIP



Neha Verma
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MS, BE. Johns Hopkins
University, Rainer Arnhold
Fellow



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Chief Medical Officer
MBBS, MS, PhD. Program
Director at Johns Hopkins
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Vibha Bhirud
Director of Programs
MS Development Studies
Tata Institute of Social
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Karishma Arora
Chief People Officer
MBA Social
Entrepreneurship, NMIMS,
MA Philosophy, Mumbai Univ



Sagar Shipmi
Technical Product Manager
BE Information Technology,
Tech4Good developer worked
in health and agritech 4 dev

Our Team

BOARD MEMBERS



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Program Director at Johns
Hopkins University



Amal Afroz Alam
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Biomedical Engineering,
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School. Credit Karma, Boston
Consulting Group.



Rekha Pai
Juniper Networks,
Stanford Angels &
Entrepreneurs



Shyam Kaluve
MTech IIT Kanpur. Held
various positions at Cisco
over 18+ years as a
technology leader

Financial Summary

PROFIT & LOSS STATEMENT 2019

Income

Foundations and Grants	\$ 223,300.13
Program Income	\$ 3,927.00
Individual contributions	\$ 4,397.63
Total Income	\$ 231,624.76

Expenses

Program Services	\$ 93,756.81
Administration & general support	\$ 2,838.45
Fundraising expenses	\$ 1,284.55
Total expenses	\$ 97,879.81

BALANCE SHEET 2019

Assets

Current Assets	\$ 143,467.87
Fixed Assets	\$ 8,174.82
Total Assets	\$ 151,642.69

Liabilities & Equity

Equity	\$ 151,642.69
Total liabilities & equity	\$ 151,642.69

WITH GENEROUS SUPPORT FROM



IMPLEMENTING PARTNERS





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