



Project Charaka

A Collaborative Effort for Enhanced Healthcare

Problem Statement

Non-communicable diseases (NCDs) such as diabetes, hypertension, and cancers account for 60% of global deaths, with a significant impact on low- and middle-income countries. Complications and hospitalizations due to NCDs can lead to catastrophic health expenditures, pushing households into poverty, especially where universal health coverage is lacking. A major gap in the “cascade of care” exists in diagnostics.

Solution – Proof of Concept

Project Charaka is a joint initiative by the People to People Health Foundation and Nirogya Lifeline Foundation, incubated by ICMR-CiBiOD, being implemented in collaboration with the Jhajjar district administration in Haryana. Supported by Ericsson India Private Limited under its Corporate Social Responsibility (CSR) initiative, the project aims to transform healthcare delivery across the Jhajjar district of Haryana.

Futuristic Healthcare Ecosystem is a modern healthcare delivery ecosystem that supports early diagnosis, utilizing advanced diagnostics at the point of care and enables real-time consultations with specialists located remotely through integration with Ayushman Bharat Digital Mission (ABDM) and eSanjeevani.

Through the **Futuristic Healthcare Delivery Ecosystem**, the project is working on creating a proof of concept by installing AI-powered Telehealth Kiosks across healthcare centres with the following key objectives:

- **Unlocking Healthcare Center Potential:** Leverage cutting-edge technology to enhance the capabilities of healthcare centers in both urban and rural areas.
- **Early Diagnosis and Treatment:** Facilitate early diagnosis, treatment, and timely referrals for Non-Communicable Diseases (NCDs).
- **Improved Accessibility:** Make point-of-care diagnostics accessible to all, including those in remote locations.
- **Reduced Burden on Tertiary Care:** Decrease the pressure on tertiary healthcare centers.
- **Strengthening Primary Healthcare:** Align with the objectives of PMJAY by strengthening the primary healthcare delivery system.

FHCD Tele Health Kiosk

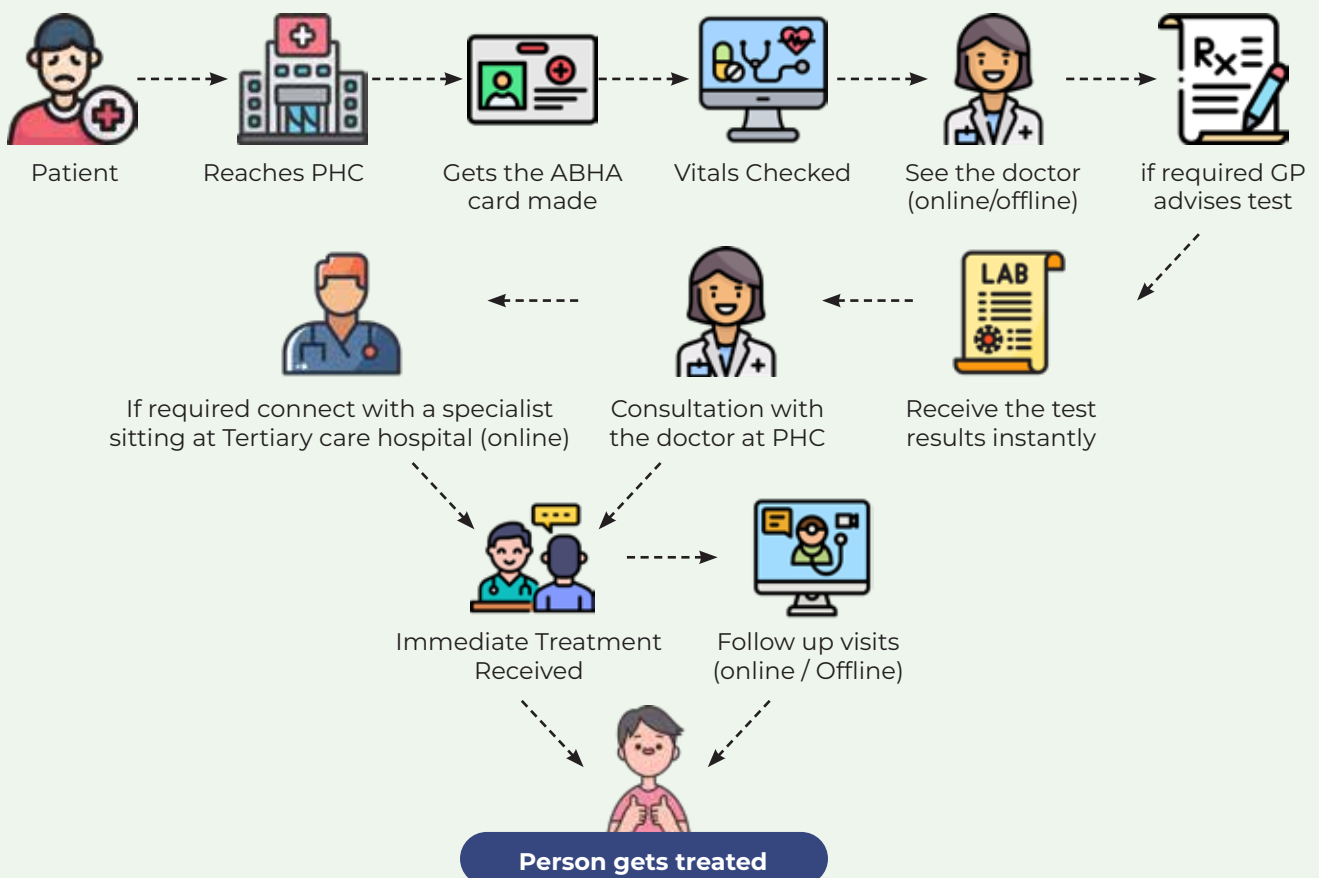


Implementation Approach

Through Project Charaka, we are deploying 25 FHCD health kiosks across Jhajjar district, Haryana, to accelerate progress toward universal health coverage. Alongside this, we are actively conducting capacity-building initiatives and community mobilization efforts across the district. These efforts are complemented by evidence based advocacy to integrate ABDM and eSanjeevani, ensuring scalability and sustainability into the government system.

- **Equipping PHCs with FHCD Telehealth kiosks** to provide instant diagnostic services and telehealth consultations.
- **Community outreach, population screening, and community awareness** to engage and educate communities on NCDs like diabetes and hypertension. ABHA card enrollment ensures digital health identities for seamless healthcare access and referrals.
- **Capacity Building of Health Teams**, including ASHAs and ANMs, receive training to enhance digital tool usage, address performance variability, and improve data reporting.
- **Integration with ABDM and eSanjeevani**, ensuring scalability and sustainability into the government system.
- **Streamlined Referral System** to enable timely diagnosis, real time tele-consultations, and follow-up care.

How FHCD Telehealth Kiosk aims to strengthen the service delivery at the health centre?



Contributing to the following SDGs



The problem it will Solve

- Non-availability of proper medical services at primary level.
- Wrong diagnostics and treatment by quacks.
- Low availability of qualified medical practitioners at rural and semi-urban areas.

Access



- Very expensive services in private sector.
- Out of reach of the rural and urban poor people.
- Lack of uniformity and transparency in billing



Cost

Convenience



- Long distance
- Multiple Visits
- Loss of wages
- Carbon footprints
- Poor Compliances



Timeliness

- Long waiting time in Government Hospitals due to crowd of patients.
- Inadequate manpower.
- Inadequate infrastructure.

