



COVID-19 Pandemic Wellbeing Taskforce Report 2020

COVID-19
PANDEMIC
WELLBEING
TASKFORCE

Antelehealth


AAROGYA
MY HEALTHLINE

Covid-19 Pandemic Wellbeing Taskforce



The spread of the novel coronavirus, SARS-CoV-2, has resulted in catastrophic effects on public welfare worldwide. India's urban poor and rural populations are particularly vulnerable to the virus due to already limited access to health services and health education. **COVID-19 Pandemic Wellbeing Task Force** is a collaboration of more than 20 non-profits and tech companies for technology-enabled Covid-19 response at scale for our urban poor and rural populations in India, spearheaded by **Aarogya Foundation and Intelehealth**.

Intelehealth, as a part of the Task Force, has leveraged its suite of digital health products and experience implementing telemedicine services to launch two projects: **InteleSafe** and **MyHealthLine**. Over the past one year, with the help of Task Force partners, Intelehealth has empowered over **19,000 people** to access health education and health services through telemedicine and trained over **9,800 health workers** on protective measures in their battle on the front lines of the pandemic.

Our Taskforce Partners

Implementation & Community Partners



Technology Partners

Content Partners



Covid-19 Impact at a Glance



Pan India Coverage

INTELESAFE



43,551

COMMUNITY/FAMILY MEMBERS EDUCATED IN INFECTION PREVENTION AND CONTROL



8,396

FRONTLINE WORKERS RECEIVED TRAINING FROM MASTER TRAINERS



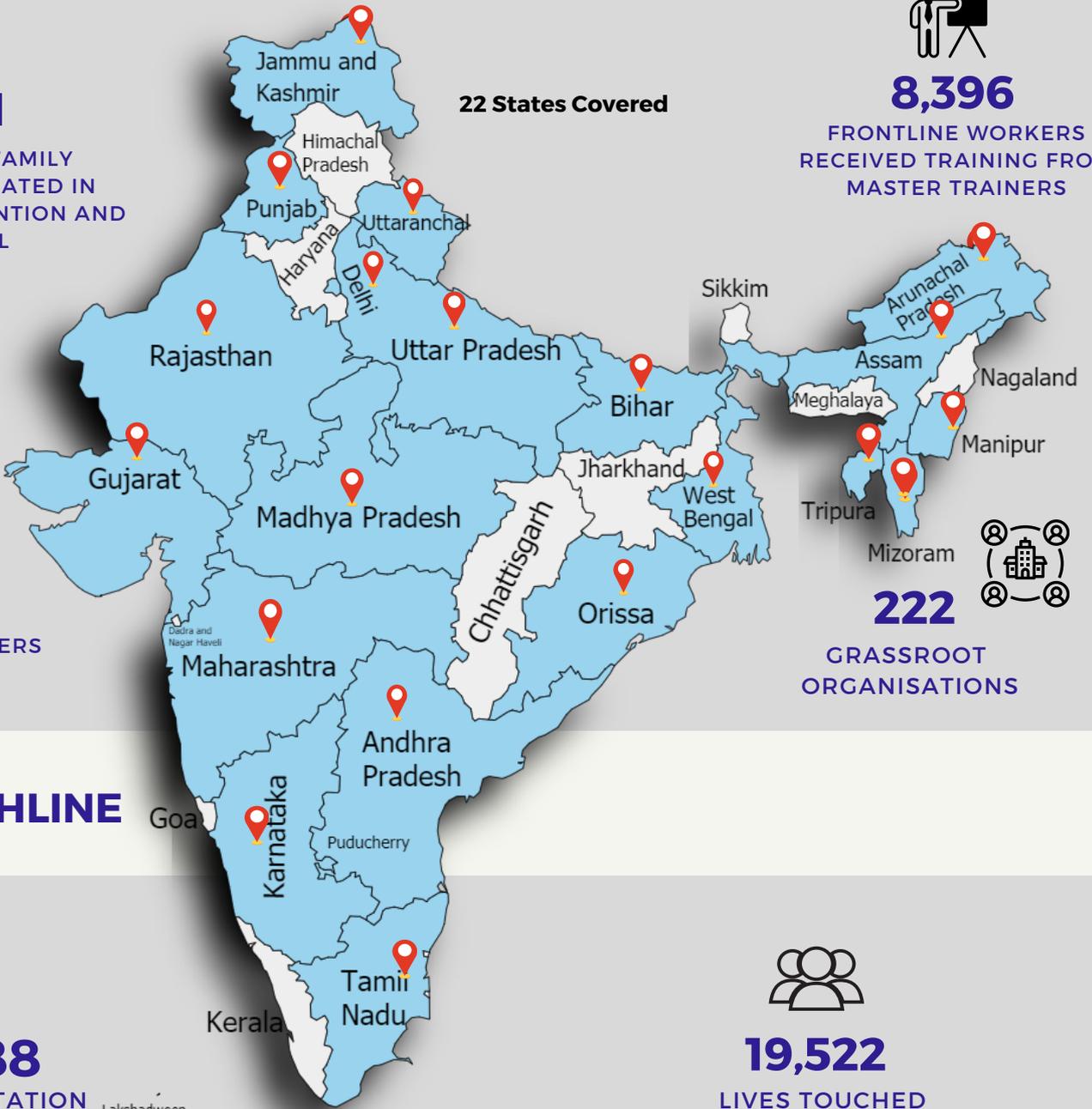
1,438

MASTER TRAINERS TRAINED



222

GRASSROOT ORGANISATIONS



MYHEALTHLINE



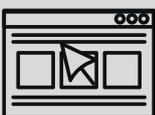
10,088

TELECONSULTATION



19,522

LIVES TOUCHED



6,082

WEBSITE VIEWS



3,352

COVID RISK SELF ASSESSMENT



IntelSafe

Keeping Healthworkers and Community Workforce safe on the front lines of the Covid-19 Pandemic.

Essential community workers and community health workers need adequate infection control measures in order to protect their health and limit the spread of Covid-19 in the communities they serve. They are the first point of contact for the last mile, making their work critical during the pandemic. IntelSafe was launched to provide Infection Prevention and Control (IPC) education and training to essential community workers and community health workers.

Objectives :-



Provide essential and verified information related to the emergence, mode of spread, signs and symptoms, and prevention and control measures of Covid-19.



Empower the essential community health workers/ volunteers/ field workers to utilize evidence based methods to respond to Covid-19 in workplaces providing essential services.



Build a cadre of community level trainers and advisors to deliver remote training with the help of covid-19 training tool, website and resources developed under IntelSafe.

As the Covid-19 pandemic spread to urban slums and rural areas, India faced a looming crisis. The spread of the virus is difficult to control because of several epidemiological and clinical factors that result in an overwhelmed health system, such as:-

- long incubation time
- asymptomatic transmission
- fast spread
- 1 in 6 hospitalization rate

The urban poor and rural population of India is particularly vulnerable to SARS-CoV-2. During the COVID-19 pandemic, these communities:

- have to choose between protecting against the virus by physical isolation and securing food and shelter.
- are riddled with misinformation due to their lack of access to proper health education.
- experience instability in community-based healthcare services at a time when they need it the most.



Image : Training on Hand Washing and Sanitising practices



Image : Patient at a clinic for checkup

Implementation of Infection Prevention and Control (IPC) methods is crucial to protect the health of community workers. Essential community workers and community health workers play a vital role in delivering health services and serving the underserved population. They are typically the first point of contact for the last mile population. During the Covid-19 pandemic, their work is even more significant, but without Infection Prevention and Control (IPC) methods, they are at a great risk of contracting SARS-CoV-2. Protecting their health is essential, not only for themselves but also they can continue to provide services to the vulnerable communities.

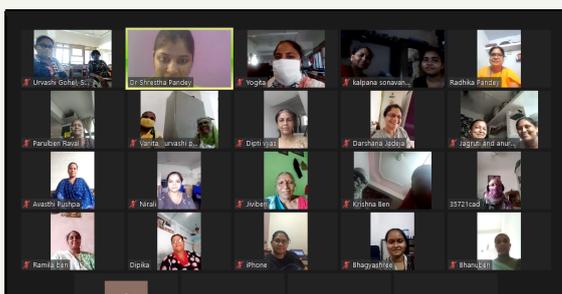
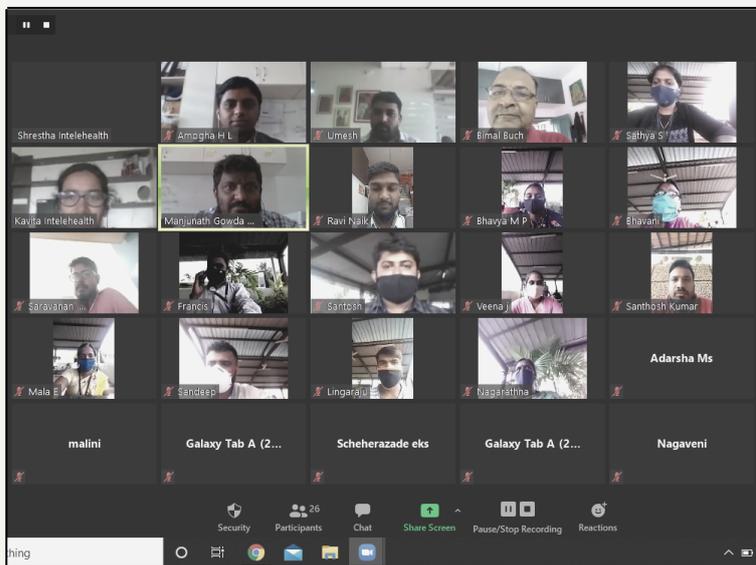


Image: Pratham Staff Training

Breaking the chain of transmission is critical to limit the spread of SARS-CoV-2; however, the process is resource-intensive. The health system requires tools and co-ordinated efforts between the public, private, and NGO sectors to contain the virus effectively. However, government helplines and resources were overburdened.

Testimonials



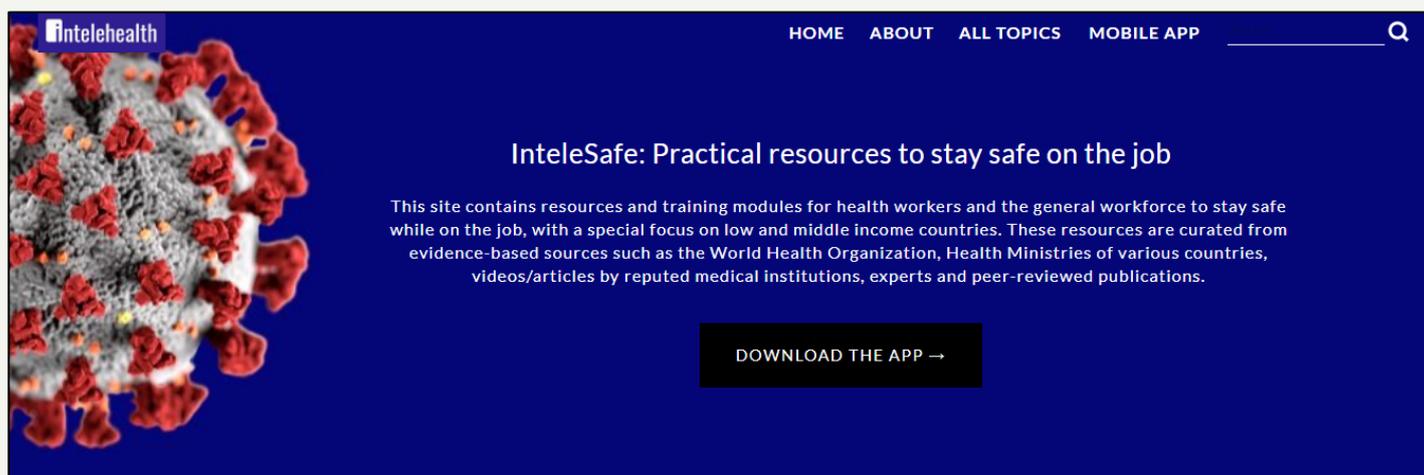
“The way we got the training regarding Covid-19 Pandemic from Intelhealth was fantastic. The information given not only helped me safeguard myself but also enabled me to protect my family. It has been particularly useful in our profession to spread awareness amongst volunteers and staff members who work in the field. After getting all the information, they also thanked Pratham and Intelhealth for this wonderful work. Thanks Dr. Buch for this simple training!” - **Puspanjali, Odisha, Pratham staff**

“Thank you very much for organising very informative training of trainers, I think this is the first initiatives to talk about technical point of Covid-19, So many webinars and conferences going on but all are talking about implications and impacts and this is the first training on technical training for our NGOs. I hope we will do some follow up in future in various phase “- **Managing Trustee, IRDRP NGO**



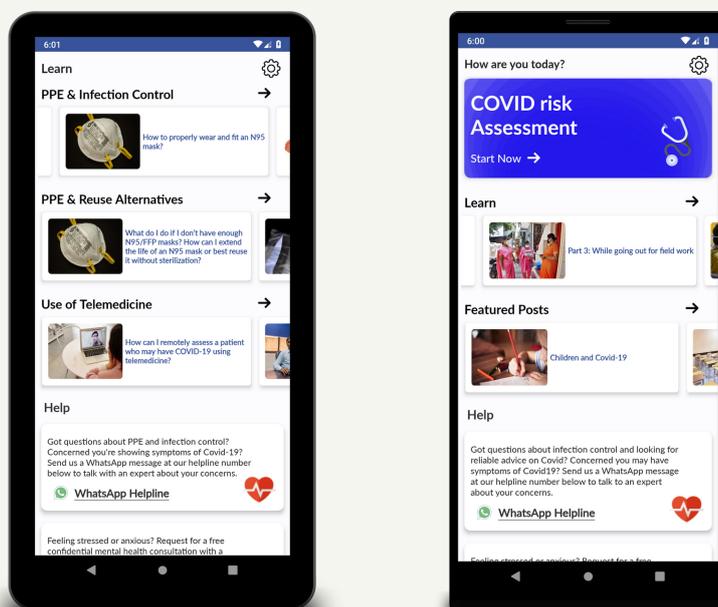
Training Products

The **InteleSafe website** empowers attendees to solidify their knowledge and propagate safety skills by sharing training materials with other community members and beneficiaries.



How to protect yourself from COVID-19?

The InteleSafe mobile application enables training of a large volume of community and health workers while eliminating transmission of Covid-19 through physical contact.

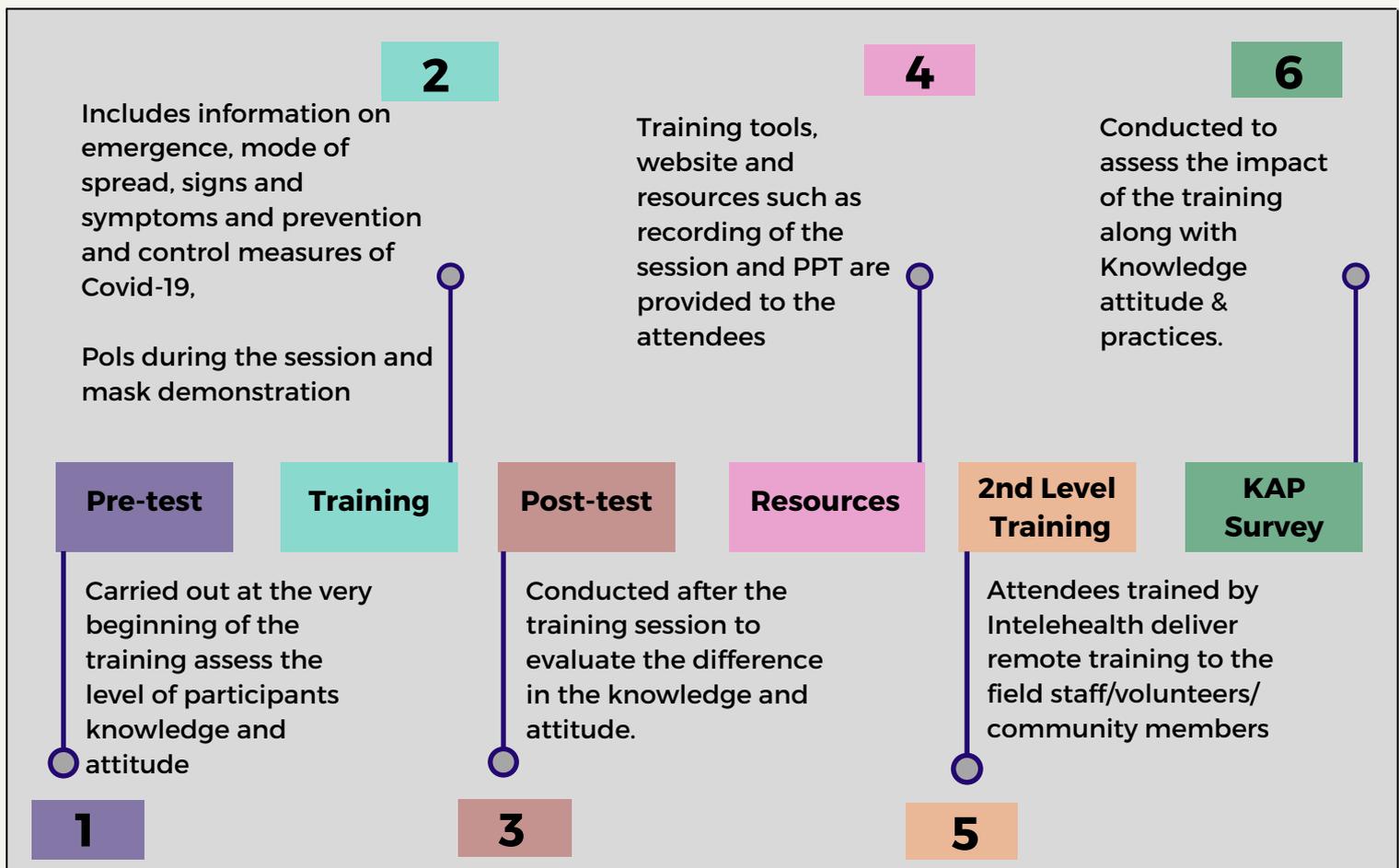


These resources are curated from authentic sources such as the World Health Organization, Health Ministries of various countries, videos/articles by reputed medical institutions, experts, and peer-reviewed publications. The mobile application focuses on infection control practices. The website includes content on precautions for the general public and workforce, children and school issues related to Covid-19, Personal Protective Equipment (PPE) & infection control measures for health workers, and a helpline service for health workers.

Training Methods

The **InteleSafe training program** imparted information on Covid-9 virus and disease, mode of spread, signs and symptoms, protective measures like social distancing, hand wash, avoiding common physical contact, cough etiquette, etc. It also included information on the role of personal protective equipment, role of isolation and quarantine, as well as demonstration on the use of triple layer and cotton mask. The program integrated frequent assessments of participant's knowledge and attitude regarding COVID-19 in order to evaluate impact, including a Knowledge, Attitudes and Practices (KAP) survey, as shown in the workflow below:

WORKFLOW



Impact

Since the onset of the Covid-19 pandemic, the IntelSafe training program has impacted:

43,551 (22 states)

Community/Family Members Educated in Infection Prevention and Control (IPC)

8,396

Front-line Workers Received Secondary Training

1,438

Participants Trained Directly

222

Grassroot Organisations

43

Infection Prevention and Control (IPC) Training

4

Dialect

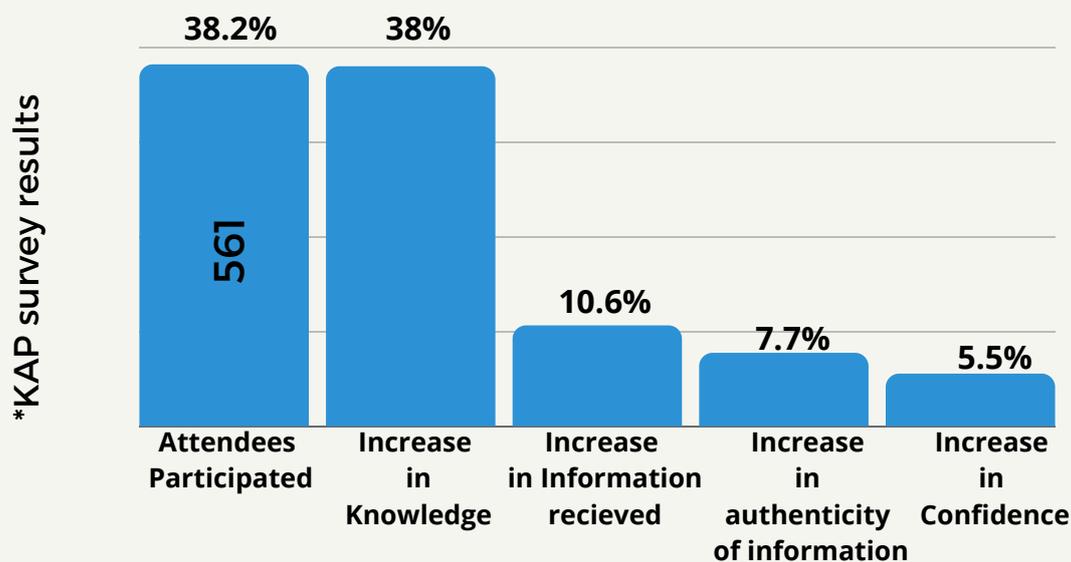
**INTELESAFE
IMPACT
NUMBERS**

Community Members trained on Covid-19 Infection Prevention and Control (IPC)



Knowledge, Attitudes and Practices (KAP) Survey Results

The **Infection Prevention and Control (IPC) training program** achieved significant knowledge, attitudes, and practices improvement among its participants, as revealed by the Knowledge, Attitudes and Practices (KAP) surveys conducted with those trained both directly and indirectly.



Trained members reported practicing Covid-19 safety recommendations at impressive rates. **77 attendees** participated in a practice questionnaire implemented one and half months after training, through random sampling.

The broad safety topics covered during the training program :



68% maintained social distancing practices



89% maintained coughing in sleeves



100% maintained mask wearing practices



98% maintained hand washing practices



92% refrained from shaking hands

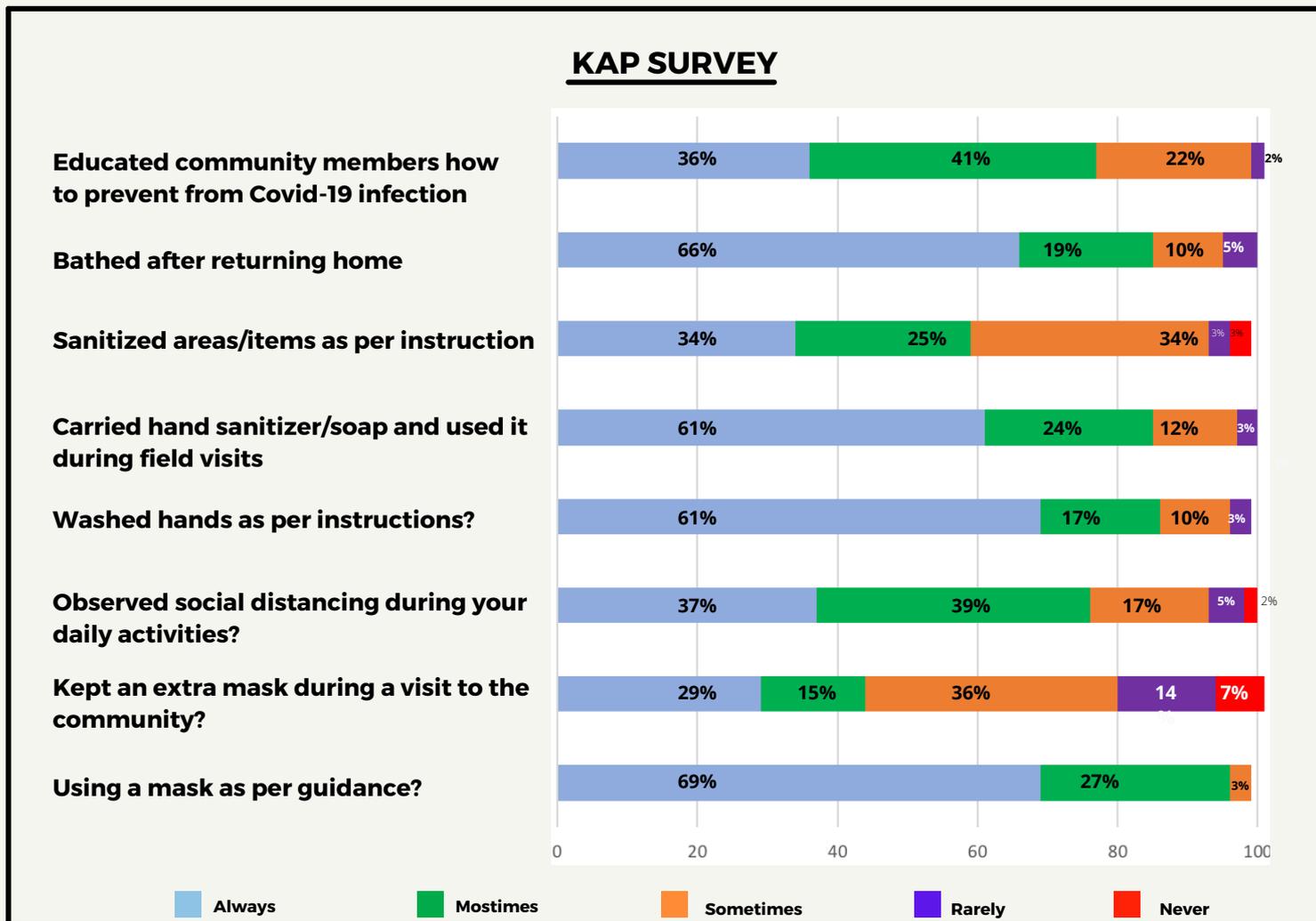
Case Study - VACHA

An Infection, Prevention and Control (IPC) training was conducted by Intelhealth for Vacha Charitable Trust and the training was majorly focused on precautionary measures one can undertake while working/staying in bastis/slums which are densely populated. Vacha focuses on Girls' Empowerment by helping them acquire soft and hard skills and training in leadership and community work. Vacha's staff and the youth were involved in grocery distribution in the community. Vacha aims at empowering the staff and the youth with the needed information and knowledge to work in the communities for ration distribution and other details.



Participant's filling the KAP survey form

Intelhealth tailored the training program according to the needs of VACHA. In addition to the IntelSafe IPC training topics, special slogans to promote the IPC activities were included. **59 participants** from Vacha took a KAP survey designed for their specially tailored training program, the results of which are as follows:



*KAP - Knowledge, Attitudes and Practices

*IPC - Infection Prevention & Control



My Healthline

Providing preventive, curative & promotive health services to those most affected by the Pandemic.

There is a critical need to make affordable quality medical services easily accessible to people from vulnerable communities during the Covid-19 pandemic. Due to the fear amongst people of contraction of the Covid-19 virus and non-availability of doctors, patients from these communities faced extreme difficulties in availing even basic medical services. MyHealthline was launched with an aim to provide timely medical services through telemedicine to vulnerable groups such as urban, rural poor, migrant and daily wage workers with no means to access medical help via an Interactive Voice Response (IVR) helpline.

Objectives :-



Self-assessment on www.covidhelp.in

enabled individuals to self-triage and assess their risk of Covid-19 infection in 11 languages, including sign language.



Interactive Voice Response (IVR) Helpline

provided migrant communities, urban and rural poor 24x7 accessibility to quality general and mental health services through telemedicine and tele-education.



Resource library www.covidhelp.in www.aarogya.com

increased awareness with reliable information on correct precautions and guidelines on Covid-19 in 11 languages, including sign language.

Digital products launched for MyHealthline

- The www.covidhelp.in website empowers the public to conduct self-assessment of risk of infection and access reliable information on correct precautions and guidelines on Covid-19. The website was made available in 11 languages, including resources in sign-language.
- The **MyHealthLine Interactive Voice Response (IVR)** helpline is a telemedicine platform that uses the Ayu, a digital assistant to guide patients through quality medical tele-consultations and tele-education.



www.covidhelp.in :

Taskforce members with community reach were informed about the www.covidhelp.in website in their community where anyone can self-assess their risk to Covid-19 by taking a quick questionnaire. Three sets of questions developed using certified guidelines (Ministry of Health and Family Welfare, Government of India) accessed their travel history, past and current medical status. Based on the responses, the person is categorized into low, medium and high risk and are recommended appropriate precautions. The website also contained resources with information and guides on Covid-19.

IVR HELPLINE :

Taskforce members who worked directly with vulnerable populations such as Vacha, Goonj and Pratham disseminated the IVR helpline in their community through community workers, posters, pamphlets and messengers like WhatsApp. This network worked across many states in India such as Delhi, Bihar, UP, Rajasthan, Maharashtra, Gujarat, etc. The Interactive Voice Response (IVR) helpline support consists of 2 Case Managers (paramedical) and 8 doctors from 5 specialties (General Physician, Dentist, Gynaecology, Orthopedics and Homeopathy).

Impact

The **Interactive Voice Response (IVR) helpline** and the tools provided on www.covidhelp.in has touched the lives of more than 19,500 urban poor and rural people over the course of 9 months from states across India with nearly 40% being from Delhi, and rest from UP, Bihar, Rajasthan, Maharashtra, Gujarat, Punjab and Karnataka.

19,522

URBAN & RURAL
LIVES TOUCHED

6,082

ACCESSED WEBSITE
RESOURCES

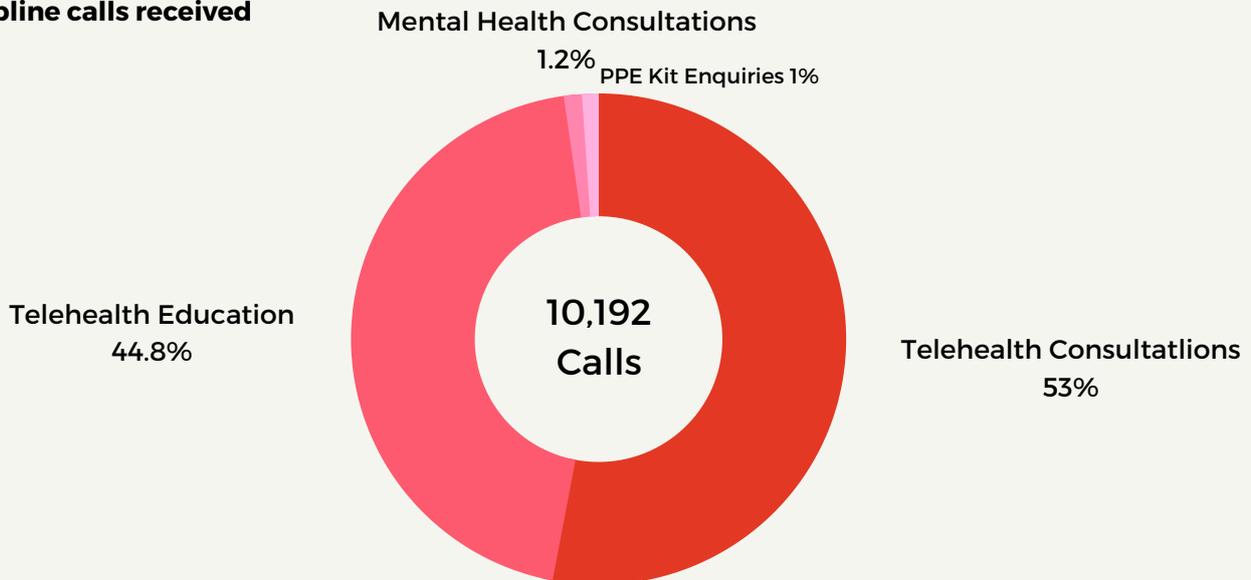
10,000

TELECONSULTATIONS

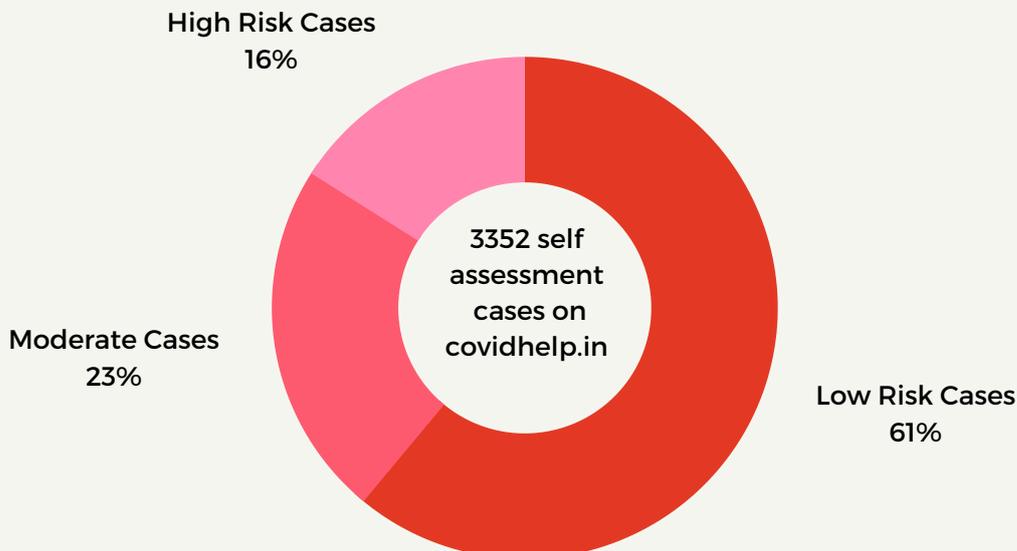
3,352

TRIAGED THROUGH SELF-
ASSESSMENT

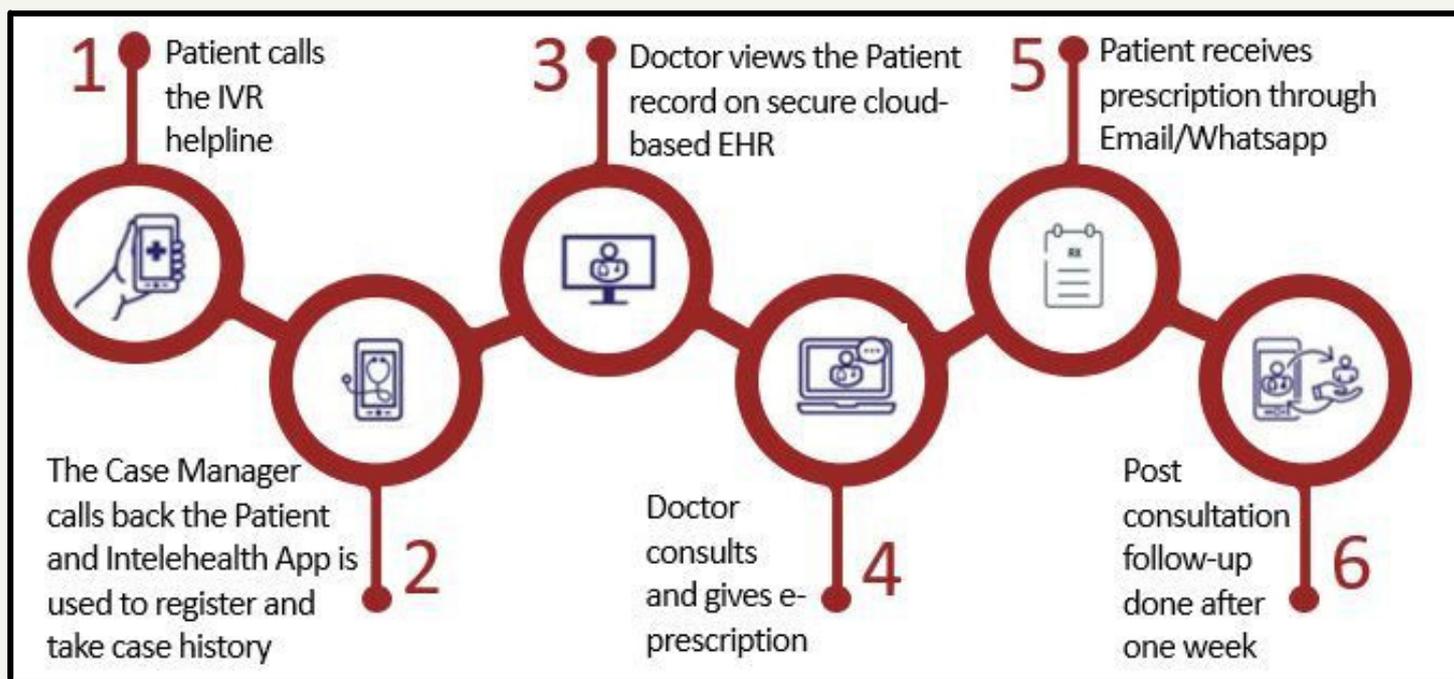
Interactive Voice Response (IVR) helpline calls received



Self assessment for Covid-19 on www.covidhelp.in



IVR WORKFLOW



A person in need of healthcare services calls the Interactive Voice Response (IVR) helpline and requests for tele-consultation on general health, mental health or Covid-19 concerns. The registered call is assigned to a case-manager who classifies the case into teleconsultation or tele-education.

For a tele-consultation patient, the case manager uses Ayu, which is an evidence-based digital assistant on the Intelhealth software platform containing health protocols for clinical decision support, to consult the patients and generate a comprehensive clinical note.

The remote doctor views the patient record through a secure cloud-based Electronic Health Record system. The doctor consults the patient and generates the prescription which is sent to the patient via Email or WhatsApp.

Patient and follow-up care is ensured by Case Managers who follow-up with the patient after a week. A tele-education patient is managed by case managers themselves or referred to a doctor, if required. The helpline also responded to queries on PPE and their uses.

Case Study



Sarvana (Identity changed), stuck away from his ailing, financially-stricken grandparents in a small village in UP, reached out to the helpline for medical services for his grandfather who had acquired Covid-19. He booked a consultation with the helpline. The grandfather, with the right guidance and help from the Doctor, started recovering in two weeks. "I am so thankful for getting help and that too free of cost! I had never imagined that without me travelling, my grandfather would be taken care of"

Ramdayal (Identity changed), a migrant worker from Bihar, Morsanda got news of his brother having difficulty in breathing. During the lockdown, no medical services were available nearby. The brother was a patient of asthma and had suffered TB years ago. Troubled and worried, Ramdayal called the helpline. Doctors tele-consulted him and also conducted a Covid-19 assessment. He was asked to resume asthma medication, home quarantine guidelines and referred to State helpline number. He was taken to the hospital and treatment started.

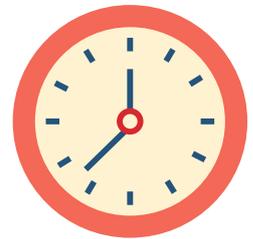


Employee engagement initiatives

Intelehealth and Aarogya Foundation spear-headed a 'Covid-19 Pandemic Wellbeing Taskforce', a collaborative effort by various non profit organisations and technology companies for tech-enabled Covid-19 response between March - December 2020. During this time, the taskforce launched two noteworthy initiatives - MyHealthline and IntelSafe. The volunteers from technology companies like Infosys, Wipro, Atlassian etc. contributed their time and effort in supporting the team in developing the app, web development, product creation and content. A collaborative effort at the forefront made it possible for us to serve and reach out to the people who most needed help during this pandemic.



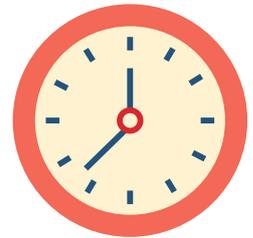
22
Volunteers



4536
Hours of support



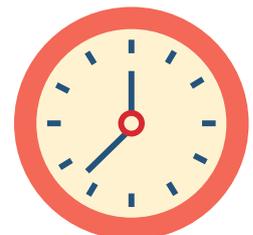
3
Volunteers



808
Hours of support



6
Volunteers



180
Hours of support



'Thank You' donors & volunteers for your immense contribution, we wouldn't have done it without you.



OPEN > < ROAD
KEEPING IMPACT ON TRACK



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