



Telemedicine for maternal and child care via home visits

Project implemented in November 2021 | Project status: Active | Case study published on: Aug 03, 2022

Hand in Hand - India is a global Not for Profit organization that works to alleviate poverty and focuses on access to quality education, affordable health care, a clean environment, skill development, entrepreneurship and financial inclusion. They work very closely with the underprivileged community focusing on women and children, and provide them the dignity, hope and choice of sustainable development at the grassroots level. Hand In Hand India also does the policy level advocacy for bringing sustainable change in the government system. They focus on making government health schemes and health care services accessible to the rural population. Women, children and elderly people have benefited from the health camps.

***Hand in Hand, India** works in remote villages where health care access is limited. The socio-economic condition, along with the literacy level, is low in these villages. The villages are remote and the population lacks access to good quality healthcare, especially specialist care. Most of households are dependent on farming. Accessing health services means putting a significant strain on their financial condition as there are no health facilities nearby. The village people have to travel long distances to seek consultation from qualified practitioners and the specialists are much harder to reach by them. Also, during the COVID pandemic, medical camps were halted. Specialist doctors were not willing to travel to fields to conduct camps. Hence access to health services was compromised. Also, there was a need to store all the data more efficiently and centrally.*

Hand In Hand India

The model works primarily by bridging gaps in the government's existing healthcare network. Its primary focus is on women, children and the elderly population. The project connects rural communities to a general doctor or specialist via healthcare workers who are called community mobilizers. The project also sets up live medical camps where the healthcare worker supports the doctor in taking preliminary data for consultation. The beneficiaries are provided consultation with a specialist gynecologist, pediatrician, and general physician

Geographic coverage: Tamil Nadu, Jharkhand & Bihar

Implementing org - Hand In Hand India

Funders - Hand In Hand India

Technology & Implementation support - Intellehealth

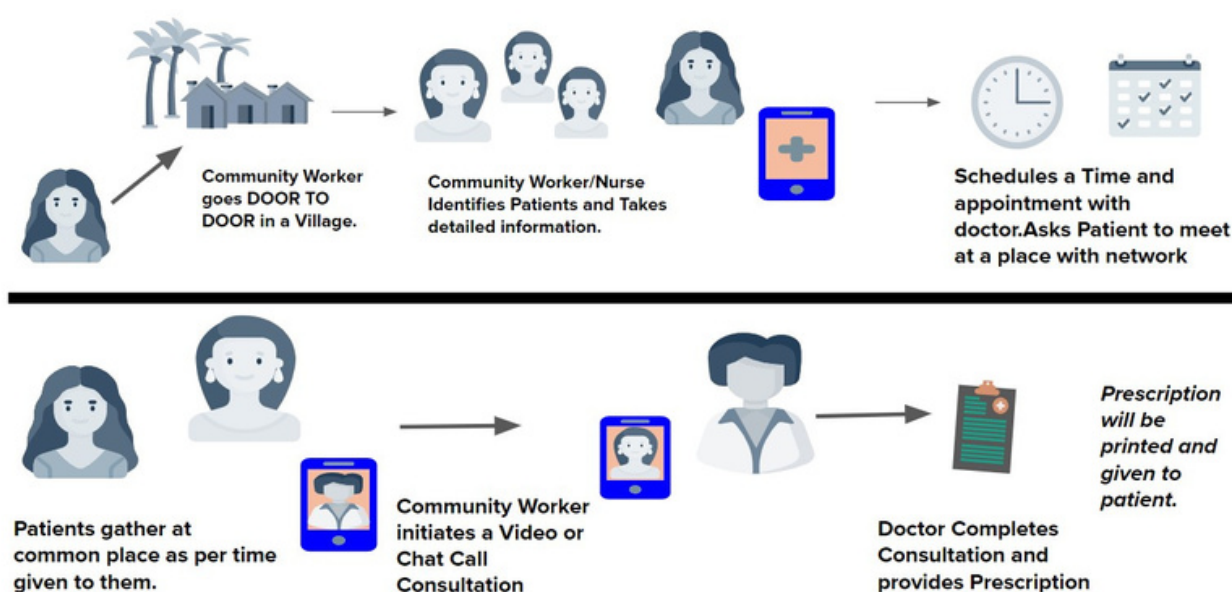
Implementation Model - Health worker to Doctor

Two forms of the camp use the telemedicine application.

In the Telehealth camps, the staff (Health worker or nurse) goes door to door and collects information. These Health workers connect the patient to the doctor virtually via video or text communication option. In this model, they use comprehensive protocols to collect information from the patient.

The patient's information is collected in a selected time slot in the live medical camp and uploaded. The doctors are available remotely and in the time slot provided by him, preferably in the second half of the day. The doctor will complete the consultations and give prescriptions. These live camps take place once a month in a village.

Workflow - Telehealth Camp



Key Impact

- Health service consultations - 41
- Teleconsultations - 6,089
- Health workers supported – 51
- Doctors supported - 3
- Specialties - 3
- Districts - 3
- States covered – 3

*data as of June 2022

Success Story

12-year-old Khusboo Kumari from Kalidih village, Jharkhand, suffered burns all over her foot during a freak bonfire accident. Unfortunately, villagers fail to prioritize their health due to the poor economic situation. Khusboo and her family avoided visiting the doctor due to the travel distances to far-flung hospitals and the costs of medication and consultation. Around the same time as this incident, Hand in Hand India telehealth was launched. A telemedicine initiative providing maternal & child care and primary healthcare services and making it accessible to the rural population where there is no doctor.

Anita Minj, a health worker working under the hand-in-hand telehealth project while doing home visits, visited Khusboo's house. When the nurse noticed her wound, she immediately decided to refer her to a doctor in a city hospital as this was a critical case. Due to the family's financial crisis and poverty, Hand in Hand bore all medical costs and provided food for 10 days.

Khusboo - "I thank Hand in Hand for saving my life. They diagnosed my condition at the right time and referred me to a good doctor, we otherwise wouldn't be able to afford. There are no hospitals or doctors in our village, but due to door-to-door visits by these doctors, my burns were diagnosed at the right time. Due to medication and timely diagnosis, my foot is healing gradually. I can now stand on my foot and walk comfortably"



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