

About Project TETRA:

Technology Enabled Health Workers to Deliver Telemedicine to Rural Homes at Affordable Costs (TETRA)

A technology enabled community health worker led intervention to reduce cardiovascular disease burden in India (a BP apparatus and Glucometer connected to tablet that gives the reading of the patient from the village direct o the Doctor who handles a laptop / tablet for this program to give his advice and prescription)

- ➤ The first step being every adult of age above 20 years will be screened for testing BP AND DIABETISE.
- An average of 3 readings in BP and initial testing for Diabetic (fasting Blood Sugar) will be carried out for every adult.
- > If we found any abnormal reading both in BP and Diabetic—
- Second step would be -to go for fasting blood sample and have them tested in the laboratory for further action.
- ➤ For BP-cases—test for Createnine and for Sugar cases Createnine and HbA1C.
- If they found to be rather Hypertensive or Diabetic with our findings
- Will go for Dr's consultation with the patient on Skype with results of the blood work.
- The patients will be motivated for the need of taking continuous medicine and for consultation with the doctor to buy the medicine or approach suitable hospital.
- > The Doctor also to be provided with a tablet and to handle a laptop for Skype.
- > Delivering (tele) medicines to the diagnosed patient will be decided later as per the program that has been implemented by us.
- ➤ The Doctor will be directly contacting the patient from the village for this purpose via laptop or table.

Chosen village for this Project:

- Kasimbowli, Moinabad Mandal, R.R.Dt, Hyderabad, TELANGANA
- Kasimbowli is a small village of 629- population with 459 adults.
- > 12 kms from Aziznagar and KMRF—office.
- Found to be fairly connected for Idea/Airtel which is very essential as the project being totally technology enabled

KMRF-how initiated this Project:

(a) <u>Equipments</u>

- 1. Tablet--
- 2. weighing scale and measuring tape for height & weight
- 3. Electronic BP-apparatus with cables,
- 4. Glucometer with cables
- 5. Lancets for testing
- 6. SIM—with 4G—for the Tablet.
- 7. Chargeable batteries with charger, OTG cables and Power Bank
- 8. Thermal 3 "Bluetooth Printer

(b) <u>Other Arrangements for the Project:</u>

- 1. MoU with Drlal Path Labs for testing Blood sample.
- 2. Training with the lab-team for collection of sample
- An initial training with the <u>ShareIndiafoundations'</u> team of TETRA Project in their villagein the first week of December, 2016
- 4. Uploading the data of Kasimbowli village in the Tablet.
- 5. Meeting with Kasimbowli village head and briefing of TETRA-Project
- 6. Meeting with the villagers and briefing to target-adults about the project
- 7. A mock—run through of this project by the KMRF—team.

(c) <u>Initiation of the Project:</u>

- On 12-12-2016
- Taking the consent of the villagers for this project in the specified format.
- > If they are willing and obtain their signature.
- the height & weight of the individual is being taken
- ➤ BP-testing for 3 times motivated for to be ready with empty stomach for the Glucometer testing for fasting Sugar on the following day.
- Adults having abnormal readings with regard to BP/Diabetic- will be displayed.
- ➤ Blood-sample had been collected from the abnormal reading cases.
- The results of the tests been obtained on line recorded on the tablet
- Data shows both old & New cases of both BP/Diabetic (who have been administered medicine by their own doctors)
- ➤ KMRF-appointed Doctor went on skype for consultation and motivation of the affected cases for taking medicines and other precautions.

(d) <u>Motivation of Patients by KMRF-appointed Physician</u>

- ➤ The diagnosed villagers with BP/Diabetic---are being motivated to take medicine regularly without fail as per the instruction given
- To take the follow up test/review every month as & when KMRF-team visits.
- All of them are being instructed to go for regular walk for minimum half hour in the morning.
- Advised to eat food with less sugar and not to eat much sweet dishes and oily food and to reduce carbohydrate and sugar intake.

(e) <u>Present supply / distribution of medicines to diagnosed villagers</u>

- ➤ 104—Govt—organization has been to villages (Gram Panchayats) and attend villagers and do the testing for BP/Diabetic and distribute medicine everymonth.
- ➤ Collaborated with 104---who visits nearby Grampanchayat—Murthuzaguda.
- ➤ The KMRF-TETRA-diagnosed cases were taken to that village and medicines were distributed as the disgnosis to each and every village who have BP/Sugar.

(f) <u>Problems---in convincing the villagers to take up the test for diagnosis.</u>

- Out of 467 adults targeted for testing 103—people above 20 ages refused to give the consent to take up the tests
- ➤ Some villagers with age above 40—refused to get pricked for testing fearing that they might experience some other pain.
- ➤ Having found out about their abnormal reading both for BP/Sugar—in spite of motivation refused to give blood for testing at the lab.
- Some of them not able to follow the diet/food regime.
- ➤ Most of them not in the habit of going for walk —the only exercise that they can do.

(g) Positive Impact on the villagers—diagnosed with BP/Sugar

- Willing to understand that they have problem and went for check up on their own to ascertain KMRF—TETRA—findings
- Some of them willingly asking about the course of our project and how it is going to benefit them.
- They came forward with KMRF—team to collect the medicine from 104.
- They are motivated to have the medicine regularly and going for morning walks.
- ➤ We found out the son in the family is having diabetic whose father is already a diabetic patient and having medicine. The son was not aware of the fact.
- Many such individuals have been motivated accordingly.