



## ANNUAL IMPACT REPORT 2021-22

*We deliver quality healthcare where there is no doctor*



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# CEO SPEAKS

Dear supporters,

We believe in the vision of Universal Health Coverage - that you should be able to receive the health services you need, when and where you need them, without facing financial hardship (WHO). But realizing this vision requires the collective efforts of an entire ecosystem. We aim to be a catalyst to empower existing health programs to deliver last-mile healthcare through well-designed user-centered telemedicine technology and implementation services.

One thing that people don't understand is that telemedicine is very empowering for women. For a woman living in rural India, health access is a privilege more than a right. Her access to health may be controlled by other people like her husband or in-laws. She has to rely on them for the permission, money, and transportation that she needs to get to a doctor in the nearby city.

“

*When I started working on Intelhealth, I was deeply touched by seeing how empowered women felt to be able to walk out of their house to a telemedicine clinic, talk to a doctor and get the care they needed on their own terms. I continue to be motivated by the power of telemedicine in creating easily accessible, safe spaces for women to get the care they rightfully deserve”*



Dr. Neha Verma  
CEO & Co-Founder, Intelhealth



## Impact at a Glance



127,233

Population reached



77,382

Teleconsultations completed



109,062

Health service consultations



2,068

Frontline Health workers  
supported



446

Doctors supported



93

Clinical protocols



16

Specialities offered



14

States



2

Countries

*\*states counted with minimum 100 registrations*

## Product Metrics



154

Product releases



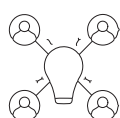
16

Repositories



6,447

Code Commits



60

Contributors



99,300

Lines of Code

*\* data as of March 2022*



# THE PROBLEM

Half the world's population does not have reliable access to healthcare.

Globally, COVID-19 has led to a terrible loss of life and presented challenges to healthcare systems. Health care services were unavailable to the hard-to-reach population due to the high burden of hospitalisations, and lack of quality health services. Three years after COVID-19 broke out, its numerous effects still make it harder for the common man to lead a normal life.

The importance of Telemedicine was highlighted during the fight against COVID-19. While COVID-19 disrupted the healthcare system, telemedicine became an important tool for healthcare provider organizations and caregivers in effectively responding to the needs of people who have contracted the virus. Globally, health organizations, governments, and hospitals struggled to keep the outbreak under control. Hence, it is no surprise that efforts have been directed to finding innovative solutions to tackle the unique problems arising from this pandemic.

The use of telemedicine, which makes it possible for doctors to communicate with patients via video call or phone call, has both health and convenience benefits. During the COVID-19 pandemic, mandatory social isolation, lack of treatment, and overburdened hospitals made telemedicine the most secure form of communication between doctors and patients. However, the primary focus of telemedicine in the early days of the COVID-19 crisis was to screen COVID-19 patients who could be treated at home.



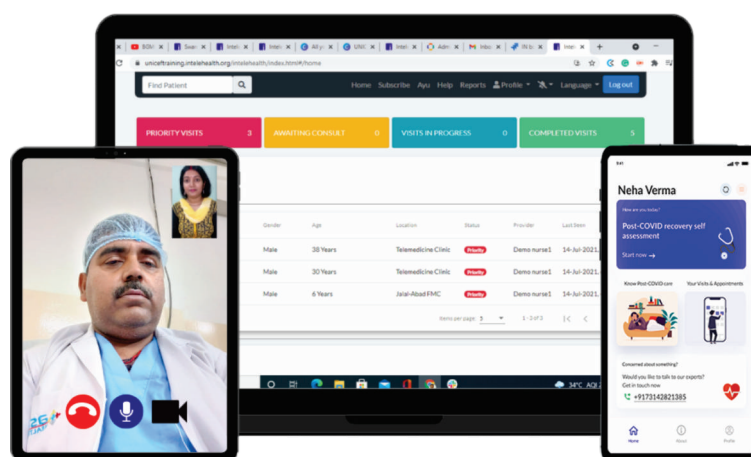


Telemedicine is a critical component of a resilient health system.

## OUR SOLUTION

In recent years, telemedicine has transformed into a critical social good that provides health care access to rural and tribal areas in the country. Intelhealth is a digital public good platform. With our digital public good software, we will be able to meet the needs of people living in remote areas of the country through supporting essential interventions, high-quality healthcare, and bridging gaps in healthcare delivery.

Intelhealth uses open-source telemedicine software technology to help Governments, NGOs, and Hospitals connect hard-to-reach populations with high-quality healthcare. Intelhealth's primary goal is to increase access to primary health care for the rural community. Health organizations all over the world have used our technology to improve health outcomes like reducing malnutrition, improving the management of diabetes, providing home care for patients affected by COVID-19, and managing care for pregnant women. Our end-to-end support services enable governments, non-governmental organizations, and hospitals to easily scale their programs and meet their impact goals.



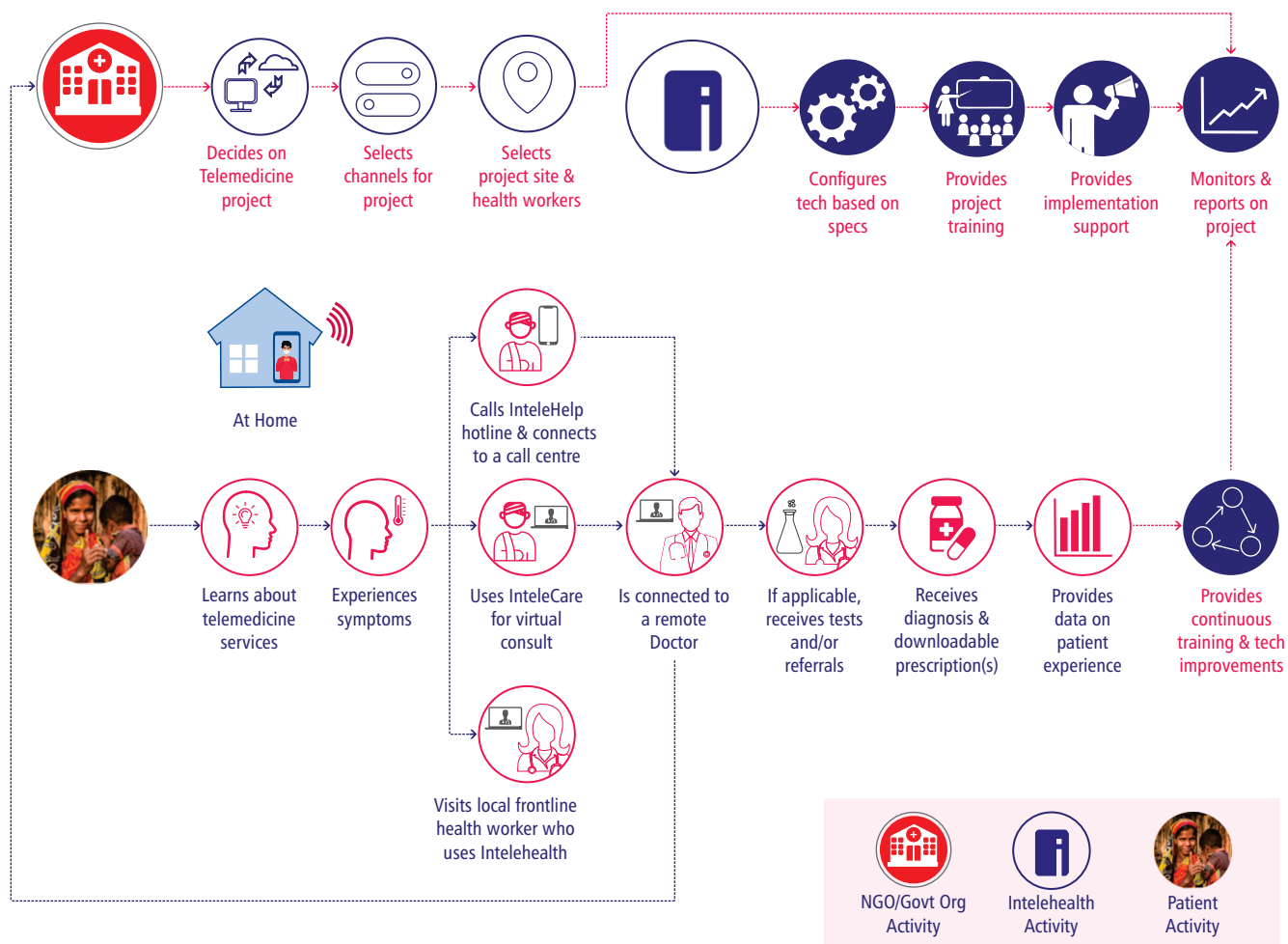
Digital public good software



Implementation know-how



## How we work



## Our support to SDGs

We as an organization align with three UN Sustainable Development Goals in our bid to provide holistic and integrated healthcare services through telemedicine.



## VOICES OF WOMEN





# Jijabai Motiram Chaudhary

Anganwadi worker, Kapurne village, Nashik

Jijabai Motiram Chaudhary has been working as an Anganwadi worker for the last 40 years. So it was no surprise that I (Dr. Shilpa Bhatte) found myself discussing the community's health needs with her at the Gram Panchayat meeting in Kapurne village, Nashik, during my community needs assessment visit. Jijabai shared her experiences with the various vaccination drives they had conducted in the village to the villagers' seasonal health challenges during monsoon. It was a pleasure hearing about her experiences in the field and the changes in healthcare that have happened over the years.

Her husband, Motiram, is a farmer and a huge supporter of her work. Her 95-year-old mother lives with them, and her grandson, who is 21 years old, recently married. As a result, four generations live under the same roof, each contributing to the village's development.

Access to smartphones is always challenging for women, especially in rural/tribal areas. However, Motiram made it quite clear that Jijabai was an important member of the community and needed to be the primary owner of the household phone. Kudos to the spirit of these "barefoot doctors"!



# Shamina

Counselor, Vikalp Helpline



I, Shamina, am working with Vikalp Helpline as a counselor. This helpline provides information and counseling to girls and women facing domestic violence as well as information on sexual and reproductive health.

I am a domestic violence survivor. I was beaten by my in-laws a few years into my marriage. I had no support from my family and I was afraid to voice my concerns. I was unaware of any legal recourse possible to combat this abuse. I often wondered how many women like me go through this each day. Since then, I decided I will work for an organization that helps women and young girls raise their voices against sexual harassment and domestic violence. Today under the aegis of Vikalp Helpline, I counsel so many young girls and women every day. They share their anguish, emotions and worries. This helpline has empowered me to help others in every possible way. Many women whom I have counseled through our helpline, have called back and shared positive results. I feel so happy that I managed to help them and make them stronger.

Initially, we worked offline, maintaining case documents, pulling up old files for follow-ups, etc., but with Intelhealth's support, our work is now hassle-free, we save a lot of time in making notes instead we just feed the information into the app and can access any document with just a touch of a button or screen. I am grateful to the people who have launched this helpline; it is a dream come true. Today, I am a much stronger woman than ever.



# Dr Divya Singh

Remote Doctor, eSanjeevani (Jharkhand)

Dr. Divya Singh, a Medical officer at the Rajendra Institute of Medical Sciences (RIMS), Ranchi is currently working as a remote doctor under the eSanjeevani-OPD program.

"I completed my masters from Rajendra Institute of Medical Sciences and Hospital, Ranchi, and started work as a Medical Officer at the same college, consulting patients and teaching medical students part-time. In 2013 when I was in Delhi for a seminar, I met with an accident that led to paraplegia (injury to the spinal cord that paralyzes the lower limbs) which resigned me to a wheelchair for the rest of my life.

This devastated me and I feared for my future. I was on rigorous physiotherapy for a while. As time passed, I always saw a blurred vision of my dream. This helped me stay strong and not give up. I said to myself, that my health condition should not be an excuse for treating patients. Hence, I customized my car at my own expense and traveled to the hospital to treat patients and teach students. During my spare time, I love reading books and painting. I have written and published my own book Titled - 'Girl with wings on fire', which is about my struggle post accident.

Last year, as the pandemic struck and the lockdown was imposed, the college approached the medical staff to enrol as doctors for eSanjeevani OPD, Jharkhand. eSanjeevani-OPD is a direct-to-patient app for basic illness, medical treatment and follow-up consultation. This project made my life easier as I could stay home and tele-consult patients. I have been working on this project for the past one year. I have consulted almost 3,000 patients with 70% being mild cases and 20% tertiary level cases that needed special attention and were referred to a hospital for further treatment.



**“** I am thankful for this project. It has enhanced my confidence and boosted my morale. Working from home has helped increase my productivity and save travel time as I strive to deliver quality consulting services to the needy who are most vulnerable during this pandemic.”

**Dr Divya Singh**



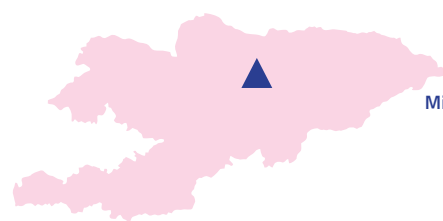


## PROJECTS





# PROJECTS



KYRGYZSTAN UNICEF,  
Ministry of Health (Kyrgyzstan) & eHealth Centre

## Projects with Government



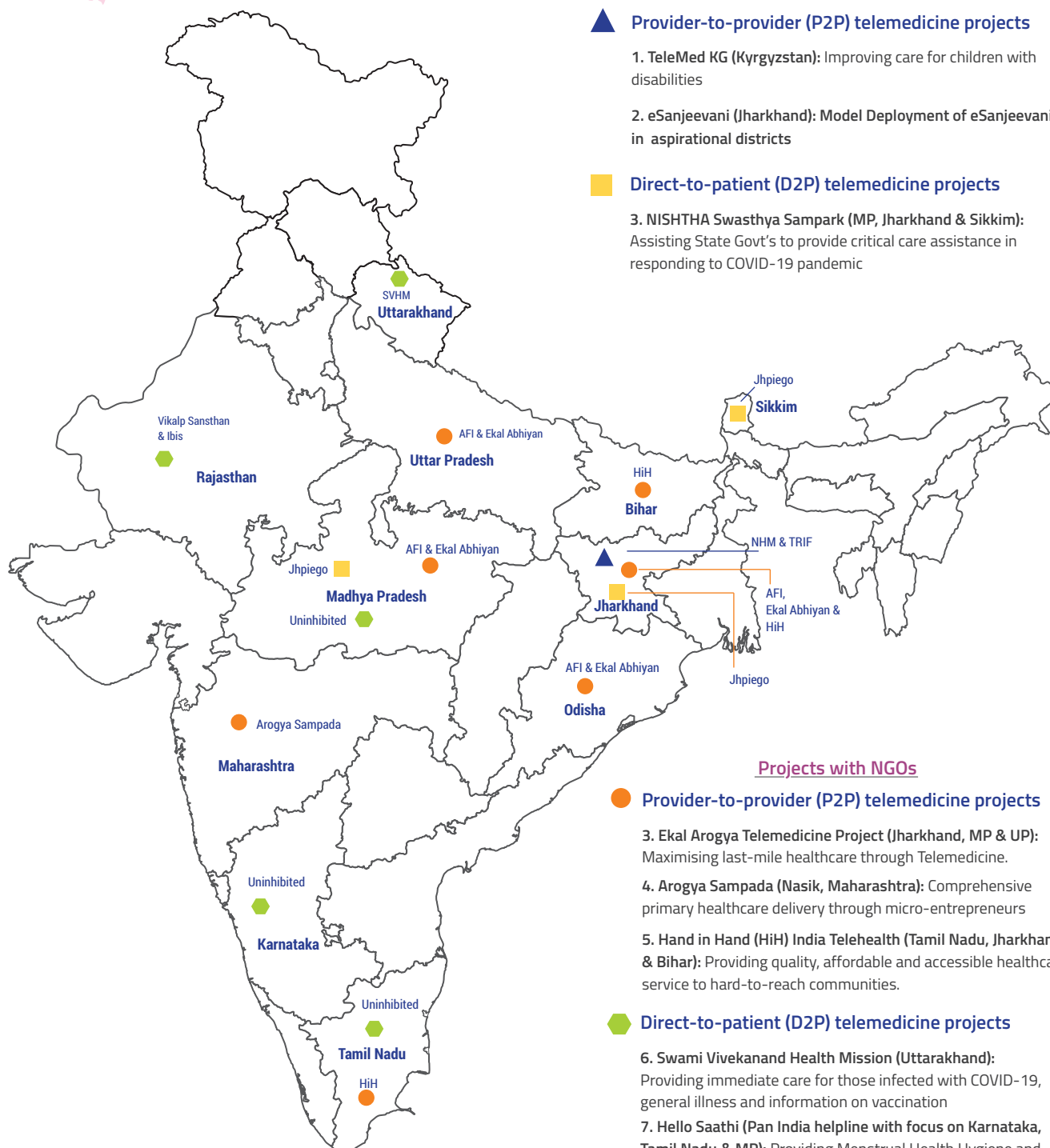
### Provider-to-provider (P2P) telemedicine projects

1. TeleMed KG (Kyrgyzstan): Improving care for children with disabilities
2. eSanjeevani (Jharkhand): Model Deployment of eSanjeevani in aspirational districts



### Direct-to-patient (D2P) telemedicine projects

3. NISHTHA Swasthya Sampark (MP, Jharkhand & Sikkim): Assisting State Govt's to provide critical care assistance in responding to COVID-19 pandemic



## Projects with NGOs



### Provider-to-provider (P2P) telemedicine projects

3. Ekal Arogya Telemedicine Project (Jharkhand, MP & UP): Maximising last-mile healthcare through Telemedicine.
4. Arogya Sampada (Nasik, Maharashtra): Comprehensive primary healthcare delivery through micro-entrepreneurs
5. Hand in Hand (HiH) India Telehealth (Tamil Nadu, Jharkhand & Bihar): Providing quality, affordable and accessible healthcare service to hard-to-reach communities.



### Direct-to-patient (D2P) telemedicine projects

6. Swami Vivekanand Health Mission (Uttarakhand): Providing immediate care for those infected with COVID-19, general illness and information on vaccination
7. Hello Saathi (Pan India helpline with focus on Karnataka, Tamil Nadu & MP): Providing Menstrual Health Hygiene and Sexual Reproductive Health information
8. Vikalp Helpline (Rajasthan) : Providing information on sexual reproductive health, safe abortions and domestic violence.
9. Ekal Arogya Helpline (Pan India): COVID-19 helpline for tribal villages & urban slums
10. MSF Arogya Bharat Helpline (Pan India): for those infected with COVID-19, Vaccine information and general illness.

# eSanjeevani, Jharkhand

Government | D2P | P2P



## Improving access to primary healthcare in Jharkhand through last mile delivery

COVID-19 has deeply affected our healthcare system, economy and community. Due to India's overburdened healthcare infrastructure, low doctor-patient ratio, and inaccessible healthcare, particularly in rural areas, the government recognized the need for digitalization to improve access to healthcare.

In response to the pandemic, the Ministry of Health and Family Welfare established e-Sanjeevani, HWC (Health & Wellness Centre) and OPD, a telemedicine platform that provides primary healthcare that is both affordable and accessible for the last mile population.

## Enabling eSanjeevani in the state of Jharkhand

Jharkhand has a total population of 3.96 cr of which 75.95% live in rural areas. Inteliehealth and Transform Rural India have partnered with National Health Mission (NHM), Jharkhand to strengthen eSanjeevani in the state and enable telemedicine services to underserved communities in order to increase access to specialized and quality healthcare in rural communities.

### *eSanjeevani telemedicine platform is available in two models :*

#### ***eSanjeevani HWC***

*The Doctor-to-Doctor telemedicine service through which the patient visiting an HWC can virtually connect with doctors and specialists and receive primary health services via a Community Health Officer (CHO).*

#### ***eSanjeevani OPD***

*This platform provides healthcare services to patients from the confines of their homes. eSanjeevani OPD enables free of cost, and safe video-based medical consultations between a doctor and a patient.*

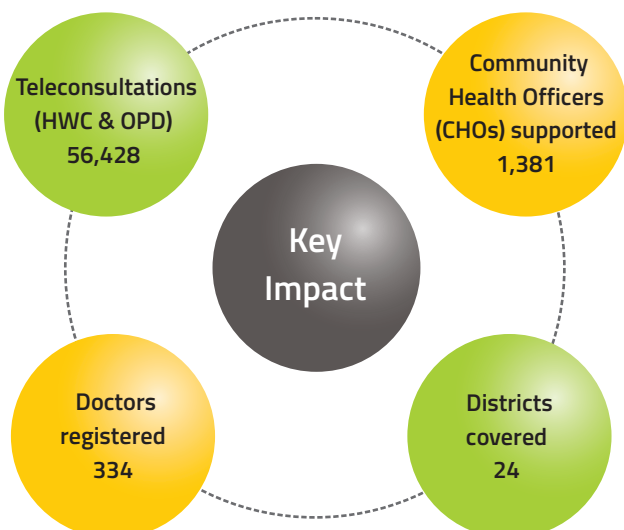
## About NHM Jharkhand

The National Health Mission (NHM) was launched by the government of India in 2005 subsuming the National Rural Health Mission and National Urban Health Mission. The NHM envisages the achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs.



### About Transform Rural India (TRIF)

TRIF is a grassroots foundation, deeply focused on challenges faced by marginalized communities and in particular women in the bottom 100,000 villages of India. They bring deep knowledge and an inventory of working solutions for stranded India and mechanisms for scaling up those solutions. Their rural model of development attempts transformation through better rural livelihoods, rural education, and rural healthcare, skilling and involving the community, the government and the marketplace (Samaaj-Sarkaar-Bazaar).



“During the first lockdown, patients with chronic illness with mental conditions, diabetes, and blood pressure were unable to procure medications due to invalid prescriptions. During that time, eSanjeevani was launched, and I managed to consult 15-20 patients. This was a life-saving platform for people. I applaud the flawless work done by everyone involved in launching eSanjeevani. I feel satisfied treating people those in need and serving them with the best of my abilities.”

**Dr. S. K Mishra**  
Medical Officer, NHM Jharkhand



### Partners

**National Health Mission (NHM) Jharkhand , Transform Rural India (TRIF) and Intelehealth**

# Hand In Hand India Telehealth

NGO | P2P



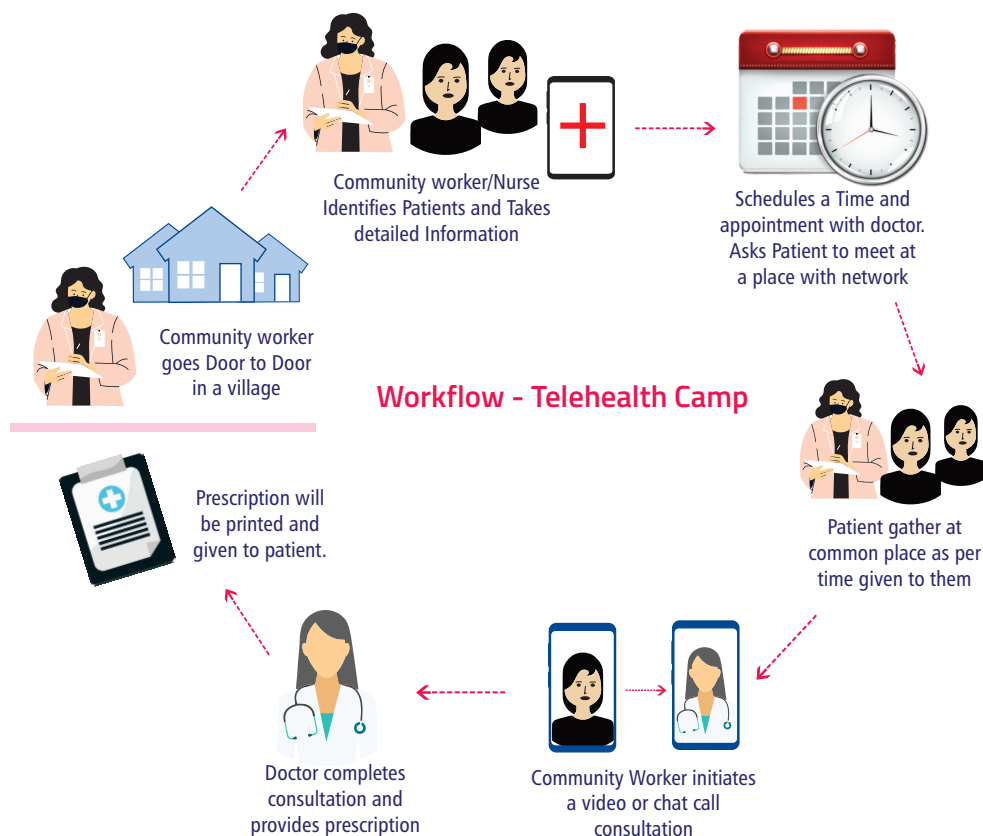
Providing essential healthcare services at the doorstep in rural areas where healthcare access is a challenge.

Hand in Hand (HiH) India along with IntelHealth launched Hand in Hand India Telehealth, a telemedicine platform in rural Tamil Nadu, Bihar and Jharkhand. The rural population in these villages lack access to high-quality healthcare, particularly specialised care. Due to the lack of nearby healthcare facilities, villagers must travel long distances to reach trained practitioners, putting a significant strain on their finances. Reaching specialists is even more difficult.

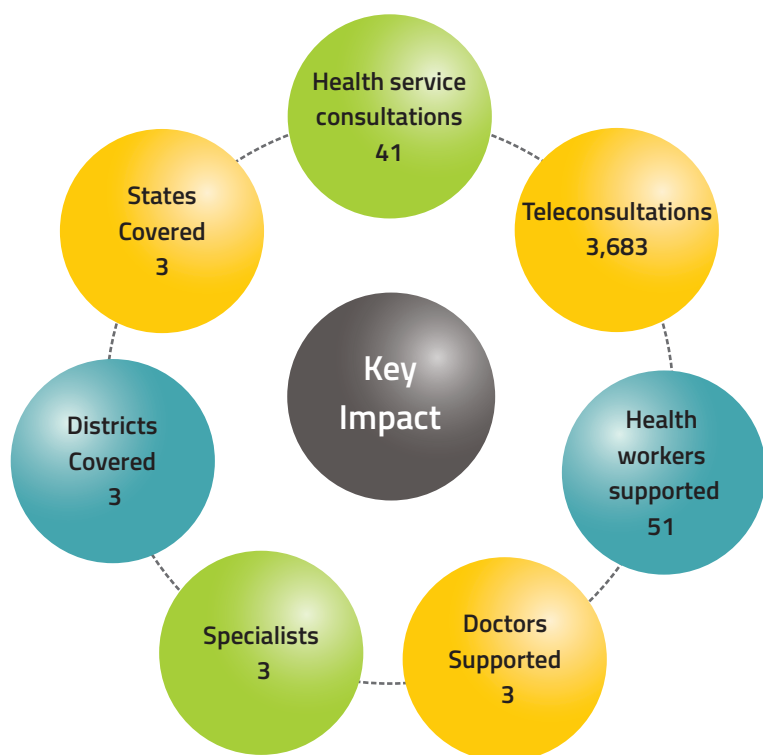
Hand in Hand India Telehealth aims to address the health access gap in maternal and child care and provide primary health services for continuous quality health care. This initiative connects rural communities to a general practitioner or specialist through community mobilizers, who are local healthcare workers. These healthcare workers conduct door-to-door visits and set up medical camps, where they assist a doctor in collecting patient history for consultation.

## About HiH

HiH is a global network with operations in India. The organisation focuses on empowering women, educating children, creating healthcare access, combating climate change and creating jobs. The NGO also nurtures social entrepreneurship in India.







“ 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.”

**Khushboo Kumari**  
Beneficiary



**Partners**  
*Hand in Hand (HiH) and Intelehealth*

# Ekal Arogya Telemedicine Project

NGO | P2P

Providing last mile health care in tribal areas through women micro-entrepreneurs

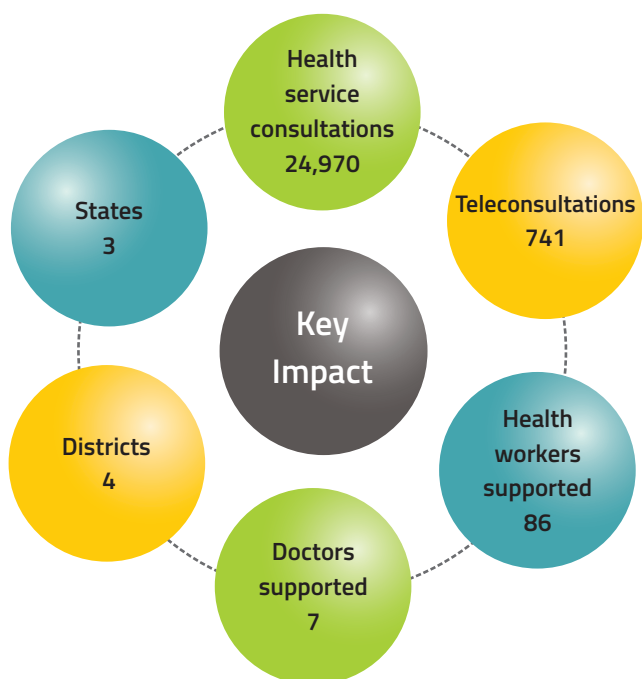
The Ekal Arogya Telemedicine project is implemented in the tribal communities in Jharkhand, Madhya Pradesh & Uttar Pradesh. This project enables community health workers also known as Sevikas, who use smartphones and telemedicine kits to collect patient history and conduct teleconsultations with remote doctors. The Sevikas counsel, screen and follow-up on the treatment plan, thus tracking patient health outcomes.



The sevikas are community-based frontline health care providers who have completed at least secondary school. They are fluent in the local language, both reading and writing, and have been collaborating with Arogya Foundation of India (AFI) on health-related issues, primarily preventative health care—with a focus on hygiene and nutrition, home remedies, and the development of a kitchen garden. AFI has thus empowered and motivated community women to participate in community engagement activities.

## About Arogya Foundation of India (AFI)

AFI is a non-profit organization. It aims to provide health access to the poor in tribal and rural villages in India, under the umbrella of Ekal Abhiyan. Ekal Arogya is a constituent of Ekal Abhiyan to provide preventive urban-based free health care services to the people of remote areas through telemedicine and mobile medical unit for eye care services.



“I was always uncomfortable and afraid to talk in public. I didn't have much experience in the medical field either. However, the team of doctors and specialists thoroughly described every area of healthcare to us and explained the fundamental procedure. For the first time, I was grateful to be a part of these innovative and interesting workshops with such experienced doctors. I gained a lot of confidence after joining AFI. AFI has provided me with a unique identity. People from my village began to recognize me as a result of my efforts.”

Savitri Devi | Sevika

## Partners

Arogya Foundation of India (AFI), Ekal Abhiyan and Intelehealth



# Arogya Sampada Project

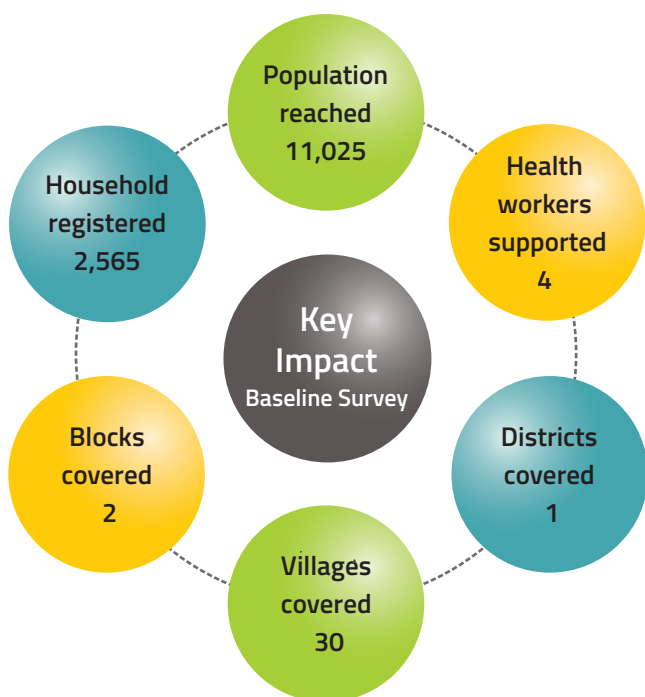
Intelheath's Implementation | P2P

## Improving tribal health in rural Maharashtra



India's tribal population forms 8.6% of the country's total population or 104 million people. Situated on the border of Gujarat and Maharashtra, Peth and Surgana are 100% tribal talukas belonging to the Kokana tribe. Such tribal regions lack health access due to extensive forest cover, low-income groups, unemployment, migration, and lack of ownership of agricultural land.

Intelheath is implementing its own intervention in Nashik with the aim to support and preserve the health of these tribal communities. This project is an innovation lab to create an ideal model for how telemedicine can be used to improve the health needs of the 104 million tribal people that live in India.



*The Intelheath family approached me one day and asked me to work as a Community Health Worker for the 'Arogya Sampada Telemedicine' project. I agreed to work for a good cause. Intelheath has been extremely helpful in my quest to become self-sufficient and independent. They have worked hard to make life easier and more comfortable for those who live in rural areas and have little or no access to quality, affordable health care. I am honoured to be a part of such an esteemed organisation."*

Kamal Nikule | Health worker



# TeleMed Kyrgyzstan

## Government | P2P

Using telemedicine to enhance healthcare access for Children with Disabilities (CWD) and Infections in Kyrgyzstan

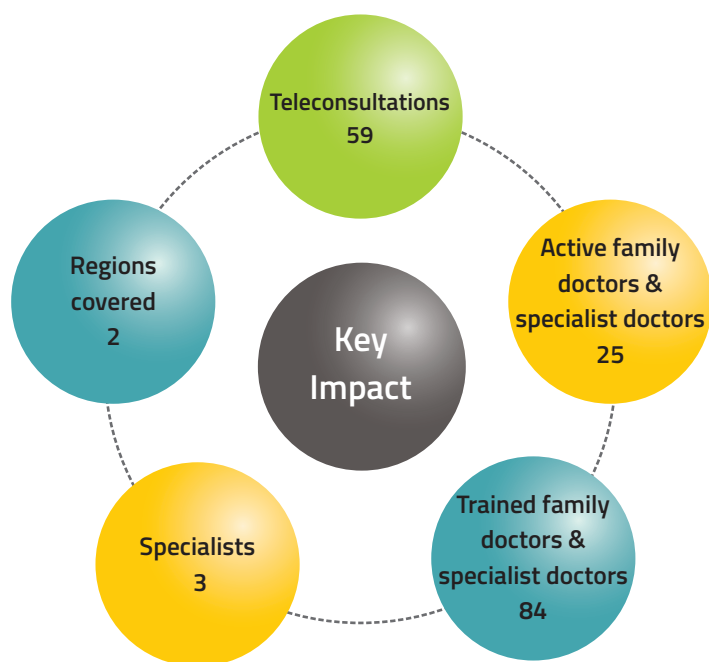
Nearly 240 million children worldwide living with developmental delays and infection/s are deprived of basic rights – UNICEF

The Centre of Healthcare Development (CHD) and eHealth Centre under the Ministry of Health (MoH), with the support of UNICEF powered by Intelehealth, launched TeleMed KG in Nookat and Suzak districts, Kyrgyzstan. This telemedicine platform was launched primarily for children with developmental delays and infection/s who don't have proper access to quality healthcare which the COVID-19 crisis has aggravated.



Misconceptions, lack of awareness, cost of traveling to tertiary care centres, and the associated out-of-pocket costs for long-term medical care, make it difficult for mothers and children with developmental delays and infection/s to access care.

The telemedicine services are for children under 18 years old, who are vulnerable to diseases such as neonatal jaundice, cerebral palsy (CP) and Human Immuno-deficiency Virus (HIV). Lack of proper diagnosis and timely treatment may lead to developmental disorders in such children. The project connects family physicians at the public sector primary care facilities in rural areas with specialists such as pediatricians, physiotherapists, and speech therapists for the management of care for CWD. Family doctors conduct home visits to identify neonatal jaundice in children with developmental delays for early identification and early intervention (EI/EI).



*It has only been a month since I am using the Telemed KG app, but I can already see a difference - the app helps me take a timely decision in diagnosis and for referrals, I can initiate video consultations with specialist doctors at the tertiary centers. This has saved my patients both time and effort to get correct and timely intervention for their condition and to receive ongoing support to prevent further complications."*

**Dr. Aizada Aidarali**  
Family doctor at the Batken regional hospital

### Partners

Centre for Healthcare Development (CHD) under Govt. of Kyrgyzstan, UNICEF and Intelehealth



# COVID-19 & POST COVID-19 CARE HELPLINES





# MSF Arogya Bharat Helpline

NGO | D2P Helpline

A 24x7 free and confidential COVID-19 care helpline



In WHO's global pulse survey, 90% of countries reported disruptions in essential health services since the COVID-19 pandemic

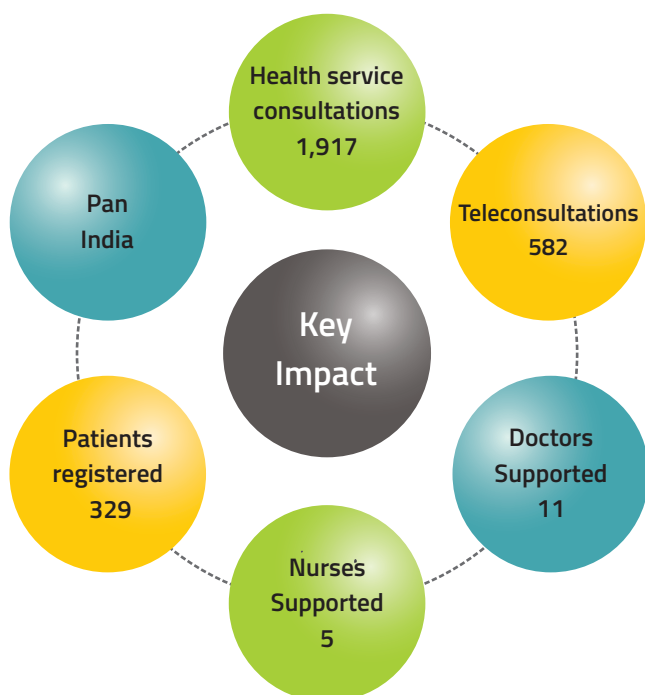
Fear, helplessness, disconnect, and instability rose with the COVID-19 pandemic. The lockdowns and restrictions imposed with each wave made it difficult for people infected by COVID-19 especially those isolated at home, to connect with doctors or get proper treatment.

To respond to this crisis, MSF India launched MSF Arogya Bharat Helpline, powered by Intellehealth to facilitate telemedicine services to combat COVID-19 in the country and give immediate care and follow-up care to people who were affected.

The 24x7 helpline ensured that patients could get medical help from certified nurses and registered medical doctors via telephonic consultations, with the goal of reducing hospital visits and saving patient's time and money.

## About MSF India

MSF is an international, independent medical humanitarian organisation. They provide medical assistance to people affected by conflict, epidemics, disasters, or exclusion from healthcare.



The program design workshop was informative, mind tickling, inspirational and interactive where we met with other organizational who also work on telemedicine with a view of sharing our respective ideas and experiences.

**Karan Kamble**  
Medical Activity Manager, MSF India

## Partners

MSF India and Intellehealth



# NISHTHA Swasthya Sampark

Government | D2P Helpline



A helpline caring for people with post-COVID-19 conditions

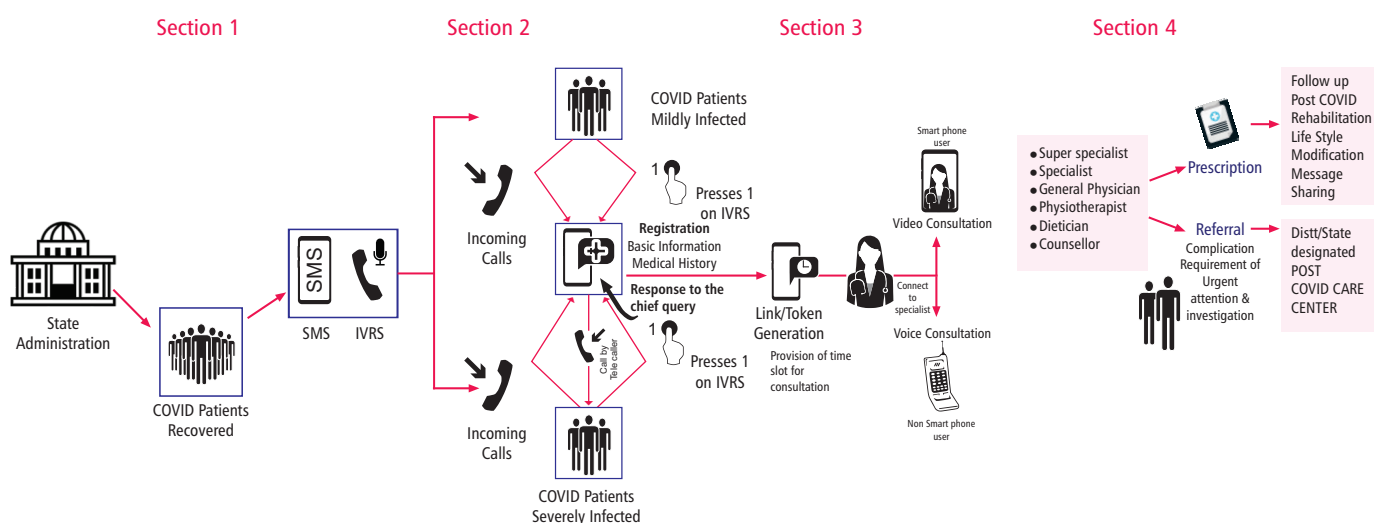
10%-20% of people who recovered from COVID-19 experienced a variety of mid and long-term effects after they recovered from their initial illness. Some of the most common post-COVID-19 symptoms were shortness of breath, cognitive dysfunction and fatigue.

It was observed that patients were hesitant to seek medical attention because they were unaware of the post-COVID-19 symptoms and it's treatment. As a result, the need for a helpline was identified to provide care and support to post-COVID-19 patients with telemedicine-based health services. NISHTHA Swasthya Sampark team followed up with COVID-19 patients discharged from civil hospitals and home quarantine. They helped patients suffering from psychological issues and referred them to appropriate health facilities. The team also addressed mental health issues and encouraged a positive attitude towards their rehabilitation in Jharkhand, Madhya Pradesh, and Sikkim.

## About Jhpiego

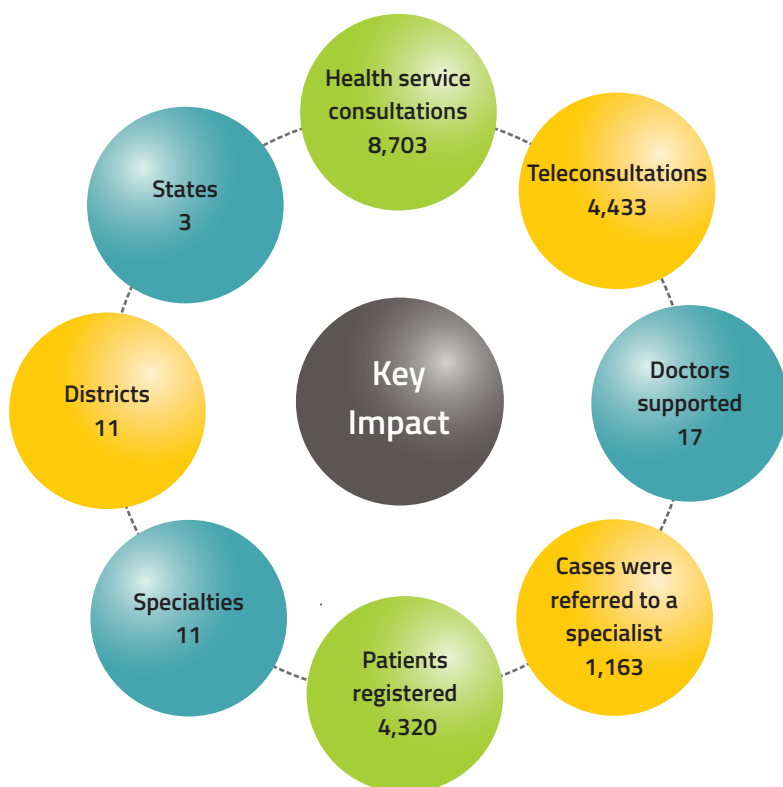
Jhpiego is a nonprofit global leader in the creation and delivery of transformative health care solutions for the developing world. They aim to revolutionize health care for the planet's most disadvantaged people.

## POST COVID CARE MODEL



Section 1: IVRS calls & SMS to patient from data received  
Section 2: Patient gets connected to tele caller

Section 3: Resolution given by Tele caller  
Section 4: Patient gets connected to Specialists



“

I thank all those involved in launching the NISHTHA Swasthya Sampark helpline for this excellent initiative and for helping people in isolation. I feel much better today. They were there for me when I needed emotional support the most.”

Beneficiary

**Swasthya Sampark**  
Nishtha's Comprehensive Post-COVID care initiative

07314821385

SCAN ME

USAID | nishtha | jhpiego

**NISHTHA SWASTHYA SAMPARK**  
A POST COVID-19 CARE HELPLINE

Fully recovered from COVID-19? or still battling with post COVID-19 symptoms like **mental health** conditions, poor appetite or any other complications??

**Call Now 07314821385**

Monday to Sunday | 8AM to 8PM

#### Partners

Govt. of Jharkhand, Sikkim and Madhya Pradesh, Jhpiego, Transform Rural India, Arogya Foundation of India and Intellecthealth



# Ekal Arogya Helpline

NGO | D2P Helpline

## A helpline for COVID-19 care, vaccine information & general illnesses

The COVID-19 pandemic had a devastating effect on citizens across the country. People in rural areas were hesitant to visit government facilities because they feared being tested positive and quarantined.

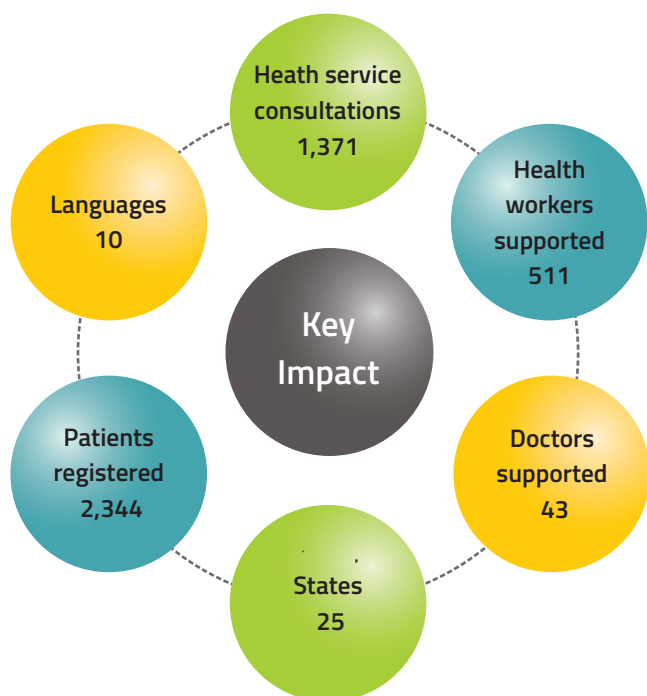
When the vaccine was rolled out, there was hesitancy and misconceptions due to lack of proper information about the vaccine. Most people went to uncertified "doctors," where they did not receive evidence-based consultation. The rural population lacked access to reliable sources of healthcare information.



The Ekal Arogya Helpline provided people with much-needed access to quality medical care and reliable information resources regarding COVID-19 and the vaccines. It is an easy and thoughtful healthcare delivery approach that delivers essential healthcare resources based on local needs.

### About Ekal Abhiyan

Ekal is a non-profit organization that aims to bring basic education to every child across rural India. Ekal believes that the best way to fulfill its mission is to encourage people across the world to embrace its cause. Ekal is active in more than 10 countries around the globe.



“I feel satisfied as a doctor when the patient's family is convinced with my diagnosis and the case moves further. I appreciate the efforts of team Intelehealth for this amazing, innovative doctor's app that is helping so many patients at no cost during this pandemic. Doctors can make use of this helpline from the confines of their homes and attend to patients especially those in the rural areas who need immediate attention and avoid burdening primary and tertiary hospitals.”

Dr Raghunandan Mehta  
National President, Ekal Arogya Yojana (AFI) &  
Volunteer Doctor, Ekal Arogya Helpline

### Partners

Arogya Foundation of India, Ekal Abhiyan and Intelehealth



# WOMEN'S HEALTH HELPLINE'S





# Vikalp Helpline

NGO | D2P Helpline

**Overcoming domestic violence and sexual reproductive health issues through 'Vikalp Helpline'**

Every year, approximately 16 million abortions are performed in India. 73% of medication abortions account for the vast majority of these abortions.

Abortion pills are purchased from pharmacies mostly without a prescription or guidance from a licensed physician. Under the Medical Termination of Pregnancy (MTP) Act of 1971 - abortion is permitted in India when performed under the supervision of a qualified medical physician, hence this over-the-counter purchase which is accessible and inexpensive is illegal.



To address this issue, Ibis Reproductive Health and Vikalp Sansthan, powered by Intelhealth, launched the Vikalp Helpline. The helpline aims to provide general information about safe abortion, SRH, child marriage, and counseling domestic violence survivors. Helpline witnessed a large number of calls by domestic violence survivors. The counselors educate these survivors about their legal rights, and how to register a complaint and receive counseling. The counselors also work with local women groups to ensure that women in the villages have the ability and courage to stand up to abuse and fight for their rights.

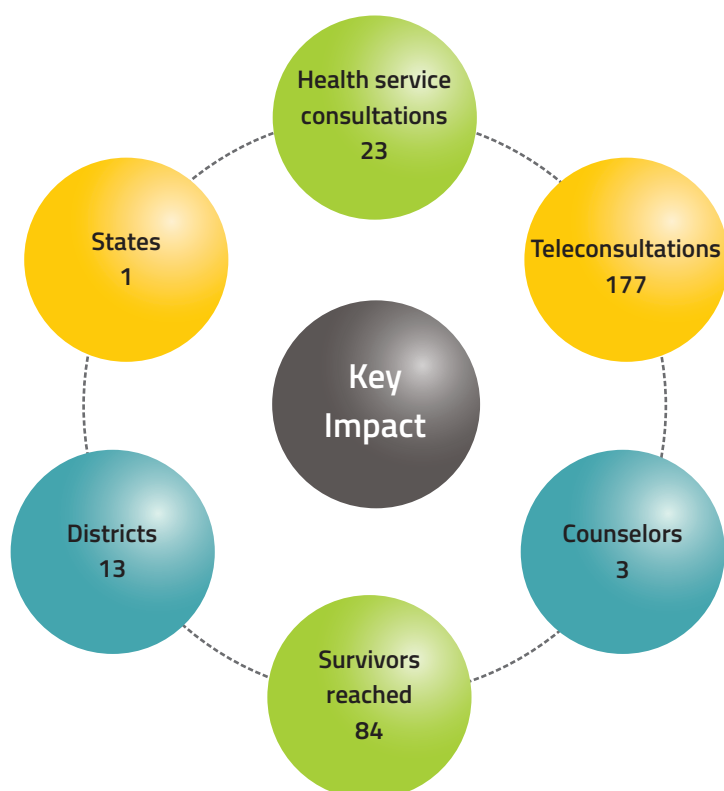
## About Vikalp Sansthan

Vikalp works towards empowering youth to end gender-based violence and discrimination through creating alternative and creative ways to voice their opinions, integrating them in the process of social development and creating a future that is just and equal for all.

## Ibis Reproductive Health

Drives change through bold, rigorous research and principled partnerships that advance sexual and reproductive autonomy, choices, and health worldwide.





“Vikalp Sansthan has been running a helpline to assist domestic violence survivors since its inception, but we had difficulties with data, follow-up dates, tracking cases, and reports. Then, with the assistance of IBIS, Intelhealth created an app for us. It is now a national toll-free IVRS-based helpline. It is extremely beneficial to us. Vikalp Sansthan's team can handle digital devices and support survivors more effectively with Intelhealth's technical assistance.”

**Yogesh Vaishnav**  
Development Director,  
Vikalp Sansthan



#### Partners

*Vikalp Sansthan, Ibis Reproductive Health and Intelhealth*



# Hello Saathi

NGO | D2P Helpline

Providing menstrual health hygiene and sexual health support

Gender inequality, cultural taboos and poverty can cause menstrual health needs to go unmet.

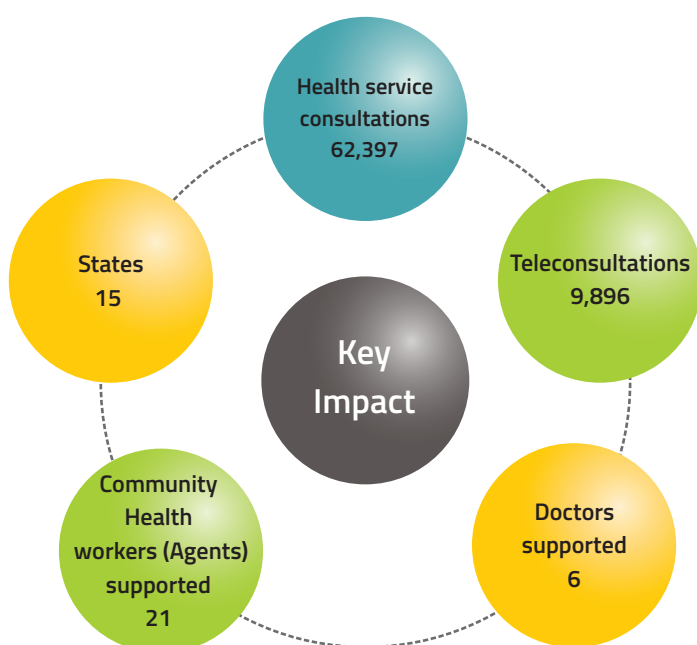
One of the main pillars of this project is to destigmatize menstrual, sexual and reproductive health. Menstruation is considered 'impure' in both rural and urban India. Menstruators are prevented from proper support, healthcare, and social gatherings due to old norms, misconceptions, and a lack of knowledge.

Uninhibited (Sukhibhava) collaborated with Intelhealth to establish 'Hello Saathi', India's first free menstrual, sexual, and reproductive telehealth helpline, to provide healthcare support to remote areas of Madhya Pradesh, Karnataka, and Maharashtra during the pandemic by creating safe spaces for conversations.

It also addressed health challenges related to Menstrual Health Hygiene (MHH) and Sexual Reproductive Health (SRH). This platform encourages women to prioritize their health, improve menstrual hygiene practices, and break the old society norms surrounding MHH & SRH through communication and dialogue with other women.

## About Uninhibited

Uninhibited is a not-for-profit organization that has worked on destigmatizing menstrual, sexual and reproductive health for more than 200,000 marginalized menstruators in 10 states across India. They have tirelessly worked to end the misconceptions relating to menstrual, sexual and reproductive health and have created a platform where women can seek health care and support, reclaim spaces at school, workplace and community and are eventually leading to better health and wellbeing.



Uninhibited is delighted to announce our strategic partnership with Intelhealth to scale Hello Saathi and provide free MHH & SRH telemedicine access to marginalised communities across India. We have already gained access to pool of outstanding medical talent and look forward to operational, cost and technological efficiencies over the coming years. We are immensely excited to work collaboratively towards improved health behaviour change outcomes with the Intelhealth team.

Meenal Khare | COO - Uninhibited

## Partners

*Uninhibited and Intelhealth*

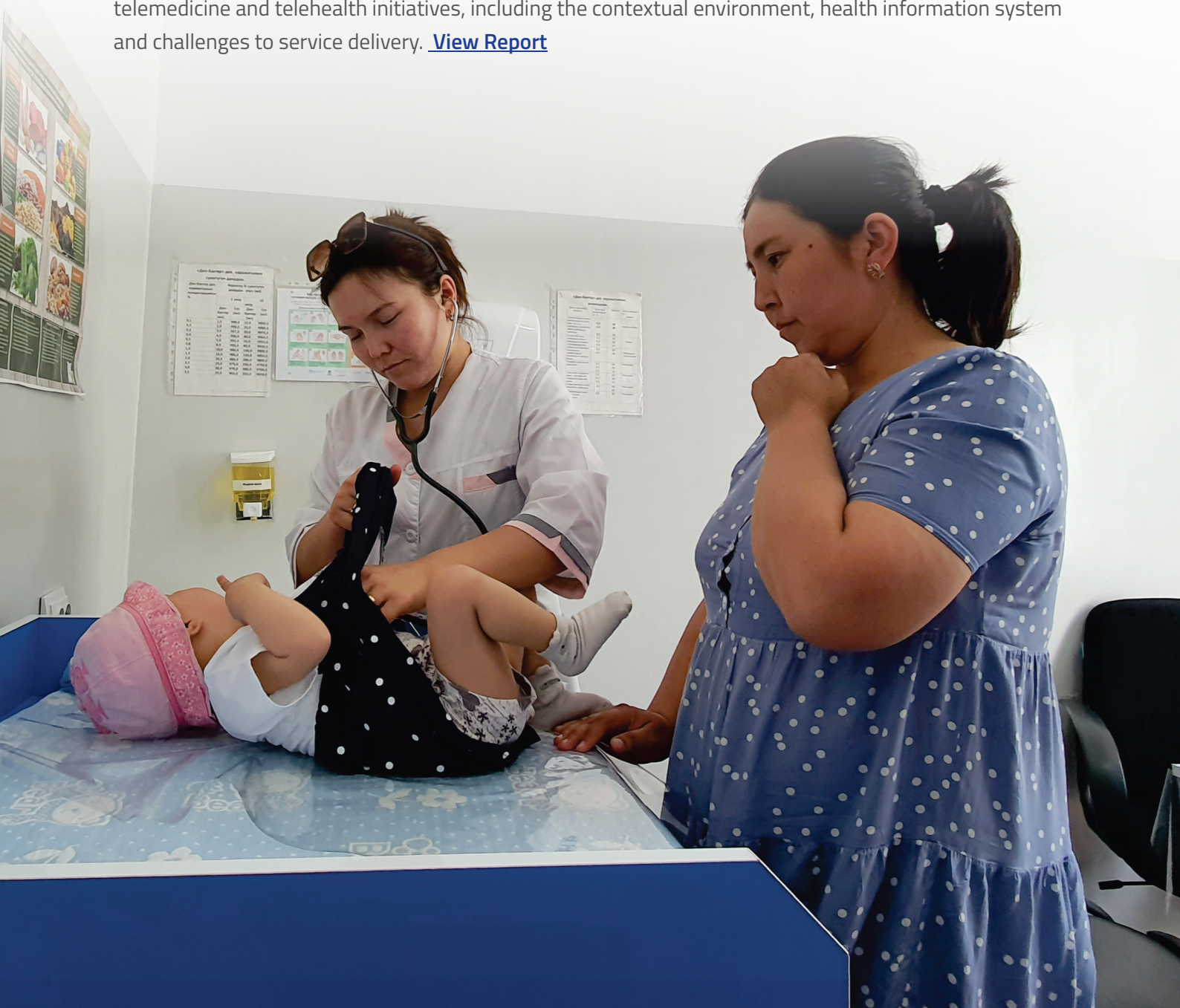
# Research

## Standardization of telemedicine services in Kyrgyzstan

This document provides recommendations for developing a policy for the provision of telemedicine services in Kyrgyzstan. These recommendations are informed by a rapid review of the use of telemedicine in Kyrgyzstan as well as a review of telemedicine policies in several countries. [View Report](#)

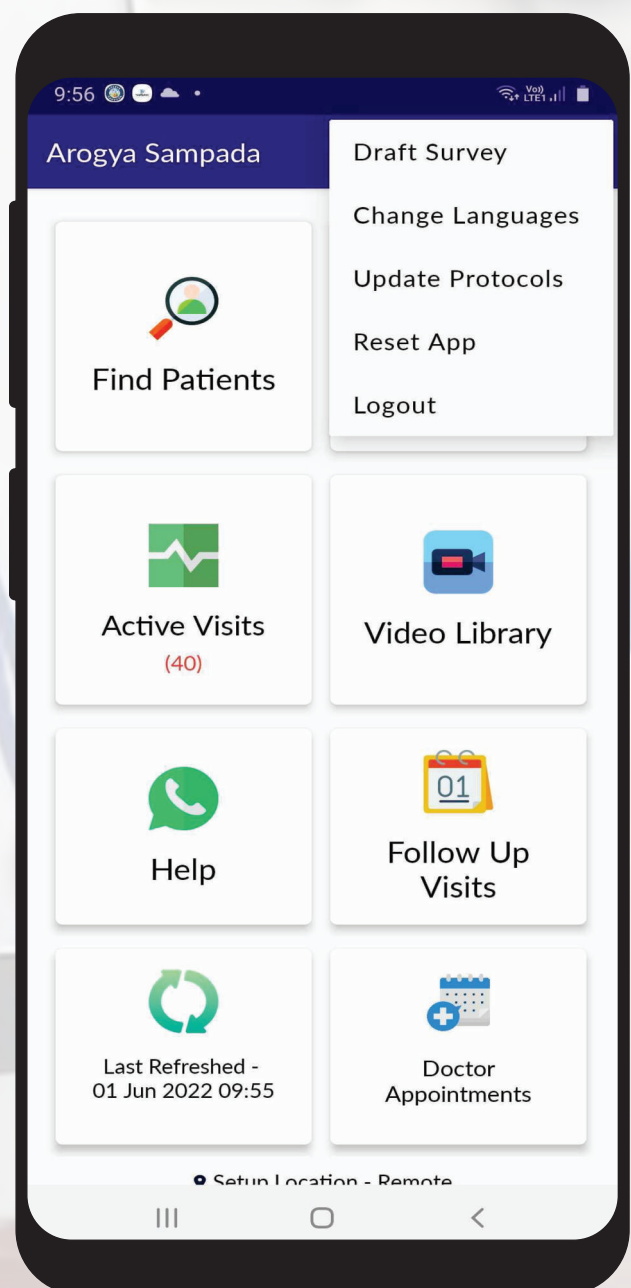
## A rapid review of the use of telemedicine in the health sector in Kyrgyzstan

This report presents a summary of a rapid review of the use of telemedicine services, projects, infrastructure, and norms in Kyrgyzstan. It presents an analysis of the existing eHealth strategy in the context of telemedicine and telehealth as well as readiness assessments of the health system to support telemedicine and telehealth initiatives, including the contextual environment, health information system and challenges to service delivery. [View Report](#)





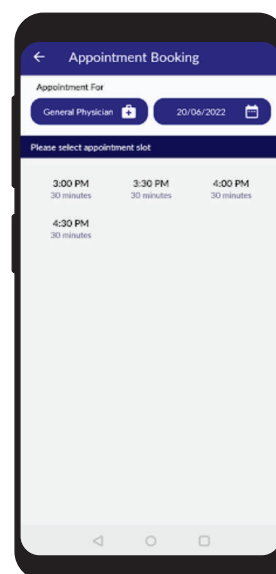
# Our Technology



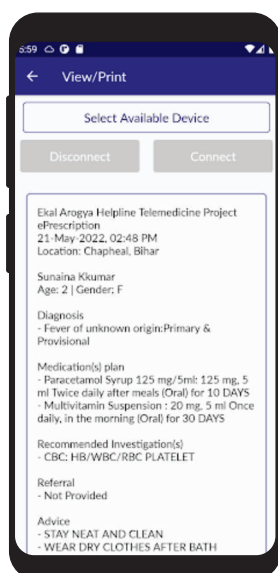
# Product Development

## Appointment Booking Module

Health workers now have the ability to directly book an appointment based on the doctor's availability. This in turn improves patient turnaround time. Keeping in mind the last-minute changes in the doctor's or patient's schedules there is always an option to cancel and reschedule the appointments.



## Making Prescriptions Easier to Access

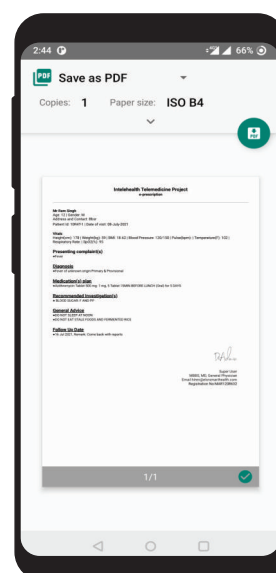


## Integration of a Portable Handheld Printer

Our software enables health workers to send prescriptions digitally via SMS or web, but patients frequently forget their phone numbers or do not have access to a prescription online. During home visits, this portable printer allows the health worker to print the prescription directly from the app, making it easier for patients to get their prescriptions.

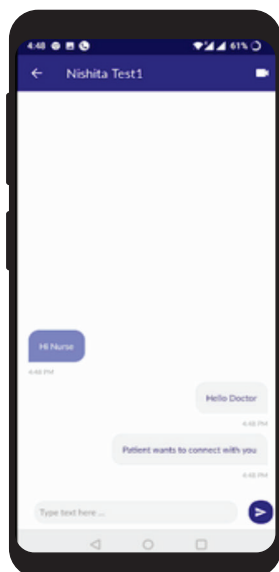
## ePrescription

Following the teleconsultation, once the remote doctor has completed writing the prescription, a link is sent directly to the beneficiary's mobile number via an SMS, which then he/she can download the prescription in pdf format and visit the pharmacy to purchase medications. This feature allows the beneficiary to maintain a record of past prescriptions.





# Product Development

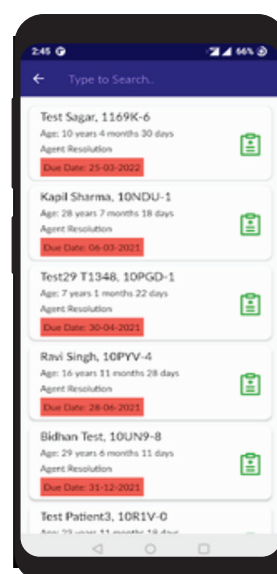


## Audio, Video & Chat feature revamped

Our audio, video and chat feature allows both doctors and health workers to communicate at any point during the consultation. This could be from the doctor to inform the health worker to extract some extra information about the patient or examine the patient through video call, or, from the health worker to the doctor to collaborate on the case.

## Follow-up visits

The health worker receives a notification on his/her application under the follow-up visit section after the remote doctor provides a prescription and a follow-up note with a date. The health worker then informs the beneficiary about the upcoming follow-up visit. The beneficiary's prescription also specifies a follow-up visit.



## Implemented 379 new data indicators across all Data Dashboards

specialty	Total Visits	Visits Completed	% Visits Completed	Diagnosis Provided	Prescription Provided	Medical Advice Provided	Medical Tests Requested	Follow up Requested	Blank Visits	Lost to Followup
General Physician	579	531	91.71	280	298	180	63	54	102	
Pulmonologist	166	163	98.19	99	93	128	56	11	13	
Rehabilitative physiotherapy	124	122	98.39	82	49	110	17	12	5	
Dietician/Nutritional Counsellor	92	87	94.57	58	4	75	4	5	6	
Gynaecologist	90	88	97.78	2	73	61	11	2	3	
Psychologist	70	66	94.29	43	35	19	7	7	11	
Paediatrician	17	15	88.24	2	0	1	1	0	6	
Cardiologist	13	13	100	7	6	5	6	1	3	
ENT	11	9	81.82	3	3	1	0	0	6	
Medicine	9	8	88.89	1	1	1	0	1	6	
Ophthalmologist	5	5	100	0	0	3	2	3	1	
All	1	0	0	0	0	0	0	0	0	

## Doctor wise Turn Around Time

Doctor	Turn Around Time (TAT)	Patients Consulted
Dr. arunc	319.15	6
Dr. drdpg	120.02	5
Dr. shammik	16.45	78
Dr. sudhirk	16.18	452
Dr. rmehta	7.57	913
Dr. msbhatt	7.5	11
Dr. shalini	6.05	36

# Product Spotlight - MSF Arogya Bharat

**Doctors Without Borders/ Médecins Sans Frontières (MSF)** is an international, independent medical humanitarian organization that provides emergency aid to people affected by armed conflict, epidemics, natural disasters, and healthcare exclusion. Our ongoing collaboration with MSF began with the goal of developing an integrated care delivery and educational helpline system that addresses the pressing needs of both patients and health workers during the pandemic.

## Challenges faced

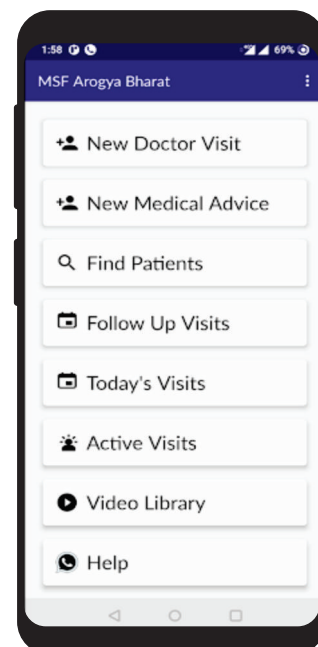
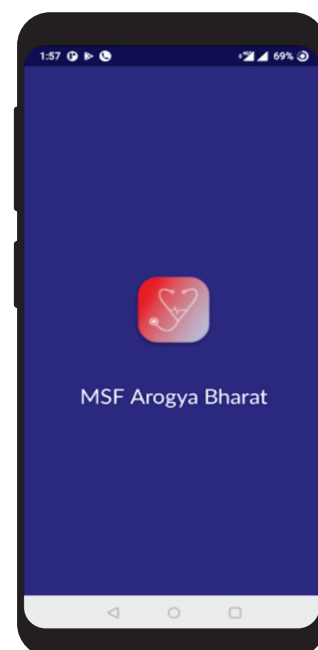
- Safely maintaining the patient's records and making them available at any point in time.
- Keeping a record of the number of calls made and received per user.
- Integration with local phoneline & WhatsApp and maintaining the privacy and security of patient data.
- A channel to connect patients with doctors with uninterrupted network/connectivity issues.
- Replicability of the solution and its implications in different methods of communication with the patients.

## Solutions

- MSF Arogya Bharat, a COVID-19 care helpline was deployed as an IVR based solution using the Kaleyra platform. The platform allows us to keep track of all the calls made and received by the health workers on the field which further ensures proper monitoring and evaluation.
- The pan India helpline was for patients who were infected with COVID-19 and needed medical assistance whilst isolated at home.
- Patients called on the helpline to connect with the health workers and get their complaints registered. The details are then uploaded to the doctor's portal for the e-prescription. Once the prescription is available with the health worker, it is then shared via WhatsApp with the patient.
- All the information exchanged between device and server is encrypted using SSL which ensures the privacy and safety of the patient's sensitive data.
- During the consultation, all COVID-19 affected patients are segregated into three major categories - Mild, Moderate, and Severe. On the basis of the segregation, the follow-ups are conducted by the health worker in a loop for 14 days.

## Benefits

- Allow the health worker to work remotely.
- e-prescriptions via WhatsApp ensured on-time, no-contact consultation.
- Saves patients time and money on travel.
- Reduce the number of hospitalizations.
- Regular check-ins via a phone call.





# Product Spotlight - TeleMed KG

In light of the COVID-19 crisis, healthcare delivery for other routine health services like maternal and child health and specialist care were also disrupted. To solve the health access gap due to the pandemic, the eHealth Centre and Centre of Healthcare Development (CHD) under the Ministry of Health (MoH) with the support of UNICEF Kyrgyzstan, powered by IntelHealth launched the TeleMed KG program in Nookat and Suzak districts of Kyrgyzstan. This telemedicine platform was launched primarily for children with developmental delays and infection/s who fail to have elementary access to quality healthcare services as a part of the early identification and early intervention (EI/EI) approach.

## Challenges faced

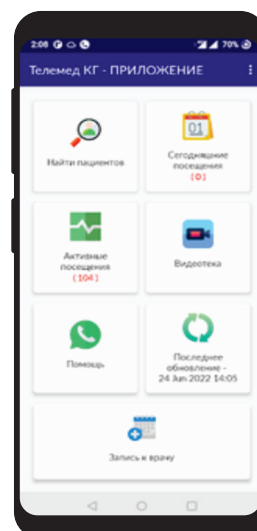
- Safely maintaining the patient's records and making them available at any point in time.
- Keeping a record of the number of calls made and received per user.
- Most of the health workers were first-time smartphone users hence their use of advanced technology was restricted. Hence, coming up with a solution to integrate the local phone line and WhatsApp was crucial.
- With the determination to provide services to remote populations, there was a need for an uninterrupted channel of communication between the patient and doctor with no connectivity issues.

## Solutions

- A secure cloud-based electronic health record system allows remote doctors and specialists (Neonatologists, Neurologists, etc.) to access the patient record. They can use this to remotely generate prescriptions for patients, which can then be screened and modified by on-site health workers.
- In circumstances where both doctor and the patient may be unavailable at the last minute, the health worker using the app can schedule, reschedule, and cancel an appointment.
- There is an option to chat, audio and video call within the platform itself in cases/situations where both doctors and health workers need to communicate with each other.

## Benefits

- To provide long-term coordinated care, physicians use the telemedicine platform to connect with specialists.
- Health workers have a set home visit schedule that allows them to provide proper education to pregnant mothers and their families in order to prevent disabilities, with a special emphasis on early identification of jaundice in newborns and prompt referral.
- Reduced preventable disabilities such as cerebral palsy and other developmental delays caused by neonatal jaundice.



# Team

We are a tech-for-impact organization: A team of engineers, clinicians, management and public health experts. This year we grew 3x in size from 27 to 74 team members across two country offices.



## Meet our new CXO team

### Shilpa Bhatte - Chief Program Officer

- Public health physician with expertise in reaching evidence based interventions to last-mile populations
- MBBS, MD (Community Medicine)
- Sight and Life Leadership Awardee - SUN event, Côte d'Ivoire, 2017



### Ramesh C - Chief Technology Officer

- Technology Leader in Telecom, IOT and medical devices across startups and multinationals.
- MBA from IIT Bombay and WashU's Olin Business School
- MS (Computer Science) from BITS Pilani



### Subhashis Ray - Chief Financial Officer

- Chartered Accountant with post qualification experience in top leadership and consulting positions in multinational banks and financial institutions.
- Built end-to-end finance functions, internal control and compliance with local regulatory requirements.

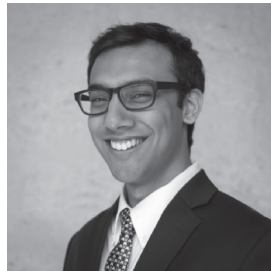




## Board Members



**Dr. Soumya Acharya**  
(Co-founder, Board President)  
MBBS, MS, PhD. Program Director  
at Johns Hopkins University



**Amal Afroz Alam**  
**Co-founder**  
MS, BE Biomedical Engineering,  
NYC Startup Leadership Fellow



**Dr. Adler Archer**  
JD, MS, PhD. Boeing, Lockheed  
Martin. Johns Hopkins & Kings  
College London



**KB Teo**  
MBA Harvard, Credit Karma  
Boston Consulting Group.



**Rekha Pai**  
Juniper Networks, Stanford  
Angels & Entrepreneurs



**Shyam Kaluve**  
MTech IIT Kanpur, Cisco,  
Technology Leader



**Dr. Harshad Sanghvi**  
Global Health Awardee,  
Former VP, Medical Director  
Jhpiego



**Margo Drakos**  
Social Entrepreneur,  
Managing Director, Draper  
Richards Kaplan

## Advisory Board Members



**Ravishanker Rao**  
Head Of Strategy,  
Planning And  
Operations At CISCO



**Vik Iya**  
Technical Program Manager  
At Google (Android)



**Dr. Chandrakant Ruparelia**  
Decades Of Experience  
Building Systems For Training,  
Health Service Delivery,  
Quality Improvement.  
Ex.Jhpiego



**Dr. Hema Diwakar**  
Ex-Chairperson Of  
The Federation Of Obstetric  
And Gynecological Societies Of India  
(FOGSI)



**Raghu Dharmaraju**  
AI Expert At Art Park.  
Ex-Wadhvani AI and Ex-Embrace



# Financials

## Revenue

Philanthropic revenue	\$720,474
Earned revenue	\$169,071
<b>Total Income</b>	<b>\$889,545</b>

## Expenses

Program	\$354,902
Software Development	\$244,891
Fundraising	\$24,068
Management & General	\$148,532
<b>Total Expenses</b>	<b>\$772,393</b>
<b>Net Surplus</b>	<b>\$117,152</b>

## Assets

### Current Assets

Bank Account	\$637,700
Cash in Hand	\$64
Accounts Receivable	\$120,738

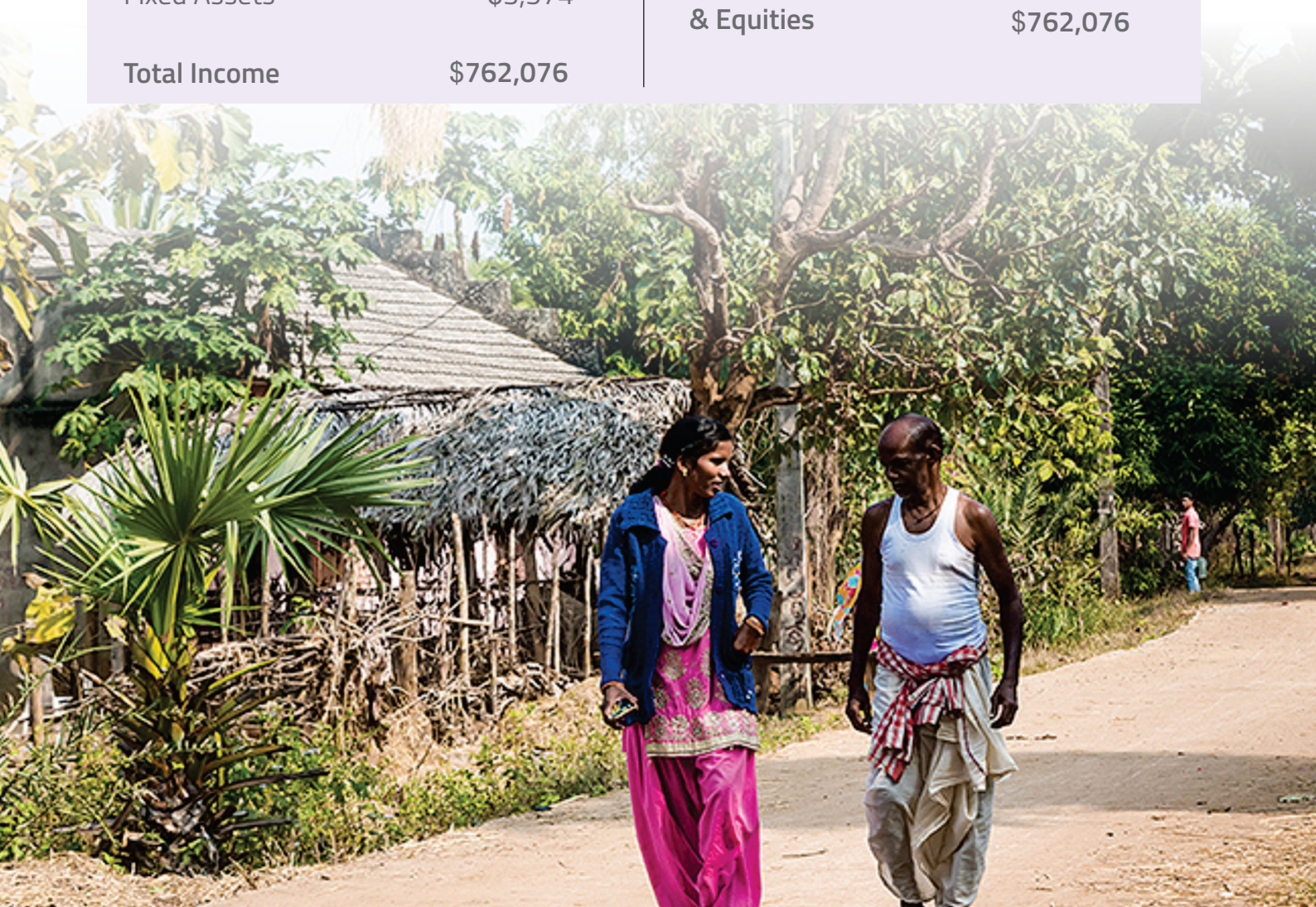
Fixed Assets	\$3,574
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<b>Total Income</b>	<b>\$762,076</b>
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## Liabilities & Equities

Current Liabilities	\$5,815
Total equities	\$756,260

<b>Total Liabilities &amp; Equities</b>	<b>\$762,076</b>
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## OUR SUPPORTERS





# Our Implementation Partners



**Dr. Mukul Bhatia**  
National Co-ordinator  
Arogya Foundation of  
India (AFI)

“

Chikitsa Sahayata Kendra has been a very successful project because it has substantially brought down the cost of treatment for very remotely placed villagers who had to travel for 5-6 hours to Bhubaneswar even for their minor ailments and sometimes due to delay in treatment led to incurable complications. All this has been possible through close cooperation of team Intelhealth right from establishing the clinics, training of field workers, doctors and coordinators in telecommunication techniques and constantly improving the software, dashboards and techniques of history taking to make them more and more user friendly.

“

I found the training conducted by the Intelhealth team to be excellent. I was able to understand the technical aspects of telemedicine through the training program. A systematic design has been used in the creation of the software, and the user interface is easy to use."



**Ravi Ranjan**  
AGM, Hand In Hand India



## Our Donors



## Individual Donors

- Rajesh Chandran
- Gorti Sri Ram
- Sriram Chadalavada
- Anand Nandan Menon
- Darisi Praveen Kumar
- Nishant Pratap Singh
- Ramakant Oja

- Rumana Alam
- Nisha Ligon
- Kiran Prabhakar
- Naga Kataru
- Praveen Bhagawatula
- Vanguard Charitable



**Atul Satija**  
Founder  
The/Nudge Institute

“Telemedicine is one of the very few solutions to solve the shortage of doctors and an important way to mitigate the effects of COVID-19 in rural India. That’s why we at The/Nudge invested in Intelhealth, an organization that aims to transform rural healthcare delivery. They have a big vision, an innovative solution and a team that’s already making a big impact in some of the hardest to reach areas.”

“COVID has dramatically accelerated the adoption of telemedicine around the globe, including in India. Intelhealth’s tools are some of the best we’ve seen and enable a well-managed community health worker to team up with a competent doctor to provide a level of care that has been forever out of reach for the poor. This solution has huge potential.”



**Kevin Starr**  
CEO  
Mulago Foundation





**THANK YOU!**

To learn more about us, visit our website

[www.intelehealth.org](http://www.intelehealth.org)

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