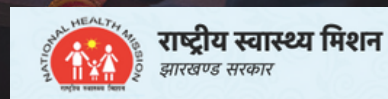




eSanjeevani, Jharkhand



Delivering primary healthcare to the rural population via Telemedicine

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

National Teleconsultation Service (eSanjeevani) is a one-of-a-kind virtual OPD service initiated by the Government of India under the Ministry of Health and Family Welfare. The patient can get video-based consultation from a doctor in the confines of their home. eSanjeevani platform was developed by the Centre for Development of Advanced Computing (C-DAC) and was launched by the Ministry of Health and Family Affairs on Apr 13, 2020. The Government of Jharkhand launched the platform on May 01, 2020, to extend the delivery of contactless, risk-free, and safe health services. Furthermore, the COVID surge in the entire nation has demanded a newer, smarter and effortless healthcare system.

Providing health care services to the last mile was a challenge. Healthcare services could not adequately support the people living in the most difficult geographical areas. Other challenges relating to the healthcare delivery like unavailability of specialists in the vicinity, higher cost and exhaustion in seeking 1:1 in-person consultation with a doctor have laden the healthcare infrastructure. And only if this was not enough, the tyranny of COVID had made the life of the people miserable, especially during lockdown when people lost their jobs and were bound to stay home.

eSanjeevani, Jharkhand

The main aim of this Government of India's flagship project is to reduce time, distance and money to access quality health care and improve patient recovery rate. And looking into the pandemic situation, reducing the referral rate and overcrowding at the health facilities and enabling more footfalls at the Health and wellness centers (HWCs).

Geographic coverage: 24 districts in Jharkhand

Partners - NHM Jharkhand & TRIF

Funders -

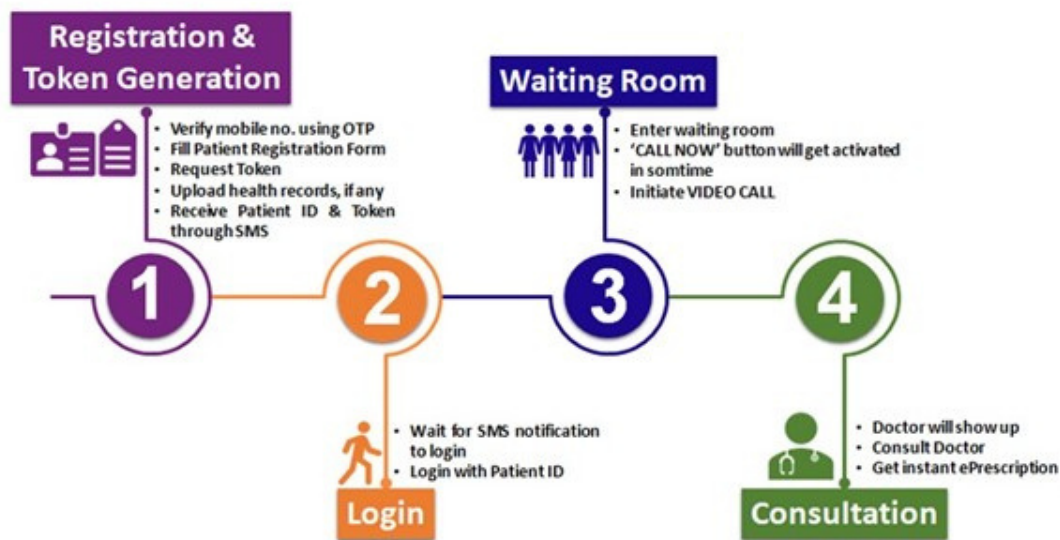
Tech & Implementation support - Intellecthealth

Implementation Model - Health worker to Doctor

There are 02 models in eSanjeevani- eSanjeevani OPD and eSanjeevani AB-HWC

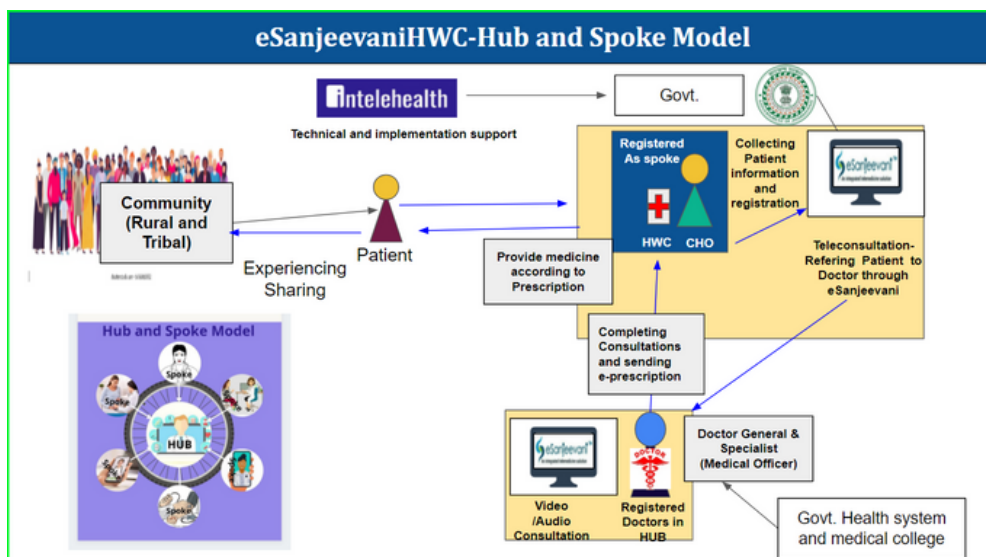
Patient flow:- eSanjeevani OPD

First, the patient is registered and a token is generated. The mobile number is verified using an OTP. Afterward, the patient must fill out the registration form and request a token. The patient is prompted to upload a health report if available. The patient receives their patient ID and token number through SMS. The next step is to log in with the patient ID received via SMS. Then the patient is automatically directed to the virtual waiting room. When the CALL NOW button gets activated, the patient presses the Call NOW button and initiates the VIDEO CALL feature to get the consultation. After the consultation ends with the patient, the CHOs enter the details in their OPD register and instantly give medicine to the patient.



Patient Flow: eSanjeevani AB-HWC

eSanjeevani AB-HWC (Ayushman Bharat - Health and Wellness Centre) - It is a Health Worker to Doctor platform implemented at the Health and Wellness Centres (HWC) as a Hub and Spoke model. HWC is Spoke and CHO has been registered there to consult Doctors based at *PHC/CHC/ District level or Medical College level. Doctors are onboarded in Hub who receive the referred patient's cases and provide them teleconsultations.



Success Story

Jangi Devi, from Gumla district in Jharkhand, was distressed when her 2-day-old newborn got red rashes all over her body, including her face and trunk. So the troubled mother seeking a solution to her baby's rashes visited the nearby Health & Wellness Centre, which was working under the eSanjeevani telemedicine program. The Community Health Officer (CHO) connected Dr. Nalanda Singh via video consultation for a proper diagnosis. Dr. Nalanda did an intensive investigation of the case by asking Jengi Devi relevant questions. From her investigation, Dr. Nalanda learned that the newborn was being wrapped in a blanket rather than soft, warm clothes and would have to continue to do so until certain rituals were completed.



The mother wanted to protect her baby from the rituals, but due to family pressure and a rigid mindset of elders, she had to give in to their decision. Dr. Nalanda decided to speak to the baby's grandmother to influence or change this conservative mindset. Dr. Nalanda counseled the baby's grandmother and explained the health problems it could lead to due to wrapping the baby in a blanket.

Dr. Nalanda prescribed some medication but emphasized ensuring the baby wore soft, warm clothes. The grandmother was convinced and followed the doctor's instructions. In two days, the grandmother returned to the HWC joyfully and told the CHO that the baby had recovered. She thanked the doctors and CHOs for their selfless efforts and the counseling.

The elated baby's mother attended a campaign against neonatal problems within the village and educated other women about the issue. She also spoke at length about breaking away from a conservative mindset to provide a healthy life for the baby. She advocated the importance of eSanjeevani's telemedicine program within the village that would provide early diagnosis for illnesses free of cost instead of traveling to city hospitals.

Key Impact

- **Teleconsultations (HWC & OPD) - 1,82,246**
- **Community Health Officers (CHOs) supported – 1,494**
- **Doctors registered - 561**
- **Districts covered – 24**

*data as of June 2022



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