S.A.T.H.I.

Not for Profit with focus on provision of Healthcare for the masses through technology

S.A.T.H.I. is voluntary organization working in the field of telemedicine and public health. It is engaged in promoting telemedicine as a way forward to providing low-cost medicine to the

millions of needy in India. S.A.T.H.I. was set up in June, 2004 to serve the following objectives:

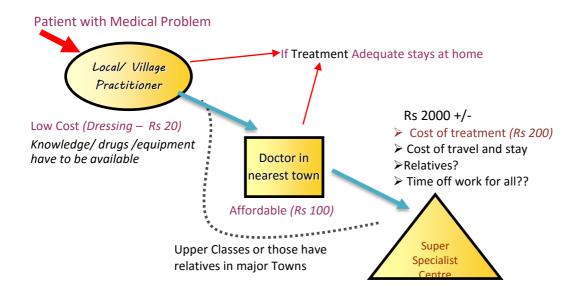
- To promote social welfare through promotion of community health
- To diffuse useful knowledge relating to fields of medicine
- To promote and implement different schemes sponsored by the State and/ or Central Government



Additionally, we establish support infrastructure and hone human resources for our projects. We design and develop the telemedicine programme, and support its start-up and operations at the intended locations. This is done by building a technological network of specialists and qualified professionals and training existing and new staff as needed. Further, we provide technical support to other agencies who would like to enter this field and co-develop software packages for established institutions to improve their efficiency and productivity. We also promote the use of telemedicine in disaster preparedness and response.

Our very first project after the Tsunami gave us recognition as pioneers in implementing EHealth as it was the very first time in India was success noted in this field. The reasons behind the success was to look at Technology only as a tool inputted to a larger health need rather than be the main driver of the project.

Telehealth processes should decrease travel related costs without impinging on quality.





Activities of S.A.T.H.I.

 Pilot Telemedicine Project (before registration) 	(2003-4)
 OXFAM-SATHI Tsunami Relief project 	(2005-6)
Software development	(continuing)
SATHI VISION & TELE CARE	(2011-15)
LIMB CARE CLINICS	(2011 –)
 Education Medical data operators Video Journal for Plastic Surgeons 	(2007-2011) (2010)
Nepal Earthquake	in Evolution
 AIIMSOPINION 	Start Up

Healing Touch Project

Providing Mental Health Support to 2004 Tsunami Victims

Evaluation Report Findings

"Tele-mental Health is Economically viable"

- "This project has indeed provided a working model to provide quality mental health care to the rural population. Further use of Telemedicine as a tool to cater to the health needs of the communities has improved availability, reduced cost and improves health outcomes at large"
- "Community empowered to seek the mental health care using telemedicine network providing access to specialists"
- "Significant local capacity built ensuring sustainability of service delivery system.
 Community Mental Health Volunteers Trained, Local facilitating NGO's capacity built"



Project has been published¹ and the project is still running under the care of our partners long after SATHI left (see www.scarfindia.org/tele.html)

¹ Gogia, S. B. (2009). Providing Tele mental health services after disasters – based on the Post Tsunami experience. In Scupala Ada (Ed.), *Cases in Managing E Services* (pp. 238–252). Pennsylvania USA: IGI Global.



Mizoram State's Telemedicine Supported Vision Care Project (TSVCP) Supported by NPCB

Mizoram is a remote hilly where poor roads make provision of eye care a challenge. information and communication technology was used to connect with a doctor or hospital located far away (telemedicine). A trained link worker or tele-ophthalmic assistant (OA) is located at a peripheral vision centre (VC). He examines the patient and uses ICT to send the data to the nearby local or district hospital and schedule appointments, if necessary.

Starting in February, 2011, 10 vision centres were set up in all the eight districts of Mizoram at the block level. Our ophthalmic assistants examined patients, gave eye drops, prescribed and actually made glasses to patients. For complicated cases, our staff liaised with doctors via telemedicine for diagnosis and organize the patient's treatment at the nearest possible hospital. Over 11000 patients have been provided eye care and total savings in travel cost for these patients have been higher than our project cost. Several eye camps were also organized

This has been voted the Best EHealth Project in the North East in 2014 (enortheast.in) and also was adjusted the best poster presentation during the 8th biennial APAMI 2014 meeting in New Delhi (www.apami2014.com)











Bringing Lymphoedema Care to the masses

Lymphoedema (Elephentiasis – which is intractable swelling of the limbs) affects over 20 million patients in India due to Filariasis alone, If we take the other causes like Post Cancer, Trauma, repeated infections etc, the incidence can almost double The problem is treatable but still

The problem is treatable but still neglected. This is related to a lack of awareness, not only among the

patients but also among the medical community. S.A.T.H.I. has showcased that with treatment largely done at home, the condition can be eminently managed — and it is no worse than any chronic disease like diabetes and hypertension. S.A.T.H.I. about the condition and how to treat it.

S.A.T.H.I. has done awareness camps in Vasai (Maharashtra), Goa, Bilaspur (Chattisgarh), and Dhahran



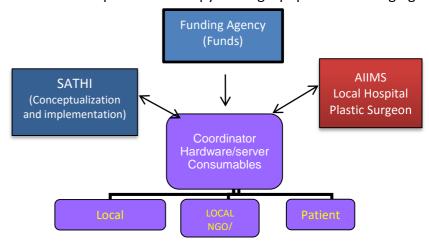


(Nepal) besides continuously running a voluntary clinic at AIIMS, New Delhi. Besides the one in Sitapur, UP. We are also presenting talks on our results, community worker training program and group therapy at National and International Conferences in Poland, Korea as well as USA.

Camp in Pisawan Block, Sitapur district UP

In collaboration with Sangtin an NGO working with poor agricultural workers in the Mishrik and Pisawan Blocks of Sitapur. SATHI conducted a Filaria management camp in November 2015. Over 120 patients were examined and actual care provided in the form of Leg washing. Penicillin injections, surgery for hydrocoel as well as compression therapy through pups and bandaging.

Monthly revisits and tele follow up showcased that even extremely poor rural patients are capable of doing self care with dramatic improvement in symptoms like pain, leg size with no recurrence of ADLA attacks.





Board of S.A.T.H.I.

- 1. Dr. Sneh Bhargava, Patron. Former Director AllMS, Director Sitaram Bhartia Institute
- 2. **Dr. Shashi Bhushan Gogia**, Founder President, S.A.T.H.I., *President APAMI*
- 3. Mr. Padam Khanna, Secretary S.A.T.H.I., Project Director NHSRC,
- 4. **Dr. Manoj Raj Mehta**, Treasurer, S.A.T.H.I., Ophthalmologist and Director Aster Healthcare,
- 5. Ms. Gurinder Kaur, Member, Former Director OXFAM Trust India
- 6. **Dr. T Lazar Mathews**, Member, *Director School for Biomedical Sciences Amrita Institute of Technology, Coimbature, Former*
- 7. **Mrs. Arun Rekha**, Member, Chairperson India Chapter (LE&RN) Lymphedema Education and Research Network
- 8. Mr. Rajiv Aggarwal, Member, c/o SREI/BTSPI, Formerly at ILFS







Society for Administration of Telemedicine and Health Care Informatics

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SATHI Supports First World Lymphedema Day March 6th 2016



SOCIETY FOR ADMINISTRATION OF TELEMEDICINE AND HEALTHCARE INFORMATICS



SATHI Vision on Telehealth-Focus on Health delivery. Use Tele to fill the gaps