Bihar: Telemedicine Adoption

Learning document

April 2022

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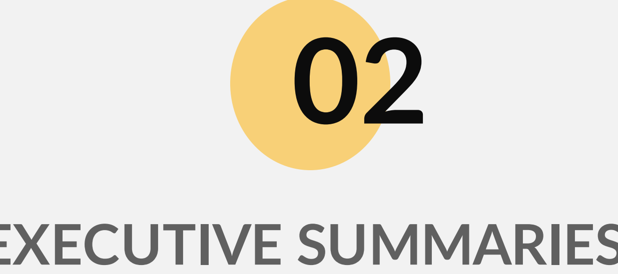
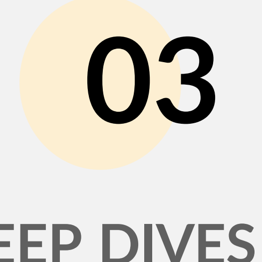
CONTEXT



EXECUTIVE SUMMARIES



DEEP DIVES

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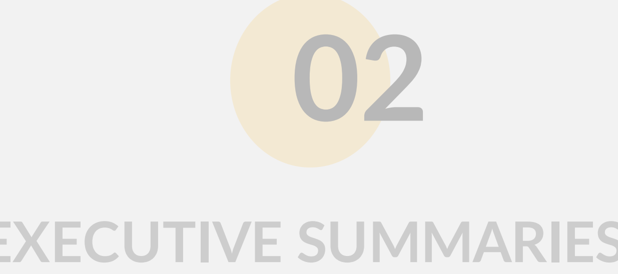


EXECUTIVE SUMMARIES

DEEP DIVES

Since e-Sanjeevani was launched in Bihar last year, there has been sizable investment in infrastructure, but demand continues to remain low

The e-Sanjeevani (tele-medicine platform) was launched 1 year ago in February 2021

Two channels exist – assisted through hubs-spokes, and OPD direct app to customer

1,500 specialist doctors deployed at hub locations, 46 doctors for OPD

13,000+ HWCs are operational to target for e-Sanjeevani

12,000 ANMs and other HCWs are being trained on the e-Sanjeevani platform, which is already operational in ~2500 HWCs

150K-200K medical consultations happen every day in Bihar with only 3% using tele-medicine

*Bihar is aiming to create a **demand-led strategy** to utilize existing capacity and increase adoption of tele-medicine (predominantly in OPD)*

This is because of the various challenges that exist across the value-chain: **OPD** – need for building awareness and assisting in on-boarding/ first use by both community and influencers

OPD

	Awareness and relevance	Access	Onboarding and first use	Repeat use and engagement	Grievance redressal
Problem	• Low awareness of e-Sanjeevani OPD and telemedicine as concepts • Patients don't know if it's free	• They are unaware of the timings and locations	• Patients don't know how to download or use the app • Engagement by ASHA/ANM but no job aids for assisting users	• Concern on who the Doctor is on the other side (lack of trust) • Long waiting times on app • Interface is not easy to follow	• There is no portal to input feedback • There are no FAQs in the platform
	"I have just heard the name. The ad comes on tv. Don't know much about it"	*Sentiment analysis shows people searching for whether the service is free or not*	*There is no consistent community engagement done by ASHAs and ANMs*	*"The wait time was very long, have to keep connecting and trying, very frustrating"*	*"The medical center did not give free medicine. I did not know where to go"*

High intervention needed | ***Medium intervention needed*** | ***Low intervention needed***

This is because of the various challenges that exist across the value-chain: **Assisted** - good access but need for building relevance and continued support for HCW

Assisted

	Awareness and relevance	Access	Onboarding and first use	Repeat use and engagement	Grievance redressal
Problem	• Low public awareness of value proposition • Low ANM/CHO understanding of use cases	• While ANM have tablets to connect to the platform, there are occasionally network issues	• Concern on who the Doctor is on the other side (lack of trust) • Training not consistently done for ANMs/ CHOs	• There are no job aids for CHOs and ANMs to standardize SOP • Systemic issues (e.g., connecting to right specialists, health records)	• There is no portal/ IVRS for logging real time queries/ challenges with the system
	"I don't have a way of deciding which call should be referred to for telemedicine"	*"Consulting a doctor online can take a few hours, and patients don't want to wait"*	*"We didn't get formal training; learnt by using"*	*"Get connected to the wrong type of specialist, have to refill the form manually when they reject my request"*	*"It would be great to have an autofill form but I don't know who to ask to change the platform"*

High intervention needed | *Medium intervention needed* | *Low intervention needed*

To solve for some of these challenges, we have identified 8 solutions and have supported the GoB in detailing out 5 under this engagement

Focus interventions

Awareness and on-boarding of end consumers; direct and through influencers

- **M** Mass communication – build awareness and relevance with community (ATL, BTL, Social, Whats App bot)
- **I** Demonstration-led approach to support on-boarding and first-use through influencers
- Tailored communication for different customer segments/ use-cases

Relevance and technical support for influencers

- **C** On-ground training / capacity building on influencers (working with partners)
- Systematic interventions to strengthen enabling environment for influencers

Sustainable process to strengthen repeat use and engagement

- **S** Standardize SOPs in assisted channel and plan implementation to "mandate" tele-medicine use and push OPD
- Systemic interventions to processes, policies to support repeat use (e.g., medicine delivery, e-prescription policy)
- **T** Systems improvements: Tech UI/ UX improvement; support through whats app bot, IVRS

As part of our engagement, we undertook primary research in the following categories (1/2)

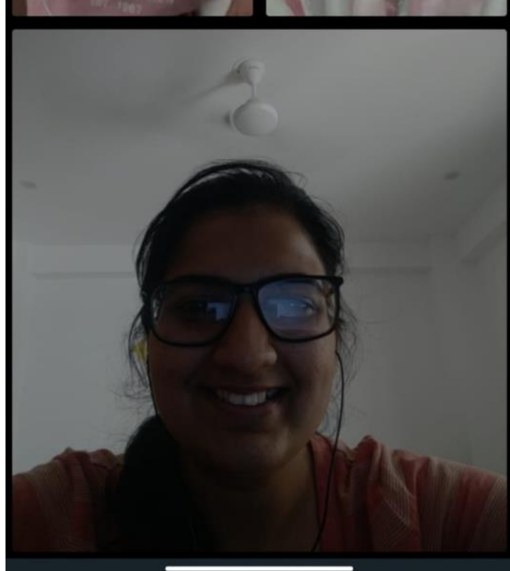
Interviews in Bihar

Community Members	ASHAs	ANMs	JEEViKA CM
• 16 community members • Around 9 women and 7 men • Mixed age group between 20 to 40 years • Mix of smart-phone usage • Location: Begusarai and Patna	• 3 ASHAs + 1 ASHA facilitator • Senior workers, experience varying from 10-25 years • Mix of smart phone usage • Location: Begusarai and Patna	• 5 ANMs • One of them was working in Urban slum area • 2 of the 5 ANMs had experience with eSanjeevani assisted model • Location: Begusarai and Patna	• 2 JEEViKA CMs through PCI

Interviews in other states

Uttar Pradesh				Tamil Nadu	
ASHA	ANM	Staff Nurse	Health official	Govt. doctor	VHN
• 1 ASHA • 2 years in role • Started using OPD 6 months ago • Had access to a smartphone • Location: Meerut	• 1 ANM • 36 years old • ~4 yrs in role • Had access to a smartphone; has been using same for the assisted model for ~1 year • Location: Meerut	• 1 nurse • ~5 yrs in role • Had been using the assisted model at the center since covid started • Location: Meerut	• 1 govt. Official • Location: Meerut	• 1 doctor • Location: Salem	• 1 village health nurse (VHN) • Location: Salem

As part of our engagement, we undertook primary research in the following categories (2/2)



Observations in Bihar

Health and Wellness Centers (HWCs)

- 2 HWCs (village level PHC sub-centers)
- Location: Begusarai
- Both HWCs had e-Sanjeevani assisted operational

Anganwadi Center

- 1 Anganwadi center
- Location: Begusarai

Interviews in Bihar

ANMs

- 2 ANMs
- Location: Begusarai
- Between 35 - 45 years of age
- Senior ANMs; has ~10 to 12 years of experience
- Working in HWCs where e-Sanjeevani assisted model is operational
- 1 month - 1 year of experience with e-Sanjeevani assisted
- Had access to smart phones

CHOs

- 1 CHO
- Location: Begusarai
- Between 25 to 30 years of age
- Junior CHO with <1 year of experience
- Working in HWCs where e-Sanjeevani assisted model is operational
- 4 months of experience with e-Sanjeevani assisted model
- Had access to a smart phone

Non-traditional influencers

- 7 influencer figures from the community:
  1. Village Head (Mukhiya)
  2. Ward Member
  3. Youth Leader
  4. Local Pharmacist
  5. Vikas Mitra
  6. Bank Mitra
  7. Primary Agricultural Cooperative Society (PACS) Leader
- Location: Begusarai
- Ability to promote e-Sanjeevani OPD due to high digital access, literacy or ability to push promotional activities
- Influencing power due to close interpersonal relationships, and high frequency of engagement with the community

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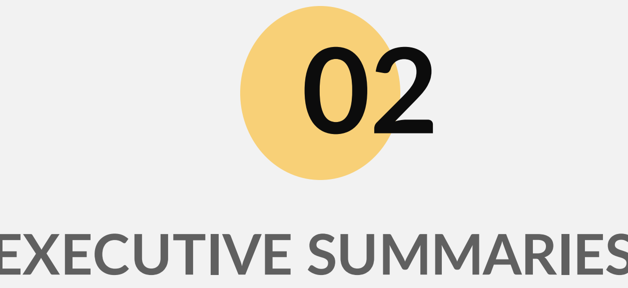
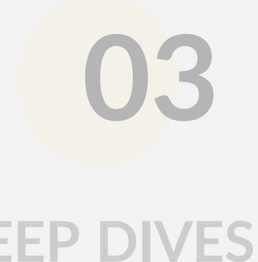

02 EXECUTIVE SUMMARIES


03 DEEP DIVES

M	I	C	S	T
Mass communication	*Influencer led community engagement*	*Capacity building*	*Standardized SoPs*	*Tech UI/UX improvement*
Build awareness and relevance with community (ATL, BTL, Social, Whats app bot)	*Demonstration-led approach to support on-boarding and first-use through influencers (e.g., videos, bus drive)*	*On-ground training / capacity building on influencers (working with Partners)*	*Standardize SOP in assisted channel to "mandate" tele-medicine use; forward linkage to OPD*	*Systems improvements: Tech UI/ UX improvement; suppor through whats app bot, IVRS*

EXECUTIVE SUMMARIES

M

Mass communication

Build awareness and relevance with community (ATL, BTL, Social, WhatsApp bot)

- HCD interviews in Bihar revealed that **lack of awareness about the e-Sanjeevani OPD app is one of the major constraints affecting its uptake**, necessitating the need for deployment of a mass communication strategy for information dissemination to the public
- However, this **dissemination to the public will need to be complemented by the engagement of various influencers** like ASHAs, ANMs, etc. who interact frequently with the public and could influence their health-related behaviors
- Hence, to aid this dissemination via influencers or directly to the community members, **we have helped develop content for 3 kinds of mass communication collaterals**:
    - **FAQs** on e-Sanjeevani OPD: *To create awareness about the e-Sanjeevani OPD app, answering high level questions about what the service is, who provides the service, how it works and when it is available*
    - **Value proposition** of e-Sanjeevani OPD: *To introduce e-Sanjeevani app, how it works and detail the benefits of using e-Sanjeevani OPD app*
    - **Onboarding guidelines** for e-Sanjeevani OPD: *To explain the step-by-step process of registering on the e-Sanjeevani OPD app and consulting a doctor for the first time*
- To ensure effective engagement, **we have ensured content availability in Hindi as well as laid down some guidelines for the development of both physical and digital collaterals** to reach different kinds of audiences
- This **content and the guidelines have already been shared with FAT** which is leading the collateral development aspect for this engagement

EXECUTIVE SUMMARIES

Influencer led community engagement

Demonstration-led approach to support on-boarding and first-use through influencers (e.g., videos, bus drive)

- **To create awareness at scale** and kick start sustainable OPD promotional activities using the mass communication collaterals developed, **we have also created a process flow for the GoB/ State Health partners for the execution of an e-Sanjeevani OPD promotional event**
- Such an event **can act as a starting point for sustainable influencer engagement for OPD promotion as well as create a heightened excitement within the community around the app** which can be complemented by sustainable promotional interventions in the medium-long run
- The event can **be implemented in association with partners** such as FAT *(for content & collateral creation)* and WHO, UNICEF, CARE, PCI, Piramal, Jhiego, etc, *(for implementation on-ground)*
- Our proposed **process flow is based on leveraging RBSK vans** that run across rural Bihar **to move HCWs such as RBSK ANMs, Ayush doctors etc. from village to village** for OPD promotional activities. **with village-level HCWs and influencers like ASHAs, AWWs leading the community mobilization efforts**
- For effective execution of this event, **we have developed content for influencer guidelines** to support the involved HCWs and influencers in introducing and onboarding community members onto the e-Sanjeevani OPD platform in addition to preparing content for FAQs, value proposition of OPD, and onboarding guidelines, that are currently being developed by FAT

Capacity building

On-ground training / capacity building on influencers (working with Partners)

- In order to promote effective uptake, **efforts are needed across the value chain of OPD -** starting with **creating awareness around the app** through community outreach, **ensuring access** to the app, **supporting onboarding and first use** through engagement with users, and finally **grievance redressal** through feedback mechanisms
- As highlighted previously, the **execution of these efforts would require the onboarding of HCW and influencers** which can be bucketed into **two broad categories**: **traditional influencers, and non-traditional influencers**
- **Among the traditional health workers**, we have identified 3 key influencer groups - **ANMs, ASHAs and JEEViKAs -** each with different strengths and constraints, and developed personalized process blueprints for each, highlighting the different activities for OPD promotion that they should undertake across the value chain
- Simultaneously, **certain non-traditional influencers**, who have a general influence in the community and could be early adopters of the app, have also been identified - **village heads, ward members, youth leaders, vikas mitras, bank mitras, local pharmacists, PACS leaders and teachers,** to aid the promotional efforts of these traditional influencers and we have designed similar process blueprints for them
- For the **implementation of** these blueprints by influencers, **we have also highlighted the next steps**:
  - Need for quick identification of non-traditional influencers on ground
  - Need for involving and obtaining buy-in from government and on-ground actors
  - Need for developing incentive for healthcare workers and non-traditional influencers
  - Provision of tech support for healthcare workers

S

Standardized SoPs

Standardize SOP in assisted channel to "mandate" tele-medicine use; forward linkage to OPD

- **Health and Wellness Centres** (HWCs), including health sub-centers, VHSND centers, etc., **act as spokes** for the provision of teleconsultation services to the public **under the e-Sanjeevani assisted model**
- However, **the current process flow of activities** at these centres **is non-standardized** with limited involvement of the assisted model and no involvement of OPD
- To solve for this, **we have developed revised SoPs for these HWCs** which can be leveraged to guide their activities, **aimed at capitalizing on the following kinds of opportunities**:
  - **Structural opportunities:** *To standardize and strengthen the procedures through which e-Sanjeevani assisted model can be used and OPD can be promoted by HCWs in HWCs. .*
  - **Behavioural opportunities**: *To address attitudinal/ behavioral constraints faced by users to ensure uptake of e-Sanjeevani assisted model and OPD among HCWs and patients.*
- The **revised SoPs can be executed through the implementation of 9 key interventions,** and we have developed action plans and highlighted enablers for implementation for each of these:
  - Sharing digital collaterals with community members using mobile numbers collected at HWCs
  - Developing and deploying physical collaterals at HWCs
  - Leveraging HCWs and non-traditional influencers to drive in-person awareness and use
  - Reallocating demand from assisted model to OPD for follow-up consultations
  - Improving technological infrastructure at HWCs/ with HCWs and user interface for e-Sanjeevan.in
  - Integrating databases of both the models for better data creation, tracking and use
  - Devising incentives for HCWs and non-traditional influencers
  - Training of HCWs for effective execution of the models, their promotion and engagement with patients
  - Ensuring easy access to medicines for patients post-consultation across both models

EXECUTIVE SUMMARIES

Tech UI/UX improvements

Systems improvements: Tech UI/ UX improvement; support through whats app bot, IVRS

- **The current OPD app**, while capable of effectively catering to the literate urban audience in India, **lacks the user interface and features that make it easily usable by the low-tech population in rural Bihar**
- Keeping in mind the needs of this audience, **we undertook a rapid UI/ UX audit for the OPD app** to take a human-centered approach **for developing actionable recommendations for CDAC**
- Basis our audit, **we have developed 6 key design principles and best practices** that should form the basis for e-Sanjeevani 2.0 app being developed by CDAC as well for any teleconsultation platform targeted at low tech users:
    - Ensuring availability of the app in a **language conversant with majority of the users**
    - **Avoiding the use of medical jargon** on the user interface and use of simple colloquial terms
    - Ensuring **fast access to health care** and **communicating estimated waiting times** to patients in the queue
    - Ensuring **patient's profile includes medical and consultation history** and other data necessary **for efficient diagnosis**
    - Providing **technical assistance to patients** using the app by **integrating support functions such as FAQs** etc.
    - **Integrating feedback systems** in the app
- With these principles as base, **we have developed UX recommendations for the app** across different stages:
    - **Registration for new users:** *updates to the landing page and in the registration process*
    - **Returning user connecting to a doctor:** *updates to the login process, the process of selecting a doctor and provision of accurate information to patients on and reducing waiting time for patients*
    - **Consultation with a doctor:** *updates related to generation of patient history, solving for connectivity issues and issues related to e- prescriptions*
    - **Post consultation services:** *updates related to prescription access, feedback on doctors and services as well as grievance redressal*
- Additionally, given the limited smartphone access as well as connectivity issues across rural Bihar, **we have developed an illustrative USSD based patient registration process flow for OPD**

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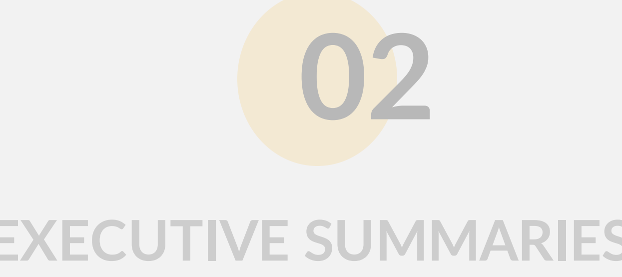
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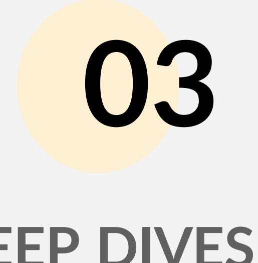
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DEEP DIVES

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Flow of this section

01 Collaterals created for OPD promotion in Bihar and role of Dalberg

02 Insights from research undertaken to guide content and job aid creation

03 Overview of job aids and links to content created by Dalberg

To promote OPD, mass communication collaterals are being created for events and for sustainable use, aimed at leveraging influencers to “show & tell”; Dalberg led content development for this

Collaterals developed by FAT leveraging content shared by Dalberg

The content developed was based on primary & secondary research aimed at identifying the value proposition of OPD, format for content dissemination…

Content

Some key insights on value propositions of e-Sanjeevani OPD app for patients:

- **Convenience** stood out as a strong value proposition as for community members, the idea of not waiting in a long queues for meeting a doctor and getting consultation from the comforts of home without losing out on time and money on travel is appealing
- **Free nature of service** was a primary message used by states like Tamil Nadu to attract patients towards OPD consultations
- **Access to qualified local doctors** 6 days a week was another differentiator for OPD
- **Privacy associated with home consultations** was quoted as an important value add for women patients
- **Availability of specialized OPDs** has assisted rapid adoption of service by the public in many states
- **Access to "e-prescription"** could be an important value add as people look for a closure post consultation

Format

Insights on best format for effective engagement with community members and influencers:

- **Video and audio-based communication** is most suitable for content dissemination to both the community as well as influencers versus text-based guidelines
- **Dedicated IVRS number which plays a pre-recorded message** has seen high success in the past

… as well as a distribution strategy to help the content reach the community members

Distribution

Insights on best ways to disseminate content to community members:

- **Multi-influencer engagement** to maximize awareness and adoption by citizens on ground due to repeated messaging
  For example: *Tamil Nadu leveraged field staff like staff nurses, VHNs and SHGs for reaching the public*
- **Leveraging mass marketing platforms to increase demand over setting consultation targets for supply actors**
  For example: *In Kerala, no targets are assigned to any category of staff for promoting use of e-Sanjeevani OPD. Rather, to enhance the usage of the platform, ads on various print, visual and social media channels are leveraged.*
- **Leveraging the 721 RBSK vans in Bihar for visiting villages on event day** to spread awareness *(these can also be rebranded from outside)*
- Creating **short video and audio messages to be distributed through WhatsApp, Telegram and posters with QR codes linked to YouTube videos**
- **Mandating Suvidha Kendras, local pharmacies, Anganwadi's, schools etc. to have posters** with basic visuals and QR code
- **Panchayat Raj members as well as RMP's** can also be targeted to promote the use of the platform

Using the insights generated from research, we have created content for a few job aids being developed by FAT, the details of which have been shared in the table below (1/2)

<table>
<tr><th>S.No</th><th>Name of the asset</th><th>Format</th><th>Target audience</th><th>Link to the content created by Dalberg</th></tr>
<tr><td rowspan="3">1a</td><td rowspan="3">FAQ poster Front
(Short catchy phrases about service with slogans & logos)</td><td>Digital posters</td><td>Public facing</td><td rowspan="3">Job Aids- 1) FAQ s 2) Value prop 3) Onboarding 20220309 - Google Slides</td></tr>
<tr><td>Print posters</td><td>Public facing</td></tr>
<tr><td>Short video animation (40 - 60 sec)</td><td>Public facing</td></tr>
<tr><td rowspan="3">1b</td><td rowspan="3">FAQ poster Back
(Q&A format with detailed answers)</td><td>Digital posters</td><td>Public facing</td><td rowspan="3">Job Aids- 1) FAQ s 2) Value prop 3) Onboarding 20220309 - Google Slides</td></tr>
<tr><td>Print posters</td><td>Public facing</td></tr>
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<tr><td rowspan="3">2</td><td rowspan="3">Value proposition for e-Sanjeevani OPD</td><td>Digital posters</td><td>Public facing</td><td rowspan="3">Job Aids- 1) FAQ s 2) Value prop 3) Onboarding 20220309 - Google Slides</td></tr>
<tr><td>Print posters</td><td>Public facing</td></tr>
<tr><td>a) Short video of ‘How it works’ + benefits
b) 2 testimonial videos from doctor & patient</td><td>Public facing</td></tr>
</table>

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S.No	Name of the asset	Format	Target audience	Link to the content created by Dalberg
3	Onboarding guide for e-Sanjeevani OPD app	Digital posters	Public facing	Job Aids- 1) FAQ s 2) Value prop 3) Onboarding 20220309 - Google Slides
		Print posters	Public facing	
		Detailed process video	Public facing	
4	Influencer guidelines for introducing e-Sanjeevani OPD	Digital posters	ANMs, ASHAs, Jeevika CMs	Job Aids - 4) Influencer guidelines 20220311 - Google Slides
		Print posters	ANMs, ASHAs, Jeevika CMs	
		Short videos (<5 minutes)	ANMs, ASHAs, Jeevika CMs	

DEEP DIVES

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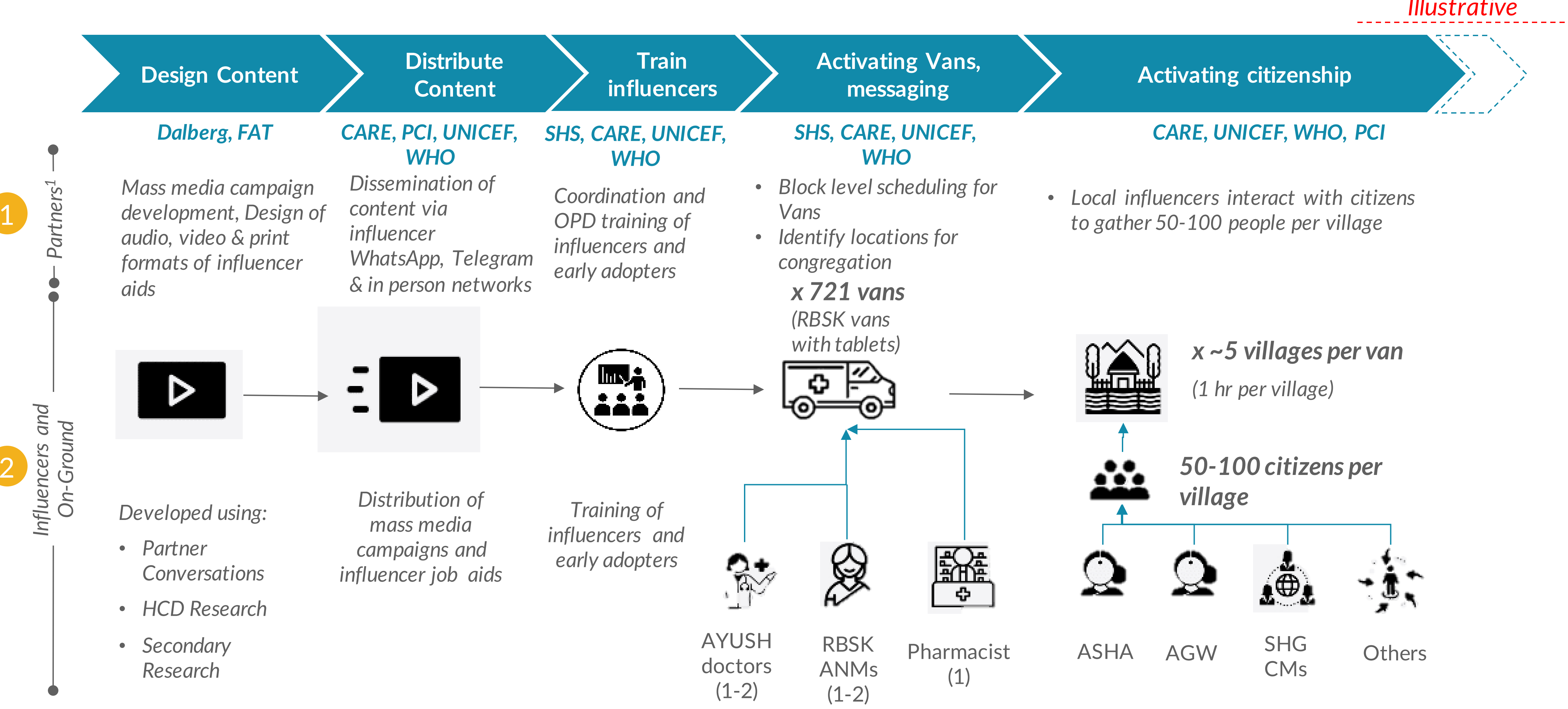
Flow of this section

01 Overview of the promotional event

Deep dive on role of partners and influencers

We helped create a flow of activities for engagement of influencers in association with other partners, for the executive execution of an e-Sanjeevani OPD promotional event



Notes: 1) Other partners like Piramal and Jpiego can also form a part of this illustrative process flow

1

Illustrative - Role of different partners

Role	Partner	SPOC	Role pre and on event date
Content	Dalberg	Siddhant Damani, Shruti Goyal	• HCD research, secondary research, partner conversations to identify gaps • Develop content for Job Aids, FAQs, Posters etc., and coordinate with FAT for creative production • Handover material to implementation partners
	FAT	Rahul Saigal Raj Jha	• Development of all print and audio-visual collaterals, posters (including basis the content developed by Dalberg) • Handover of material for dissemination to implementation parnters
Implementation	CARE	Dr Sunil	• Block level scheduling for RBSK Vans (all districts, lead) • Training of and dissemination of material to AYUSH doctors, RBSK ANMs and pharmacist, ASHA, Anganwadi workers through block level officers
	UNICEF	Dr Nirbhay Dr Aachal	• Block level scheduling for RBSK Vans (~270 districts, support) • Training of and dissemination of material to AYUSH doctors, RBSK ANMs and pharmacist, ASHA, Anganwadi workers through block level officers • Assist ground level influencers to mobilize 50-100 citizens per village by getting village 'Mukhiyas' to share an invitation letter with the community as well as by arranging megaphones for radio announcements
	WHO	Dr. Subramanya	• Block level scheduling for RBSK Vans (~270 districts, support) • Training of and dissemination of material to AYUSH doctors, RBSK ANMs and pharmacist, ASHA, Anganwadi workers through block level officers • Assist ground level influencers to mobilize 50-100 citizens per village for event
	PCI[1]	Dr Pradhan	• Dissemination of content to SHG CMs • Mobilize Jeevika's on the ground to help spread awareness of event

Notes: 1) PCI will require the AED or ACS to send a message to the COs (who look after the Jeevika program) to leverage the CMs for the 22nd event and beyond. No such order/ message has been sent till now. Once the order is received, PCI will carry out the coordination with the COs and CMs.

2

Illustrative - Role of influencers

Influencer	Role pre-event	Role on event
ANM	• Attending training session with Block Officers and ensuring familiarity with training material shared	• Explaining the e-Sanjeevani OPD platform to the mobilized community members and providing 1-1 assistance basis time availability
ASHA	• Attending required trainings (potentially with ANMs) /watching training videos/audio • Creating awareness around the event among community members visiting Anganwadis, by going door to door etc.	• Mobilizing community members at a central location in the village basis the van's schedule
AWW	• Acquainting self with materials shared on e-Sanjeevani OPD • Creating awareness around the event among community members visiting Anganwadis, by going door to door etc.	• Mobilizing community members at a central location in the village basis the van's schedule
SHG CMs	• Acquainting self with materials shared on e-Sanjeevani OPD • Creating awareness around the event among SHG members	• Mobilizing own SHG members at a central location in the village basis the van's schedule • Supporting ANMs & Ayush doctors in providing 1-1 assistance to community members
Ayush Doctors	• Attending training session with Block Officers and ensuring familiarity with training material shared	• Explaining the e-Sanjeevani OPD platform to the mobilized community members and providing 1-1 assistance basis time availability

DEEP DIVES

M	I	C	S	T
Mass communication	*Influencer led community engagement*	*Capacity building*	*Standardized SoPs*	*Tech UI/UX improvement*
Build awareness and relevance with community (ATL, BTL, Social, Whats app bot)	*Demonstration-led approach to support on-boarding and first-use through influencers (e.g., videos, bus drive)*	*On-ground training / capacity building on influencers (working with Partners)*	*Standardize SOP in assisted channel to "mandate" tele-medicine use; forward linkage to OPD*	*Systems improvements: Tech UI/ UX improvement; support through whats app bot, IVRS*

Flow of this section

01 Overview of activities needed for promoting sustainable OPD uptake

02 Overview of influencers that can be leveraged for sustainable OPD promotion

03 Sustainable process flows for key influencers

04 Next steps for effective execution of the influencer process flows

01

To accelerate the sustainable adoption of E-Sanjeevani, multiple activities needs to be undertaken across the value chain from building awareness to onboarding & grievance redressal

Stages

Activities

Awareness and relevance

Building awareness about the service amongst the key influencers and the community

Communication material

- Develop communication strategy
- Develop job aids for influencers
- Develop collaterals for mass communication

Influencer training

- Distribute job aids
- Train influencers
- Align incentives
- Provide infrastructure

Community outreach

- Engage citizens
- Integrate with current govt-citizen touch points adjacent to health

Access

Accessibility to the service for influencers and community members

Equip influencers

- Provide primary influencers with smartphones
- Provide reliable internet/wi-fi services at the HWCs

App Upgrades

- Make app available in Hindi
- Onboard more doctors onto e-Sanjeevani OPD

Onboarding

Engaging with community to download and register eSanjeevani OPD app

Community engagement

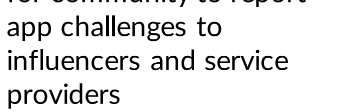
- Identify & participate in community events and gatherings
- Share app demos with community member & patients at HWCs
- Assist community members & patients in downloading app
- Assist community members at the HWC in initial registration on the app
- Assist community members in selecting and connecting to a doctor for the first time through the OPD model.
- Assist community members in accessing their e-Prescriptions and getting medicine at the pharmacy or health centre

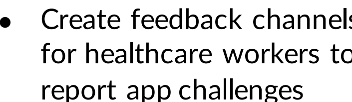
Engagement/ repeat use

Supporting the community for initial consultations and guide towards repeat use

Technical support

- Support patients with initial direct consultations at the HWCs
- Facilitate download and use of e-Prescriptions during visits to the HWC
- Issue free medicine to patients using e-Prescriptions
- Integrate medicine delivery on the app to allow home delivery of medicine





Knowledge sharing

- Engage early adopters in the community to onboard people in their networks
- Share best practices among influencer groups during regular scheduled meetings

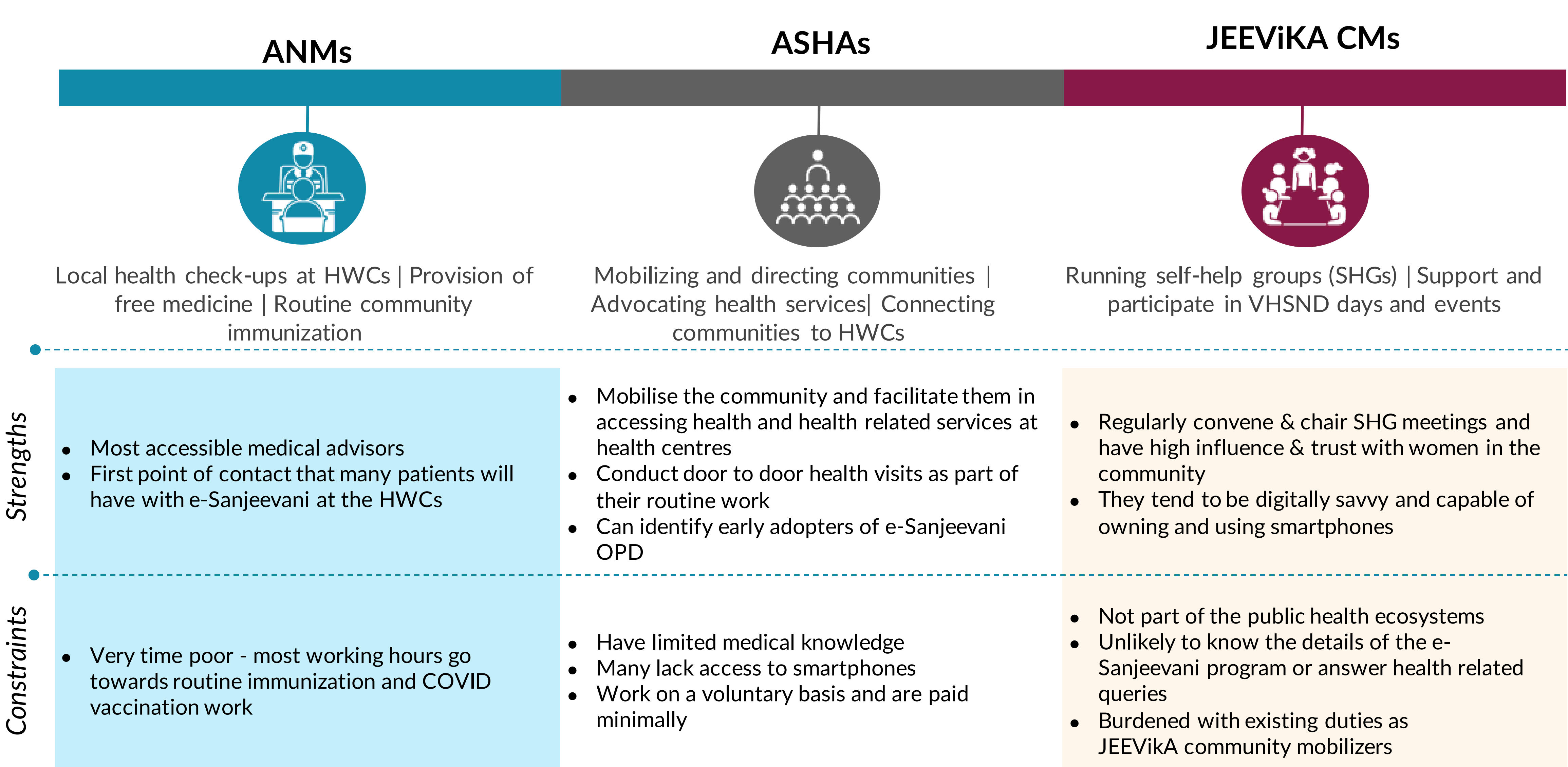
Grievance redressal

Sharing the challenges faced by the community to service providers and offer support

Feedback systems

- Create feedback channels for community to report app challenges to influencers and service providers
- Create feedback channels for healthcare workers to report app challenges
- Create a redressal guideline to guide influencers on how to resolve technical issues or to escalate to the service provider
- Actively engage service providers to resolve issues and add essential features to the app

02 Traditional influencers, while highly effective, remain time-constrained to shoulder all the activities…



02 Community members need to be supported strategically by non-traditional influencers to ensure sustainable implementation

Non-traditional influencer groups

	Community volunteers /Welfare employees	Local administration members	Institutional employees	Local entrepreneurs	Others
	Individuals engaged by govt. or NGOs to promote community development activities	Individuals elected as key post-holders in local government bodies	Employees of some key service sector institutions operating in rural Bihar	Owners of small businesses /shops accessed frequently by community members	Other individuals/ groups with digital literacy and/ or influence within the community
Strengths	• Have close contact with the community and command high level of trust given their role as welfare promoters • Engage frequently and regularly with community	• Command high trust within the community given respected position as elected leaders • Have vested interest in promotion of community welfare and govt schemes	• Command significant level of community trust • Key institutions/ employees likely to have access to digital devices and internet	• Command significant level of trust due to established personal relationships • Some act as primary channels for digital services promotion	• Community tends to emulate their attitudes and behaviours due to community's high regard for them • High frequency of engagement with the community
Constraints	• Potentially overburdened • Many may be working voluntarily or being paid minimum wages	• Broader engagement with community limited to events but may have frequent one on one interactions	• Most influencers likely to have limited or irregular engagement with the community members	• Incentive for OPD promotion limited	• Incentive for OPD promotion likely to be limited

02

These non-traditional influencers have the ability to drive behavioral change and can be clubbed into 5 broad categories; we have prioritized 8 influencers across these categories

Prioritized

Community volunteers /Welfare employees	Local administration members	Institutional employees	Local entrepreneurs	Others
Individuals engaged by govt. or NGOs to promote community development activities	Individuals elected as key post-holders in local government bodies	Employees of some key service sector institutions operating in rural Bihar	Owners of small businesses /shops accessed frequently by community members	Other individuals/ groups with digital literacy and/ or influence within the community
• **Vikas Mitras** • Bharat Nirman Volunteers • Local NGO/ CSO Volunteers • **PACS Leaders**	• **Village Heads/ Mukhiyas** • **Gram Panchayat Members**	• **Teachers** • Grameen Dak Sevaks/ Post Officials • **Bank Mitras** • MFI Employees	• **Local Pharmacies** • Kirana Store Owners • Mobile and Internet Recharge Store Owners • Local Agriculture Store Owners • Suvidha Kendra Operators	• Local Moneylenders • Religious Leaders • **Youth Leaders** *(mainly those affiliated to either govt. bodies such as party Yuva Leaders or other institutions like student council members of govt. schools etc.)*

03 To create a sustainable influencer plan, we have allocated activities between the different traditional and non-traditional influencers to create a “blueprint”

	Awareness and relevance	Access	Onboarding / First use	Engagement	Grievance redressal
ANMs	• Sensitize ASHAs about e-Sanjeevani OPD at the weekly meetings • Share information about OPD app with patients at the HWCs	• Ensure reliable internet connection at the HWCs • Ensure ASHAs have access to job aids and guidelines to support engagement	• Assist community members in downloading app while at the HWC for treatment • Assist patients with initial registration on the app	• Facilitate consultations via e-Sanjeevani assisted model • Support patients with initial direct consultations via the e-Sanjeevani OPD model • Issue medicine prescribed through e-Sanjeevani OPD at the HWC	• Receive feedback from ASHAs & patients about app challenges • Report unresolved app challenges to service providers and partners using the relevant grievance redressal guidelines
ASHAs	• Share information about OPD app with community members • Share job aids with community members	• Translate the app for community members who need assistance • Share app demo videos with community members	• Help organize and participate in community events to raise awareness on e-Sanjeevani OPD • Assist community members in downloading app	• Support patients with initial direct consultations on e-Sanjeevani OPD during door to door visits	• Assist community members in resolving app challenges using the appropriate redressal channels and guidelines
JEEViKA CMs	• Share information about OPD app with women in the SHG meetings • Share job aids with women in the SHGs	• Translate the app for community members who need assistance • Share app demos with SHG members	• Assist women in the SHGs in downloading and installing app • Assist SHG members with initial registration on app	N/A	N/A
Non-traditional influencers	• Introduce app to community members in network • Share job aids and mass communication material • Support HCWs with promotional activities in HWCs on e-Sanjeevani days	• Provide indirect access to app for relatives, friends etc. who lack access to smartphones • Share app demo videos with community members	• Assist community members in downloading app • Assist community members with initial registration	• Support patients with initial direct consultation on eSanjeevani OPD	• Assist community members in resolving app challenges using the appropriate redressal channels and guidelines.

Deep dive

03 For the prioritized non-traditional influencers, we have highlighted the key activities that each can undertake across the value chain to promote OPD (1/3)

	Awareness and relevance	Access	Onboarding/ First use	Engagement	Grievance redressal
Vikas Mitras	• Introduce app to Mahadalit members of community during weekly Baithaks[1] • Put up posters etc. on OPD in Prakhand Karyalayas • Share job aids & mass communication collaterals in person with public and digitally over WA groups	• Provide access through own android handsets to help Mahadalit community members access OPD during weekly Baithaks • Translate app for community members who need assistance at these Baithaks	• Assist community members with initial registration on OPD at the Baithaks • Assist network members in downloading app on own device, if available, at the Baithaks	• Support patients with initial direct consultation on e-Sanjeevani OPD at the Baithaks • Facilitate download and use of e-Prescriptions	• Collect feedback on app challenges and assist in resolving some basic queries according to the redressal guidelines • Report unresolved app challenges to Zila Parishad members
Local Pharmacists	• Put up mass communication material on e-Sanjeevani OPD in own shop (including value props, steps to use) • Promote the app and share digital collaterals within own network/ community members seeking medical advice				• Assist community members in resolving app challenges using the appropriate redressal channels and guidelines from the pharmacy store
Youth Leaders	• Put up mass communication materials on e-Sanjeevani OPD across own village and share via own social media accounts • Promote adoption of the app by organizing small events/ sessions in collaboration with HCWs in HWCs, baithaks etc.	• Provide access to app over own smartphone for relatives, friends, community members attending baithaks/ community events, especially those lacking access to own smartphones • Translate the app for community members at the baithaks/ small events	• Assist family, friends and community members at baithaks/ events with initial registration • Engage members of social workers youth groups[2] to assist people in using the app	• Support patients with initial direct consultation on e-Sanjeevani OPD at baithaks/ events (and via engaging social workers youth groups) • Facilitate download and use of e-Prescriptions	• Receive feedback from community members on app • Assist community members in resolving app challenges using the appropriate redressal channels and guideline • Organize sessions for community to address common OPD queries

Notes: 1) Happen every Tuesday in Prakhand Karyalayas; 10-20 community members attend Baithaks on an average; 2) These are groups of individuals who voluntarily invest time and resources in promoting social welfare among community members and are highly influential

03 For the prioritized non-traditional influencers, we have highlighted the key activities that each can undertake across the value chain to promote OPD (2/3)

	Awareness and relevance	Access	Onboarding/ First use	Engagement	Grievance redressal
Bank Mitras	• Introduce app in schools (BMs visit schools twice/ month for provision of govt. benefits to students), at own branches, via door to door promotion (if possible) etc. • Put up job aids and mass communication material at own CSP branch	• Provide access to own smartphone to help people visiting the CSP branch access OPD • Translate app for community members who need assistance	• Assist branch visitors with initial registration • Assist branch visitors in downloading app on own device, if available	• Support CSP visitors with initial direct consultation on app • Facilitate download and use of e-Prescriptions.	• Assist in resolving app challenges according to redressal guidelines whenever anyone reaches out to them
Village Heads & Gram Panchayat members	• Put up mass communication materials on OPD across own village, distribute pamphlets and promote the same on social media, WA groups with community etc. • Promote adoption of the app in community events/ organized gatherings	• Issue mandates to village HCWs to provide access to OPD to community members on own devices, of smartphones are not available with them	• Issue mandates to village HCWs to support incoming community members with app onboarding and to assist them in downloading app on own phone, if available	• Issue mandates to village HCWs to support incoming community members with initial consultation	• Take recurring app related/ supply side grievances to senior govt. authorities
PACS Leaders[1]	• Put up mass communication materials on e-Sanjeevani OPD in godowns, mandis etc • Share digital collaterals with members over WA etc. • Promote adoption of the app in PAC meetings (conducted 2-4 times a year)	• Provide access through own smartphones to help PAC members, who do not own smartphones, access OPD • Translate app for PAC members who need assistance	• Assist PAC members in downloading app on own device, if available • Assist PAC members with initial registration	• Support PAC members with initial direct consultation on the OPD app • Facilitate download and use of e-Prescriptions.	• Assist in resolving app challenges according to redressal guidelines whenever anyone reaches out to them

Notes: 1) Pac leaders can also pass on these activities to PAC members with relevant skills

03

For the prioritized non-traditional influencers, we have highlighted the key activities that each can undertake across the value chain to promote OPD (3/3)

	Awareness and relevance	Access	Onboarding/ First use	Engagement	Grievance redressal
Teachers	• Introduce app to students in classrooms and their parents at school events like PTMs • Put up posters etc. on OPD in school • Share job aids & mass communication collaterals with students and digitally over WA groups				• Collect feedback on app challenges and assist in resolving some basic queries according to the redressal guidelines

Additional influencers who can be engaged

Played an influential role in promoting digital payments uptake across Bihar

	Awareness and relevance	Access	Onboarding/ First use	Engagement	Grievance redressal
Kirana Store Owners	• Put up mass communication material on e-Sanjeevani OPD in shop (including value props, steps to use etc.) • Promote the app within own network/ community members seeking medical advice				• Assist community members in resolving app challenges using the appropriate redressal channels and guidelines from own store

Some of these influencers can be leveraged for supporting HCWs with promotional activities at HWCs on e-Sanjeevani days (please refer to intervention 6 in the 'Standardized SoPs and interventions for implementation at HWCs' loop for more details)

04

The execution of the influencer blueprint rests on 4 key mandates involving a variety of stakeholders

1. Quick identification of non-traditional influencers

- **Primary influencers** - ASHAs, ANMs, and JEEViKA CMs - need to be rallied to **help identify early adopters** within their communities
- Identify **tech savvy and communally engaged people** from programs such as the **Vikas Mitra program**

2. Involvement of government & on-ground actors

- Getting a full buy-in from the **JEEViKA program, the Rural Livelihood department** and from bodies responsible for non-traditional influencer groups like **Vikas Mitra** will be crucial to fully utilise the strength of relevant influencers
- Buy in and **involvement of partners** such as **PCI, Care, UNICEF and CHAI** will be necessary for efficient **on-ground implementation**

3. Incentives for healthcare workers and non-traditional influencers

- Healthcare workers such as ASHAs and ANMs are overburdened and need **allocated time and incentives to explicitly work on promoting e-Sanjeevani.** Social incentives could include social media awards, "Healthcare hero/heroine of the month", etc.
- HCWs as well as non-traditional influencer should have time within their days to **sit with people and help them step by step with the app**

4. Tech support for healthcare workers

- **Providing smartphones to ASHAs and ANMs** as they **train community members** on OPD **step by step,** live
- These smartphones can also be regularly used by ASHAs and ANMs **to run OPD sessions for those who are digitally illiterate or lack smartphone access**

DEEP DIVES

M	I	C	S	T
Mass communication	*Influencer led community engagement*	*Capacity building*	*Standardized SoPs*	*Tech UI/UX improvement*
Build awareness and relevance with community (ATL, BTL, Social, Whats app bot)	*Demonstration-led approach to support on-boarding and first-use through influencers (e.g., videos, bus drive)*	*On-ground training / capacity building on influencers (working with Partners)*	*Standardize SOP in assisted channel to “mandate” tele-medicine use; forward linkage to OPD*	*Systems improvements: Tech UI/ UX improvement; suppor through whats app bot, IVRS*

Flow of this section

01 Opportunities for promotion of the e-Sanjeevani models at HWCs

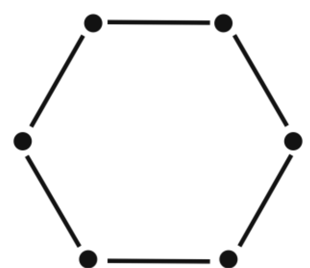
02 Current flow of activities at HWCs

03 Behavioral barriers and structural opportunities for promotion of the 2 models

04 Overview of prioritized interventions

Deep dive on the interventions

01 To promote assisted model in HWCs as well as OPD, interventions are required to address opportunities at 2 levels: Structural and Behavioural



INTERVENTIONS PROPOSED VIA EVALUATION OF

Structural opportunities

To standardize and strengthen the procedures through which e-Sanjeevani assisted model can be used and OPD can be promoted by HCWs in HWCs

Approach undertaken

Mapping the baseline processes through which the e-Sanjeevani (assisted model + OPD) is currently being used in the HWCs across Bihar

Identifying missed opportunities in the process that can be used to make the assisted model's flow simpler and help promote OPD in HWCs

Behavioural opportunities

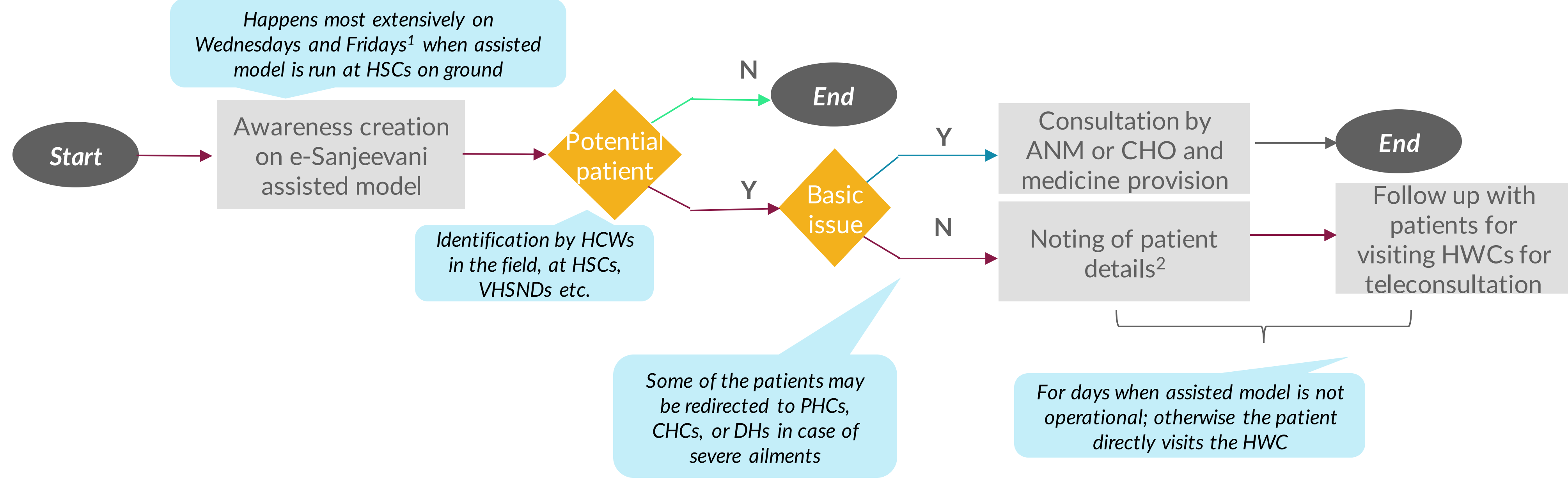
To address attitudinal/ behavioral constraints faced by users to ensure uptake of e-Sanjeevani assisted model and OPD among HCWs and patients

Approach undertaken

Identifying supply side behavioral constraints discouraging HCWs' from using teleconsultation and OPD promotional activities

Understanding demand side factors influencing health seeking behaviors of end-users (patients), including familiarity with doctor, habituation to physical consultation etc. that impact uptake of the two e-Sanjeevani models

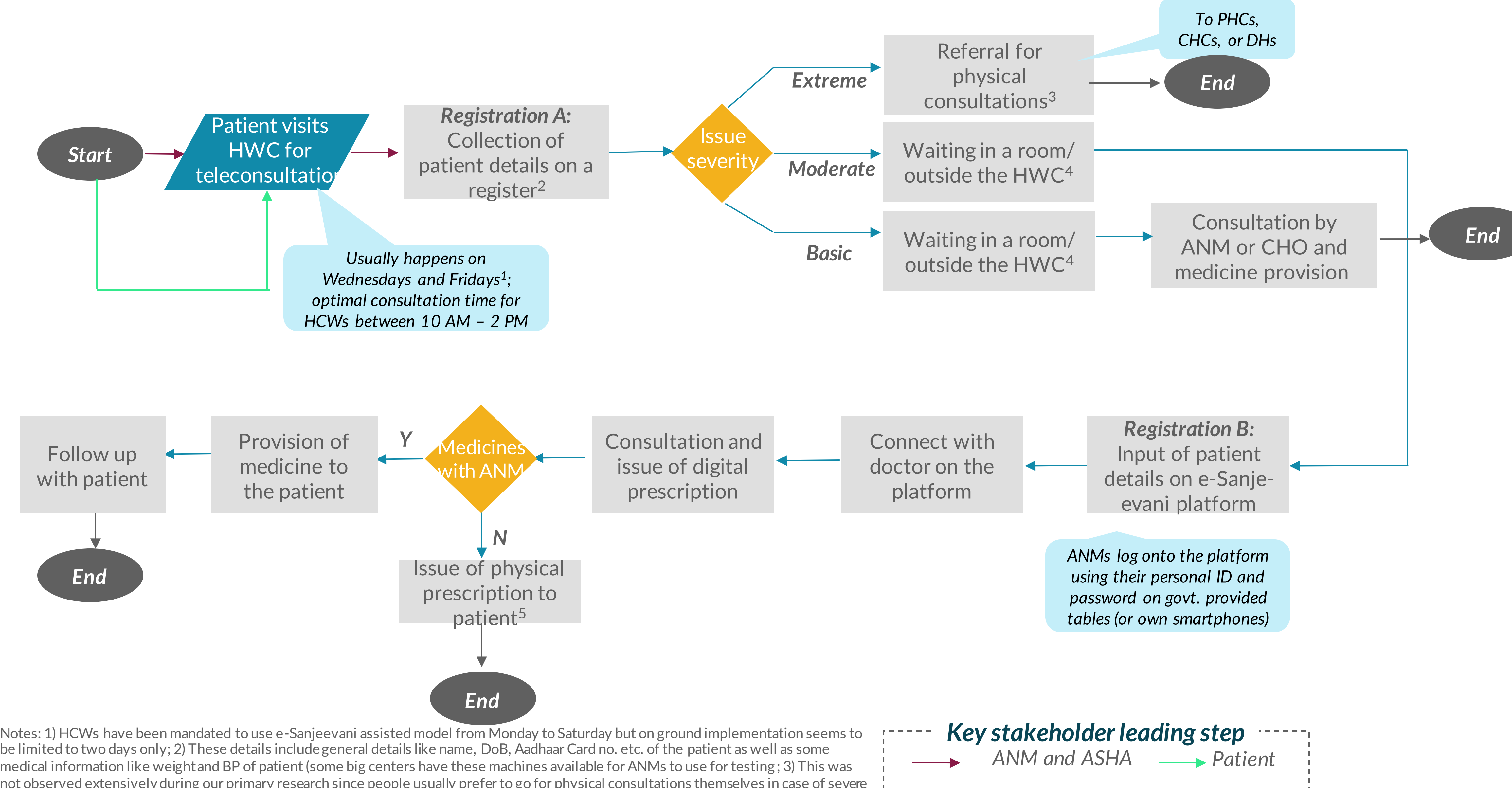
02 The awareness creation for e-Sanjeevani assisted model starts before the patient visits the HWCs, with HCWs promoting the model among community members on ground



Notes: 1) HCWs have been mandated to use e-Sanjeevani assisted model from Monday to Saturday but on ground implementation seems to be limited to two days only;

02

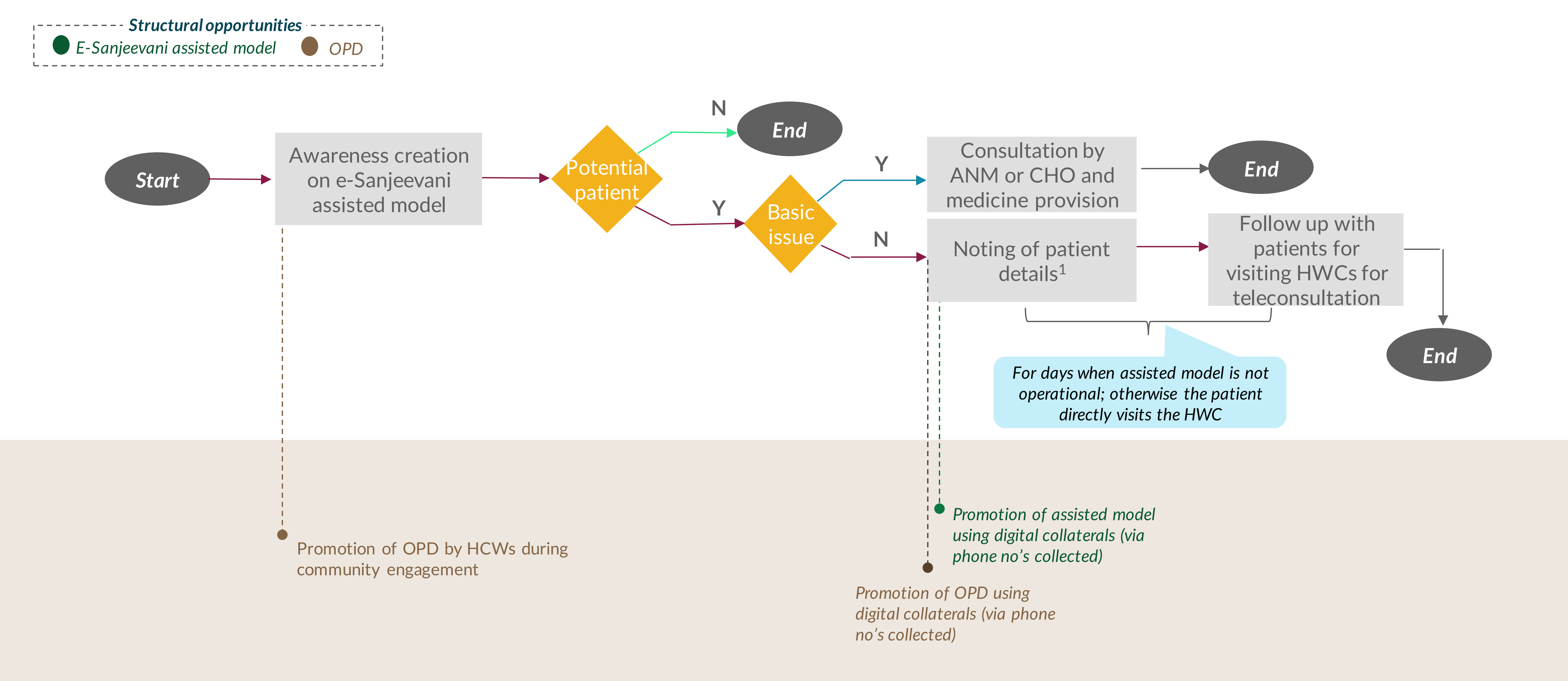
Once patients visit the HWCs for health consultation, the process flow tends to be non-standardized with partial and no involvement of assisted and OPD models respectively,...



Notes: 1) HCWs have been mandated to use e-Sanjeevani assisted model from Monday to Saturday but on ground implementation seems to be limited to two days only; 2) These details include general details like name, DoB, Aadhaar Card no. etc. of the patient as well as some medical information like weight and BP of patient (some big centers have these machines available for ANMs to use for testing; 3) This was not observed extensively during our primary research since people usually prefer to go for physical consultations themselves in case of severe diseases; 4) Waiting time can vary between 5-30 minutes on average basis inputs received from primary research; 5) CHOs are not mandated to issue prescriptions to patients

02

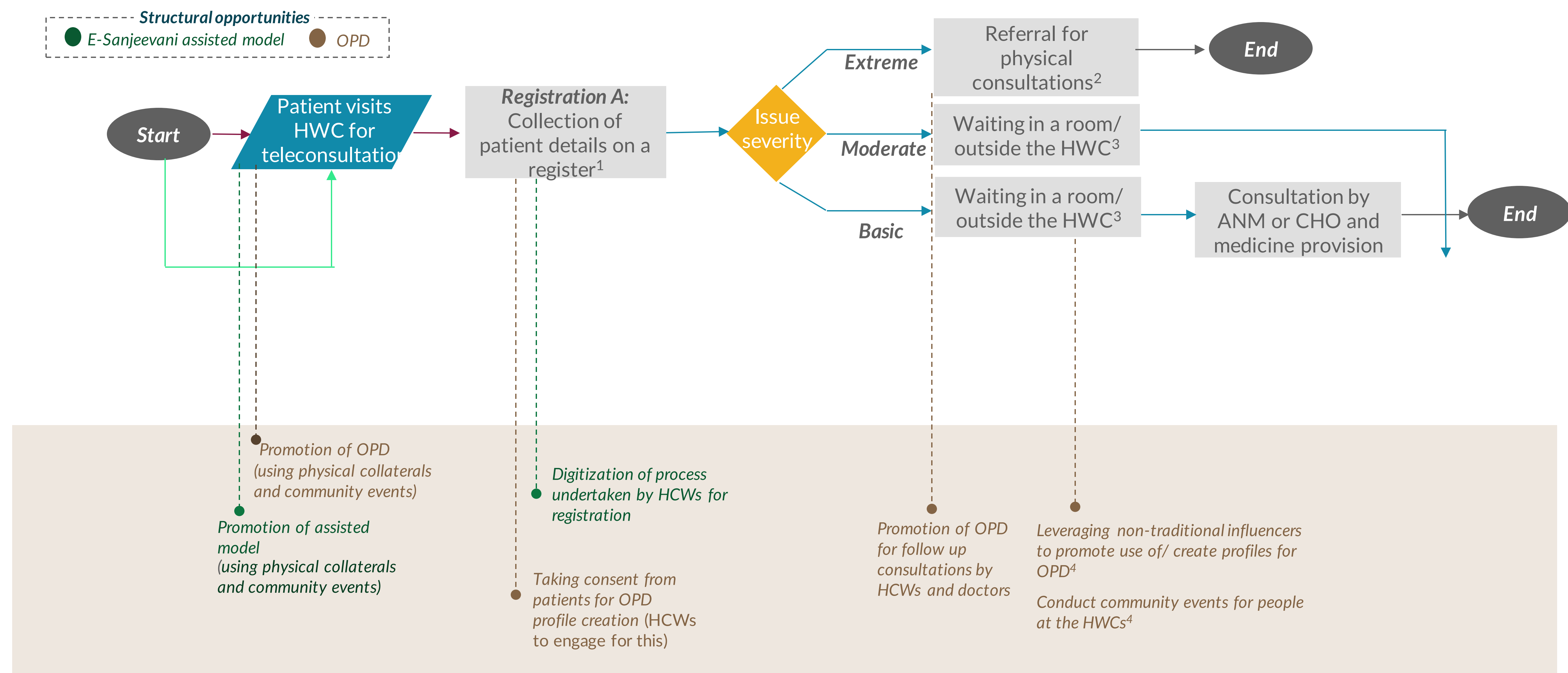
...hence leaving behind structural opportunities to drive real uptake of both assisted and OPD models (1/3)



Notes: 1) These details include general details like name, DoB, Aadhaar Card no. etc. of the patient as well as some medical information like weight and BP of patient (some big centers have these machines available for ANMs to use for testing;

02

...hence leaving behind structural opportunities to drive real uptake of both assisted and OPD models (2/3)



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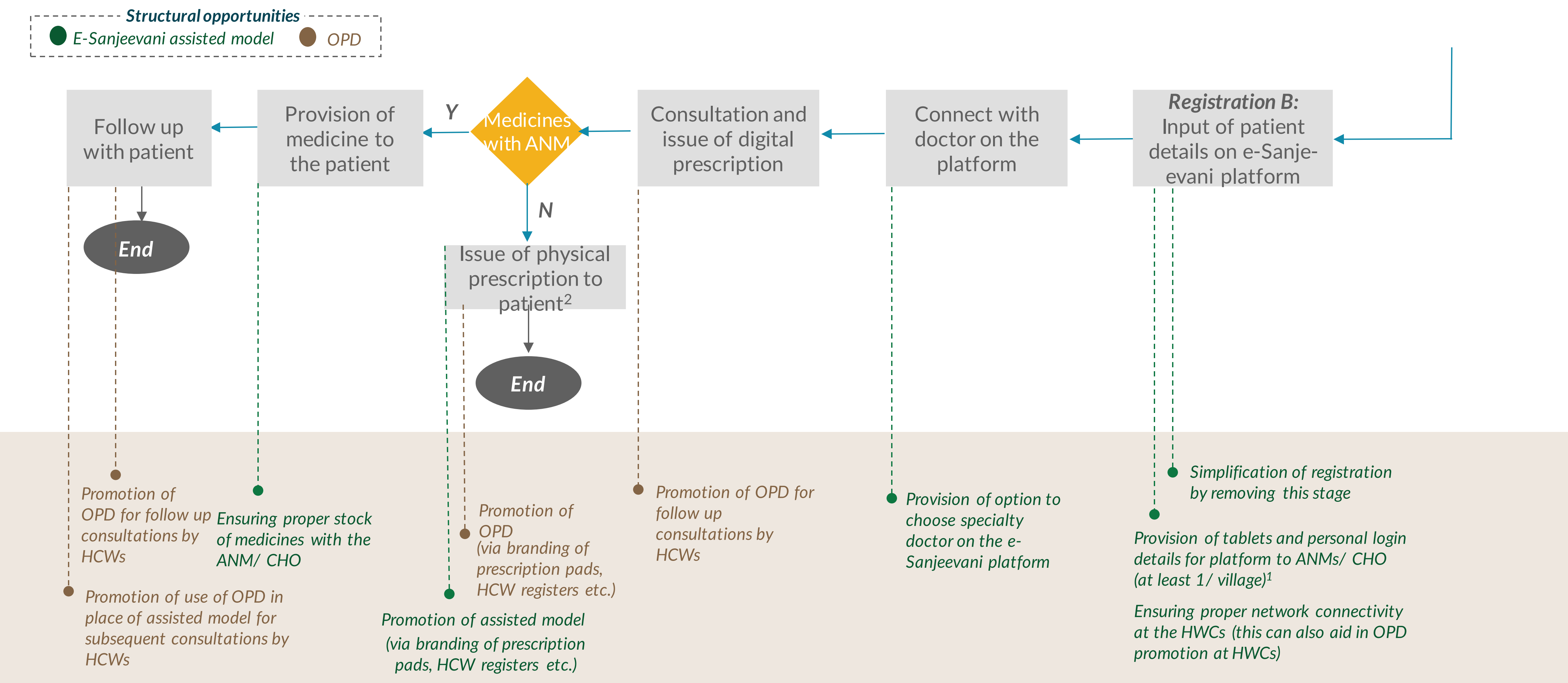
02

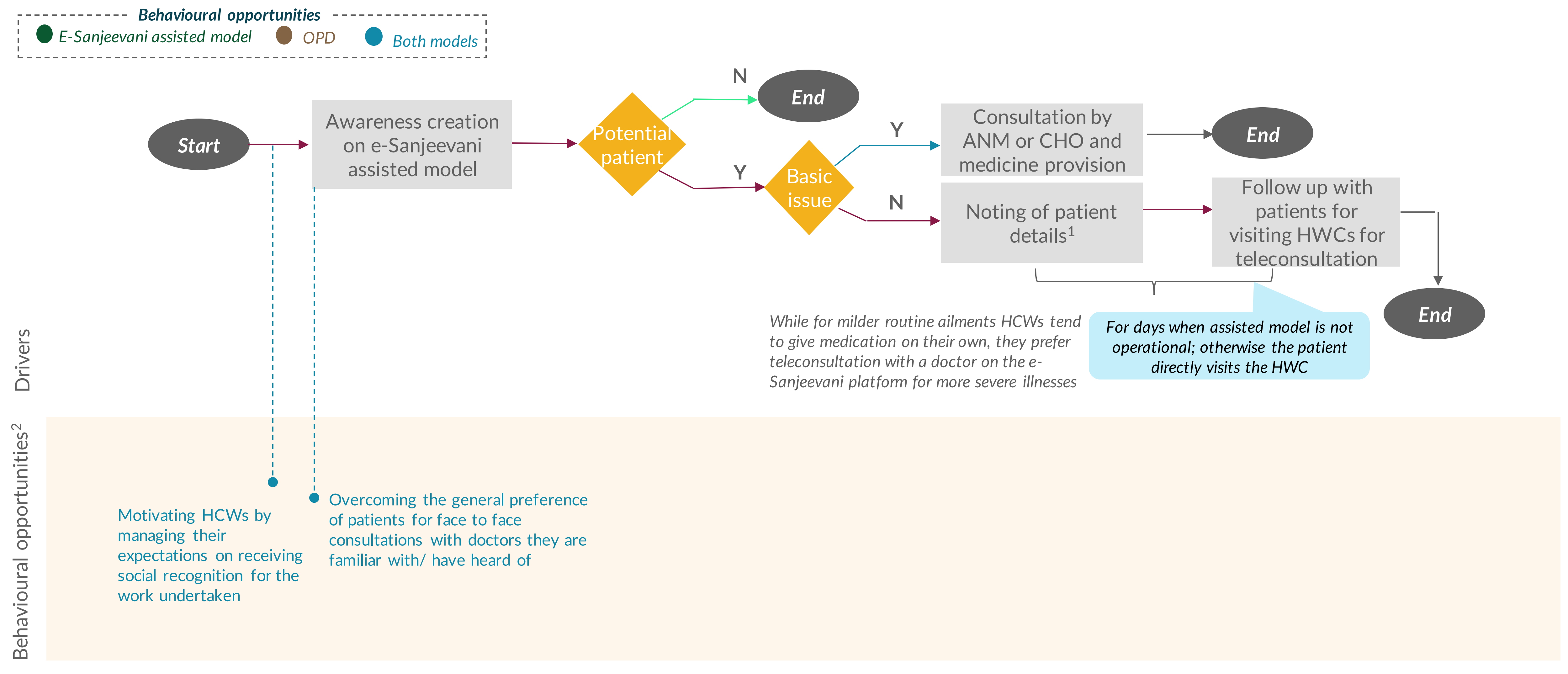
…hence leaving behind structural opportunities to drive real uptake of both assisted and OPD models (3/3)



Notes: 1) While as per mandate, ANMs have all to be provided tablets by the government, In some cases tablets have been isuued at a sub centre level which means tablets are not available with all ANMs. Additionally some ANMs reported that they have to use personal smartphones since the tablets are not longer functioning;. CHOs have not been provided tablets by the government; 2) CHOs are not mandated to issue prescriptions to patients

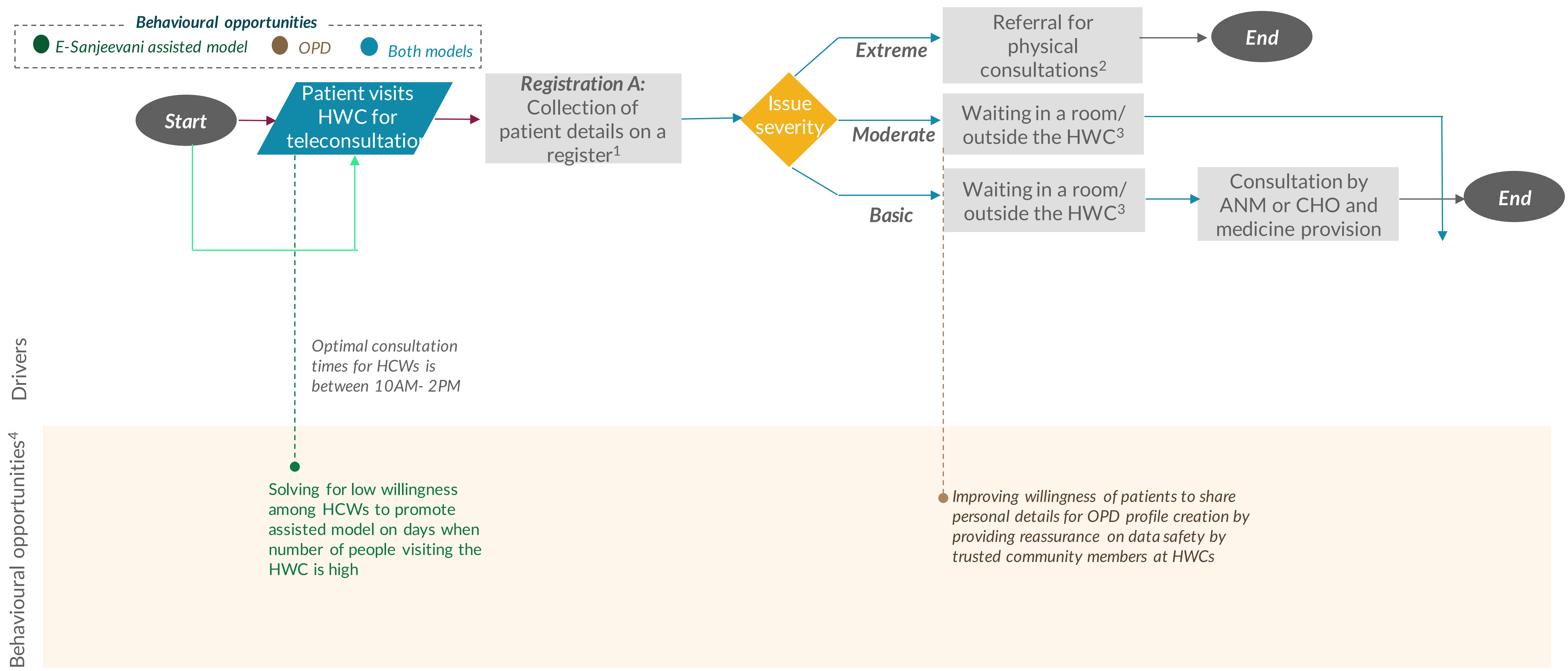
02

Additionally, across the current flow, several opportunities exist to remove behavioural barriers inhibiting e-Sanjeevani uptake (1/3)



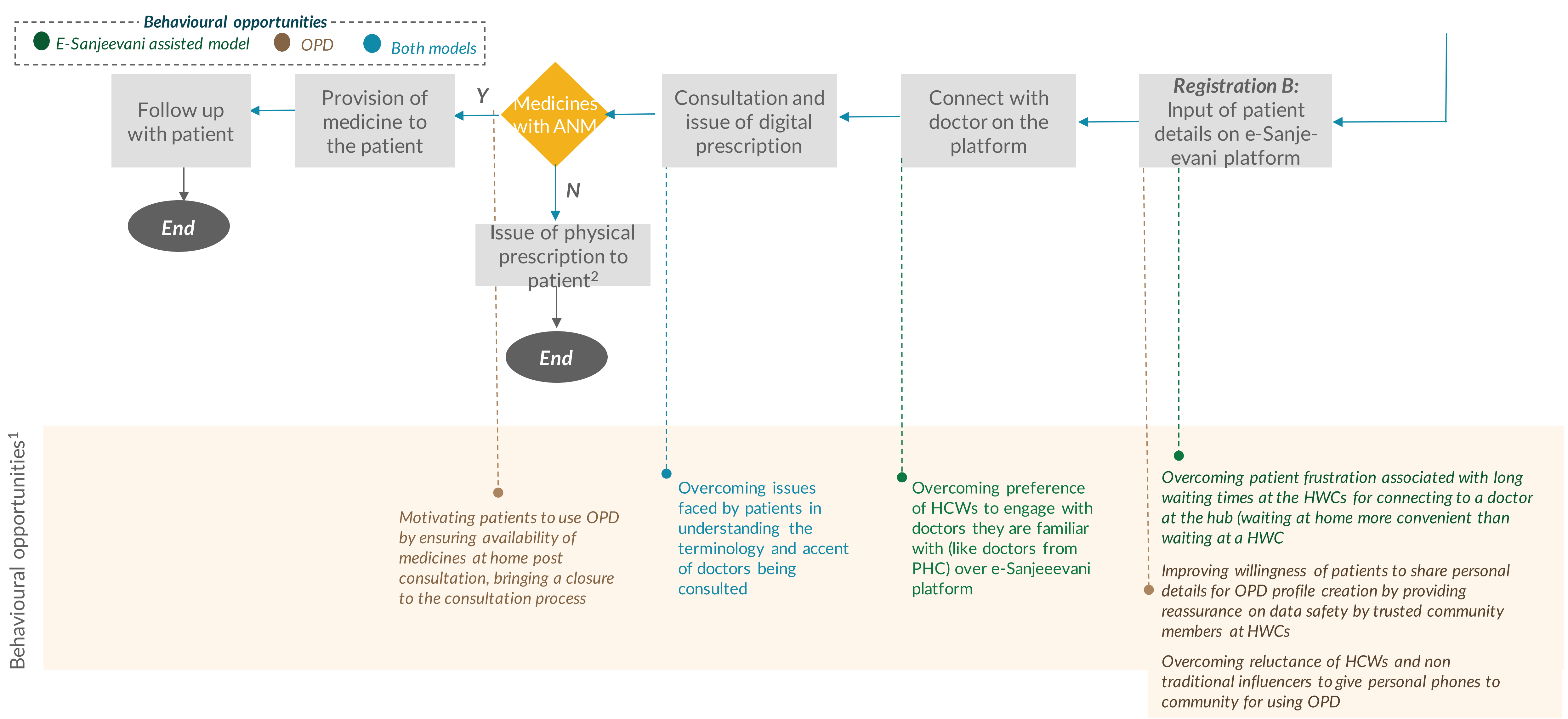
Notes: 1) These details include general details like name, DoB, Aadhaar Card no. etc. of the patient as well as some medical information like weight and BP of patient (some big centers have these machines available for ANMs to use for testing; 2) to resolve the barriers identified

02 Additionally, across the current flow, several opportunities exist to remove behavioural barriers inhibiting e-Sanjeevani uptake (2/3)



Notes: 1) These details include general details like name, DoB, Aadhaar Card no. etc. of the patient as well as some medical information like weight and BP of patient (some big centers have these machines available for ANMs to use for testing; 2) This was not observed extensively during our primary research since people usually prefer to go for physical consultations themselves in case of severe diseases; 3) Waiting time can vary between 5-30 minutes on average basis inputs received from primary research; 2) to resolve the barriers identified

02 Additionally, across the current flow, several opportunities exist to remove behavioural barriers inhibiting e-Sanjeevani uptake (3/3)



Notes: 1) to resolve the barriers identified; 2) CHOs are not mandated to issue prescriptions to patients

04 Together these opportunities can be leveraged through the execution of 9 broad interventions to improve implementation and uptake of both the assisted model and OPD (1/3)

Structural opportunities	Behavioural opportunities	Intervention
• Promotion of e-Sanjeevani using digital collaterals (via phone no's collected in previous stage)	• Overcoming preference of patients for face to face consultations with doctors they are familiar with/ have heard of	1 ***Sharing digital collaterals with community members*** *using mobile numbers collected at HWCs for awareness creation*
• Promotion of e-Sanjeevani (using physical collaterals) • Promotion of e-Sanjeevani (via branding of prescription pads, HCW registers etc.)	• Overcoming preference of patients for face to face consultations with doctors they are familiar with/ have heard of	2 ***Developing and deploying physical collaterals*** *(posters, pamphlets, branded e-prescriptions, painting of HWC walls etc.) for awareness creation and e-Sanjeevani promotion* ***at HWCs***
• Promotion of OPD by HCWs during community engagement • Organization of community events for people at the HWCs	• Overcoming preference of patients for face to face consultations with doctors they are familiar with/ have heard of • Solving for low willingness among HCWs to promote assisted model on days when number of people visiting the HWC is high • Overcoming patient frustration associated with long waiting times at the HWCs • Overcoming the low willingness of patients to share personal details for OPD profile creation by giving reassurance on data safety by trusted members of the community	3 ***Leveraging HCWs and non-traditional influencers to drive in-person awareness and use*** *of the E-Sanjeevani models*

Together these opportunities can be leveraged through the execution of 9 broad interventions to improve implementation and uptake of both the assisted model and OPD (2/3)

Structural opportunities	Behavioural opportunities	Intervention
• Promotion of OPD for follow up consultations by HCWs • Promotion of use of OPD in place of assisted model for subsequent consultations by HCWs	• Overcoming preference of patients for face to face consultations with doctors they are familiar with/ have heard of • Overcoming patient frustration associated with long waiting times at the HWCs for connecting to a doctor at the hub *(waiting at home more convenient than waiting at a HWC)*	4 ***Reallocating demand from assisted model to OPD*** *for follow-ups consultations (for specific use cases)*
• Provision of tablets and personal login details for platform to all ANMs/ CHO • Ensuring proper network connectivity at HWCs • Provision of option to choose specialty doctor on the e-Sanjeevani platform • Digitization of process undertaken by HCWs for registration		5 ***Improving technological infrastructure*** *at HWCs/ with HCWs* ***and user interface*** *for e-Sanjeevan.in platform*
• Taking consent from patients for OPD profile creation (HCWs to engage for this)	• Overcoming the low willingness of patients to share personal details for OPD profile creation by giving reassurance on data safety by trusted members of the community	6 ***Integrating databases*** *of both the models for better data creation, tracking and use, including for automated OPD profile creation for patients post consent*

04

Together these opportunities can be leveraged through the execution of 9 broad interventions to improve implementation and uptake of both the assisted model and OPD (3/3)

Opportunities: E-Sanjeevani assisted model | OPD | Both models

Structural opportunities	Behavioural opportunities	Intervention
	• Managing expectations of HCWs for receiving social recognition for the work undertaken • Overcoming reluctance of HCWs and non traditional influencers to give personal phones to community for using OPD	7 ***Devising incentives** for HCWs and non-traditional influencers*
	• Overcoming issues faced by patients in understanding the terminology and accent of doctors being consulted • Overcoming preference of HCWs to engage with doctors they are familiar with (like doctors from PHC) over e-Sanjeeevani platform	8 ***Training of HCWs** for effective execution of the models, their promotion and engagement with patients*
• Ensuring proper stock of medicines with the ANM/ CHO	• Motivating patients to use OPD by ensuring availability of medicines at home post consultation, bringing a closure to the consultation process	9 ***Ensuring easy access to medicines for patients** post-consultation across both models*

04

Overview: Together these opportunities can be leveraged through the execution of 9 broad interventions to improve implementation and uptake of both the assisted model and OPD

#	Description	E-Sanjeevani assisted model	E-Sanjeevani OPD model
1	***Sharing digital collaterals with community members*** *using mobile numbers collected at HWCs for awareness creation*	✓	✓
2	***Developing and deploying physical collaterals*** *(posters, pamphlets, branded e-prescriptions, painting of HWC walls etc.) for awareness creation and e-Sanjeevani promotion* ***at HWCs***	✓	✓
3	***Leveraging HCWs and non-traditional influencers to drive in-person awareness and use*** *of the E-Sanjeevani models*	✓	✓
4	***Reallocating demand from assisted model to OPD*** *for follow-ups consultations (for specific use cases)*		✓
5	***Improving technological infrastructure*** *at HWCs/ with HCWs* ***and user interface*** *for e-Sanjeevan.in platform*	✓	✓
6	***Integrating databases*** *of both the models* ***for better data creation, tracking and use****, including for automated OPD profile creation for patients post consent*	✓	✓
7	***Devising incentives*** *for HCWs and non-traditional influencers*	✓	✓
8	***Training of HCWs*** *for effective execution of the models, their promotion and engagement with patients*	✓	✓
9	***Ensuring easy access to medicines for patients*** *post-consultation across both models*	✓	✓

1 Sharing digital collaterals with community members using mobile numbers collected at HWCs for awareness creation

Action plan for intervention

- **Share promotional messages** on assisted model with the community to create awareness around days when the assisted model is operated at the centres, credibility of doctors you can connect with over the platform, highlighting experience of users through testimonials etc.
- **Share audio-visual material** (including digital posters, value proposition of the app, video tutorials on how to download and use the app, etc.), **access links, QR codes and instructions** (to download/ register) for promoting up take of the OPD app

This can be undertaken by HCWs in the immediate run but should ideally be automated in the medium-long run

Enablers of implementation

- **Development of digital communication material** in the form of text messages, digital posters, and video/ audio tutorials etc., focused on building trust of community members in teleconsultation platforms

Mass communication collaterals already created by FAT and Dalberg can be leveraged (Section 1)

- **Issue of mandates** by the government to HCWs for creation of WhatsApp groups with community members *(at least for the short run)* for sharing of the promotional content/ sharing of content over SMS

This process can be automated by CDAC, leveraging the patient database created in the backend when patients are registered for teleconsultation, for mass dissemination

- **Dissemination of communication material to and training of HCWs** for further sharing of collaterals with the community

2 Developing and deploying physical collaterals (posters, pamphlets, branded e-prescriptions, painting of HWC walls etc.) for awareness creation and e-Sanjeevani promotion at HWCs

Action plan for intervention

- **Put up posters spreading information** on OPD and the assisted model in common spaces across HWCs including the entrance, waiting room, and consultation area and **paint walls of HWCs,** potentially rebranding them as e-clinics

  Use of Hindi, simple words, pictorial representations, addition of QR codes for downloading the OPD app etc, can help improve community engagement with these collaterals

- **Provide ANMs and ASHAs with pamphlets for distribution** to every patient walking in the HWC/ getting consultation from them
- **Put up wall paintings across HWCs** to help with re-branding of e-Sanjeevani as the go-to e-clinic/ telemedicine platform
- **Brand other collaterals** in the centre such as the prescription pads, HWC register etc. with the e-Sanjeevani logos
- **Add follow-up schedules** to prescriptions and registers to promote follow-ups through OPD *(see intervention 4 for more details)* etc.

Enablers of implementation

- **Development of physical collaterals** including posters, pamphlets, rebranded collaterals used by HCWs at the centres etc. as well as painting of HWC walls, focused on building trust of community members in teleconsultation and to promote both the models

  Mass communication collaterals already created by FAT and Dalberg can be leveraged (Section 1)

- **Issue of mandates** by the government to HCWs for putting up the physical collaterals at the HWCs and distributing them among patients
- **Deployment of physical collaterals** to the HWCs

3 Leveraging HCWs and non-traditional influencers to drive in-person awareness and use of the E-Sanjeevani models

Action plan for intervention

For HCWs:

- **Promote assisted model and OPD during community visits** (vaccination, RI drives etc.) **and during the consultation process** *(e.g. asking patients if they know about the app etc. and redirecting those who seem interested to non-traditional influencers deployed at the HWC – more details in the intervention 6)*

For non-traditional influencers:

- **Conduct *baithaks* for community members at HWCs** in association with HCWs for e-Sanjeevani promotion *(potentially on Wednesdays and Fridays post 2PM)*
- **Engage with patients waiting for consultation** at the HWCs to create awareness on OPD, answer any queries that patients might have, motivate them to opt for consultations from home if feasible, take consent and assist patients with OPD profile creation and if feasible, use own phone for onboarding and assisting patient's first OPD consultation *(potentially on Wednesdays and Fridays from 10AM- 2PM)*

The flow suggested in the structural opportunities slides can be leveraged for this

Enablers of implementation

- **Deployment of standardized plan for promotion** of assisted and OPD models in the community and at HWCs, including highlighting points where promotion can be plugged in and influencers responsible for promotion at each point
- **Creation of job aids** to be used by the HCWs and non-traditional influencers during verbal promotion, especially to remove hesitancies around teleconsultation and developing comfort with it, around taking consent for profile creation etc.

Mass communication collaterals already created by FAT and Dalberg can be leveraged (Section 1)

- **Identification of non-traditional influencers and issue of government mandates** to HCWs, letters to JEEViKAs, other non-traditional influencers for participation in promotion

Details of non-traditional influencers that can be leveraged mapped out in the annex for Section 3

- **Training of non-traditional influencers** on how to navigate the OPD app, with a specific focus on download and registration

4 Reallocating demand from assisted model to OPD for follow-up consultations (for specific use cases)

Action plan for intervention

- **Promote OPD among patients for follow up consultations** at the end of the physical/ assisted teleconsultation, when HCWs hand over the medication/ prescription to the patient

These follow-ups over OPD should be promoted for serious chronic non-communicable diseases like diabetes, BP, etc. as well as for more specialized illnesses which require follow-ups for potentially a limited time period such as skin allergies, joint paints, etc.

- **Share digital reminders** (calls/ text messages/ WhatsApp etc.) with patients for follow-ups *(in addition to the follow up schedules mentioned on the prescriptions, as highlighted in intervention 2)* while promoting use of OPD for the same

This can be digitized by CDAC in a way where the doctor lists down the follow-up schedule on the e-Sanjeevani platform, which automates sending of reminder messages to patients close to follow-up dates

Enablers of implementation

- **Deployment of standardized plan for promotion** of OPD model for follow-ups in the HWCs, by highlighting points at which follow-ups should be pushed to OPD by HCWs

The flow suggested in the structural opportunities slides can be leveraged for this

- **Creation of job aids** to be used by HCWs when suggesting OPD to patients for follow up
- **Revision of incentive structures** for HCWs to promote OPD for follow-ups
- **Upgradation of the e-Sanjeevani assisted platform** to allow for doctors to add a follow-up schedule for patients, which can be used for sharing digital reminders with patients *(and promoting the OPD app)*

5 Improving technological infrastructure at HWCs/ with HCWs and user interface for e-Sanjeevan.in platform

Action plan for intervention

Technological/ Infrastructural improvements:

- **Provide tablets and personal log-in details** to e-Sanjeevani.in platform to at least 1 HCW in each village (prioritizing those villages where ANMs lack access to a smartphone)[1]
- **Ensure network connectivity/ wi-fi availability** in the centres such that HCWs can access the platform and connect with the doctor without drop-offs and OPD promotional activities can be undertaken at the centres easily (or provide a data recharge allowance to HCWs for using own data)

Improvements in user interface:

- **Replace dual registration** (physical + digital) in current process flow **with single-step digital patient registration** *(to reduce overall time per consultation)* and **inclusion of an additional step for taking consent of patients for OPD profile creation** *(details in intervention 7)*
- **Empanel specialized doctors and provide option** to HCWs to choose based on need/ nature of illness

Enablers of implementation

Technological/ Infrastructural improvements:

- **Obtaining buy-in from the government** for investing in tablets villages where HCWs lack smartphone access/ do not have tablets and setting up of wi-fi at HWCs/ providing monthly data recharge allowance to HCWs using own devices

Improvements in user interface:

- **Deployment of the revised registration plan to HCWs,** mandating them to carry out a single step registration

The flow suggested in the structural opportunities slides can be leveraged for this

- **Introduction of option to select specialized doctors** on the e-Sanjeevani.in platform and training of HCWs on selection of doctors based on nature of illness

Notes: 1) While as per mandate, ANMs have all to be provided tablets by the government, In some cases tablets have been issued at a sub centre level which means tablets are not available with all ANMs. Additionally, some ANMs reported that they have had to use personal smartphones since the tablets are no longer functioning

6 Integrating databases of both the models for better data creation, tracking and use, including for automated OPD profile creation for patients post consent

Action plan for intervention

- **Upgrade the e-Sanjeevani platform** to

  This is already being done by CDAC

  - Allow for the creation of a backend database for patients registered for teleconsultation, which is integrated across both the e-Sanjeevani models
  - Allow for auto-creation of OPD patient profile post consent is given by the patient to HCW and recorded at the time of registration *(see point below)*
- **Take consent from patients for automatic OPD profile creation** when they are being registered for teleconsultation under the assisted model by HCWs at HWCs

  Step to be undertaken by concerned HCW; in case on-field medical consultation is being conducted, consent for OPD profile creation can be taken in the field itself[1]
- **Share/ provide access to record of patients catered to by a single ANM/ CHO** on a given day to their supervisor, for record-keeping and monitoring purposes

Enablers of implementation

- **Informing CDAC about the potential up-gradations needed on the e-Sanjeevani platform** to allow for common database creation across both models *(already being done by CDAC)*, auto OPD profile creation and generation of HCW records daily
- **Issue of government mandates** to HCWs for taking consent of patient for OPD profile creation at the time of registration
- **Creation of job aids and organization of training sessions** to assist HCWs in removing the hesitancy of patients towards sharing personal details and recording details on the platform
- **Provision of access to the backend database of patients catered to by an ANM/ CHO to their supervisors and their training** on how to access these records

Notes: 1) Different states have different guidelines and rules related to whether medical consultations can be conducted during community visits; the implementation of this intervention is contingent on whether Bihar allows for medical consultations on field

7 Devising incentives for HCWs and non-traditional influencers

Action plan for intervention

- **Organize social recognition-oriented events/ display social recognition-oriented collaterals** for HCWs and non-traditional influencers in areas where assisted e-Sanjeevani model and OPD are seeing/ see high uptake over time
- **Provide micro incentives to HCWs and non-traditional influencers** for promoting use of the OPD app over own smartphone

Micro incentives could include airtime top ups, vouchers linked to milestones (related to OPD facilitation) etc. to nudge HCWs and non-traditional influencers to overcome hesitancies around using own devices for OPD promotion

Enablers of implementation

- **Obtaining buy-in from the government** for organization of social recognition events for HCWs and other influencers periodically, printing of 'HCW of the month' style posters each month for recognizing contribution etc.
- **Devising a micro incentives plan** covering dimensions like how to record consultations conducted over the phone of a HCW or influencer, key milestones at which incentives are to be provided, what kinds of incentives would see most traction etc.

8 Training of HCWs for effective execution of the models, their promotion and engagement with patients

Action plan for intervention

Focus of this intervention will be to:

- **Introduce revised SoP for the HWCs** including details around revised processes (such as single step digitized registration of the patient), points of introduction of the OPD app to the patient etc. to HCWs as well as train them on ways to build trust with patients who come for consultations to HWCs
- **Introduce the OPD app to HCWs** to help them in assisting promotional efforts, undertaking profile creation, etc.
- **Build trust of HCWs in the doctors on the hub** and removing hesitancies on engaging with unknown doctors
- **Coach doctors at the hub on soft skills** such as ways to make a patient feel comfortable, language to be used for communication (e.g. limited use of jargon etc.)

Enablers of implementation

- **Creation of adequate collaterals** (job aids, guidelines etc.) for the training and capacity building of HCWs
- **Issue of mandates by the government to partners** like CARE, UNICEF, WHO, Piramal etc, for organization of training sessions for these HCWs
- **Creation and implementation of an effective monitoring and evaluation system** to check the implementation of revised SoPs, use of soft skills, and understanding of OPD among HCWs
- **Introduction of a feedback system** for patients visiting the center so they can to provide inputs based on experience and level of satisfaction with doctors on the platform, in order to ensure continuous improvement and quality check

9 Ensuring easy access to medicines for patients post-consultation across both models

Action plan for intervention

For assisted model:

- **Ensure daily review of the digital platform** that maintains a record of medicines available at each spoke/ HWC
- **Stocking of HWCs (especially HSCs) with all medicines** highlighted under the EDL (essential drug list) and ensuring a minimum stock is present with ANMs/ CHOs at all times

For OPD:

- **Upgrade technological interface of the OPD app and leverage ANMs/ PHC storekeepers and AVD carriers** to put in place a fast home delivery system for medicines

The existing process and proposed plan for OPD have been detailed out over the next few slides

Enablers of implementation

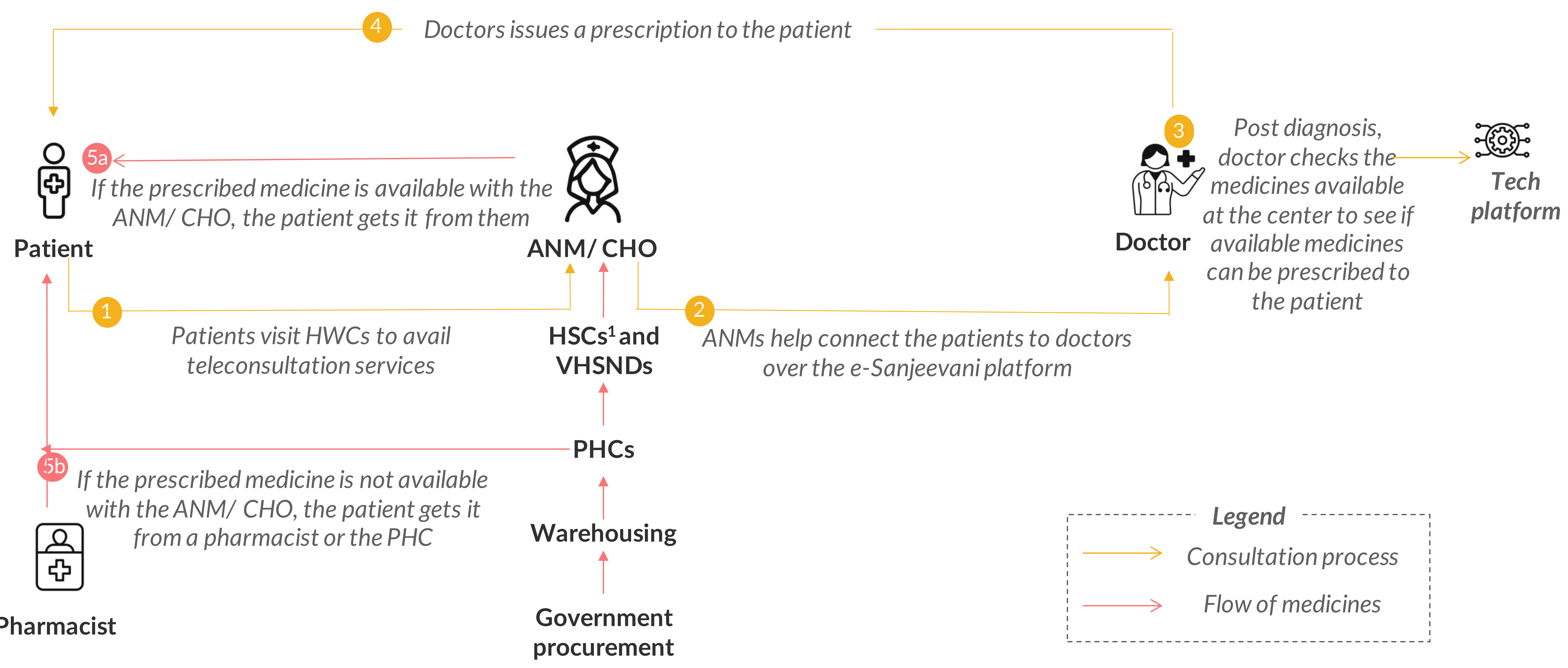
For assisted model:

- **Addition of daily stock checking at HWCs to the job description of employees** responsible for arranging stock of medicine at HSCs

For OPD:

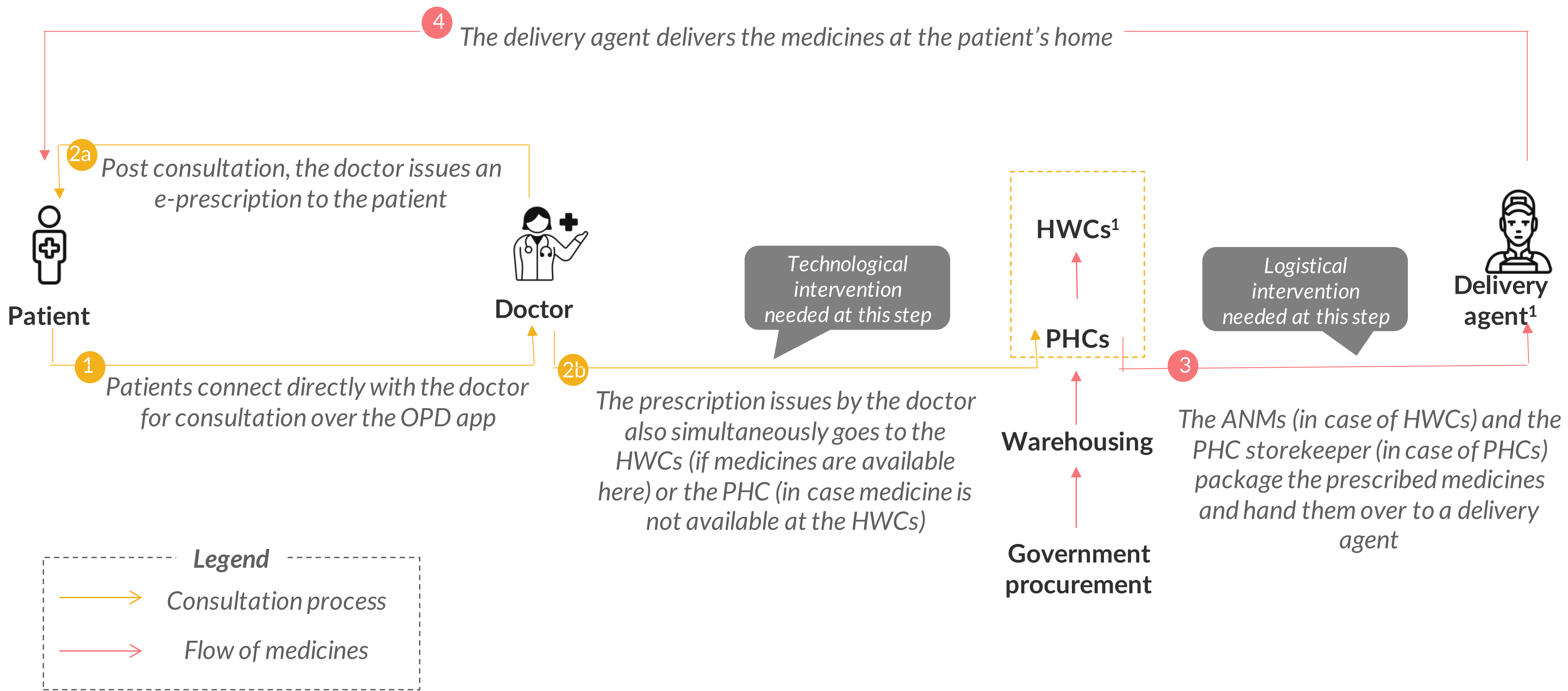
- **Obtaining buy-in from the government** for implementation of the home delivery system across the state
- **Engaging with CARE for design and execution** of this delivery system

The current flow of medicines across the health system and to patients using e-Sanjeevani through ANMs at HSCs and VHSNDs is described below



Notes: 1) As per the EDL (Essential Drug List), LI and non-LI HSCs are mandated to have 15 and 6 medicines stocked at all times respectively; these medicines are mainly basic drugs like iron tablets, paracetamols, etc.

This process can be expanded to allow for direct delivery of medicines to OPD users at home, after some technological & logistical intervention in the flow



Notes: 1) AVD carriers can be used for this; please refer to annex for more details (next section)

DEEP DIVES

M	I	C	S	T
Mass communication	Influencer led community engagement	Capacity building	Standardized SoPs	Tech UI/UX improvement
Build awareness and relevance with community (ATL, BTL, Social, Whats app bot)	Demonstration-led approach to support on-boarding and first-use through influencers (e.g., videos, bus drive)	On-ground training / capacity building on influencers (working with Partners)	Standardize SOP in assisted channel to "mandate" tele-medicine use; forward linkage to OPD	Systems improvements: Tech UI/ UX improvement; suppor through whats app bot, IVRS

Flow of this section

01 Design principles and best practices for a telemedicine app for low tech users

02 UX recommendations for e-Sanjeevani OPD app

Deep dive on recommendations

03 Recommended USSD journey for registering on e-Sanjeevani OPD

01 Telemedicine apps targeted at low tech users should be developed keeping in mind key design principles and best practices, some of which have been highlighted below

1

LANGUAGE

Provide app in a **language conversant with majority of the users**. E.g., Hindi in Bihar to increase accessibility for low-tech, low-literacy users.

2

JARGON

Avoid use of medical jargon on the user interface and use simple colloquial terms. E.g avoid the use of General opd and Speciality opd during registration.

3

FAST ACCESS

Ensure **fast access to health care** by providing **adequate doctors** on the app, **reducing waiting times** to the bare minimum and **communicating estimated waiting times** to patients on the queue.

4

DIGITAL RECORDS

Ensure **patient's profile includes their medical history,** notes from previous consultations, prescriptions and any other data necessary **to efficiently diagnose a patient** efficiently.

5

TECH ASSISTANCE

Provide **technical assistance to patients** using the app by **integrating support functions such as FAQs** in the app or consider a **live chat/ whatsapp bot** for grievance redressal

6

FEEDBACK LOOP

Integrate feedback systems in the app to enable patients to rate the doctors and service and send feedback to service providers and partners

Based on these design principles and best practices, we have come up with a list of UX recommendations taking a patient centric lens while using the e-Sanjeevani OPD app

Registration for new users

1. Landing page

- Ensure content on the landing page is highly valuable and descriptive enough to encourage app usage. E.g., Boldly call out the value props that users are interested in. *E.g its FREE, qualified state doctors, instant prescriptions.*
- Add to the list of buttons, the option for user to register family members to a family account, which is a high value proposition of eSanjeevani OPD.

2. Registration process

- Avoid use of jargon such as General OPD and Speciality OPD, instead use terms like “General consultation” and “Specialist consultation.”
- Remove unnecessary steps from initial registration, e.g. selecting General vs Special OPD, and reserve those steps for when needed. *E.g. when patient logs in to connect to a doctor, they can choose the type of doctor.*
- Include the option to resend OTP multiple times with a timer delay as some users may not receive the token in good time due to network delays or failures.

Returning user connecting to a doctor

1. Login process

- Provide option to stay logged in on the app for returning users to minimize steps to connecting with a doctor.
- Remove the need to re-enter mobile number and generate a token for returning users who want to view their prescription or connect with a doctor.

2. Selecting a doctor

- User should know in advance details and credentials of the Doctor they would be meeting
- User should select OPD (General vs Specialist) at this point, instead of at initial registration)
- Provide patient with option to select the same doctor in follow up consultations to build trust and familiarity.

3. Waiting times for doctor

- Provide clear estimates for waiting times as patients are likely to drop off at this point if they wait without feedback.
- Increase number of doctors available on the app to provide suggestion for optimal waiting time and at max waiting time, beyond which no one is likely to wait.
- Incorporate tasks that can help the doctor make better diagnosis and save time during consultation. E.g., Uploading medical records or basic triage such as patient’s temperature.

Consultation with a doctor

1. Patient history

- Create a secure and encrypted patient digital medical record/file that stores patients’ uploaded documents, prescriptions and other related documents that can be easily accessed at any time by doctors and the patient
- Provide option for patients to upload documents during the conversation for doctor to reference.
- Automatically save patient details into their digital medical record during consultation
- Store data locally on user’s device in cse they go offline and sync to online server when network connectivity is restored.

2. Connectivity during the call

- Provide alternatives for users with low speed internet or network interruptions to speak with doctor, e.g., voice-only consultation or the option to live chat via a regular mobile audio call.
- Provide a “fast track queue” for patients who lose connectivity during active consultations to rejoin once they login to the app. E.g use patient IDs and special token IDs sent to their registered numbers upon disconnection to identify patients and fast track them in the queue.

3. Prescription

- Send SMS, WhatsApp message, or in-app notification to registered number immediately after consultation to prompt user to check and download their prescription on the app.

Post-consultation services

1. Accessing prescription

- Provide an option for patient to save or download their prescription as a PDF, as taking screenshots may not be intuitive for basic mobile phone users.
- Allow patients to securely access their digital medical records to view their records, documents and prescriptions.
- Provide options to receive the prescription via email, SMS or WhatsApp.
- Provide information on pharmacies and health centres where patients can access the medicine using the e-Prescriptions. E.g,. via a list with directions or map of the pharmacies & health centres.
- Integrate medicine delivery options to deliver medicine to patients in the house. E.g., via IndiaPost as happened during COVID lockdowns.

2. Rating doctor and service

- Provide option to rate a doctor after consultation and leave feedback.
- Make ratings & reviews public to everyone accessing the app
- Create a leaderboard visible to doctors to instill a sense of social pride & healthy competition

3. Grievance Redressal

- Provide a feedback mechanism for people to submit any technical challenges with the app on ad-hoc basis, e,g, via a WhatsApp support bot
- Equip healthcare workers at VHSND centres to provide support and retrieve patient medical records on the eSanjeevani OPD app

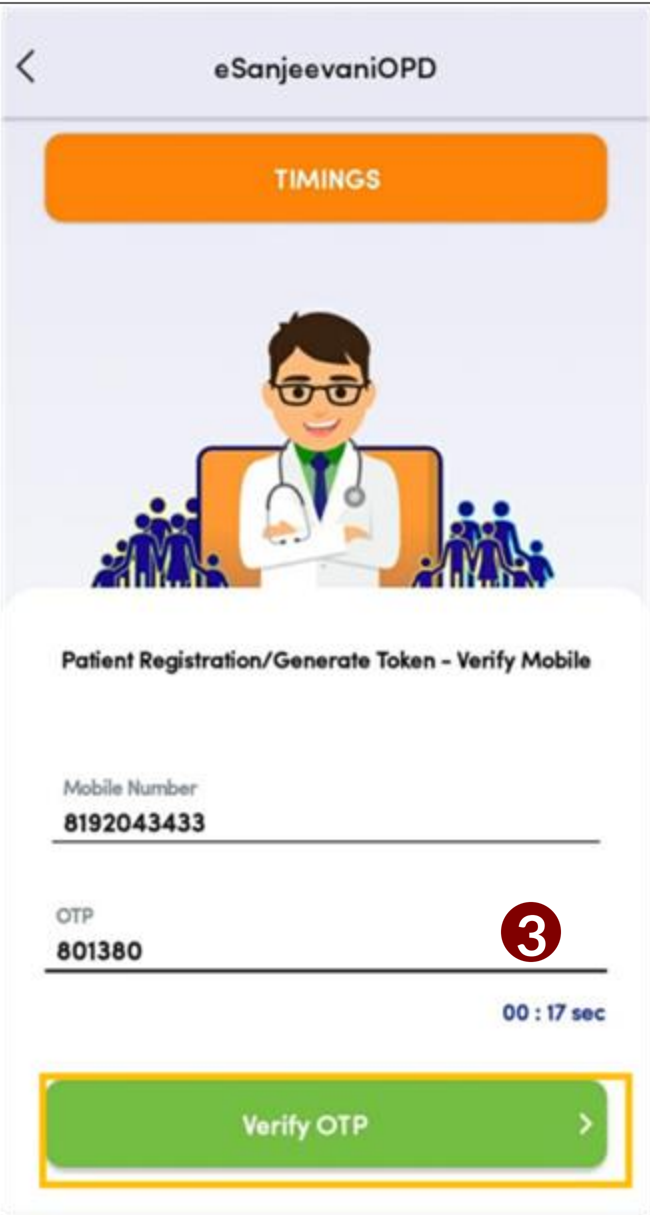
02 Landing page

UX Recommendations

1 Ensure content on the landing page is highly valuable and descriptive enough to encourage app usage E.g., Boldly call out the value props that users are interested in, e,g., app is FREE to use, has qualified state doctors and instant prescriptions.

2 Add to the list of buttons, the option for user to register family members to a family account, which is a high value proposition of eSanjeevani OPD.

Patient registration



UX Recommendations

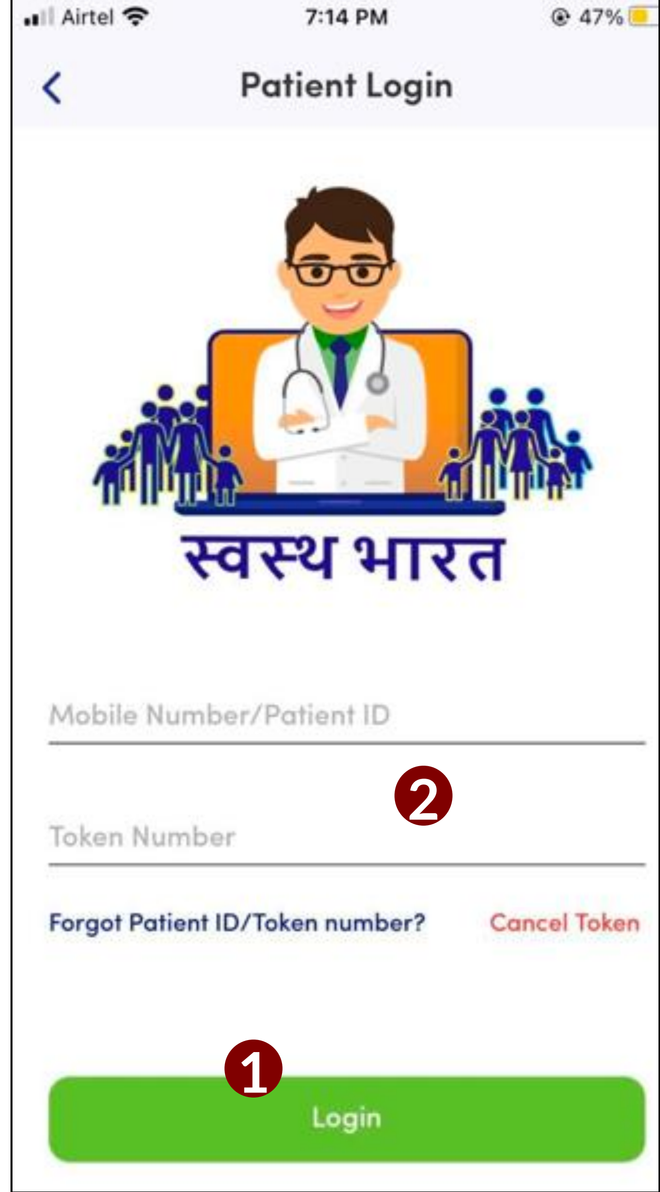
1. Avoid use of jargon such as General OPD and Speciality OPD, instead use terms like "General consultation" and "Specialist consultation."

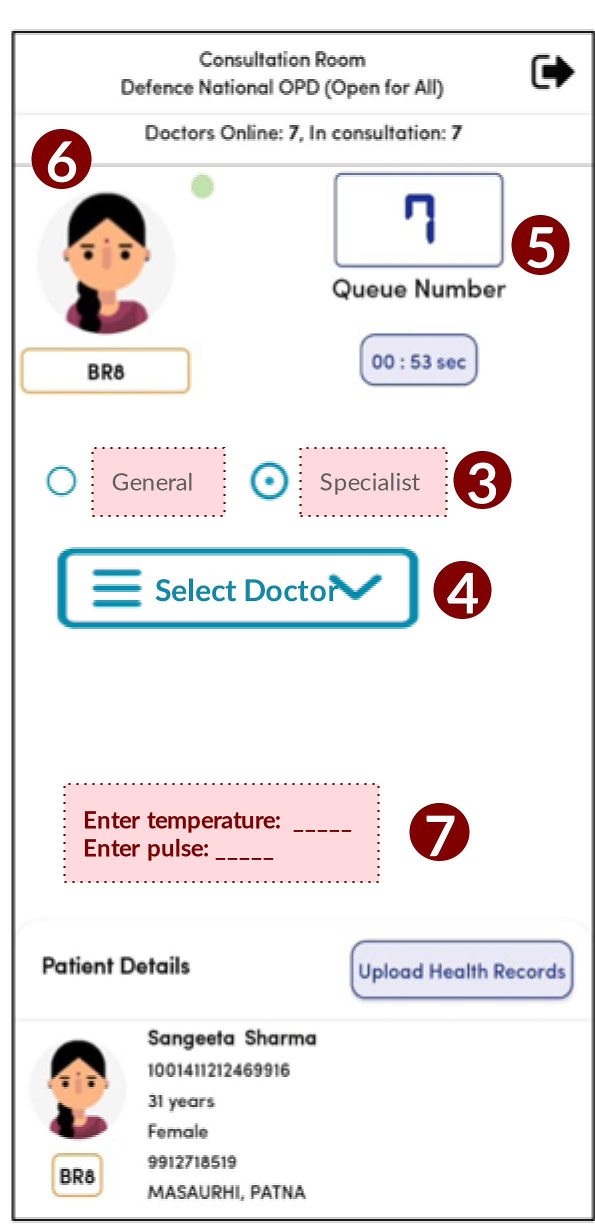
2. Remove unnecessary steps from initial registration, e.g. selecting General vs Special OPD, and reserve those steps for when needed. E.g. when patient logs in to connect to a doctor, they can choose the type of doctor.

3. Include the option to resend OTP multiple times with a timer delay as some users may not receive the token in good time due to network delays or failures.

02

Return user logging in to connect to a doctor

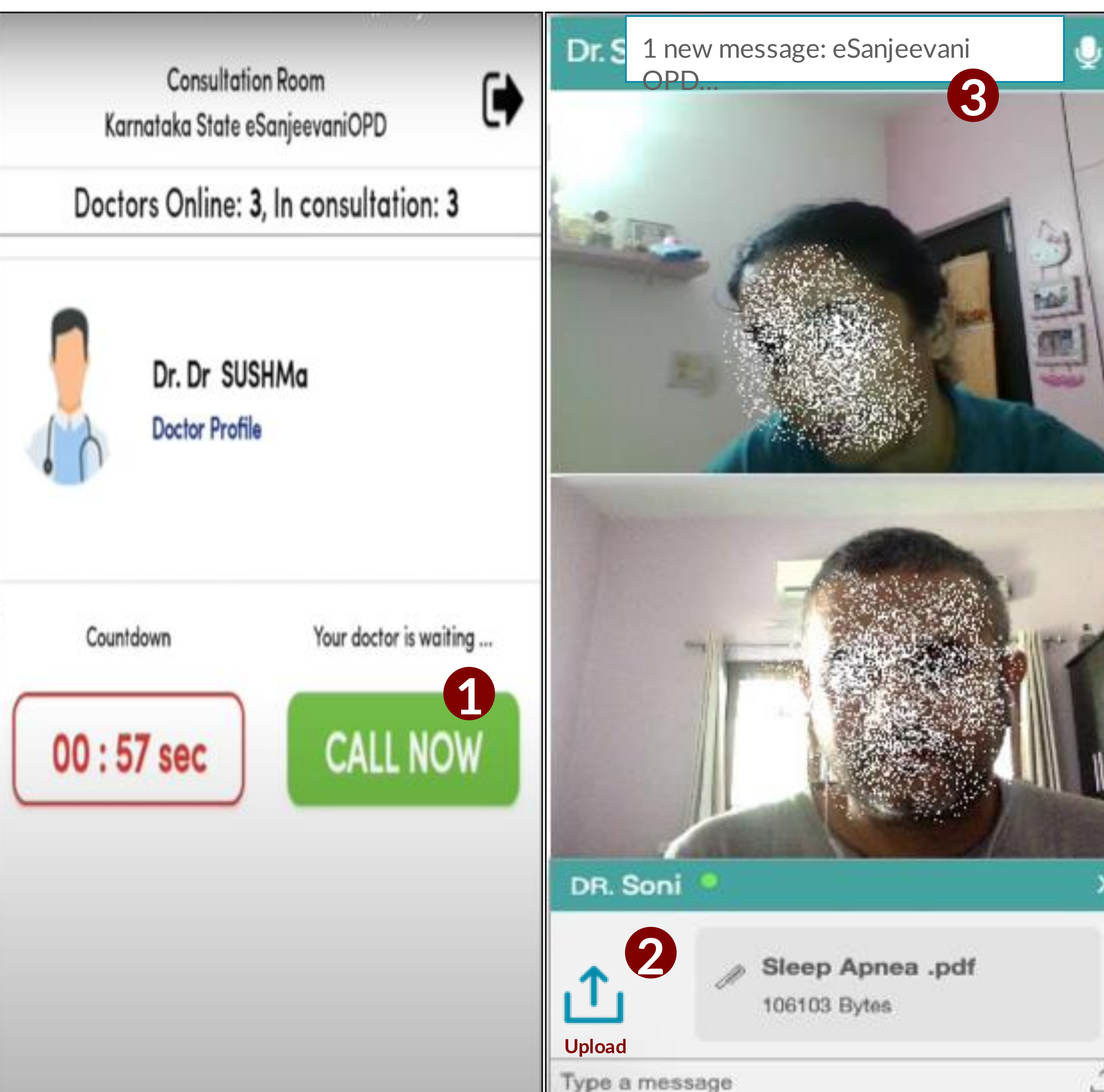




UX Recommendations

1. Provide option to stay logged in on the app for returning users to minimize steps to connecting with a doctor.
2. Remove the need to re-enter mobile number and generate a token for returning users who want to view their prescription or connect with a doctor.
3. User should select OPD (General vs Specialist) at this point, instead of at initial registration)
4. Provide details and credentials of the Doctor the patient selects, and also provide patient with option to select the same doctor in follow up consultations to build trust and familiarity.
5. Provide clear estimates for waiting times as patients are likely to drop off at this point if they wait without feedback.
6. Increase number of doctors available on the app to provide suggestion for optimal waiting time and at max waiting time, beyond which no one is likely to wait
7. Incorporate tasks that can help the doctor make better diagnosis and save time during consultation. E.g., Uploading medical records or basic triage activities such as asking patient to enter their temperature or pulse.

02 Consultation with a doctor



UX Recommendations

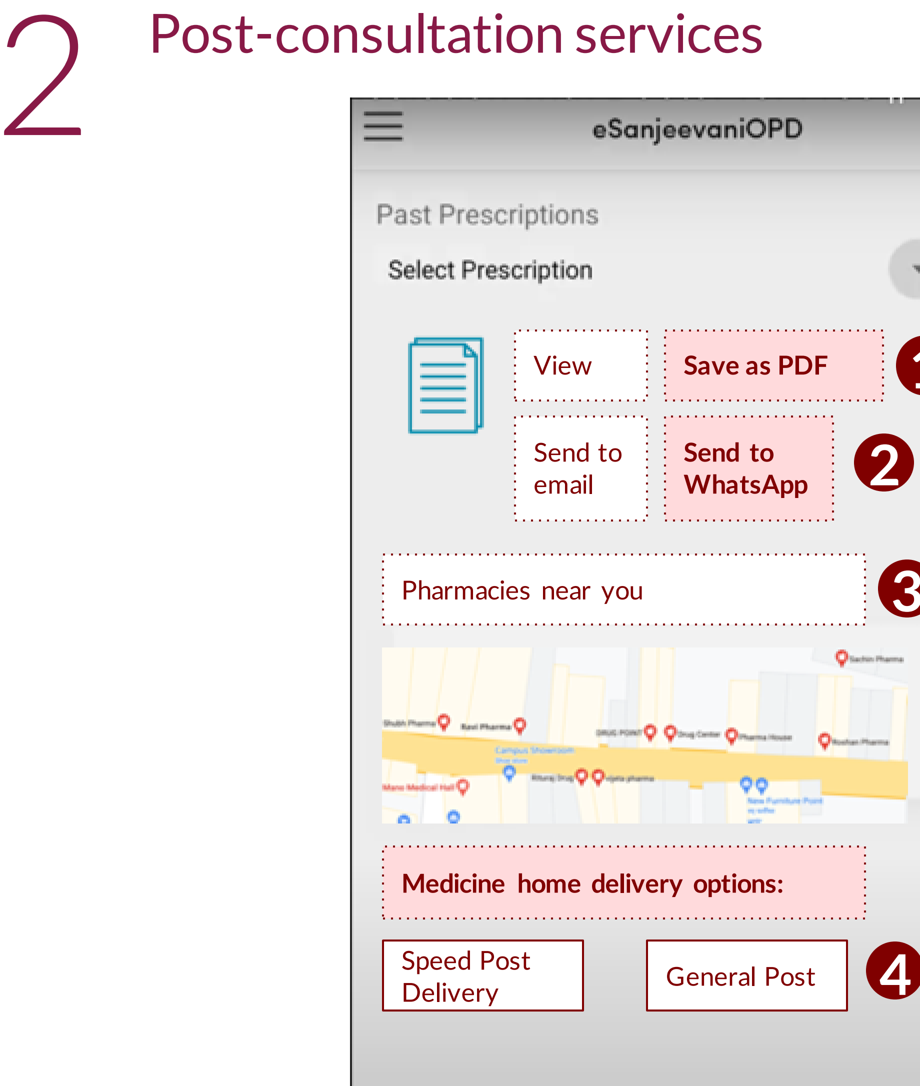
1. Provide alternatives for users with low speed internet or network interruptions to speak with doctor, such as voice-only consultation or the option to live chat via a regular mobile audio call.

2. Provide option for patients to upload documents during the conversation for doctor to reference.

3. Send SMS, WhatsApp message, or in-app notification to registered number immediately after consultation to prompt user to check and download their prescription on the app.

4. Provide a “fast track queue” for patients who lose connectivity during active consultations to rejoin once they login to the app. E.g use patient IDs and special token IDs sent to their registered numbers upon disconnection to identify patients and fast track them in the queue.

02 Post-consultation services



UX Recommendations

1. Provide an option for patient to save or download their prescription as a PDF, as taking screenshots may not be intuitive for basic mobile phone users.

2. Provide options to receive the prescription via email, SMS or WhatsApp.

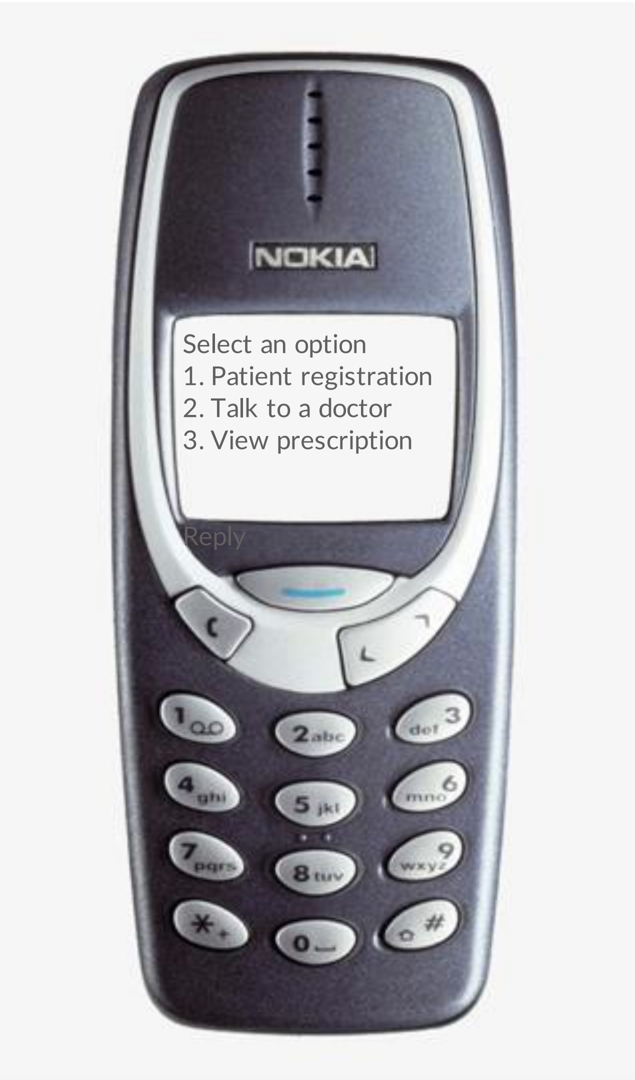
3. Provide information on pharmacies and health centres where patients can access the medicine using the e-Prescriptions. E.g,. via a list with directions or map of the pharmacies & health centres.

4. Integrate medicine delivery options to deliver medicine to patients in the house. E.g., via India Post as happened during COVID lockdowns.

5. Provide option to rate a doctor after consultation and leave feedback.

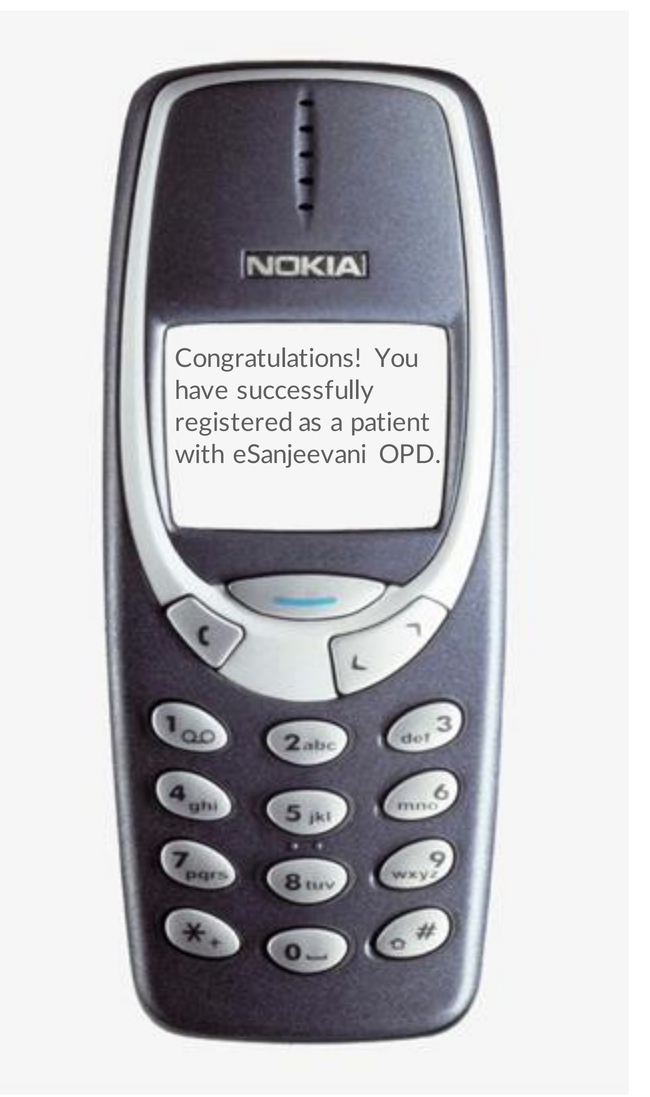
6. Allow patients to securely access their digital medical records to view their records, documents and prescriptions.

03 Additionally, given the limited smartphone access as well as connectivity issues, we are highlighting a USSD model that can be implemented for patient registration on OPD (1/3)



03 Additionally, given the limited smartphone access as well as connectivity issues, we are highlighting a USSD model that can be implemented for patient registration on OPD (2/3)

03 Additionally, given the limited smartphone access as well as connectivity issues, we are highlighting a USSD model that can be implemented for patient registration on OPD (3/3)



Thank you!

Bihar: Telemedicine Adoption

Learning document - Annexure

April 2022

Annex I
Glossary

Key Terms: Health services

Acronym	Full-form	Definition
ANM	Auxiliary Nurse Midwife	A village-level female health worker who is responsible for multiple forms of basic health services including maternal and child health, family planning services, health and nutrition education etc.
ASHA	Accredited Social Health Activist	A village-level female health worker who is responsible for creating awareness around determinants of health such as nutrition, basic sanitation & hygienic practices, and the need for timely utilization of health & family welfare services.
HCW	Health Care Worker	A provider of health treatment based on formal training and experience. They are stationed in health centers across communities. E.g., ANMs, ASHAs etc.
HWC	Health and Wellness Center	Rebranded versions of the basic, village level health sub-centres, that deliver Comprehensive Primary Health Care (CPHC) including maternal and child health services, and non-communicable diseases, including free essential drugs and diagnostic services, VHSND centers etc.
OPD	-	A stay-at-home teleconsultation model of e-Sanjeevani, where patients can directly connect to doctors through video/ audio calling over the 'OPD' app. There is no other health care intermediary involved.
VHSND	Village Health, Sanitation and Nutrition Days	A community level strategy for convergent actions for Health, Early Childhood Development, Nutrition and Sanitation.
VHSND centres	Village Health, Sanitation and Nutrition Days - centres	VHSNDs are celebrated monthly, in multiple centres across the village including Aanganwadis centres. These centres may be collectively called VHSND centres.
PLW	Pregnant and Lactating Women	-

Key Terms: Others

Acronym	Full-form	Definition
ATL	Above The Line	The advertising that gets deployed around a wider target audience, e.g., television (TVC), radio, or billboards.
BTL	Below The Line	This kind of marketing targets specific groups of people with focus, e.g., a leaflet drop in a specific area, a direct telemarketing campaign targeting specific businesses.
UI/ UX	User Interface/ User Experience	The space and experience of humans interacting with a web-portal.

Annex II
Our approach

Our theory of change to improve uptake is based on building value of tele-medicine, and facilitating adoption "to and through" influencers

LOW AWARENESS > DEMAND-PULL

- The awareness and understanding of relevance for tele-medicine is not only low for community members, but also for the influencers (ASHA, ANM, SHG CMs, etc.)
- There is an opportunity to showcase the importance of tele-medicine to their lives through clear value proposition & relevant use cases
- This will lead to creation of a "demand-pull" for tele-medicine services
- *E.g., in Covid, Bihar used first "gain" based framing "ek adhura do sae pura" to create the demand pull; subsequently also considered "loss" framing (but didn't use). The value proposition of protection against illness for self, family & community was also made evident*

TECHNICAL & TRUST CHALLENGES > AIDED SERVICE

- The community members face many technical challenges (App is in English, complex UX flow, low digital literacy, no grievance redressal, etc.) and have low trust on a 'new' mechanism to receive health advisory
- Our hypothesis is that tele-medicine adoption would need to be an "aided" service by the influencers
  - Similar models seen in adoption of digital payment services during early years of the UPI (aided by shopkeepers, last mile agents, bank mitras & employees, etc.)
  - Even in Covid, Bihar used ASHA workers to drive targeted support for PLW – addressing concerns, and building their motivation
  - Influencers have implicit trust with the community members & are already people who the community goes to for advice on a variety of topics including health

As we work on this theory, it is important to support the influencers – motivations, knowledge and enabling environment, and through them support the community members

Annex III
Insights from primary and secondary research conducted *(over phases 1 and 2)*

Insights from HCD research – Bihar sprints (1/9)

Community members

Language barriers: Language is not only a challenge that people face when navigating the app but it also arises when people struggle to understand doctors' advice as people in rural villages use the **local dialect** and even Hindi may be a barrier beyond English

Support and redressal channels: Middle aged and elderly people who struggle with digital engagement rely on assistance from younger members of the family to operate and use smartphones. Younger, tech savvy people get online advice from doctors and seek health information through YouTube videos.

Convenience stood out as a strong value proposition: Many community members are seeking a pleasant and stress-free experience when seeking healthcare. For many community members, the idea of not waiting in a long queue for meeting a doctor is appealing and can be a key value proposition

Health-seeking behaviour: Preventative health seeking behaviour is still not a habit that rural communities have, therefore health advice is not a value proposition that resonates with community members as yet as people are used to seeking health services when they are going through medical emergencies.

"This service can help in saving time from traveling to the clinic. My son can help me to use this on the phone."

ANMs
Auxiliary Nurse and Midwives

Awareness of OPD: ANMs are trained and familiarized with the assisted model of eSanjeevani and seldom are aware of the OPD version. This requires ANMs to be brought up to speed to the purpose and workings of the OPD platform in order to understand it and how to communicate its value proposition

Inconsistent training: Not all ANMs have received training or started using the eSanjeevani program and beyond the initial training, ANMs are not mandated or incentivized to learn how to use the app continuously

Competing government priorities: With the recent waves of COVID-19, eSanjeevani had recently been deprioritized and has not been top of mind for ANMs, affecting ANMs daily tasks as well as implementing partners' training schedules

Time poverty: ANMs face heavy workloads and have other competing priorities therefore patient onboarding may overwhelm them and limit their ability to do so consistently

"I have many duties along with covid vaccination and I don't have enough time to sit with patient and connect with doctors online. I have to also keep shifting to nearby centres for my vaccination duties."

Insights from HCD research – Bihar sprints (3/9)

ANMs
Auxiliary Nurse and Midwives

Current state of implementation of e-Sanjeevani assisted model: ANMs have been using assisted e-Sanjeevani model for under a year (some reported shorted timeline of only a month), using it for only 2 days per week in HWC (sometimes less, given additional burden of covid vaccination-related work).

Use cases for e-Sanjeevani assisted model: The decision to use e-Sanjeevani assisted model in place of physical consultations depends on seriousness of the patient's illness – it is used only in case of slightly serious issues outside the ANM's purview as for basic ailments, they them selves prescribe medication and for very severe cases, physical consultations with doctors are promoted

Process of e-Sanjeevani assisted: ANMs use either the government provided tablets or own smartphones to log-in and connect to the e-Sanjeevani portal. They register the patients on the portal (collecting basic and health related details) and then connect to a doctor at the HUB basis availability. Post the teleconsultation, if the medicines mentioned on the e-prescription are available in the HWC, the ANM hands them to the patient, otherwise provides a physical prescription to the patient to purchase the medicines from a PHC or a pharmacy

"We want to use the assisted model more frequently, but vaccination drives take up most of our time. We rarely sit in the HCW now-a-days."

Insights from HCD research – Bihar sprints (4/9)

ANMs
Auxiliary Nurse and Midwives

Some key challenges in the assisted model:

- Network connectivity issues at the centres
- Waiting time for connecting to a doctor on the hub
- Difficulty in understanding doctor's accent for patients

Willingness to promote e-Sanjeevani OPD: There is general willing among ANMs to support with the promotion of OPD although they are skeptical about uptake given low access to smartphones, internet, and low digital literacy. Additionally, according to ANMs, people are likely to continue to travel to HCWs for treatment due to familiarity and reliance on ANMs, despite being made aware of and given access to the OPD app.

"Uptake of OPD by the community will be very helpful to people, since it will cut down on travel cost and time. It will also help in reducing our (HCWs) workload."

Insights from HCD research – Bihar sprint (5/9)

CHOs

Community Health Officer

Current state of implementation of e-Sanjeevani assisted model: CHOs have been using the e-Sanjeevani assisted model for less than a year. They travel to the community for 2 days a week and sit at the HWC for the remaining days but use e-Sanjeevani only on mandated days (Wednesday and Saturday as per them). CHOs do not serve on the e-Sanjeevani app as HUB doctors, but the doctors sitting at their communities' PHCs do

Use cases for e-Sanjeevani assisted model: If problem is minor, then CHOs prescribe medicines to patients themselves. However, if the illness is a bit more severe, they push for teleconsultation, for instance in issues like diabetes, thyroid, BP, extreme stomachache etc. Out of 10 patients, ~3-4 patients are provided teleconsultation on e-Sanjeevani.in platform

Key challenges in e-Sanjeevani assisted model:

- Lack of tablets – use own phone for accessing the platform
- Waiting time for connecting to a doctor on the hub (doctors at the hub tend to step away post 12 pm)
- Difficulty in understanding doctor's accent for patients

"The problem arises when doctors leave after 12 pm every day, causing high waiting time during peak hours."

Insights from HCD research – Bihar sprint (6/9)

CHOs
Community Health Officer

Expectations around incentives: Currently, CHOs receive monetary compensation for using assisted teleconsultation, and would similarly expect to be compensated for engaging in OPD promotional activities.

Awareness and perceptions on e-Sanjeevani OPD: CHOs are aware about the e-Sanjeevani OPD app, but do not use it themselves. The overall perception is that it is difficult to shift demand from assisted to OPD, as patients will prefer coming to the HWCs/ local PHCs for their treatment. Familiarity plays a significant role in determining trust on the doctor and consultation process, which is also why CHOs stick to doctors from their own PHCs when connecting to a doctor during assisted teleconsultation.

Willingness to promote e-Sanjeevani OPD: CHOs are willing to promote OPD through physical means, such as partaking in community awareness events/ campaigns, plug-ins as part of assisted consultation, and putting up physical collaterals across the centres. However, they feel that digital collaterals will not be useful due to lack of digital access and literacy among people. They also have reservations on sharing own phones to support patients with onboarding.

"Compensation would be good, but social recognition is more important than monetary compensation."

ASHAs
Accredited Social Health Activists

Awareness of eSanjeevani: Many ASHAs have limited awareness of the OPD platform and its functionality, limiting their ability to advocate and onboard community members and clearly articulate its value proposition

Digital inaccessibility: Few ASHAs have regular access to smartphones which they can use to explore the OPD platform and onboard community members. Low digital literacy among the majority of the ASHAs further limits their technical capability to effectively use the app and train community members

Motivations and incentives: ASHAs receive little to no compensation for their community work, limiting their motivation to create awareness about the service and onboard people. Creating an incentive structure may encourage ASHAs to spread awareness of the OPD platform among community members

"I have been doing my work as ASHA without much payment. I am doing it out of goodwill and spread awareness amongst community."

Insights from HCD research – Bihar sprint (8/9)

JEEViKA CM

Awareness: JEEViKA CMs are largely unaware about the eSanjeevani service, but have heard the name during SHG discussions around health and wellbeing

Digital access and literacy: Most of the JEEViKA CMs have higher digital literacy compared to ASHAs. Most of them have smart phones that they use for daily data entry activities or to help communities with digital insurance support

Community touchpoints: JEEViKA CMs are more likely to interact with women in their day-to-day activities, and often engage them in discussions about health and nutrition, childcare and savings. They also participate in Panchayat Sabhas along with village heads and other community influencers where both men and women are present

"Mostly people will be interested in this service since it is free. We will only know what they think once we talk to them about it. We can also teach some of the women who have their own smart-phones."

Source: PCI India

Non-traditional influencers *(some prioritized influencers)*

Ability to promote e-Sanjeevani: Non-traditional influencers have access to smartphones and internet, along with high digital literacy. They commonly use these phones/ tablets for personal and professional work, including connecting with community members and their co-workers over popular messaging platforms

Willingness to promote e-Sanjeevani: The non-traditional influencers showed willingness to participate in OPD promotional activities, mainly due to welfare driven motives. Some mentioned that their daily work involves serving the community and bringing in OPD would be an extension of that. Most also did not expect a compensation for this, except for some social recognition

Level of influence: Most of the prioritized non-traditional infleuncers have high ability to influence the community members' behaviors due to close interpersonal relationships. This is a by-product of frequent community interactions via weekly/ monthly meetings (*baithaks*), welfare events, campaigns and even interaction over virtual platforms such as WA

"Increasing the welfare of my community is my job, I will definitely promote OPD"

Insights from HCD research – Uttar Pradesh sprint (1/2)

Engagement of influencers for promoting e-Sanjeevani OPD: ANMs, Staff nurses and CCPM/ DCPM *(superintendent or health centre level)* have official mandate from the government to create awareness on e-Sanjeevani OPD. ANMs usually create awareness at vaccination camps, sometimes assist patients in OPD consultations on the spot. Staff Nurses have been instructed to use e-Sanjeevani OPD app to provide consultations to patients when doctors are not available at the centre, in addition to promoting the model generally to those who visit the centres. ASHAs are not officially mandated to create awareness on OPD but have been provided with smartphones (including for OPD promotion)

Training of influencers: DCPM, CHO, medical officers, staff nurses in Uttar Pradesh were provided a basic training on the e-Sanjeevani OPD app and were instructed to reach out to the CCPM/ DCPM in case of queries. ANMs were not provided any training although they were informed about the app by the staff nurses

Targets for OPD promotion: Nagriya Swasthya Kendra's (local health centers where kids get vaccinated etc.) are provided targets for e-Sanjeevani overall - 5 consultations per day. But no OPD targets have been set for staff nurses although they have to report back the number of consultations they conduct through the app each day

Value propositions that promoted uptake: 'Free' consultation as well access to a doctor, especially during covid lockdowns, were key value propositions that promoted the uptake of OPD in Uttar Pradesh

"We have a lot of vaccination work so we cannot really go about creating awareness on OPD extensively. However, I do inform people who come to the vaccination centre about the app. On days when there are fewer people for vaccination, I help people with mild illnesses use the app."

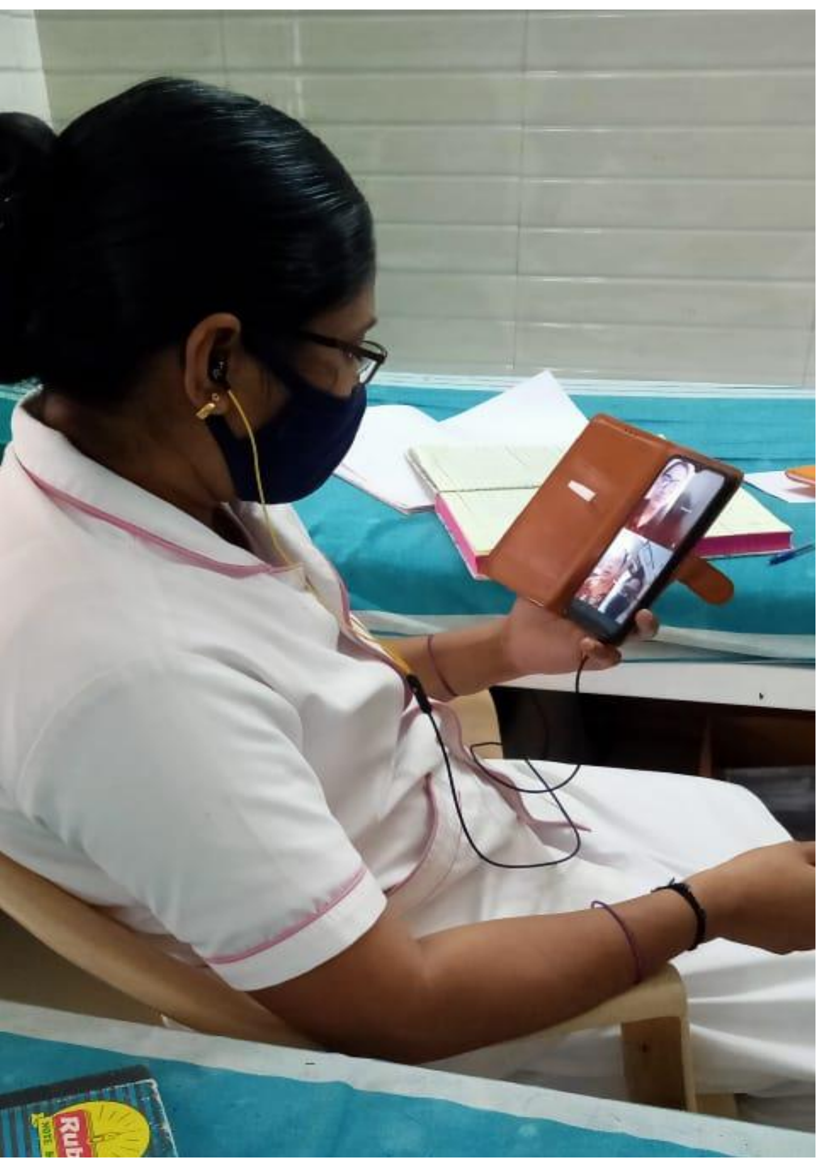
- ANM, Meerut, UP

Insights from HCD research – Uttar Pradesh sprint (2/2)

Some key challenges in OPD uptake:

- Language barriers due to the app only being available in English
- Inability of patients to understand the type of doctor to chose for consultation when generating a token
- Delays in receiving OTP when registering on the platform
- High waiting time for getting connected to a doctor over the app

Insights from HCD research – Tamil Nadu sprint (1/2)



Role of non-traditional influencers in OPD promotion: In Salem, a special program for non-communicable diseases is being run by the government which leverages community volunteers for e-Sanjeevani OPD promotion. These volunteers from within the community *(employed after initial screening and interviews and provided with 30-40 days worth of training on identification of symptoms of common NC diseases as well as on how to use basic equipment like ECG machines, weighing scales etc.)* are responsible for 50 houses for conducting basic check ups for HH members and are equipped with ECG machines, weighing scales etc. as well as smartphones for this purpose. While conducting these health check ups, if they find people with some NC diseases, they help them get a consultation over the OPD app if the illness is mild. For more severe diseases (e.g. sugar and BP related issues), community members are re-direct them to the Urban Village Nurses

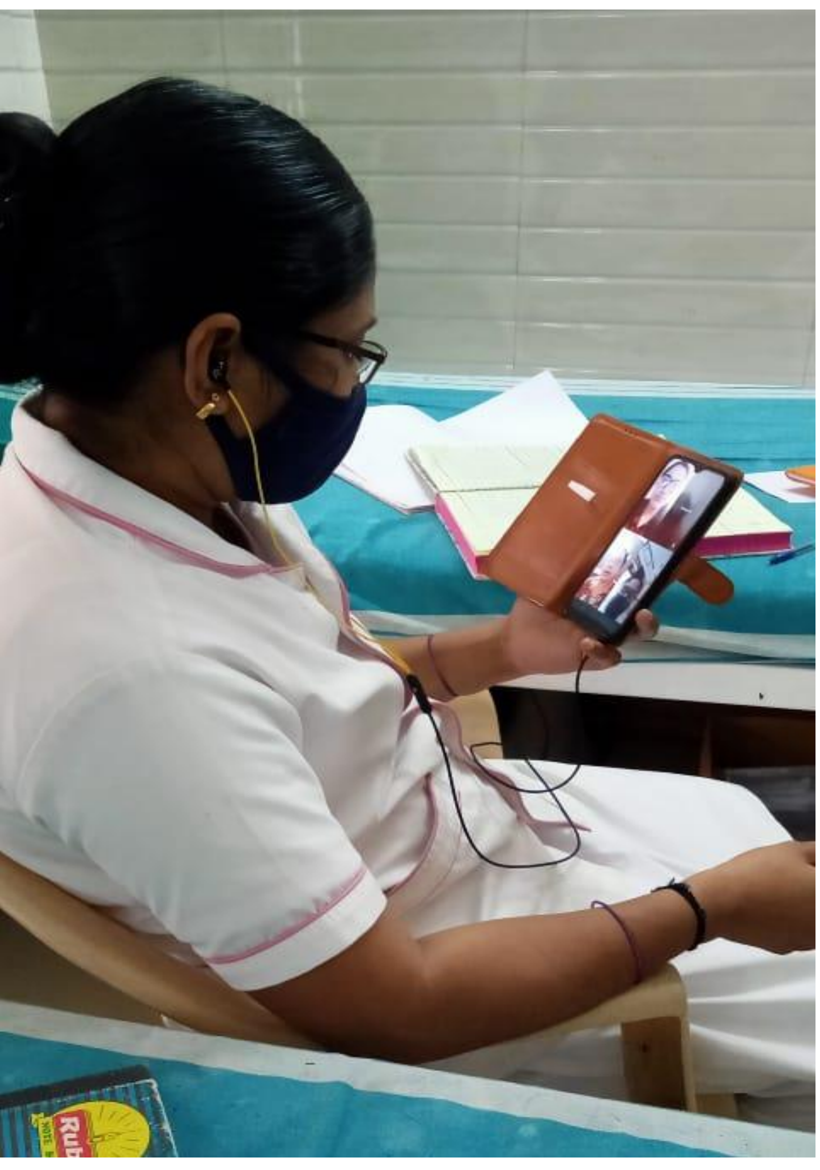
Some key constraints in OPD uptake:

- Lack of smartphones and internet connectivity issues at a community level
- Language barriers due to the app only being available in English
- High waiting time for getting connected to a doctor over the app
- OPD consultations using other people's phones requires people to get physical prescriptions issued from HCWs which limits the value addition of availing OPD services at home; medicines too are directly available at the centres which reduces the value of getting consultation at home
- Limited availability of doctors on the OPD platform

"If community members lacking access to smartphones use other people's devices to access OPD, then they still require a physical prescription to be issued by an HCW for getting medication. In such a scenario, they find it easier to visit centers to get consultations and medicines directly"

- Government doctor, Salem, Tamil Nadu

Insights from HCD research – Tamil Nadu sprint (2/2)



Involvements of VHNs in OPD promotion: VHNs in Tamil Nadu have been mandated to do their 'level best' to promote e-Sanjeevani OPD uptake among community members but are not provided specific targets for OPD promotion (or any incentives for the promotional activities undertaken)

Role of VHNs in OPD promotion:

- VHNs in Tamil Nadu were asked to create awareness about the OPD app among community members during the Covid lockdowns and assist them in getting consultations over the app
- Post Covid, their role is to create awareness about the app among all individuals visiting the hospital/ clinic for health consultations
- Some VHNs also help individuals with consultation over their own devices, and assist them in accessing e-prescriptions etc.

Training provided to VHNs: VHNs were trained on OPD through sharing of demo videos over WhatsApp

"During covid, we were informed about the app over WA and were sent demo videos on the append its functioning.....we were asked to promote it among community members to assist in health consultations during the lockdown."

- VHN, Salem, Tamil Nadu

Insights from secondary research on value proposition for OPD perceived in other states

- **"Free nature of service"** was the primary message used by states like Tamil Nadu to attract OPD consultation
- **State service doctors in states like Tamil Nadu also consult doctors using the OPD platform,** helping improve the credibility of the platform
- **Existing digital literacy amongst citizens** was one of the factors for high adoption in Tamil Nadu, with "Ease of registration" being as a primary driver of the platform's popularity
- **Launch of specialized OPDs** has assisted rapid adoption of service by the public in many states[1]
  For examples: *Tamil Nadu is providing AYUSH, Yoga and Naturopathy services using e-Sanjeevani OPD platform. Kerala is setting up 14 OPDs with each OPD having a team ranging from psychologists, speech therapists to physiotherapist to aid child development*

Note: 1) Bihar already has some specialized OPDs in place but can continue to build on the services available on the platform basis the needs of the community including onboarding psychiatrists, dermatologists etcSources: Dalberg analysis, https://pib.gov.in/PressReleasePage.aspx?PRID=1651257, How digital can transform healthcare in Asia for millions of people | World Economic Forum (weforum.org), Govt Telemedicine Service Platform ESanjeevani Records 5 Lakh Teleconsultations (medicaldialogues.in),

Insights from secondary research on communication channels including "demo" opportunities for OPD

Distribution

- **Multi-influencer engagement** to maximize awareness and adoption by citizens on ground due to repeated messaging
  For example: Tamil Nadu leveraged field staff like Staff nurses, VHNs and SHGs for reaching the public
- **Leveraging mass marketing platforms to increase demand over setting consultation targets for supply actors**
  For example: In Kerala, no targets are assigned to any category of staff for promoting use of e-Sanjeevani OPD. Rather, to enhance the usage of the platform, ads on various print, visual and social media channels are leveraged.
- **Door to door assistance in registration** can help overcome language barrier etc. while using the app
  For example: We Forum partnered with the government, healthcare providers and the private sector in Philippines and Cambodia to deliver affordable healthcare in remote communities wherein community members called access managers were leveraged to create individual health profiles of residents using proprietary offline-first apps and then used these profiles to conduct tailored public health engagement and outreach campaigns, as well as to order and deliver medicines and health services[2] at affordable prices directly within the communities
- **Using other government infrastructures such as Suvidha Kendra/Cyber Café to promote use of e-Sanjeevani**
  For example: In Tamil Nadu, e-Sanjeevani OPD has seen high uptake by patients residing in rural and remote areas – both those individuals with good internet connection as well as those with access to a computer center
- **Targeting institutions like prisons, old age homes, etc.** to promote use of the platform[1]
  For example: Kerala witnessed the uptake of e-Sanjeevani OPD app for treating prisoners during the Covid 19 pandemic. The government further stated that they expect more institutions to follow this use and provide medical care using the app, including institutions like old age homes , orphanages etc.

Note: 1) Bihar too has initiates the use of e-Sanjeevani OPD in prisons across the state; 2) Although it is unclear whether these services were through video/ audip calls or through in person trips of doctors, this can be an additional functionality that can be added to the e-Sanjeevani OPD app model (this can already happen when using the browser)

Sources: Tamil Nadu- eSanjeevani National Summit.pptx (live.com) , Govt Telemedicine Service Platform ESanjeevani Records 5 Lakh Teleconsultations (medicaldialogues.in), https://pib.gov.in/PressReleasePage.aspx?PRID=1651257, eSanjeevani-Note-Telemedicine.pdf (arogyakeralam.gov.in), https://pib.gov.in/PressReleaseIframePage.aspx?PRID=1670952

Insights from Partners/Stakeholders on OPD

Content

- **“Convenience” of accessing “qualified” doctors from home is a differentiator**
- **“Privacy”,** given consultations are done at one's home, can help attract women patients
- **Access to “e-prescription”** would be important to emphasize as people look for a “closure” post consultation

Format

- **“Video” and “Audio” based communication** will be more suitable for both distribution through digital platform and consumption by influencers versus text-based guidelines
- **Dedicated IVRS number which plays a pre-recorded message** has seen high success in the past

Distribution

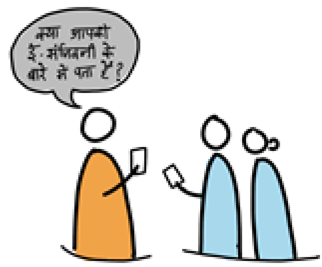
- **721 RBSK vans** to visit villages on event day to spread awareness. These can be branded on the outside
- Short video and audio messages to be distributed through **WhatsApp, Telegram and posters with QR codes linked to YouTube videos**
- **Suvidha Kendra** can have posters with basic visuals and QR code
- **Panchayat Raj members as well as RMP’s** can also be targeted to promote the use of the platform

Sources: Stakeholder conversations

Annex IV
Capacity Building

Capacity Building | Overview of activities to be undertaken by primary influencer groups

ANMs would assume the role of trusted medical endorsers of e-Sanjeevani OPD at the VHSND centers, as they're often the first point of contact with visiting patients.

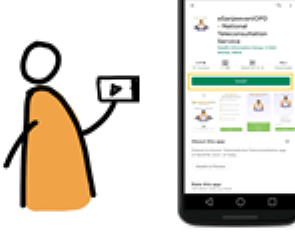


1. Sensitize ASHAs and non traditional influencers about the e-Sanjeevani OPD app during the weekly scheduled meetings at the HWCs

2. Hang eSanjeevani OPD posters on the walls and notice boards at the HWCs

3. Share digital job aids with community members via WhatsApp groups every 2 weeks

4. Assist patients at the HWCs and on VHSND days to download and register on the eSanjeevani OPD app



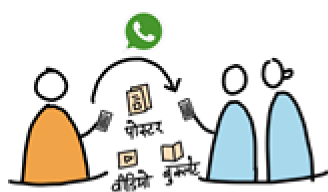
5. Assist patients with initial direct consultations with the doctor via eSanjeevani OPD at the HWCs

ASHAs are well positioned to drive awareness and value proposition by filtering information to early adopters through their close interaction with community members

1. Play and share radio jingles and ads with community members to familiarize them with e-Sanjeevani app during community visits.

2. Play & watch eSanjeevani OPD demo video to show community members how the app works during VHSND events and other community visits

3. Share QR code and links to download the app with community members at the HWCs and during field visits in the community

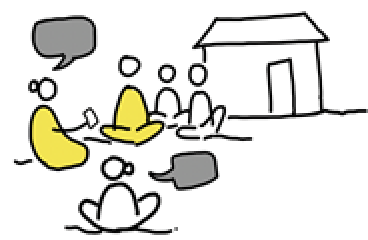


4. Widely share and spread eSanjeevani digital media (posters, booklets, videos) with community through WhatsApp, Telegram and other social media

5. Identify key early adopters in the community who can serve as non traditional influencers and share this information with ANMs and CHOs at the HWCs.

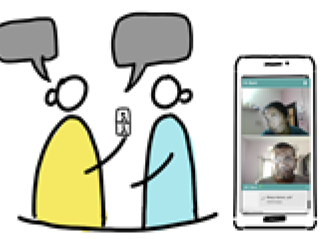
6. Collect feedback on any app grievances from community members and report such challenges using the channels prescribed in the redressal guideline

JEEViKA CMs are positioned to introduce and onboard women onto e-Sanjeevani OPD due to their regular interaction with women during SHG meetings and their digital savviness



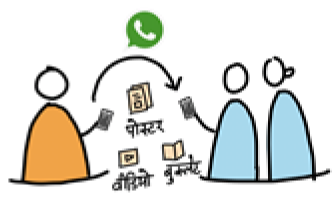
1. Play radio jingles and ads to women in their regular SHG meetings to familiarize them with the e-Sanjeevani OPD app

2. Play & watch eSanjeevani OPD demo videos during SHG meetings to demo how the app works



3. Assist the women in downloading and registering as patients on the eSanjeevani OPD app for the first time

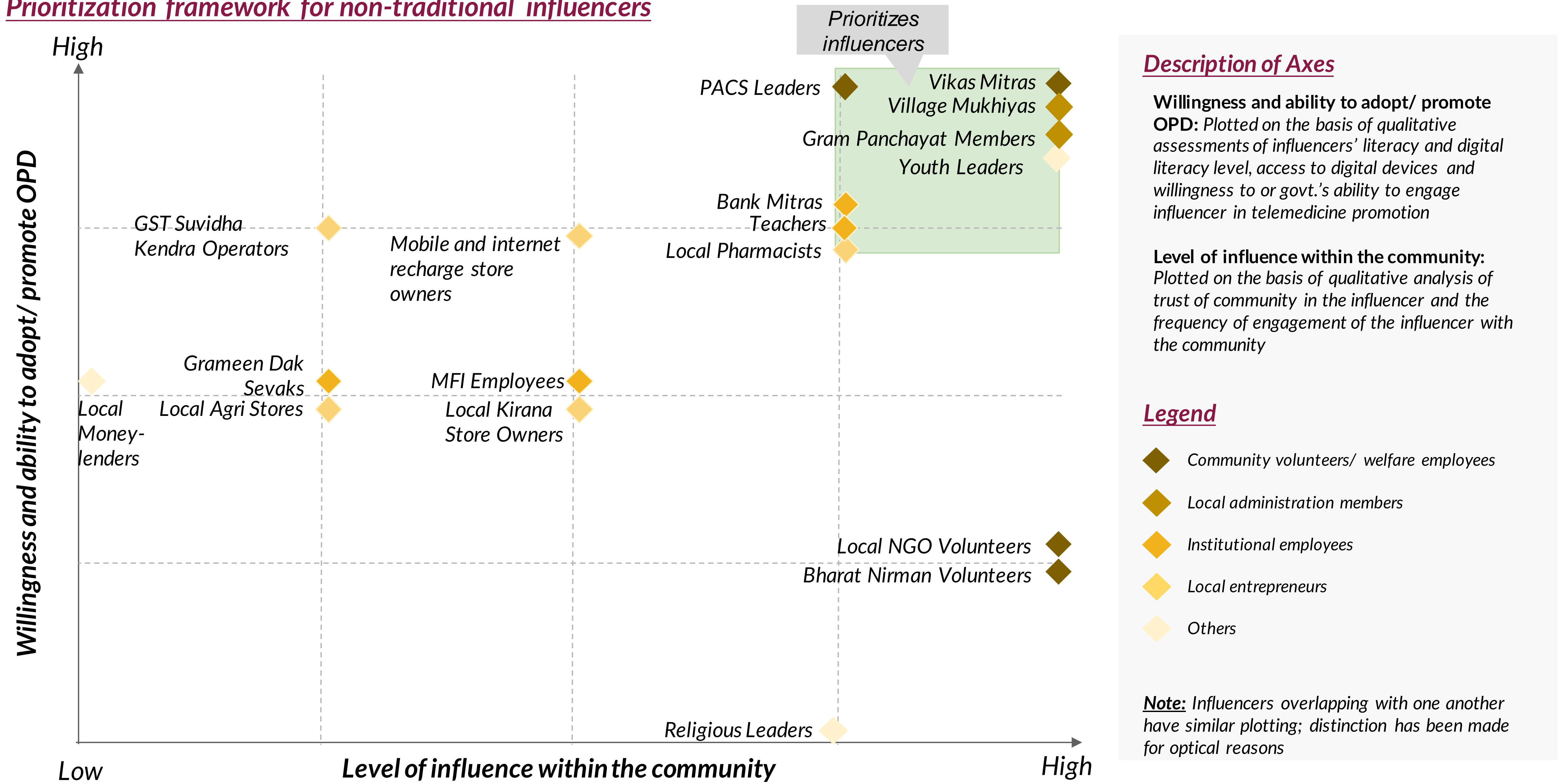
4. Share QR code and links to download the app with the women during the SHG meetings



5. Share eSanjeevani digital media (posters, booklets, videos) with SHG members through their WhatsApp and Telegram groups

Capacity Building | Prioritization framework and profiles of prioritized non-traditional influencers

Based on their willingness & ability to adopt/ promote OPD and ability of these influencers to influence the community, 7 non-traditional influencers have been prioritized



Local Pharmacies/ Pharmacy Owners

Overview: Act as key purchase points for prescriptive and non-prescriptive medical drugs, alongside cosmetic and other household items

Target Segment: None specifically- mostly people from nearby localities visit the local pharmacist

Profile

Gender: Mainly males

Age: No specific age bracket; usually pharmacists are above 25 years of age and can go upto 60+ years of age

Willingness and ability to adopt/ promote OPD

Literacy level: A bachelor's degree is the basic qualification required to become a licensed pharmacist but many unqualified unlicensed pharmacists are present in rural Bihar; most local pharmacists have the ability to read and write in English

Access to digital infrastructure: High access to digital infrastructure with most pharmacists owning a personal smartphones

Level of digital literacy: High level of digital literacy with most using devices for personal work; some pharmacists also occasionally access/ receive prescriptions over text, WA etc.

Willingness to adopt and promote adoption within community: Exhibit willingness to promote OPD to community members; government push for involvement likely to be limited to mandating putting up posters on OPD

Level of influence

Trust of community in influencer: Command high levels of trust especially in matters related to health, given educational qualifications and nature of work (even for diagnosis and prescription of OTC medicines)

Frequency of influencer engagement with community: Have infrequent interactions with community members, limited to them visiting shop/ seeking medical advice

Sources: "Kirana Stores Are Here to Stay": FMCG Strategy for Indian Retail (isb.edu), HCD conversations

Vikas Mitras

Overview: Vikas Mitras work for effective implementation of different development and welfare government schemes in own area, with a special focus on Mahadalit families

Target Segment: Mahadalit members of the community, along with other marginalized segments including STs, OBCs etc; also interact with the larger community occasionally

Profile

Gender: More than 50% are females (min. 50% positions reserved for them)

Age: Average age of VMs is ~25-26 years

Socio-economic characteristics: Belong to the majority mahadalit community of their own panchayat/ ward cluster

Willingness and ability to adopt/ promote OPD

Literacy level: Minimum qualification required is matriculation but most VMs are graduates; most VMs are able to read English

Access to digital infrastructure: Most VMs have access to personal smartphones; VMs were also provided handsets by the govt. Initially but these have become outdated

Level of digital literacy: Ability to use digital devices as they use phones for work - including receiving orders from authorities, keeping in touch with co-workers and community members (via WA groups), getting general updates on govt. schemes etc..

Willingness to adopt and promote adoption within community: High willingness given community welfare role; govt. also has the ability to mandate their involvement in OPD promotion

Level of influence

Trust of community in influencer: High level of trust within the community as VMs too belong to the same socio-economic class and are govt. welfare workers

Frequency of influencer engagement with community: High frequency of engagement with the Mahadalit and other community members through weekly meetings/ baithaks

Sources: Vikas Mitra | Bihar Mahadalit Vikas Mission (mahadalitmission.org), District Welfare Office Kaimur Recruitment 2022 - Apply For Vikas Mitra Jobs (fresherjobnearme.com), vikashmitra (s3waas.gov.in), Social Awareness Campaign | Bihar Mahadalit Vikas Mission (mahadalitmission.org); HCD conversations

Image source: Vikas Mitras in Bihar now bear family planning messages – Population Foundation of India

Youth Leaders

Profile

Gender: Mostly males but female participation increasing with time

Age: Between 15-35 years - those affiliated with organized bodies older (25 +) while those working with CSOs/ affiliated to educational institutions younger

Overview: Drive initiatives centered around issues faced by community members, especially young people; may work with a government body such as a political party, Panchayat, Parishad etc.or with CSOs, NGOs, educational institutions etc.

Target Segment: Youth (between 10-25 years), school level stakeholders (head teachers, staff etc.), families and neighbourhood etc.

Willingness and ability to adopt/ promote OPD

Literacy level: Minimum qualification - 12th grade with graduation (BS Hons) common while some youth leaders may still be enrolled in educational institutions; broadly this group has the ability to read English

Access to digital infrastructure: Access to smartphones is high as youth leaders belong to the younger generation

Level of digital literacy: High level of digital literacy, with many using smartphones for work related communication, accessing social media apps etc.

Willingness to adopt and promote adoption within community: High willingness to promote OPD; govt. and institutional youth leaders (like school council members) can be mandated by the govt. for OPD promotion

Level of influence

Trust of community in influencer: High as they are educated, well-aware, technologically savvy, with some having links to the Panchayat/ political parties (and can help provide access to amenities and schemes)

Frequency of influencer engagement with community: High frequency of engagement via weekly meetings, community events, door-to-door initiatives etc.

Sources: https://yas.nic.in/sites/default/files/NYLP%20Scheme%20Framework.(Guidelines)..Annexure-%20with%20Finacial%20and%20Physical%20Target.pdf; https://www.sciencedirect.com/science/article/pii/S2452292921000862; https://annalsofglobalhealth.org/articles/10.5334/aogh.2791/, HCD conversations
Image source: https://www.happyhorizons.org/youth-leadership/

Bank Mitras

Overview: Bank Mitras are usually attached to local branches of banks and support with basic banking services like cash deposits and withdrawals in return for a commission based on the amount dealt with

Target Segment: No specific target - deal with all community members

Profile

Gender: More males than females (2/3rd males on an average)

Age: Average age is between 35-40 years

Experience: Banks can engage a host of individuals to help reach the unbanked - including retired employees, retired teachers, government employees, ex-service men from the defense forces etc.

Willingness and ability to adopt/ promote OPD

Literacy level: Minimum matriculation degree required to qualify for the position however no hard restriction on the kind of qualification needed; most BMs are able to read English

Access to digital infrastructure: High digital access through personal smartphones but no device provided by banks or the government

Level of digital literacy: High digital literacy as communication with the community is sometimes conducted through calling/ messaging

Willingness to adopt and promote adoption within community: High willingness to promote OPD and are welfare driven

Level of influence

Trust of community in influencer: High level of community trust, given Bank Mitras work towards financial inclusion promotion within the community and also have informal rapport with community members

Frequency of influencer engagement with community: Moderate engagement with individuals, limited to them visiting CSPs for financial service assistance; engage with schools etc. periodically (~2 times a month with schools etc.)

Sources: https://iasdreamz.com/bank-mitras/, HCD conversations

Village Heads/ Mukhiyas

Overview: Responsible for sanction of and supervision of welfare schemes within own village as well as for communicating village level issues to higher government bodies

Target Segment: All members of own village

Profile

Gender: 50% of Village Head/ Mukhiya positions reserved for women but many women candidates are represented by male members of the family (husbands/ fathers/ brothers etc.)

Age: Average age is between 35-40 years but some villages have older representatives

Willingness and ability to adopt/ promote OPD

Literacy level: Varies across villages but males more likely to be literate although some women VHs are graduates; most VHs have the ability to read basic, conversational English (in the form of text messages, on collaterals etc.)

Access to digital infrastructure: Have access to personal smartphones but no handsets provided by the government

Level of digital literacy: High as they use phones for daily work, including receiving orders from govt., getting updates on govt. schemes., connecting with teams etc.

Willingness to adopt and promote adoption within community: High willingness to promote OPD given own interest in promoting welfare of community via implementation of govt. schemes

Level of influence

Trust of community in influencer: High level of community trust given they are elected representatives and leaders of their village

Frequency of influencer engagement with community: Ward members become a channel of regular engagement, but direct engagement through Gram Sabhas (6-7 per year) and 1- 1 interactions whenever community members need assistance

Sources: Bihar mukhiyas to get smartphones, Internet-savvy assistants to improve work efficiency (downtoearth.org.in); Functioning Of Panchayati Raj Institutions In Bihar: Devolution Or Delegation?| Countercurrents, The gender imbalance in Bihar's rural governance is gradually being fixed by reservation for women (scroll.in), Why it pays to be a mukhiya in Bihar rather than an MLA - Telegraph Indi; 50% reservation for women in Bihar put them on fairway - The Economic Times (indiatimes.com)a, What is Gram Panchayat? - Civics for kids | Mocomi, HCD conversations
Image source: This mukhiya from Bihar is on a mission against corruption, other social evils (yourstory.com)

Gram Panchayat Members/ Ward Members

Overview: Responsible for provision of adequate public and welfare services to the community, including administration of justice in local conflicts

Target Segment: All members of own village

Profile

Gender: Less than 50% seats are occupied by females despite reservation of seats for them

Age: Most Gram Panchayat/ ward members are over 40 years of age

Willingness and ability to adopt/ promote OPD

Literacy level: Low literacy rate as literacy not a prerequisite to being elected a member of the Gram Panchayat; most ward members have the ability to read basic, conversational English

Access to digital infrastructure: High access ad most members have access to personal smartphones

Level of digital literacy: High as smartphones are primary medium for work related communication; males likely to be more digitally literate than female members

Willingness to adopt and promote adoption within community: High willingness to promote OPD for welfare promotion in own community

Level of influence

Trust of community in influencer: High level of community trust given they are elected representatives of their village

Frequency of influencer engagement with community: High engagement with broader public through community events; have the authority to organize specialized events and campaigns for OPD promotion across own village

Sources: 1549273816_7. Reservation for Women in Gram Panchayats.pdf (pria.org); The gender imbalance in Bihar's rural governance is gradually being fixed by reservation for women (scroll.in), CSC propels Bihar's digital revolution, connects panchayats (dailypioneer.com), What is Gram Panchayat? - Civics for kids | Mocomi, HCD conversations
Image source: https://odishanewsinsight.com/events/village-panchayats-in-rayagada-organize-gram-sabha/

PACS (Primary Agricultural Credit Society) Leaders

Overview: A **Primary Agricultural Credit Society** (PACS) leader heads the smallest co-operative credit institution on the grassroots level (gram panchayat and village level) for purchase of agricultural equipment, storage of produce etc.

Target Segment: Member farmers, retail store owners and end customers

Profile

Gender: Mostly males; some women leaders in areas that have female reservations but even in those cases husbands/ fathers usually have the main decision making power

Age: Mostly in the age group of 40 - 60 years but some younger leaders present

Willingness and ability to adopt/ promote OPD

Literacy level: Varies as there is no minimum qualification required to be a PACS leader but 80% of leaders have the ability to read basic English

Access to digital infrastructure: High as most leaders have been provided laptops/ tablets etc. for work and most have access to a personal smartphone

Level of digital literacy: High as most of the work is conducted on digital devices including trading of inputs and produce, insurance for farmers, provisioning of benefits, overall communication with co-workers and farmers etc.

Willingness to adopt and promote adoption within community: High willingness to promote driven by welfare orientation as well as to appease farmers for votes

Level of influence

Trust of community in influencer: High level of influence and trust commanded within the farmer community, including for non-farming related issues, particularly in smaller regions where the leaders directly interact with the cooperative members

Frequency of influencer engagement with community: Physical engagement with entire community limited to meetings every 4 months, but overall engagement maintained through trade, insurance and other welfare activities for farmers

Sources: https://www.wallstreetmojo.com/full-form-of-pacs/; https://timesofindia.indiatimes.com/city/patna/govt-committed-to-promoting-pacs-in-state-says-nitish/articleshow/74273558.cms, HCD conversations

Teachers

Overview: Undertake teaching activities at educational institutes operating across rural Bihar and act as primary influencers for students (and indirectly for their parents)

Target Segment: Students in own school (and their parents/ family members indirectly)

Profile

Gender: Mostly males; only 40% of teaching positions in Bihar are occupied by females[1]

Age: Likely to be middle aged and above

Willingness and ability to adopt/ promote OPD

Literacy level: Literate given a standardized minimum academic criteria set to qualify as a teacher; most teachers have the ability to read and write English well

Access to digital infrastructure: High level of access to smartphones and internet, especially in light of Covid lockdowns which resulted in a shift to remote learning

Level of digital literacy: High level of digital literacy

Willingness to adopt and promote adoption within community: Low own willingness to promote OPD but government mandates, requiring teachers to teach the students about the app (and organize awareness events for parents) could help engage them

Level of influence

Trust of community in influencer: High level of trust within the community as they are more literate members of the society and hold the revered position of 'gurus'

Frequency of influencer engagement with community: High level of engagement with students in schools; periodic engagement with parents via events such as PTMs etc.

Notes: 1) Bihar's policy of not deploying teachers within 15km of their villages has also affected the attractiveness of the teaching profession for women.
Sources: Unesco report: 2.2L teaching posts in govt schools lying vacant in Bihar | Patna News - Times of India (indiatimes.com), HCD conversations
Image source: Shutterstock.com

Capacity Building | Next steps for effective execution of the process flows by non-traditional influencers

For effective engagement of non-traditional influencers, the GoB should put in place structures for engagement and incentives and focus on creating some contextualized assets (1/2)

	Potential ways of engaging/ incentivizing influencers	Additional assets that could assist influencers
Vikas Mitras	• Issue of mandates by government to engage Vikas Mitras in e-Sanjeevani promotion and organization of trainings for them • Social recognition of Vikas Mitras from regions that see high OPD uptake post their engagement, at community events etc. • Provision of monetary incentive basis no. of consultations aided on own/ govt. provided smartphones	• Personalized mass communication assets, contextualizing value proposition of OPD for the Mahadalit community (e.g. discrimination free access to doctors etc.)
Local Pharmacists	• Issue of order by the government and Drugs Controller Authority, mandating putting up of posters and other communication collateral on e-Sanjeevani OPD in pharmacies • Provision of certificates to pharmacies, recognizing them as e-Sanjeevani OPD partners, which they can display at pharmacy store	• Posters with QR codes linked to e-Sanjeevani OPD app on Playstore, App store, YouTube videos on the app etc.as well as contextualized messages for pharmacy visitors (e.g. 'Have a fever but not seen a doctor? Consult one over smartphone for free.')
Youth Leaders	• Organization of public commitment events to engage and motivate youth leaders to promote OPD *(for informal youth group members)* • Social recognition and provision of prizes to youth leaders from regions that see high OPD uptake post their engagement	• Personalized mass communication assets for community/ school level awareness generation (e.g. value proposition of app appealing to target age groups, user generated videos etc.) • Prizes/ certificates for promoting maximum uptake among peers
Bank Mitras	• Issue of mandates to govt. banks and collaboration with private banks to add e-Sanjeevani promotion within JD[1] of Bank Mitras and organization of training on OPD for them • Social recognition of Bank Mitras in areas that see high OPD uptake post their engagement in its promotion, at community events	• Personalized mass communication assets, highlighting value proposition of OPD financially (e.g. no loss of wages to see doctors, availability of free consultation, saving on travel etc.)

Notes: 1) JD stands for job description

For effective engagement of non-traditional influencers, the GoB should put in place structures for engagement and incentives and focus on creating some contextualized assets (2/2)

	Potential ways of engaging/ incentivizing influencers	Additional assets that could assist influencers
Village Heads/ Mukhiyas & Gram Panchayat Members	• Communication of e-Sanjeevani OPD as a priority community welfare program to Mukhiyas and Gram Panchayat members by higher administrative bodies • Recognition of and provision of monetary prizes to villages showing highest uptake of OPD	• Personalized mass communication assets, highlighting the progressive value of using latest technology to become self sufficient in healthcare access, democratization of healthcare services etc.
PAC Leaders	• Issue of mandates by government to engage PAC leaders in e-Sanjeevani promotion • Social recognition of PAC leaders in village community events for promoting e-Sanjeevani OPD etc.	• Personalized mass communication assets, highlighting value proposition of OPD to farmers (e.g. for seeking treatment in case of heavy exposure to pesticides etc.)
Teachers	• Issue of mandates by government for setting aside dedicated time for teachers to promote e-Sanjeevani OPD among students (and for parents at PTMs etc.) • Recognition of schools actively undertaking promotional activities	• Personalized mass communication assets, highlighting value proposition of OPD from perspective of students and their parents (e.g. "Do you/ your child have to frequently miss school because of headaches? Consult a doctor now over OPD for free!")
Kirana Store Owners	• Issue of order by the government mandating putting up of posters and other communication collateral on e-Sanjeevani OPD in stores • Provision of certificates to kirana store owners, recognizing them as e-Sanjeevani OPD partners, which they can display at the store	• Posters and stickers with QR codes linked to e-Sanjeevani OPD app on Playstore, App store, YouTube videos on the app etc.

Annex V
Standardized SoPs

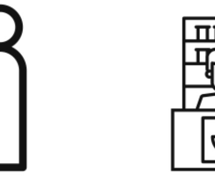
Standardized SoPs | Overview of the AVD delivery model

Description of and feasibility of implementation of AVD model for OPD

- AVD stands for Alternate Vaccine Delivery system which was deployed for the distribution of vaccines across immunization centres in Bihar. It was later expanded to facilitate the distribution of medicines to VHSND centers from PHCs
- AVD carriers, who deliver these medicines and vaccines at these locations are provided incentives for undertaking delivery:
  - Rs. 90 per centre for distribution of vaccines
  - Rs. 100 per centre for distribution of medicines
- As per CARE, while for smaller illnesses medicines are easily available at HSCs[1], AVD can be used for home delivery of medicines from PHCs for more severe non-communicable diseases such as BP and diabetes, especially given:
  - These medicines are not available at the HSC level
  - People usually purchase these medicines in bulk for a month or so, which will ensure carriers are not burdened by frequently repeated deliveries
- In terms of implementation, this would be feasible given:
  - There are ~40-50 K AVD carriers present across Bihar
  - An incentive of Rs. 25 per home delivery would be sufficient to incentivize these carriers to make home delivery

Nptes: 1) HSCs are supposed to keep 6 medicines in case of non-L1 HSCs and 15 in case of L1 HSCs, stocked at all times; but these are all basic medicines like iron pills etc. CARE mentioned that most of the illnesses across Bihar can be addressed using this small list of medicines if proper stocking is ensured at these HSCs.

Overview of the current AVD delivery process flow

	Collection of medicines for distribution	Distribution at HWCs	Collection of excess stock from HWCs	Deposit of excess stock
Location	PHC	HWCs	HWCs	PHC
Description	*AVD carriers collect a bag with packets containing vaccines and medicines for the HWCs from the PHC storekeeper, along with a stock list with details on the kinds and quantity of vaccines and medicines the packets contain*	*AVDs travel to HWCs and hand over the packets to the ANM who then checks whether the actual stock received matches the details mentioned on the stock list before signing on it*	*At the end of the day, AVDs revisit the HWCs and collect back the excess stock that is left over from the day as well as align with the ANM on the stock needed for the next day*	*AVDs return the excess stock to the PHC storekeeper and update them on the future requirements, as communicated by the ANMs*
Parties involved	 AVD carriers PHC Storekeeper	AVD carriers ANM	AVD carriers ANM	AVD carriers PHC Storekeeper