IMPACT REPORT

2020-21

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CEO Speaks

This time last year, none of us could have predicted how much our world would change. The global COVID-19 pandemic has left a trail of devastation in its wake and uncertainty as to its long-term consequences. It has laid bare the most vulnerable aspects of human existence and the inequalities that exist in our society and our health care system. Pandemics simply expose the stark reality of how broken our health systems are.

Intelehealth has been focused on supporting pandemic preparedness and response efforts in solidarity with the partners, health workers, and communities that we serve. Our goal is to prioritize India's rural and urban poor populations. The majority of these vulnerable populations face a lack of social protection, lack of access to quality health care, and have lost access to productive assets. At a time of great uncertainty, I am inspired by our staff's energy, resilience, and commitment to working towards flattening the curve and ensuring essential health service delivery can continue.

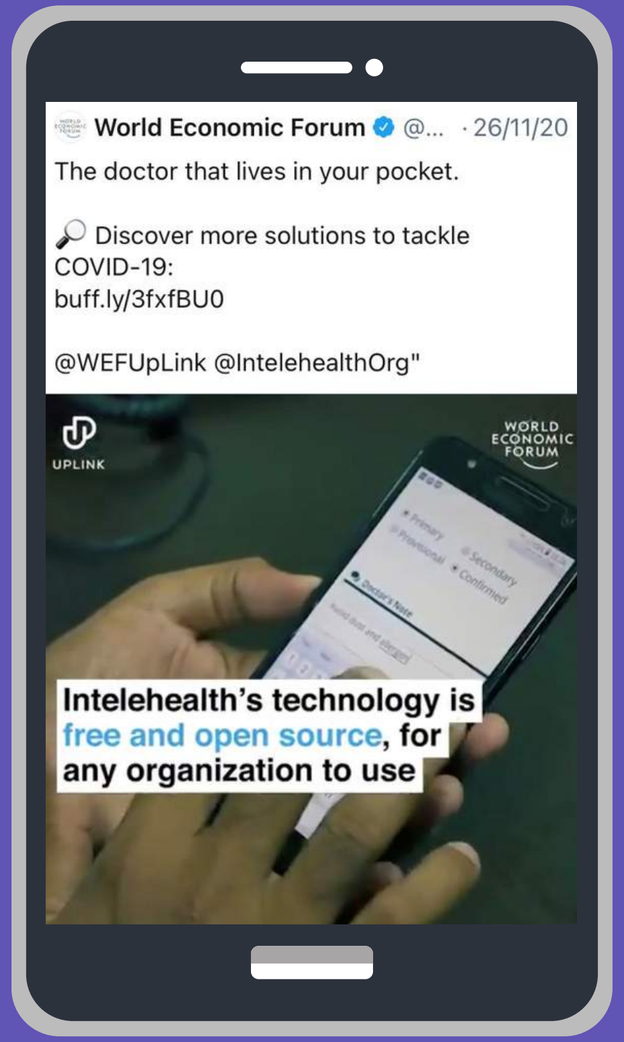
As telemedicine becomes a vital tool in our arsenal to fight the harmful effects of this pandemic, we are delighted to welcome new partner organizations, set up new projects, and expand old projects in Gujarat, Jharkhand, Odisha, and Maharashtra. I am hopeful that the investments being made in telemedicine will improve health system resilience during the pandemic but also provide long term benefits to hard to reach communities

In response to the Covid-19 pandemic, Intelehealth & Aaroogya Foundation jointly spearheaded the formation of the Covid-19 Pandemic Wellbeing Task Force a collaboration of more than 20 Non-profits & Tech companies for technology-enabled Covid-19 response at scale. As a part of the task force, Intelehealth has launched 2 projects - InteleSafe and MyHealthline. I am happy to announce that these projects together have impacted 72,907 lives, provided 10,088 teleconsultations, trained 6000 frontline workers and done 3,352 Covid-19 risk assessments. We were able to show a 38% increase in authentic Covid-19 knowledge & best practices in the community.

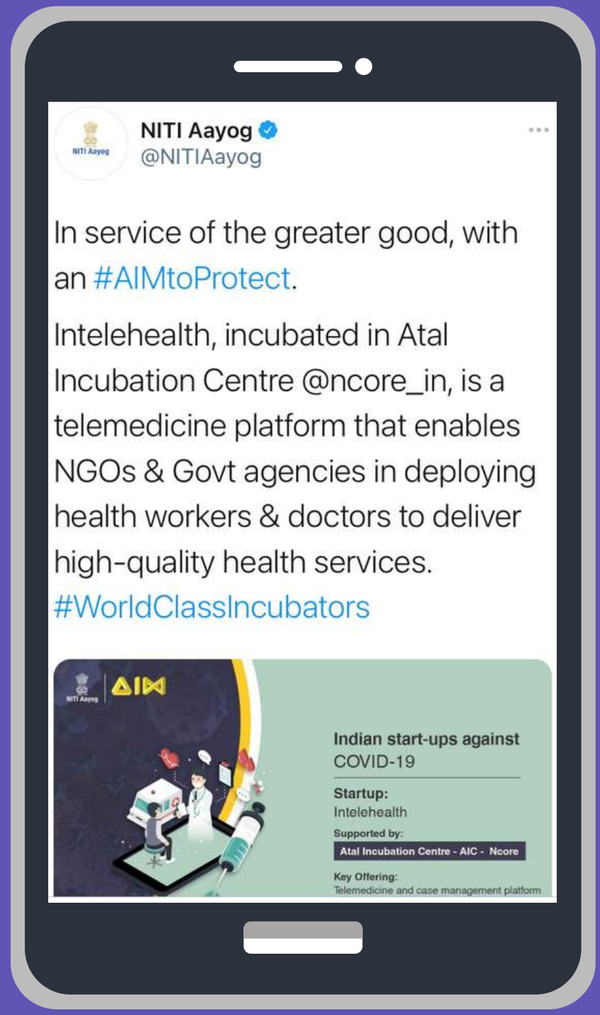
I would like to sincerely thank all of you who have participated and engaged with our work, partnered with us, supported us, funded us and inspired us. You have helped us achieve more than we thought was possible. You have helped us create an impact where it matters most and served the last mile population with healthcare facilities during the trying times. It is this that will drive us forward to face 2021 with renewed optimism and hope.

Neha Verma (CEO & Co-Founder, second from right)

RECOGNISED BY WORLD ECONOMIC FORUM & NITI AAYOG



The World Economic Forum's UpLink platform shortlists Intelehealth at Top 15 innovators addressing the immediate and long-term challenges of the COVID crisis through telemedicine.



NITI Aayog recognizes Intelehealth as a winner of MyGov's COVID-19 challenge.

Our Mission

Deliver quality healthcare where there is no doctor.

At Intelehealth, 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.

About us

Intelehealth is a non-profit delivering quality healthcare, by supporting frontline health workers (FHWs). Intelehealth has built a telemedicine app that connects FHWs with remote doctors over low bandwidth video/audio connections.

The FHW is guided by a digital assistant to provide evidence-based health services. For conditions which are beyond the capacity of the FHW+digital assistant, she can connect with a virtual doctor over telemedicine. Through a digital assistant + telemedicine we ensure that the right medical expertise is made available, even when the expert can't physically be present.

OUR MODEL

We reimagine the way care is delivered by connecting the most compassionate, capable and able resource that exists alongside the patient — a local frontline health worker — with a virtual doctor.

1

Government/NGO partners with Intelehealth to set up a telemedicine project

2

Local partner selects project site, health workers, and doctors

3

Intelehealth configures the technology & provides training to the health workers and doctors

4

Intelehealth & local partner conduct community awareness & engagement activities to motivate patients to avail services via telemedicine

Patient Journey

5

Patient learns about the telemedicine services in her/his village

6

Patient comes to the frontline health worker in their village

7

Health worker connects them to doctor for teleconsultation, arranges medicines, test & referrals as needed

8

Patients get the healthcare they need, when & where they need it

9

Intelehealth & local partner regularly monitor the project

10

Intelehealth provides continuous training & improvements in the tech to improve patient & project outcomes

Our Projects

January 2020 - March 2021

TELEMEDICINE : Impact at a Glance

88
CLINICAL PROTOCOLS

2,75,000
POPULATION COVERED

215
VILLAGES REACHED

111
HEALTH WORKERS

27
DOCTORS

13
PRODUCT RELEASES

3,139
TRAINING HOURS PROVIDED

11,973
TELECONSULTATION VISITS

4.2 / 5
PATIENT SATISFACTION RATING

AROGYA FOUNDATION OF INDIA & EKAL ABHIYAN

The Chikitsa Sahayta Kendra project (Health Outreach Center) in the tribal villages of Odisha was set up in December 2017 in partnership with the Arogya Foundation of India and Ekal Abhiyan. The project aims to provide comprehensive primary health care for the last mile population of rural India through a community-based approach and improve geographic and financial access to health care services to patients in a low-resource setting.

It uses a comprehensive care delivery model to identify, treat and manage patients through technology. The technology empowers Community Health Worker to perform more clinical functions and allows the remote doctor to manage the patient case efficiently, thus bridging the gap of doctors' shortage. The tracking of patient health status right from identification to getting better has ensured health condition improvements through continuous medical care

The project is implemented in **129 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 teleconsultations, 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.

129
Villages

50,000
Population Covered

56
Clinical Protocols

1,589
Patient Visits

05
Doctors

03
Health workers

4.5
Patient Satisfaction

CASE STUDY

Piple Sahoo, 65 years hails from Sanda village in Odisha. She lives with her mother and son. Her son is the sole earner who is an autorickshaw driver. Piple was suffering from acute back pain since 2 years. She visited local quacks in the village for immediate treatment, Piple had to buy medications prescribed by the doctor which was very expensive. Despite the treatment and expensive medications, she did not find any improvement in her back pain.

Intelehealth along with AFI and Ekal Abhiyan launched telemedicine program that was operating in the villages of Odisha since 2017. Piple learned about our program through word of mouth and decided to visit the nearest Telemedicine centre in her village for further treatment. Piple approached one of the Sanyojika at the Chikitsa Sahayta Kendra and Piple was briefed about telemedicine solutions.

The Sanyojika recorded Piple's symptoms and pre-existing medical conditions, her case was further reviewed by a remote doctor and on examining her case the doctor prescribed medications at an affordable cost. Sanyojika further provided counseling to ensure treatment adherence.

Piple Sahoo "I thank the local authorities for introducing telemedicine in our village at a very low cost, this is a very useful initiative for poor people like us. It has been a month now that I was treated at the CSK clinic and there is a lot of improvement in my back pain.

PROJECT SCALE UP PLAN

Based on the outcomes and learnings of the Odisha project, Intelehealth, AFI and Ekal Abhiyan plans to further scale up the health care delivery model to **20,000 villages** in 3 years. In these 3 years, **20,000 Sevika's (Community Health workers)** will be trained. The villages are spread across the states of Jharkhand, Odisha, Madhya Pradesh, Uttar Pradesh, Bihar, Assam, Gujarat, Maharashtra, Karnataka, Leh, and Ladakh.

The scale-up is already underway in the villages of **Jharkhand, Uttar Pradesh, and Madhya Pradesh** and training has been provided to **112 Arogya sevikas (Health workers)**.

The project aims to deliver quality healthcare to the underserved population which has limited access to healthcare facilities, thereby overcoming the barrier of patient's access to health care services.

MyTeledoc, MORBI, GUJARAT

The Morbi district in Gujarat is predominantly an industrial rural area has about 30% of its population living below the poverty line with a severe lack of formal health services. The rural areas are poorly connected to the main district forcing patients to travel long distances to manage infectious diseases and non-communicable health conditions like diabetes, hypertension resulting in delays in care-seeking and heavy out-of-pocket expenditure.

To address these challenges the Health Department of Morbi along with Intelehealth has initiated '**My Teledoc**', a technological platform, and implementation model that will connect Community Health Officers (CHOs) at Government-run Health & Wellness Centres (HWCs) with general physicians and specialist doctors through Telemedicine.

This initiative will be implemented at **198 Health & Wellness Centres (HWCs)** covering a population of **9 lakhs** of the Morbi District providing access to primary and specialist medical care. Phase 1 of the project began with **22 HWCs** across 2 talukas Maliya and Tankara.

86
Villages

1.25 lakhs
Population Covered

88
Clinical Protocols

304
Patient Visits

06
Doctors

22
Health workers

☆☆☆☆
4.0
Patient Satisfaction

CASE STUDY

28-year-old Vimla (name changed), is a tribal migrant agricultural laborer, seasonally employed in Bangavadi village in the Tankara block of Morbi, Gujarat. A few weeks ago, she had developed a serious reproductive tract infection and was dire in need of special medical attention which was not available at medical facilities in the vicinity. The district health facility at Morbi or Rajkot is 50 km away. Her make-shift shelter near the farm is outside the main village, reaching there means walking down a few kilometers on foot. Due to geographic, financial, and social constraints, she was forced to visit local quacks to treat her infection. As days passed, her condition worsened leading to loss of wages. Such infections, if not treated timely lead to complications like ectopic pregnancy, sterility, and even life-threatening peritonitis. Her condition required specialist medical attention.

Around the same time, the Mobi district administration with Intelehealth launched MyTeledoc, a telemedicine project to connect CHOs with doctors and specialists. Vimla came to know of this through her ASHA and she visited HWC where the CHO examined her and recorded her symptoms on MyTeledoc platform. Her case was seen by a specialist gynecologist, and she was provided with the right treatment plan and medication at no cost. With this timely and accurate medical intervention through telemedicine, Vimla has completed her treatment and has fully recovered without having to travel to far-off health facilities.

COVID-19

initiatives

COVID-19 RESPONSE

The spread of the novel coronavirus, SARS-CoV-2, has resulted in catastrophic effects on public welfare worldwide. India's urban poor and rural populations are particularly vulnerable to the virus due to already limited access to health services and health education. COVID-19 Pandemic Wellbeing Task Force is a collaboration of more than 20 non-profits and tech companies for technology-enabled Covid-19 response at scale for our urban poor and rural populations in India covering **24 states**, spearheaded by **Aaroogya foundation and Intelehealth**. Intelehealth, as part of the Task Force, has leveraged its suite of digital health products and experience implementing telemedicine services to launch two projects: **InteleSafe and MyHealthLine**. With the help of Task Force partners, Intelehealth has empowered over **19,000 people** to access health education and health services through telemedicine and trained over **9,800 essential workers** on protective measures in their battle on the front lines of the pandemic.

OUR TASKFORCE PARTNERS

Implementation & Community Partners

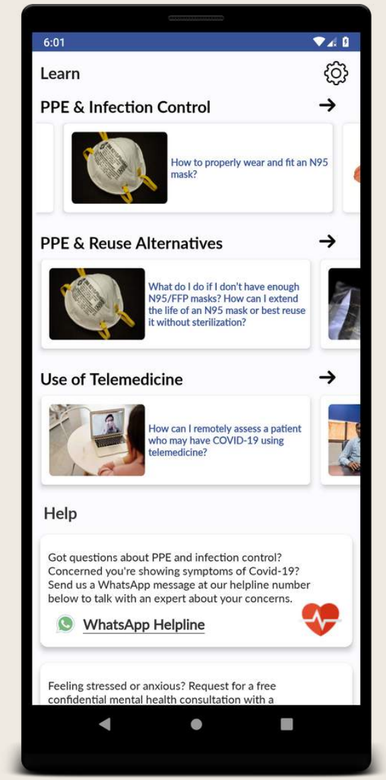
Technology Partners

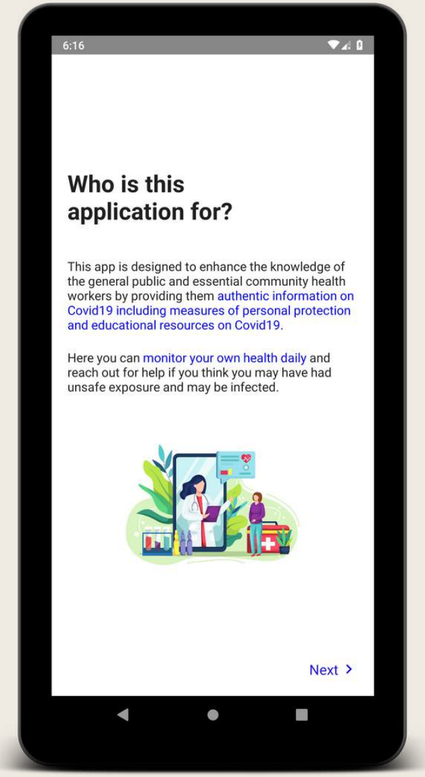
Content Partners

INTELESAFE

Essential community workers (like NGO staff working in food distribution, sanitation, economic relief) and community health workers needed adequate infection control measures in order to protect their health and limit the spread of COVID-19 in the communities they serve. They were the first point of contact for the last mile, making their work critical during the pandemic.

Intelesafe was launched to provide **Infection Prevention and Control (IPC**) education and training to essential community workers and community health workers. To read more about our Coivd-19 initiative. This was delivered through online training sessions, a website and an app. Find out more in the **Covid-19 Pandemic Wellbeing Taskforce Report 2020**





MYHEALTHLINE

There is a critical need to make affordable quality medical services easily accessible to people from vulnerable communities during the COVID-19 pandemic. Due to the fear amongst people of contraction of the COVID-19 virus and non-availability of doctors, patients from these communities faced extreme difficulties in availing even basic medical services. **MyHealthline** was launched with an aim to provide timely medical services through telemedicine to vulnerable groups such as urban, rural poor, migrant and daily wage workers with no means to access medical help via an **IVR helpline**. To read more about our COVID-19 initiative, Find the **Covid-19 Pandemic Wellbeing Taskforce Report 2020**

10,088
TELECONSULTATION

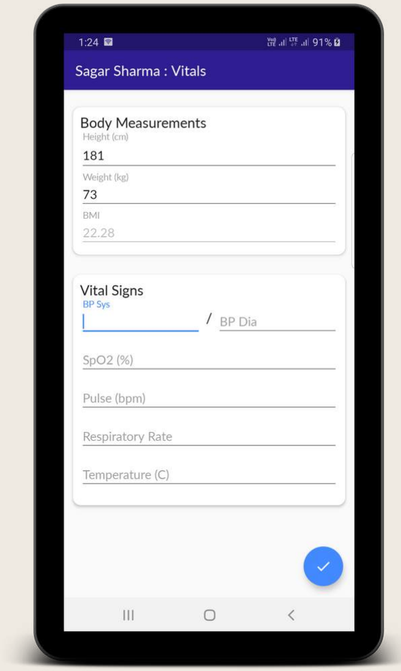
19,522
LIVES IMPACTED

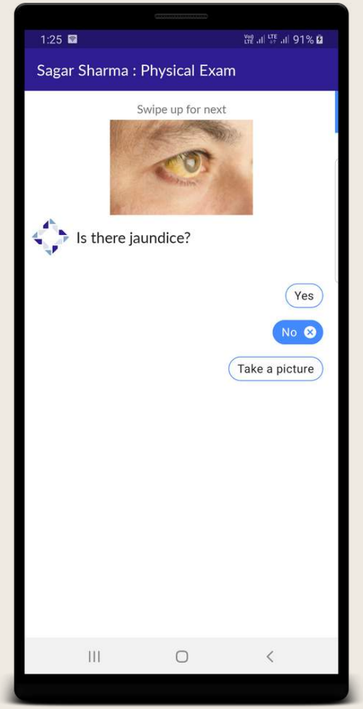
6,082
WEBSITE RESOURCES ACCESSED

3,352
COVID RISK SELF ASSESSMENT

INTELEHEALTH - Product Growth Features

- Improved **user experience**
- Introduced a new user interface for **Ayu** - A Digital Health Assistant
- Introduced **Progressive Web App (PWA) for doctors.** This app can be accessed on Android and iOS devices
- **Introduced notification feature for doctors** once the case is uploaded
- Introduced dropdown feature for opting multiple **Doctor specialties** like General Physician, Physiotherapist, Dermatologist, Gynecologist, Pediatrician
- Added **share prescription** feature on **WhatsApp & Web**
- Integrated **Video library** for user support
- Improved **Knowledge Engine** with updated clinical protocols - **Based on Patient Age & Gender**
- Added **Audio Call or WhatsApp call feature for Doctor-Patient Interaction**
- Added 3 languages in the Intelehealth app - **Odia, Gujarati, and Hindi**
- Developed **Automated Translation Script** for protocols translation
- Worked on **Artificial Intelligence (AI), Machine Learning (ML) Strategy, R&D**

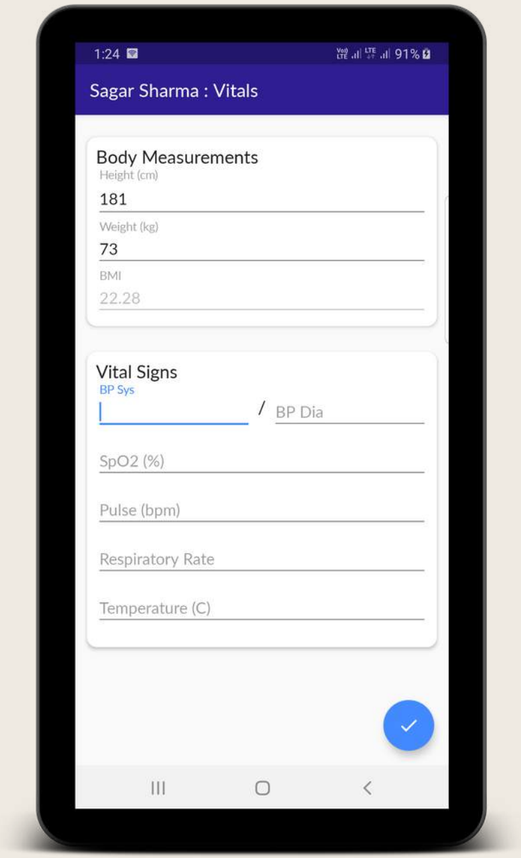


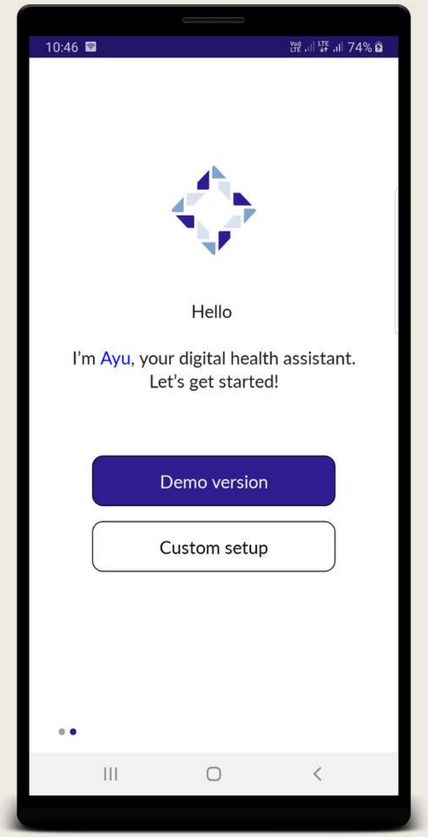


PRODUCT GROWTH - Intelehealth

Key Product Metrics

- Number of **Releases** - 31
  (Increase from last year by 7)
- Number of **Repositories** - **8**
  (Increase from last year by 2)
- YTD **Commits** - **3,313**
  (Increase from last year by 1,512)
- YTD **Contributors** - **41**
  (Increase from last year by 21)
- YTD **Lines of Code** - **70,300**





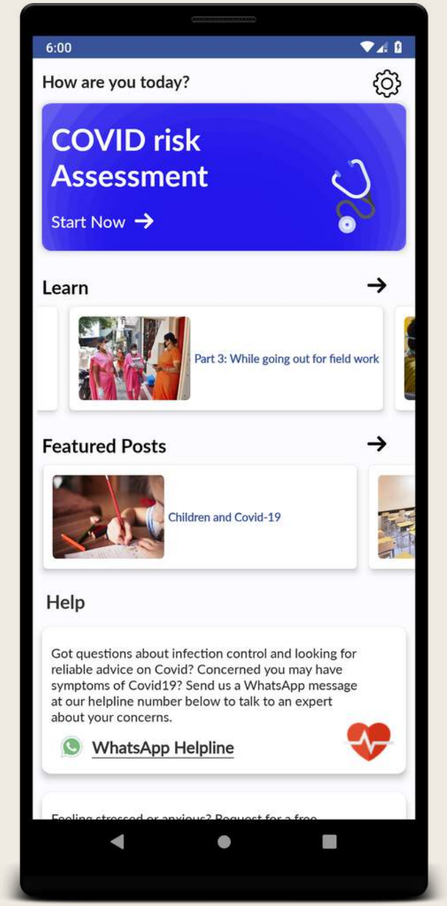
PRODUCT GROWTH - Intelesafe

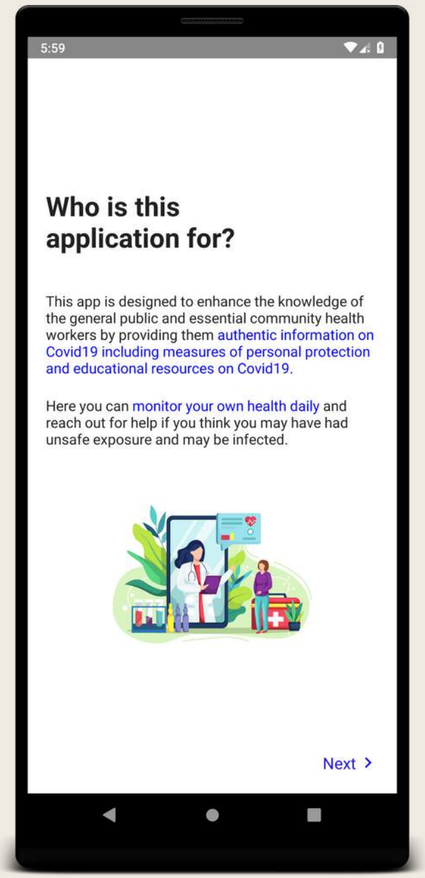
Features

- **Easy to use Safety Education** modules tailored especially for low and middle income countries.

- **WhatsApp helpline** for Provider Protection - all your PPE questions answered! Crowdsourced growing FAQ library

- Modules for **alternate best-practices** for safety and protection in case of PPE resource constraints





Knowledge base that is certified, vetted and based on guidelines & latest research from **WHO, MOHFW and CDC**

Training protocols with health officials

Healthworkers training

Heathworkers training on using the app

Healthworker treating a patient at HWC

TELEMEDICINE PROGRAM DESIGN CANVAS

The Telemedicine Canvas defines the various fundamental components of designing and implementation of a telemedicine program. This one-page document contains sections/boxes offering an easy way of understanding the different core elements of the telemedicine program in a snapshot.

The right side of the canvas focuses on the impact and key indicators to be achieved while the left side of the canvas focuses on defining the Problem and ecosystem. The middle section contains the inputs and activities planned while the bottom section outlines the financial aspects.

Intelehealth conducted a live workshop with participants at the Global Health Digital Forum held in Dec '20 where they introduced and presented this Canvas as a useful tool in designing a telemedicine program for the regions they work in.

TELEMEDICINE PROGRAM DESIGN CANVAS

Created by _____ Version_____ Date _____

PROBLEMS
What problem am I solving for patients?
Queue in a urban/rural area
What problem am I solving for the health system?
Reduce waiting time for the patient
What are the costs/consequences of not solving this problem?
Waste of time, late in patient treatment

1

ECOSYSTM
Where will this project be implemented?
Urban area
Describe the current health system - how do patients currently access care for this issue?
What is the availability of internet & mobile connectivity?
What regulation exists?
Are there any telemedicine laws and guidelines I have to comply with?

2

PATIENTS
Who are my patients?Anyone in urban/rural area who come to hospital physically
What is my target population - Rura/Urbanl patients, Urban patients, Children, women, elderly?
Describe the persona of your target patient groups
What kind of access do they have to the internet, mobile devices, power?Patient have their smartphone and access to internet
What is their level of technical literacy?
They are able to use the smartphones
Do they trust/accept telemedicine?
Yes

3

PROVIDERS
Who are my providers?Doctor
What are the types of providers I will need to recruit?
eg: nurses, midwives, community health workers, general physicians, specialists, counsellors
Where would they be based?
Ideal characteristics (eg: speaks the same language, retired doctors, international specialists)?
Local language

4

CHANNELS
How might I reach patients?
Directly (D2P) - IVR, Call center, mobile app, website, chat (WhatsApp / Facebook?
Mobile app
Via an intermediary (HW2D) - health worker assisted telemedicine
Indirectly (P2P) - doctor consulting with specialist

5

PATIENT WORKFLOW
What will the teleconsultation workflow be?
Create their profile
See all doctor's availability
Check for appointment

How will I manage patient consent?
Before issuing the token consent should be taken
What is the patient journey?
Registration -> Checking Availability -> token amount should be taken -> appointment provided -> consultation given -> feedback

6

TRAINING
What training will they need?
Doctor need training to use app
What is their current level of training and education? Mild
What skills do they need - clinical skills, technology skills?
Clinical skills
What refresher/continuous training will they need? Refresher

7

TECHNOLOGY
What technology will I use? App
What key features do I need in my software?
Video conferencing, chat, Appointment system
What point of care diagnostics will I need?
What clinical protocols will be needed?
Who will maintain the technology?
What safeguards do I need to maintain data privacy & security?

8

PATIET ENAGEMENT & TRUST
How will patients find out about the telemedicine project?
Social marketing, News-paper, Local leaders, Mouth Publicity.
How will I generate trust and acceptability so that they will use the service?
Fast customer care service.
How do I keep them coming back?
Loyalty programs

9

PROVIDER ENGAGEMENT
How will I keep a ready pool of health providers?
Provide another doctor's available slot
How will I recruit them?
How will I retain them?

10

MEDICINE & REFERRALS
How will patients get medicines after the teleconsultation?
Print and purchase from local or they can avail home delivery.
What will be the indications for referral, i.e. what cases will not be managed over telemedicine?
Physically examination is required
Where will they be referred to?

11

DESIRED OUTCOMES
What will success look like?

eg: Reduction of time, distance, money to access healthcare
Improvement in hypertension status of patients
Increase in number of children receiving treatment for illness

Reduction of time, distance, money to access healthcare
Improvement in hypertension status of patients,
receiving treatment for illness

14

KEY INDICATORS
How will I monitor that the project is meeting its goals?
How will I monitor and maintain clinical quality?

# of patient visits
# of health providers
Population reached

-Surveys and Feedbacks

15

COSTS
What are the various cost components of the project?
Platform cost
Maintenance cost

12

REVENUE
Who pays?
Patient / Insurance / Government / Donor ?
Patient

13

THE SOLUTION
Brief description of my solution
The user used to wait in long queues and need to wait for long where there is less doctors available, difficult to manage physically, so the time reduce for consultation, no need to physically go there they can consult over video conferencing and chats and proper appointments is there; survey and feedbacks are there to improve things and measure success.

16

UPCOMING PROJECTS

e-Sanjeevani Jharkhand

eSanjeevani, a telemedicine platform, launched by the Ministry of Health Affairs is currently being implemented in the state of Jharkhand. Intelehealth in collaboration with the National Health Mission and Transform Rural India Foundation is supporting implementation activities in the state. This platform is designed by the Centre of Development of Advanced Computing.

This project aims to deliver quality healthcare facilities to rural areas in the state, covering 5 districts of South Chotanagpur region from April 2021 onwards. As a part of this project, Intelehealth will provide intensive training to 276 Community Health Officers while ASHA workers will spread awareness within the community. Intelehealth will also be providing on-ground implementation support through Monitoring and Evaluation activities.

Digital Impact Square

DISQ, a Tata Consultancy Services Foundation Initiative, is an open social innovation centre in Nashik, Maharashtra. DISQ encourages innovation using digital technologies to address social challenges prevalent in Health and Hygiene, Housing and Transportation, Energy, etc across India.

As part of DISQ, Intelehealth is designing and implementing a model telemedicine program in rural villages in Nashik. DISQ provides a 12-week Bootcamp with sessions guiding the teams through the process of designing & implementation. With community support and partnership support from DISQ faculty, the Intelehealth team has conducted visits to the field for needs assessment, understanding the ecosystem and existing healthcare infrastructure. Using the Telemedicine canvas, the team is developing various possible models for implementation.

Healing Fields

Healing Fields Foundation, a non-profit organization based in India, provides training and support for women as health change agents in their communities. Healing Fields work's in rural areas serving the poorest by facilitating access to health services and treating minor concerns with diagnostic care.

Intelehealth has joined hands with Healing Fields Foundation in bridging the gap between patients and doctors by providing access to quality general care in remote regions of Eastern UP and Western Bihar and training 50 health workers.

IN THE NEWS

Neha Verma, CEO / Co-founder and Dr. Soumyadipta Acharya , Board president and Co-founder were speakers at the **MSF Scientific Days - Asia 2020** virtual event. They spoke on the 'Role of Innovation in Covid-19 response in Indian healthcare settings.'

Intelehealth was featured on **NewsX** as a part of the **India Impact Summit** where our CEO Neha Verma was a speaker. The summit focused on the importance of Telemedicine in rural India and its added importance in Covid times.

Accolades, Mentions & Achievements

★ **Dr. Nachiket Mor, Former Country Director, Bill & Melinda Gates Foundation** in his blog on the healthcare platform PlexusMD, acknowledges Intelehealth's Covid-19 product initiative, 'Intelesafe' as one of the resources to meet patients' needs during the Covid-19 pandemic.

★ **GoodFirms**, a research and review platform that helps software buyers and service seekers opt for the best software's, features Intelehealth as the **#1 free and open source telemedicine software** for the underserved rural population.

★ **Dr Bimal Buch, Director - Clinical & Training Operations** - Intelehealth & Ex-President, FFPAI was a speaker at the **FFPAI webinar series**; discussing the significance and use of Telemedicine for Family Physicians in Covid times.

★ **Vibha Bhirud, Director - Programs**, Intelehealth was recognised and awarded with the **Perennial Fellowship (Winter Cohort 2020)** for her work on designing and implementing digital health programs in last-mile settings globally.

★ **Karishma Arora, Chief People Officer,** Intelehealth was recognised and awarded with the **The Coching Fellowhip –2020 - Cohort 2**. A coaching fellowship that nurtures and brings together the world's high potential young women leaders of impact.

★ Intelehealth participated in the **Global Digital Health Virtual Forum 2020** to discuss the importance and need of telemedicine to reach beneficiaries during the Covid-19 pandemic.

★ Our **CEO & Co-founder, Neha Verma** featured as one of the top finalists in **Echoing Green's 2020 Talent Report : Health and Healthcare sector.**

FINANCIALS

Jan' 20 - Mar' 21

PROFIT & LOSS STATEMENT 2020-21

Income:	
Foundations and Grants	$ 705,316.82
Program Income	$ 1,580.00
Individual contributions	$ 7,569.32
Total Income	**$ 714,466.14**

Expenses:	
Program Services	$ 249,553.27
Administration & general support	$ 22,899.00
Fundraising expenses	$ 9,748.73
Total expenses	**$282,201.00**

BALANCE SHEET 2020-21

Assets:	
Current Assets	$ 555,155.09
FIxed Assets	$ 6,997.97
Total Income	**$ 562,153.87**

Liabilities & Equity:	
Equity	$ 533,582.45
Total Liabilities & Equity	**$ 533,582.45**

*We are changing our fiscal year from Jan-Dec to beginning Apr-Mar 2021

OUR TEAM


Neha Verma


Dr. Bimal Buch


Swapnil C.


Vibha Bhirud


Karishma Arora


Sagar Shimpi


Nishant Singh


Priya Joshi


Prithiraj Chowdhary


Manikandan A


Prajwal Waingankar


Zeeshan Ansari


Shubham Joshi


Manoj Pedvi

Nishita Goyal


Satyadeep Kumar


Dr. Kavita Purnaik


Rajeev Kumar


Priyanka Vichare


Gaurav Shrivastava


Rhea Mathews


Aparna Shilpi


Samira Pathare


Shraddha C


Sachin Khanekar


Hanif Kalvatar


Sagar Doke

Hiral Dharod


Shankar Panwar


Snehal Soni


Dhanashri Patil

OUR SUPPORTERS

All our supporters share the common goal of empowering health access to the underserved. Our joint efforts have led to a significant transformation where it is most needed and that is what keeps us going. Together, we strive to make the world a better place.

MULAGO

THE/NUDGE

PEERY FOUNDATION

maitri trust

OPEN ROAD
KEEPING IMPACT ON TRACK

TRI TRANSFORM RURAL INDIA

DIGITAL IMPACT SQ®

Healing Fields Foundation
Access, Affordability and Quality

KAMATH FAMILY FOUNDATION

SCHWAB CHARITABLE

GET IN TOUCH WITH US

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