

Project xxxx

Update from pilot project phase 1

Vision- To empower the local healthcare system and improve healthcare seeking habits.

Objective - Pilot project in 2 phases to create a replicable model.

Steps -

- Project plan, with clear timelines and goals.
- Fundraising.
- Selection of x villages, communication with local co-ordinator.
- Communication with ASHA's for rapport building.
- Procurement of devices (digital sphygmomanometer for blood pressure measurement and inch tapes for MUAC measurement).
- Delivery of devices.
- Online training by a zoom live session.

Important points to note -

- ASHA workers must not be overloaded and there must be motivating factors for their efforts.

Challenges -

- Digital literacy is a challenge so we could not use mobile app we have, and had to go paper based workflow strategy. Whatsapp was used for sharing pictures of data on paper.
- Internet access is challenging sometimes and for a few it's difficult to manage other ways.

Outcome -

- In terms of cost benefit analysis, if we don't include the cost of B.P. measuring devices (as they are an investment in the community with hope that many will be screened and

monitored in coming future) then the overall cost per person for screening the community is less than 14 rupees for the first phase of our project.

- The other form of investment in the community is
 - a) training the local workers which was conducted for free.
 - b) creating awareness in community by screening activity in the community.
 - c) we are giving the ASHA workers a detailed document now so they can study ahead and do early diagnosis for referral to phc, monitoring of those already on medication and guide for dietary improvement as well as medication adherence.

Over time these all will hopefully give more benefits to the community in the same effort.

- In case of the top performing ASHA workers, the cost of screening per person is even lower, i.e. just 6 rupees.

Plans ahead -

- Screening and early diagnosis of malnutrition, and education on nutrition for prevention and reduction of malnutrition and anaemia. (Phase 2)
- Hypertension screening and monitoring. (Phase 2)
- Continued communication and progressive efforts. (After completion of phase 2).

Previous efforts -

- Covid prevention awareness, training for screening and devices (thermal gun and pulse oximeter) are already given earlier as part of efforts by our team with collaborators.