# Intelehealth Annual Impact Report





We deliver quality healthcare where there is no doctor





Dear Friends of Intelehealth,

We are thrilled to present to you our Annual Impact Report for the year 2023-24. This year has been transformative for Intelehealth, marked by significant achievements, innovative strides, and unwavering dedication to our mission of providing accessible and quality healthcare to underserved populations globally.

Our journey over the past year has been shaped by resilience and growth. We have navigated challenges with agility and seized opportunities



to expand our reach and deepen our impact. Through our telehealth solutions, our partner organizations have connected more communities with essential healthcare services, bridging gaps and breaking down barriers that hinder women's access to care.

One of our most notable accomplishments this year has been the expansion of our partnerships. By collaborating with even more local governments, non-profits, and healthcare providers, we have been able to scale our operations and enhance the quality of care we offer. These collaborations have not only extended our geographical reach but also enriched our services, bringing specialized care to those who need it the most.

Innovation remains at the heart of what we do. Our dedicated team has worked tirelessly to develop and deploy cutting-edge technologies that improve the delivery and efficiency of healthcare. From advanced telemedicine platforms to Al-driven diagnostic tools, our innovations are transforming the way healthcare is accessed and delivered in remote and underserved areas. We are excited to launch eZazi, an advanced version of our platform to improve the quality of care during labor and delivery.

As we reflect on the impact we have made, it is important to acknowledge the stories of individuals and communities who have benefited from our services. Each story is a testament to the profound difference that accessible healthcare can make. Whether it's a woman receiving timely medical advice or a community gaining access to preventive care, these stories fuel our commitment to our mission.

We extend our deepest gratitude to our dedicated team, partners, donors, and supporters. Thank you for being a part of our journey. Together, we are creating a world where healthcare is accessible to all, regardless of geography or socioeconomic status.

Warm regards, Dr. Neha Verma CEO, Intelehealth

# HIGHLIGHTS

Supported **22** partner organizations across **16** projects

Enabled **2.99** Million teleconsultations.

Supported **9,000+** frontline health workers

Supported **3,000+** doctors

Expanded eSanjeevani implementation support to three states-Jharkhand, Odisha and Karnataka.

With this expansion, Intelehealth will be supporting the delivery of telemedicine services at approximately **9%** of total Health and Wellness Center's across India.

Built **Al-enabled solutions** for clinical decision support using large language models

Launched **eZazi** - a solution to improve the quality of labor & delivery care and improve perinatal and maternal outcomes



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# IMPACT AT A GLANCE



#### **PRODUCT METRICS**







# WHAT WE DO

Over half of all health organizations telemedicine adopted during the pandemic and over 96% intend to adopt telemedicine in the future (McKinsey). We support health organizations that deliver services to vulnerable populations, mostly governments, NGOs and hospitals - and help them incorporate telemedicine into their existing brick and mortar healthcare delivery system.

Through technology, training and implementation support we help

#### THE PROBLEM WE SOLVE

Over half the world's population does not have reliable access to healthcare. Lack of access to health services is a multi-faceted problem facing many barriers: 1) geographic — facilities and doctors are too far, 2) financial — cost to get care is too high, 3) poor availability of resources — trained health workers, drugs and devices are too scarce, 4) poor acceptability — the care provided does not meet the expectations of beneficiaries, and 5) overall poor quality of care. Telemedicine has emerged as a disruptive solution for mitigating these barriers to delivering essential health services, especially in contexts where access remains a significant public health challenge. Rural and urban poor populations, particularly women and marginalized communities at the last mile, often lack equitable access to

them transform their care delivery systems into "brick and click" models expanding their reach and improving accessibility especially for women.

We also run our own telemedicine project in Nashik, Maharashtra developing technology, tools and implementation models to successfully implement provider-to-provider and patient-toprovider telemedicine projects.

high-quality healthcare. For those living in rural areas, seeking medical care can be difficult — traveling to a health facility can consume hours, require costly transport, and result in lost income from missed work. Women face additional barriers: 90% cannot make independent healthcare decisions, only 52% are allowed to visit a health facility alone, and 25% cite distance and limited transportation as major obstacles. When referred, women often delay seeking care due to these barriers and live with entirely preventable and curable diseases. For patients, especially women, telemedicine offers newfound autonomy, saving time, money, and effort in accessing care, enhancing their household agency and, consequently, overall family well-being.

#### **OUR SOLUTION**



Intelehealth believes telemedicine is the key component to solving the health access crisis and building gender-sensitive, resilient healthcare systems.

**1. Technology:** Our open-source telemedicine platform can be used by health organizations to set up high-quality programs in challenging, low-bandwidth environments. These programs reconnect fractured health ecosystems and make them more accessible for patients. Intelehealth's telemedicine and

remote case management platform has a novel digital assistant, Ayu, that contains over 150 evidence-based protocols for delivering high-quality health services and improving patient outcomes. Ayu supports local frontline health workers to provide evidence-based health services. lt also has history-taking abilities baseline screening examination and protocols. For conditions beyond the health worker's capacity, it can connect the health worker and patient with a virtual doctor over telemedicine.

Health workers can also use low-cost. portable equipment to perform basic clinical examinations that are fully integrated with the software. Health workers can also facilitate teleconsultations with primary care physicians and specialists to connect patients with nearby pharmacies for medications. Using Intelehealth's software tools, health workers can address 70% of the primary care conditions of people living in rural areas. The Ayu assistant enables the delivery of health care services like screening, counseling, diagnostic tests and medicines, appropriate referrals hospitals, and health education to and awareness. Through Ayu and our telemedicine platform, Intelehealth ensures the right medical expertise is available, even when an expert cannot physically be present.

2. Implementation support: Technology alone does not solve the problem, telemedicine programs can be complex to implement. Over 75% of projects fail due to operational challenges. The health organizations we work with consistently need more than just technology, so we provide an end-to-end telemedicine solution. This includes training the health workforce, improving the organization's readiness, building demand in the community for telemedicine and supporting in monitoring & evaluation.



# THE TECHNOLOGY BEHIND IT ALL

Our tech platform has been deployed at scale across multiple projects. As these projects expanded, we recognized the necessity to support statewide and nationwide implementations of our software. This required enhancements across key dimensions: configurability, scalability, usability, user experience, data utilization, clinical decision support, interoperability, and privacy and security. These improvements aimed to drive increased usage and adoption, fostering more teleconsultations, greater engagement from healthcare providers, improved diagnosis and clinical decisionultimately, making, and enhanced healthcare outcomes. To achieve these transformative updates, we devised a comprehensive 24-month product roadmap spanning from April 2022 to March 2024.

#### Transitioning to a Product-Based Organization

Our organization is undergoing а significant transformation from а project-based to а product-based structure. This strategic shift aims to streamline our offerings, making it easier for our partners to deploy and utilize our solutions. Central to this transition is the development of a single, configurable product that can be universally adopted by all partners.

To support this new approach, we have realigned our internal teams

	Key Pillars of Development	Goal	
40% complete	1 Scalability	Increase the user base and number of simultaneous teleconsultations	<ul> <li>Reduced app latency by ~50%</li> <li>WebRTC (video call) improvements</li> <li>Made changes to architecture &amp; middleware</li> </ul>
80% complete	2 Usability & User Experience	Increase user friendliness for patients and healthcare workers	<ul> <li>New UI/UX and completely revamped solution</li> <li>Improved appointment module, billing module</li> <li>Added Bengali, Assamese, Russian, Arabic in project releases</li> </ul>
20% complete	3 Interoperability, Privacy & Security	Integration with the larger display health ecosystem	<ul> <li>Security enhancements with multi-factor authentication</li> <li>Interoperability with hardware – Thermal printer integration, POC device integration</li> </ul>
25% complete	4 Data, Al/ML and our Digital Assistant	New ways of predictive analytics and clinical decision support	<ul> <li>New application for easy programming of clinical protocols revamped data dashboards</li> <li>Built an Al strategy for building a CDSS</li> </ul>

and redefined our workflows. This realignment is not merely structural but also cultural, fostering a more cohesive and efficient work environment. Our goal is to provide a versatile product that allows partners to selectively enable features based on their specific needs.

As part of this initiative, we have started reengineering many of our existing

**ADVANCING INTEROPERABILITY: FOCUS FOR 2023-24** 

#### FHIR: Facilitating Seamless Data Exchange

FHIR, or Fast Healthcare Interoperability Resources, is a standard framework designed by Health Level Seven International (HL7) to streamline the electronic exchange of healthcare information. It enhances interoperability by enabling secure and efficient data healthcare sharing across diverse

#### ABDM: Integrating with India's Digital Health Ecosystem

ABDM, Ayushman Bharat Digital Mission, is an Indian Government initiative to establish a unified digital health infrastructure. It aims to provide every citizen with a unique health ID, facilitating seamless access to health records and enhancing healthcare service delivery. Our integration with ABDM is driven by:

#### AI & LLM Innovations

Al presents a promising avenue for delivering high-quality healthcare equitably. At Intelehealth, we are features to be configurable. This modular design empowers our partners, giving them the flexibility to choose the functionalities they want to offer to their users. This adaptability is a cornerstone of our new product strategy, ensuring that we meet the diverse needs of our partners while maintaining a robust and scalable platform.

systems. Integrating FHIR into our platform benefits us in several key ways:

- · Enhanced Interoperability
- Standardization
- Flexibility and Scalability
- Improved Patient Care
- Compliance and Future-Proofing
- Unified Health Records
- Enhanced Accessibility
- Interoperability with National Systems
- Improved Efficiency
- Support for Government Initiatives

pioneering the use of Large Language Models (LLMs) in several innovative applications, including structured note-taking during patient history, localized user interfaces, and generating differential diagnoses. Initial data testing has shown promising results, reducing documentation burdens on physicians and improving accuracy in differential diagnoses.

Using our Clinical Decision Support System (CDSS), Ayu, we integrate AI to guide healthcare workers in collecting clinical information based on patient needs and symptoms. LLMs then synthesize this data into a clinical summary and generate a differential diagnosis, aiding physicians in decisionmaking.

Our current focus includes:

- 1. Conducting history-taking in local languages followed by translation into English.
- 2. Summarizing collected data into a clinical summary for healthcare providers.
- 3. Generating contextualized likely diagnoses, treatment pathways, and triage decisions for providers.

 Summarizing and translating clinical summaries, likely diagnoses, treatment pathways, and triage decisions into the local language for patients.

We have developed a prototype using GPT 4.0 Turbo for components (1)-(3), achieving a diagnostic accuracy of 96% in initial testing with 100 patient cases. However, accuracy drops to 52% when using Indic languages and data from field settings, necessitating further research and development for a version 2 system.

Through AI-enabled digital assistants and telemedicine, Intelehealth aims to ensure accessible medical expertise, bridging gaps in healthcare delivery, especially in rural areas. This technology has the potential to significantly enhance healthcare standards and improve patient outcomes where expert physical presence may be limited.



# Stories of Impact

Unlocking health equity and transforming lives; conducting 7,500 teleconsultations everydayone consultation at a time

# FROM OUR PATIENTS

#### How eSanjeevani reached out to Swarno Devi

Project: eSanjeevani Jharkhand

Location: Village Serenghatu, District Ranchi, Jharkhand

Issue: Type II diabetes



#### This experience has instilled in me a renewed sense of hope and reassurance, knowing that quality healthcare is accessible to us right here in our village.

My name is Swarno Devi, and I reside in Serenghatu in Ranchi district. For the past two years, I have been dealing with diabetes, a condition that has been a constant concern for me. In the past, I used to get my medication from a private hospital in Bundu. However, two weeks ago, I ran out of medicine, and I couldn't afford to purchase more, causing my blood sugar levels to spike dangerously high.

In my desperate situation, I decided to seek help at the Health and Wellness Centre (HWC) in Serenghatu. It was there that I met CHO Sunita Kumari, a Community Health Officer who attended to the healthcare needs of our village. Through a video call, she connected me with a doctor in Ranchi, the capital city of Jharkhand. During the video call, I had the opportunity to discuss my health problems directly with the doctor. The doctor listened attentively and based on our conversation, prescribed the necessary medication for my diabetes. After the video call ended, CHO Sunita Kumari promptly provided me with the prescribed medication. It was a huge relief for me, the regular follow-up visits to the HWC allowed me to monitor my progress and receive ongoing support from CHO Sunita Kumari.

Having access to such facilities within our village has been a tremendous blessing for the community. It not only saved us time and money but also ensured that we received quality treatment at our local government clinic. I am grateful for the advancements in healthcare that have allowed us to receive prompt and effective treatment without having to travel long distances.

This experience has instilled in me a renewed sense of hope and reassurance, knowing that quality healthcare is accessible to us right here in our village.

Symptoms : High blood sugar Diagnosis: Type 2 diabetes

#### **Treatment Plan & Medications:**

Received resupply of diabetes medications and regular follow up visits with monitoring of blood sugar. Reduced costs by receiving free care through the government system instead of spending money on travel and consultations from a private sector physician.

#### The Story of Makhabat

(name changed for anonymity)

Project <b>:</b>	TelemedKG
Location:	Jalalabad Province, South Kyrgyzstan
lssue:	Premature Birth & Cerebral Pals leading to Developmental Delays



#### Makhabat is grateful for TelemedKG's support, emphasizing its positive impact on her child's well-being.

Makhabat resides in a secluded village in Jalalabad province, South Kyrgyzstan, with her child, who faced developmental delays due to cerebral palsy diagnosed at two months old.

The absence of specialized medical care in their village led Makhabat's family to seek treatment in Kochkor-Ata, two hours away, straining them financially.

Introduced to TelemedKG by their village health center, Makhabat accessed remote consultations with specialists in Bishkek. They received tailored exercises and developmental advice. Telemedicine reduced travel costs and improved access to specialized care. Regular online consultations have revolutionized their care journey. Makhabat is grateful for TelemedKG's emphasizing its positive support, her child's well-being. impact on

TelemedKG empowers families like Makhabat's, highlighting telemedicine's potential in healthcare accessibility and quality improvement.

Symptoms: Developmental Delays F

Diagnosis: Cerebral Palsy Treatment Plan & Medications:

Received expert recommendations, including tailored exercises to improve her child's motor skills. Furthermore, doctors provided invaluable advice on supporting the child's overall development.

#### The Story of Ramkumar

(name changed for anonymity)

Project: Arogya Sampada Nashik Location: Jamale Village, Nashik, Maharashtra

Issue: Leprosy



# GGSubsequent consultations diagnosed Ramkumar with<br/>leprosy, enabling prompt referral and treatment,<br/>averting complications and community transmission.JE

Ramkumar, residing in Jamale village, faced daunting healthcare barriers in remote Peth and Surgana talukas. Intelehealth's telemedicine enabled timely diagnosis, treatment, and advocacy efforts against social stigma, facilitating his recovery.

Healthcare access in Peth and Surgana's villages posed significant remote challenges, leading residents like Ramkumar to resort to home remedies or faith-based treatments, delaying Ramkumar, proper medical care. enduring persistent pain and finger injuries, hesitated to seek healthcare due to distance and financial constraints. Health worker Jana Jadhav identified his

symptoms during a village screening, prompting a teleconsultation using Intelehealth's technology.

Jana facilitated an initial examination and treatment via teleconsultation, uncovering undisclosed medical history that led to a prescription. Subsequent consultations diagnosed Ramkumar with leprosy, enabling prompt referral and treatment, averting complications and community transmission.

Telemedicine enabled timely diagnosis, treatment access, and mitigated social stigma through awareness & advocacy in order to enable his recovery.

Symptoms : Persistent body pain, weakness and injuries on the fingers

Diagnosis: <mark>Leprosy</mark>

#### **Treatment Plan & Medications:**

Medications for temporary symptom management were prescribed by the doctor after the teleconsultation. These medications were handed over on the same evening. Further investigations and a referral to a tertiary center were provided by the doctor to confirm the diagnosis of leprosy.

# FROM OUR FRONTLINE HEALTH WORKERS

#### The Story of Aidarali kyzy Aizada

Project:TelemedKGLocation:Family Medicine Centre,<br/>Batken CityDesignation:Certified Family Doctor



#### **Dr.** Aizada uses TelemedKG at the Family Medicine Centre to connect patients with specialists from distant cities, ensuring timely access to expert medical advice for children with disabilities.

In Batken, one of Kyrgyzstan's most remote regions, healthcare challenges include a shortage of specialists. Dr. Aidarali kyzy Aizada joined Intelehealth to bridge these gaps and provide quality care to underserved communities.

Dr. Aizada uses TelemedKG at the Family Medicine Centre to connect patients with specialists from distant cities, ensuring timely access to expert medical advice for children with disabilities.

Dr. Aizada recently facilitated a video consultation for an 11-month-old with epilepsy, sparing the family from traveling to Osh. Her colleague, Dr. Ularbek also successfully treated an epilepsy patient via video consultation, providing effective care locally.

Dr. Aizada appreciates TelemedKG's video call feature for thorough patient examinations and streamlined specialist communication, enhancing diagnostic accuracy and easing her workload.

Telemedicine has become an indispensable tool for Dr. Aizada and her colleagues, addressing specialist shortages and increasing access to quality medical assistance in Batken, proving its effectiveness in delivering comprehensive healthcare to remote regions.

#### The Story of Ramesh Guru

Project:	eSanjeevani Jharkhand		
Location:	Kotasangha Health & Wellness Centre		
Designation:	Community Health Officer (CHO		



#### Being a CHO is deeply rewarding. Saving lives through telemedicine makes me proud to contribute to the betterment of my community.

Transitioning from nursing, I became a CHO to engage directly with the community, providing holistic care and addressing health needs at the grassroots level. eSanjeevani gave me the opportunity to provide care to community members in the most rural and remote areas.

As a CHO, I facilitate teleconsultations with specialists, diagnose and triage patients, administer medication, ensure treatment adherence, and provide emergency home-based treatments and health education.

Telehealth services like eSanjeevani revolutionize healthcare access, allowing patients to consult with specialists without extensive travel and expenses. I empower patients by providing necessary medical advice and facilitating comprehensive healthcare and follow-ups.

Serving as a CHO fills me with fulfillment and honor. Providing emergency treatments and real-time specialist access saves lives. Each day, I find solace in the positive impact I've made through telemedicine, knowing my efforts have improved others' lives.

Being a CHO is deeply rewarding. Saving lives through telemedicine makes me proud to contribute to the betterment of my community.

# FROM OUR DOCTORS

#### A Note from Dr. Prashant Kumar Mishra

Project:eSanjeevani JharkhandLocation:District Hospital Bokaro, BokaroDistrict, Jharkhand

Designation: Consultant Psychiatrist



#### Amidst COVID-19 challenges, I saw eSanjeevani OPD as crucial for remote healthcare access, and avoiding patient transport issues.

Amidst COVID-19 challenges, I saw eSanjeevani OPD as crucial for remote healthcare access, and avoiding patient transport issues.

Assuming the role of nodal officer for eSanjeevani Bokaro, I played a key role in its implementation under the CHO and Hub & Spoke model. Through this platform, I was ensuring efficient healthcare delivery to remote areas.

Our performance in implementing the program has been commendable thus

far. However, we remain committed to addressing any shortcomings, such as facilitating the registration of new healthcare facilities and providing adequate training for their staff. We continue to seek timely assistance from Intelehealth when needed, maintaining a WhatsApp group for immediate support and resolution of any issues faced by doctors or CHOs. I extend my gratitude to Rajeev ji for his dedicated efforts and advocate for prompt training support for newly registered CHOs in the future.

#### A Note from Dr. Veena Singh Ghalaut

- Project: Ekal Arogya Telemedicine
- Location: NC Medical College and Hospital, Israna, Panipat, Haryana

Designation: Senior Professor & Head of the Department of Biochemistry



#### The Ekal Arogya app allowed Dr. Ghalaut to provide timely medical advice, ensuring healthcare services were accessible even in the most remote tribal areas.

Dr. Veena Singh Ghalaut enhances healthcare in remote villages via Ekal's telemedicine, bridging gaps with technology, dedication, and resilience.

She joined the Ekal Telemedicine program driven by her passion for social service and her desire to help rural patients. Inspired by her friend Madhu Bansal and Ekal's impactful activities, Dr. Ghalaut decided to use her medical expertise to serve the community.

Ghalaut Dr. provides telemedicine services, offering medical consultations and educating patients on preventive observed health issues. She а lack of basic health significant knowledge among rural populations, the need for proper highlighting health education and early diagnosis.

The collaboration leveraged the Ekal Arogya app, which is user-friendly and facilitated effective telemedicine consultations. Combined with Ekal's strong on-ground network, it ensured accessible healthcare services even in remote areas.

The Ekal Arogya app allowed Dr. Ghalaut to provide timely medical advice, ensuring healthcare services were accessible even in the most remote tribal areas.

Through Ekal's robust telemedicine network, Dr. Ghalaut reaches patients in tribal and remote villages, providing expert medical advice and care that were previously inaccessible. Her story exemplifies how technology and innovation, supported by dedication and resilience, can transform healthcare delivery, ensuring that even the most marginalized communities receive the medical attention they deserve.

# FROM OUR PARTNERS

We are delighted to endorse the "Intelehealth" technology connect, for the Namma Aarogya Kendra project - connecting the rural community to the specialists in the metros, through the local frontline healthcare providers through the HEALTH FOR HER APP.

The team at Intelehealth were very professional in their approach in designing and testing the pilot, based on the inputs given by our team at ARTIST (Asian Research & Training Institute for Skill Transfer) based in Bengaluru. The tailor-made app for a comprehensive decision making and referral system was developed through repeated discussions via virtual meetings, paying attention to all the minute details.

We must commend the efforts taken by the Intelehealth team to train the local "sakhis" for the appropriate use of the App. This brought out the tech piece through the Health for Her App used by Namma Aarogya Kendra Sakhis with ease on a day to day basis to provide the telehealth consultations as and when needed.

The Sakhis speak for themselves "The app is intuitive and easy to navigate, making it a perfect tool for us to use as community health workers and connect with doctors. We can readily connect with patients in need and facilitate communication with our doctors who have made our dream come true with their expert care being offered at our doorstep."

Our partnership with this innovative telemedicine initiative has been instrumental in reaching quality care to the last mile connect in rural areas of Karnataka. We cherish our strong association with team Intelehealth and look forward to continued collaboration to bring this to scale and sustain beyond the geographic boundaries.

Dr. Hema Divakar Medical Director- Divakars Speciality Hospital CEO & Chairman- ARTIST for Her

I strongly believe this initiative serves as a model for future telemedicine ventures.



Dr. GV Divakar Managing Director- Divakars Speciality Hospital Managing Director-ARTIST for Her

# **PROJECT SPOTLIGHT**

#### **PROJECTS WITH GOVERNMENT**

eSanjeevani Jharkhand eSanjeevani Odisha eSanjeevani Karnataka Arogya Path TelemedKG

#### **PROJECTS WITH NGOs**

Namma Aarogya Kendra Koita Foundation Digital Health Lab Sila Ekal Arogya Telemedicine MSF Diabetes Helpline Vikalp Helpline

elehealth

#### **DIRECT INTERVENTION**

Arogya Sampada Nashik

# eSanjeevani

We support the delivery of telemedicine services at 9% of Health and Wellness Centers across India.

#### With Government

# eSanjeevani

India's National Telemedicine Initiative P2P / D2P

eSanjeevani is a national telemedicine service, by the Ministry of Health & Family Welfare and Center for Development of Advanced Computing (CDAC) operational in 28 states & 7 union territories, as a step towards digital health equity. With a mission to achieve Universal Health Coverage (UHC), the eSanjeevani platform launched by the Government of India aims to provide healthcare services remotely. eSanjeevani facilitates quick and easy access to doctors and medical specialists from a smartphone. Alternatively, one can access its quality remote health services by visiting the nearest Ayushman Bharat Health & Wellness Centre (AB-HWC).



eSanjeevani offers two main telemedicine services:

#### Doctor-to-Doctor (eSanjeevani AB-HWC):

The Doctor-to-Doctor service enables doctors and specialists to connect with each other to seek expert advice and second opinions.

#### Patient-to-Doctor (eSanjeevani OPD):

This service enables patients to consult doctors remotely through audio or video calls.

Intelehealth is a proud technical support partner working to strengthen the implementation of eSanjeevani in three states - Jharkhand, Odisha and Karnataka. Moreover, we have also extended our support to the national level of the eSanjeevani program, rolled out across all states. This includes integrating our 150+ clinical protocols into the eSanjeevani Clinical Decision Support System, led by Wadhwani AI.

Out of the total 1,65,000 Health and Wellness Centres across the country supporting eSanjeevani, Intelehealth supports 14,483, approximating around 9% of total HWCs across India. Of the

beneficiaries, 60% are women residing in rural and tribal regions, with an impressive 80% of patients received a doctor's response within 5 to 10 minutes. **Our model:** We have a 5 step approach to supporting state governments to strengthen the implementation of the telemedicine program.



#### eSanjeevani Jharkhand

ⓐ	IMPACT AT A	GLANCE
P	Teleconsultations Enabled	1,116,364
88	Frontline Health Workers Supported	2,362
87	Doctors Supported	859
	Hubs	30
	Spokes	3,136
	Number of Trainings	84

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- 79.4% increase in the number of teleconsultations this year compared to last year.
- 115% growth (1.15x) in teleconsultations from April 23 to March 24.
- Trained 2,387 health workers and 587 doctors (Hub practitioners and Spoke providers).



- Implemented a supportive supervision standardized checklist through visits across 91 hubs and 294 spokes, focusing on quality care and patient safety.
- Intelehealth's program officer interacted with 76 officials across 24 districts to discuss hub and spoke performance, identify areas for improvement, and provide plans to enhance health center effectiveness and efficiency.
- Conducted 66 systematic reviews with Nodal Officers or Chief Medical Officers across the same 24 districts, involving senior leadership responsible for maintaining and operating hubs and spokes.

#### eSanjeevani Odisha

	IMPACT AT A	GLANCE
ß	Teleconsultations Enabled	1,340,876
9.8.	Frontline Health Workers Supported	6,039
87	Doctors Supported	2,361
	Hubs	75
-+-	Spokes	197
27. 2.4.2	Number of Trainings	207

#### eSanjeevani Karnataka





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#### **KEY INSIGHTS**

- 152% increase in the number of teleconsultations this year compared to last year.
- 30% growth in teleconsultations from April 23 to March 24.
- Trained 6,509 health workers and 145 doctors (Hub practitioners and Spoke providers)



#### CAPACITY BUILDING INITIATIVES

- Implemented a supportive supervision checklist across 91 hubs and 294 spokes, focusing on quality care and patient safety.
- Intelehealth's program officer interacted with 46 officials across 30 districts to discuss performance, identify areas for improvement, and provide plans to enhance effectiveness.
- Conducted 74 systematic reviews with Nodal Officers or Chief Medical Officers across the same 30 districts to evaluate eSanjeevani's performance.
- Ongoing impact study evaluating facility readiness, quality of services, patient satisfaction, time, money & distance, and patient-reported health outcomes.



#### **KEY INSIGHTS**

- MoU signed in January to provide technical support and quality supervision for Karnataka.
- Systematically mapped and removed user duplication.
- Continuous support with an urban-centric approach in the city of Bengaluru, including demand generation and capacity building activities for eSanjeevani OPD.



#### CAPACITY BUILDING INITIATIVES

- Trained 4,392 personnel from UPHC Medical officers, ASHA, Mahila Arogya Samithi, households, schools, and colleges on eSanjeevani OPD and HWC.
- Activated eSanjeevani OPD in BBMP, resulting in 72,363 consultations.
- Reached urban poor residents through community outreach and collaborations with MAS, SHGs, and Yuvak Mandals.
- Trained 15 MAS groups as ambassadors to promote the program in slum areas.

#### With Government

# **Arogya Path**

Community-based triaging by women micro-entrepreneurs to improve patient care-seeking pathways

Arogya Path is a novel approach to improving the patient care pathway implemented in Kuru and Kisko blocks of the Lohardaga district of Jharkhand. Here, residents in remote areas face a daunting choice: endure treatable illnesses due to long travel distances, confusing healthcare pathways, and associated costs. Citizens have many public and private sector options to receive healthcare services all at varying distances, price points and varying degrees of quality. Due to low literacy and awareness, patients may end up at the wrong healthcare facility resulting in delays in care seeking, multiple visits needed to resolve a health issue or the patient ultimately dropping out of the care pathway unsatisfied with significant income loss and no improvement in health status. Our project aims to disrupt this cycle by creating a single-visit, healthcare tech-assisted model delivered by trained "Swasthya Sakhi" a Women Health Agent belonging to the local community Self-Help Groups.

Through this endeavor, Intelehealth is pioneering a proof-of-concept model, harnessing technology and local knowledge to empower communities, particularly women and vulnerable groups, to access timely and effective medical care.



#### က်ို့ KEY INSIGHTS & ACTIVITIES

- Project start date: 1st September 2023
- Completed a user-centered design workshop and brought together various stakeholders (32 participants), including community representatives, healthcare providers, government officials, and NGOs,
- Completed a baseline evaluation of current healthcare-seeking behaviors, care pathways, community perceptions, and challenges around healthcare access.
- Recruited and trained 10 women health agents using Intelehealth's Ayu, a telemedicine platform, equipped with a triage tool
- Customized Ayu to address prevalent health issues, enabling agents to triage patients and guide them through appropriate care pathways
- Established robust referral networks with government health services and a referral coordinator to complete the referral pathway.
- This initiative champions gender equity by empowering women as healthcare agents and fostering economic opportunities.

#### With Government



Children with Disabilities garner access to Quality Healthcare through Telemedicine



unicef 🙆

P2P

The TelemedKG platform enhances care for Children with Disabilities (CwDs) and their families through primary prevention, early identification, and coordinated interventions. Integrating health checkups, telemedicine, and cross-sectoral collaboration, family doctors can promptly identify and address conditions like neonatal jaundice and neurobehavioral issues, referring to specialists as needed and facilitating long-term coordinated care.

Intelehealth collaborates with the Ministry of Health of the Kyrgyz Republic (MOH), the Center for Health Development (CHD), eHealth Center, UNICEF, and local experts to implement TelemedKG in primary healthcare facilities. The platform uses a mobile app and the digital assistant Ayu with evidence-based protocols, aiding symptom identification and physician collaboration. remote

TelemedKG connects 4 Family Medicine Centers (FMCs) and 65 Family Group Practitioners (FGPs) in Nookat and Suzak provinces with two tertiary health

facilities - the Osh Interregional Children Hospital, and the National Mother and Child Hospital in Bishkek. A total of 6 key program stakeholders include 36 family doctors, 4 FMC directors, 8 specialist doctors, 1 CHD member, and 1 eHealth Center member.





Ø	IMPACT AT A GLA	ANCE
B	Teleconsultations Enabled	231
B	Health Service Consultations Enabled	400
22	Family Doctors Supported	227
27	Specialist Doctors Supported	43
	Provinces	3
	Districts	4
22	Specialities Offered	5
Ð	Clinical Protocols	10

# တ္ဆိံ κεγ insights

- We are currently working on an expansion from 4 to over 20 districts nationwide.
- Year-on-year growth: 9% in health service consultations and teleconsultations, 87% in supported specialist doctors, and 46% in supported family doctors.
- Telemed KG platform benefits remote areas by reducing costs and travel for specialized care, facilitating second opinions, and treatment planning.
- Protocols aid family doctors in assessing conditions like neonatal jaundice and cerebral palsy, with Intelehealth's training enhancing their skills.

Namma Aarogya Kendra

Inclusive & affordable healthcare for women and girls

P2P

The Namma Aarogya Kendra, а collaboration with ARTIST & Divakars Speciality Hospital Karnataka, in introduces an innovative healthcare model aiming to provide inclusive and affordable healthcare for girls and self-advocacy women. Emphasizing and access to healthcare, the program utilizes FEMTECH to extend services even to remote areas.





₿	IMPACT AT A C	LANCE
P	Teleconsultations Enabled	18
P	Health Service Consultations Enabled	94
98	Frontline Health Workers Supported	7
	Doctors Supported	3

# 🖗 KEY INSIGHTS

- Project start date: January 16, 2024
- Served 94 patients across the villages of Halkurke and KB Cross by end of March 2024 with the help of Arogya Sakhis
- Of these, more than 18 utilized healthcare teleconsultation services with doctors for women's health issues, including primary and secondary infertility, delayed cycles, dysmenorrhea, leukorrhea, and generalized weakness
- Completed a program design canvas and training for 6 master trainers
- The first anniversary of Namma Aarogya Kendra at KB Cross was celebrated in collaboration with Divakars Speciality Hospital.

# Koita Foundation's Digital Health Lab



Telemedicine in pre-service education for medical professionals - building a telemedicine-ready healthcare workforce

P2P

Intelehealth is glad to share our participation in the newly launched Digital Health Foundation Course and the Digital Health Lab by the Koita Foundation. On February 23rd, Maharashtra University of Health Sciences (MUHS) with the support of Koita Foundation, launched a digital health course for its medical students. The university has around 40,000 medical students under its 450 medical colleges. This is the country's first foundation course for digital health. The course covers a wide range of subjects including Management Information Hospital Systems, Electronic Medical Records and also the use of sensors and wearables in gathering health data. The course is also open to nurses and medical teachers and will certainly strengthen the basic digital health literacy of these medical practitioners. As part of the course medical students at MUHS colleges can use the Intelehealth platform in the Digital Health Lab to practice their virtual care skills and learn more about using telemedicine as a tool in their healthcare practice.



The pilot course was used by 40 students, of which 33 completed it; the full launch is scheduled for June 10, 2024.





Visit the Digital Health Lab here: https://www.koitafoundation.org/DHFC/Resources

Sila

Compassionate care for conflict -affected communities in Syria



P2P

In partnership with Syriana, Intelehealth launched Project Sila to address dire conditions in Syria, impacting 618,000 deaths, 5.5 million refugees, and 6.6 million internally displaced persons, exacerbating socioeconomic collapse and inadequate healthcare services. Sila, meaning "link," utilizes technology to provide home healthcare, training local workers for telemedicine consultations with doctors, enhancing access and reducing costs.

The initiative strengthens community resilience inter-community and collaboration, supporting self-sustainability through shared training and telehealth infrastructure. A mobile app with an electronic health record aids assessments, system remote consultations, and flexible program customization. Customized features now include medicine dispensing, medical test tracking, and multi-doctor referrals, improving patient care and operational efficiency in crisis contexts.

# Impact at a GLANCEImpact at a GL



- MoM Growth 433.3% growth (5.33x) in teleconsultations from April 23 to March 24.
- Customized the technology to ensure comprehensive healthcare delivery through the platform.
- The app now includes features for dispensing and administering medicines, tracking medical tests, referring cases to multiple doctors for expert opinions via the web app, and providing updates to doctors about the patient's condition.
- Syriana conducted a training session for 250 participants, including both doctors and health workers in Syria.

Ekal Arogya Telemedicine

Women micro-entrepreneurs powering last mile healthcare in tribal areas

P2P



The Ekal Arogya Telemedicine project, a collaboration between the Arogya Foundation of India (AFI) and Intelehealth, operates intribal and remote communities across 11 states in India. Implemented in September 2020, the project utilizes women community health workers known as Arogya Sevikas. These Arogya Sevikas gather patient histories, conduct teleconsultations with remote doctors via smartphones and telemedicine kits. These Sevikas then provide counseling, screening, and follow-up on treatment plans to track patient health outcomes.

AFI has empowered local Arogya Sevikas, who are frontline healthcare providers fluent in local languages and educated to at least a secondary school level. They engage in preventive healthcare, emphasizing hygiene, nutrition, home remedies, and promoting kitchengardens, with an aim to improve patients' health outcomes, health-seeking behavior, and health awareness and reduce healthcare expenditure.

#### (E) IMPACT AT A GLANCE

P	Teleconsultations Enabled	31,469
B	Health Service Consultations Enabled	58,529
22	Frontline Health Workers Supported	732
27	Doctors Supported	38
	States	11
Ø	Clinical Protocols	52



- MoM Growth 104.4% growth (2.04x) in teleconsultations from April 23 to March 24.
- YoY Growth 102.1% increase in the number of teleconsultations this year compared to last year
- 31,690 patients consulted doctors for various common health issues, while 27,060 received personal health advice and vital checks from the Arogya Sevikas
- Most common health issues reported: fever, cold, cough, respiratory Illnesses, abdominal pain, headache, diarrhea, fatigue and general weakness, joint pain, and vertigo
- Ekal project now includes Marathi and Kannada alongside six other Indian regional languages in its app

# **MSF** Diabetes Helpline India

Dial 18003094144 for diabetes care at your fingertips



**D2P Helpline** 

In 2019, estimates indicated 77 million people in India had diabetes, a number projected to exceed 134 million by 2045, with 57% of patients going undiagnosed. Addressing this challenge, Intelehealth partnered with MSF to establish a PAN India Toll-Free Helpline operational from 9:00 a.m. to 9:00 p.m. The helpline offers standardized care for type 2 diabetes, supporting patients with advice on healthy eating, blood glucose monitoring, and overall well-being.

It includes counseling on lifestyle changes and encourages regular follow-ups for comprehensive care. Dieticians provide personalized diet plans, and the helpline assists in accessing psychological healthcare. Aimed at urban slum residents facing financial barriers to



healthcare, the helpline promotes behavior modification through diabetes management, self-care education, and psychological support, empowering individuals to manage their condition effectively.

#### နှင့် KEY INSIGHTS & ဒီနိုင်ငံ FINDINGS

- Patients have shown an improved understanding of the importance of screening, follow-up visits, and managing their diabetes.
- However, there are mixed responses regarding adherence to lifestyle modifications; while some patients adhere well, others struggle.
- Challenges and barriers identified included difficulties with adjusting doses, irregular medication intake, and neglecting lifestyle recommendations. Additionally, there were gaps in effectively communicating scientific information to patients. Patients frequently neglected self-care, significantly burdening their caregivers.
- Success stories highlighted significant improvements in patient's health and emotional well-being due to personalized nurse support, demonstrating the project's efficacy in providing accessible healthcare to underserved populations.
- Case study: A 55-year-old female patient from Thane, Maharashtra, experienced a remarkable improvement in her HbA1c levels, reducing from 10.2 to 7.0, due to regular nurse calls. She diligently followed the medication and routine as prescribed by the nurses. She appreciated the personalized scheduling of calls, which accommodated her husband's timings, ensuring effective counseling.
- Telemedicine, combined with in-person care and enhanced information dissemination regarding self-care, shows promise in effective diabetes management.

# Vikalp Helpline

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

**D2P Helpline** 



Vikalp Helpline, a collaboration between Vikalp Sansthan and Ibis Reproductive Health, supported by Intelehealth, addresses gender-based violence and sexual reproductive health issues in India. The helpline offers counseling for survivors of domestic violence, prevention of child marriage, and information on sexual reproductive health, including safe abortion services. It empowers survivors by educating them about legal rights and facilitating access to support from professionals like doctors and lawyers. This initiative aims to empower women to combat abuse and advocate for their rights effectively.



#### နို့ KEY INSIGHTS & ACTIVITIES

- 99% of cases involved domestic violence, affecting individuals aged 10 to 102 years, and 3 cases of safe abortion services were recorded.
- Dissemination of Toll-Free Helpline Number through diverse channels: social media, brochures, village-level group sessions, and engagement with NGOs, police stations, and government departments, reaching a wide audience.
- Support provided to over 6,000 women and girls through helpline calls and in-person counseling sessions.
- Real-time data collection provides valuable insights into survivor experiences, facilitating continuous improvement in services.
- Increased domestic violence reporting attributed to accessible initial help via the helpline.
- Trust in helpline services is evidenced by survivor and family reliance.
- Referrals from NGOs, police, and government departments showcasing strong community engagement and collaboration.
- The app aids in data analysis and follow-up planning, contributing to efficient time management for the team

#### Intelehealth's Direct Implementation

# Arogya Sampada Nashik

Reimagining how tech can transform last mile healthcare

P2P

Intelehealth is pioneering а transformative approach to healthcare in Nashik, Maharashtra, through the Arogya Sampada initiative, its direct intervention innovation sandbox targeting tribal communities in Peth and Surgana talukas. These regions face significant healthcare challenges due to geographical isolation, economic constraints, and limited infrastructure. The project aims enhance to healthcare access and outcomes by leveraging telemedicine innovations.

Deployed in 30 remote villages across four clusters, Arogya Sampada equips Community Health Workers (CHWs) with mobile telemedicine apps for patient assessments and remote consultations with doctors. Additionally, model health kiosks have been established to provide diagnostics, consultations, and medications. This integrated approach comprehensive healthcare ensures services are accessible locally, reducing travel time and costs for residents.

We are unwavering in our commitment to the Nashik community, despite the

higher operational costs of our program. Our dedication stems from the profound impact we see firsthand. Healthcare services are not a luxury but a necessity here, and we cannot turn our backs on those in need. Moreover, Nashik serves as a crucial testing ground for our innovations in AI and the integration of POC devices. This allows us to refine and validate new approaches, ensuring that every innovation enhances the quality and effectiveness of care we provide.

#### IMPACT AT A GLANCE

B	Teleconsultations Enabled	7,102
B	Health Service Consultations Enabled	13,671
22	Frontline Health Workers Supported	8
87	Doctors Supported	6
	Clinical Protocols	41





#### **KEY INSIGHTS & ACTIVITIES**

- Free Medicine Delivery: Ensuring prescribed medications reach patients' doorsteps at subsidized costs, particularly benefiting vulnerable groups like elderly, women, and children, thus completing the teleconsultation loop effectively.
- Point of Care Diagnostics: Offering real-time vital signs monitoring (e.g., SpO2, blood pressure, blood glucose) and essential tests to improve diagnostic accuracy in underserved areas.
- Remote Health Kiosks: Establishing centralized facilities for diagnostics, consultations, and medicine dispensation, enhancing accessibility and healthcare delivery efficiency.
- Training and Capacity Building: Standardizing healthcare worker skills through blended learning approaches, including pre-and post-training assessments and refresher sessions.
- Population Empanelment and Household Surveys: Conducting baseline surveys to contextualize healthcare interventions and support program design tailored to community needs.

# Impact at the last mile

On average, 60% of the patients are women, and 83% are below the poverty line, living on less than \$2 per day

# **MONITORING, LEARNING & EVALUATION**

#### How telemedicine is regulated in 51 Asian countries, a comparative analysis

Telemedicine, using information and technologies communication for healthcare, gained prominence during the COVID-19 pandemic. Many jurisdictions still need formalized norms addressing privacy, ethics, and legal concerns. Intelehealth and PSA's study of 51 Asian regions found that only 15 have binding telemedicine laws, and 5 have non-binding guidelines, some effective only during the pandemic. Despite regulatory gaps, telemedicine use has increased, supported by public-private partnerships international and collaborations. Common legal themes in the regulation of telemedicine include specific guidelines and norms for practitioners, technology, patient consent, ethics & safety, and data protection, though ambiguities remain regarding the scope & definition of telemedicine, implementation, funding, and reimbursement.





Download full report here.

#### Ayu: Remote Diagnoses with Digital Precision

We published an evaluation of 'Ayu,' a digital assistant designed to aid nurses in rural India by collecting comprehensive patient history and sharing it with remote doctors for accurate diagnosis and triage. Ayu was evaluated using 190 standardized patient case studies to determine its ability to gather complete medical history and physical exam information. The system successfully captured 65% of patient history and 42% of physical exam details. Following this, 19 nurses from rural Gujarat were trained to use Ayu, and the accuracy of the clinical notes they generated was assessed. The notes produced by nurses using Ayu had a mean accuracy of  $7.71 \pm 2.42$ .

Using these notes, primary care physicians were able to make correct diagnoses in 74% of cases and correct triage decisions in 88% of cases. Additionally, the acceptability of Ayu among nurses was evaluated using the Technology Acceptance Model framework, and results showed a high level of acceptance and willingness to use the system.

Overall, Ayu demonstrated effectiveness in capturing essential clinical information the of and facilitating collection evidence-based medical histories. However, further development is needed to enhance its information retrieval capabilities and ease of use for health workers, ensuring even greater accuracy and efficiency in remote medical consultations.





Download the full paper here.

#### From Pilot to Potential: Evaluating TelemedKG's Role in Kyrgyzstan's Health System

We conducted a program evaluation of the TelemedKG project to assess its progress, the acceptability of the TelemedKG system, its usefulness in providing care for Children with Disabilities (CwDs), as well as barriers and facilitators to implementation.

monitoring Using program data and in-depth qualitative interviews with 26 health system stakeholders, including ministry officials, doctors, and patients, across Nookat and Suzak we explored perceptions of the TelemedKG platform, challenges, and suggestions for improvement. The TelemedKG platform is currently at a pilot stage, aimed at addressing multiple child health issues and expected to expand coverage nationwide. Stakeholders acknowledge its complexity due to the need for coordination among various entities, guided by the Ministry of Health and coordinated by the Center for Health Development. The platform is appreciated for saving patients time and money, particularly in remote areas where travel is difficult. However, challenges include inadequate legislative support, funding issues, and a need for more specialist doctors and streamlined pathways. referral The application has evolved to improve efficiency, but legislative support and sustainable funding are crucial for its future success. Capacity building and continuous support for family doctors are essential/ The program shows promise and with further refinement merits expansion.





Download the full paper here.

# Innovating Labor Management: Understanding the usability & usefulness of the eZazi application

We conducted a study on the perceived usability and usefulness of the eZazi mobile application among obstetriciangynecologists (OB-GYNs) for managing labor and adhering to WHO intrapartum care guidelines. Through feedback from 8 clinical champions who reviewed the eZazi application, several positive aspects of the application were highlighted, such as its simplicity, real-time communication features, and visualization tools like digital partogram printing. Doctors identified improvement, areas for including terminology use, data management, and decision criteria standardization. Perceived challenges in implementation managing sudden events, included ensuring data accuracy, and addressing connectivity issues in remote areas. Anticipated barriers to adoption included cost concerns, increased workload, and resistance to technological change. Despite these challenges, doctors foresee the eZazi application positively impacting decision-making, patient supervision, and communication in labor care. They suggested potential improvements to enhance its effectiveness and usability in clinical settings which we will be implementing in future versions of the product.





Download the full paper here.

# **TEAM & BOARD**

#### **Governing Body of Intelehealth**



Soumyadipta Acharya





Shyam Kaluve

(since 2019)



**KB** Teo (since 2018)



Rekha Pai Kamath (since 2017)



Margo Drakos

Harshad Sanghvi (since 2021)



Raghu Dharmaraju (since 2022)

## **Strategic Advisory Board**



Devesh Varma











Dr. Chandrakant Ruparelia Dr. Hema Diwakar



Anu Srinivasan



Sharmin Ashtaputre



Dr. Adler Archer



Sara Pacque Margolis

Dr. Neha Verma Chief Executive Officer/ Co-founder



Dr. Shekhar Waikar Chief Program Officer



Amal Afroz Alam Chief Technology Officer /Co-founder



Subhashis Ray Chief Financial Officer



FINANCIALS

## Income & Expenditure

Revenue		Expenditure	
Particulars	Amount (USD)	Particulars	Amount (USD)
Philanthropic	\$1,522,436	Programs	\$659,800
Earned Revenue	\$190,262	Software Development	\$437,248
		Fundraising	\$140,118
		Management and General	\$247,082
Total Income	\$1,712,698	Total Expense	\$1,484,248
Net Surplus	\$228,450		

## Balance Sheet as at 31st March 2024

Assets		Liabilities	
Particulars	Amount (USD)	Particulars	Amount (USD)
Current Assets	\$204,276	Current Liabilities	\$8,735
Bank Accounts	\$929,440		
Cash in hand			
Accounts Receivable	\$14,073		
Fixed Assets	\$10,742	Total Equities	\$1,149,796
Total Assets	\$1,158,531	Total Liabilities & Equities	\$1,158,531



# **GLOSSARY**

AB-HWC Ayushman Bharat - Health and Wellness Center ACT Action Covid Taskforce **ANM** Auxiliary Nurse Midwife **ASHA** Accredited Social Health Activist AWW Anganwadi Worker **BBMP** Bruhat Bengaluru Mahanagara Palike **BCC** Behaviour Change Communication BPM Block Program Manager **CBO** Community-Based Organizations **CDAC** Centre for Development of Advanced Computing CHC Community Health Center CHO Community Health Officer **CVD** Corona Virus Disease **CSO** Civil Society Organisation CWD Children with Disabilities **DH** District Hospital DHS-Odisha Directorate of Health Services - Odisha **DM** Diabetes Mellitus **DPM** District Program Manager FLW Frontline Health Workers **GOI** Government of India HBNC Home Based Newborn Care **HFWD** Health & Family Welfare Department HT Hypertension **HW** Health Worker HW2D Health Worker to Doctor HWC Health and Wellness Center IEC Information Education and Communication **IH** Intelehealth **INR** Indian National Rupee LMIC Low Middle Income Countries

**MBBS** Bachelor of Medicine Bachelor of Surgery MAS Mahila Arogya Samithi MIS Monitoring and Information System **MNCH** Maternal, Neonatal and Child Health **MO** Medical Officer MOIC Medical Officer in Charge **MTP** Medical Termination of Pregnancy NCD Non-Communicable Disease **NHM** National Health Mission **OBC** Other Backward Class **OPD** Outpatient Department PEU Perceived Ease of Use PHC Primary Health Center **PIP** Project Implementation Plan **PPP** Public Private Partnership **PU** Perceived Usefulness SBCC Social and Behavior Change SC Sub-Center **SC** Scheduled Caste SHG Self-Help Groups SOP Standard Operating Protocol **SRMNCAH** Sexual, Reproductive, Maternal, Newborn, Child & Adolescent Health SRH Sexual Reproductive Health **ST** Scheduled Tribe TRIF Transforming Rural India Foundation UHC Universal Health Coverage **UPHCs** Urban Primary Health Centres **UNICEF** United Nations Children's Fund VHSND Village Health Sanitation and Nutrition Day WASH Water, Sanitation and Hygiene WHO World Health Organization

## Address

USA (Intelehealth, Inc.): 1014 W 36th St. Unit #93, Baltimore, MD - 21211

India (Telehealth Innovations Foundation): Office No. 1407, Solus Business Park, Hiranandani Estate, Thane (W) - 400607



#### Contact

contact@intelehealth.org www.intelehealth.org





