



Ekal Arogya Telemedicine Project



Optimising Last Mile Healthcare through Telemedicine

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“Arogya Foundation of India” is a charitable trust working to provide health services to tribal society and poor farmers from remote villages. They work on various global development projects like Education & Literacy, Health & Family Welfare, Rural Development & Poverty Alleviation, and Women’s Development & Empowerment.

The intervention of Ekal Arogya Kendra (Health Outreach Center) was established in 1310 remote villages using a comprehensive care delivery model to identify, treat and manage patients with high-quality care for primary health conditions through technology.

What are the problems we are addressing?

Over 3.8 billion people (WHO report), or half the world’s population, lack access to essential medical care. With about 75% doctors, 60% hospitals, and 80% pharmacies located in urban India, existing primary health care (PHC) programs in rural India struggle to meet the needs of their beneficiaries and face hurdles in providing high-quality care. According to Arogya Foundation India (AFI), the patients find it hard to navigate a fractured PHC system - they not only experience difficulties accessing medicines, diagnostic tests, referrals, and financing but even reaching the health care facility is a challenge. 8% of doctor posts at government PHCs (serving 65 million people) are vacant, and those that are filled see high rates of doctor absenteeism. Community Health Workers (CHWs) are a vital resource for primary health care but lack the training and capacity to manage various conditions.

Ekal Arogya Telemedicine

The project, implemented by the Arogya Foundation of India (AFI), aims at improving geographic and financial access to health care services for marginalized tribal communities. The intervention is implemented in 90 remote villages in Jharkhand and Madhya Pradesh, covering a population of 24000. The community health workers are called Arogya Sevika and are provided with mobiles and telemedicine kits to facilitate teleconsults, counseling, and referrals with remote doctors. These Sevikas support the project in screening, follow-up, and tracking patient health improvement.

The basic unit of intervention is a group of 150-200 households which may be a village, a part of a village, or a group of villages, depending on the population. This unit is managed by a Sevika. A group of ten such units forms a Upsanch, managed by a Sanyogika. 3 Upsanchs form a Sanch (~30 villages).

The Sevikas are frontline health care providers from the community and have a minimum of secondary school education. They are fluent in reading and writing in the local language. They have been working with AFI on Arogya Research Center (ARC) projects for 3-15 years and have health-related training per the ARC curriculum, which majorly comprises preventative health care- hygiene and nutrition, home remedies, and kitchen garden. This way, Ekal has empowered the community women and has motivated them in community engagement activities. These Sevikas have been provided with the Intelhealth app along with a kit of essential devices: Thermometer, Digital BP monitor, Height measuring tape, Weighing Scale, Pulse Oximeter, Glucometer, Haemoglobinometer, First Aid Kit, Sanitation Kit, Apron, Solar batteries
Android mobile phone

Geographic coverage: Jharkhand and Madhya Pradesh

Implementing org - Arogya Foundation India (AFI)

Funders - AFI

Tech & Implementation support - Intelhealth

Key Impact

- **Health service consultations – 44,406**
- **Teleconsultation – 1,695**
- **Health workers supported – 121**
- **Doctors supported - 7**
- **Districts - 6**
- **States - 3**

*data as of June 2022

Implementation Model - Health worker-to-doctor

The community people of Ekal village visit Sevika when they are sick. The Sevika takes the patient's details, fills them in the mobile application, and creates a visit. The application is used for sending patient information to the doctor. There is also an option for a video consultation with the doctor/specialist. The doctor/specialist collects the patient's information through the doctor's web app portal and gives the prescriptions. The prescription is shared with Sevika on her mobile. The Sevika further shares the prescription via WhatsApp or prints the prescription and shares it with the patient.



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