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*END*Desha

**Medical Hotline**

# Diarrheal Deaths in Kibera

- Leading killer of children <5
- Extremely treatable
  - Oral Rehydration Therapy
  - Immediate clinic/hospital treatment for severe cases
- Barriers
  - Perception barrier to ORS use
  - Self-medication



# Joyce Achieng

- 24-year-old mother
- Daughter Topista
  - 2 years old
  - Acute diarrhea
- Clinics are closed
- She needs to help her daughter and feel like she is taking real medical action when she does.
- In a world where there are no trustworthy sources of personalized medical advice available to her.

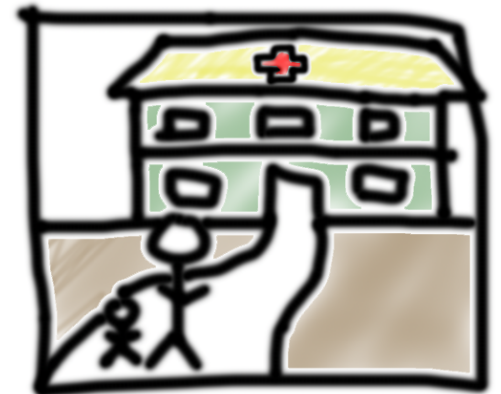
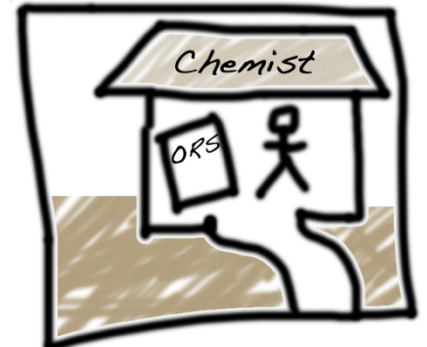
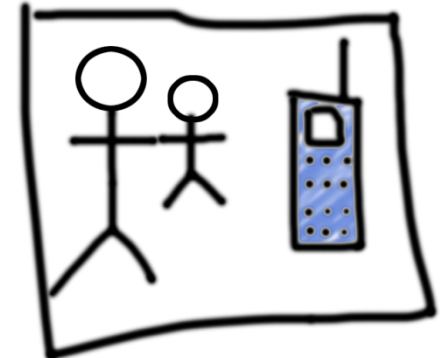


Disclaimer: Joyce is fictional & serves as a representation.

# ENDesha

## Medical Hotline

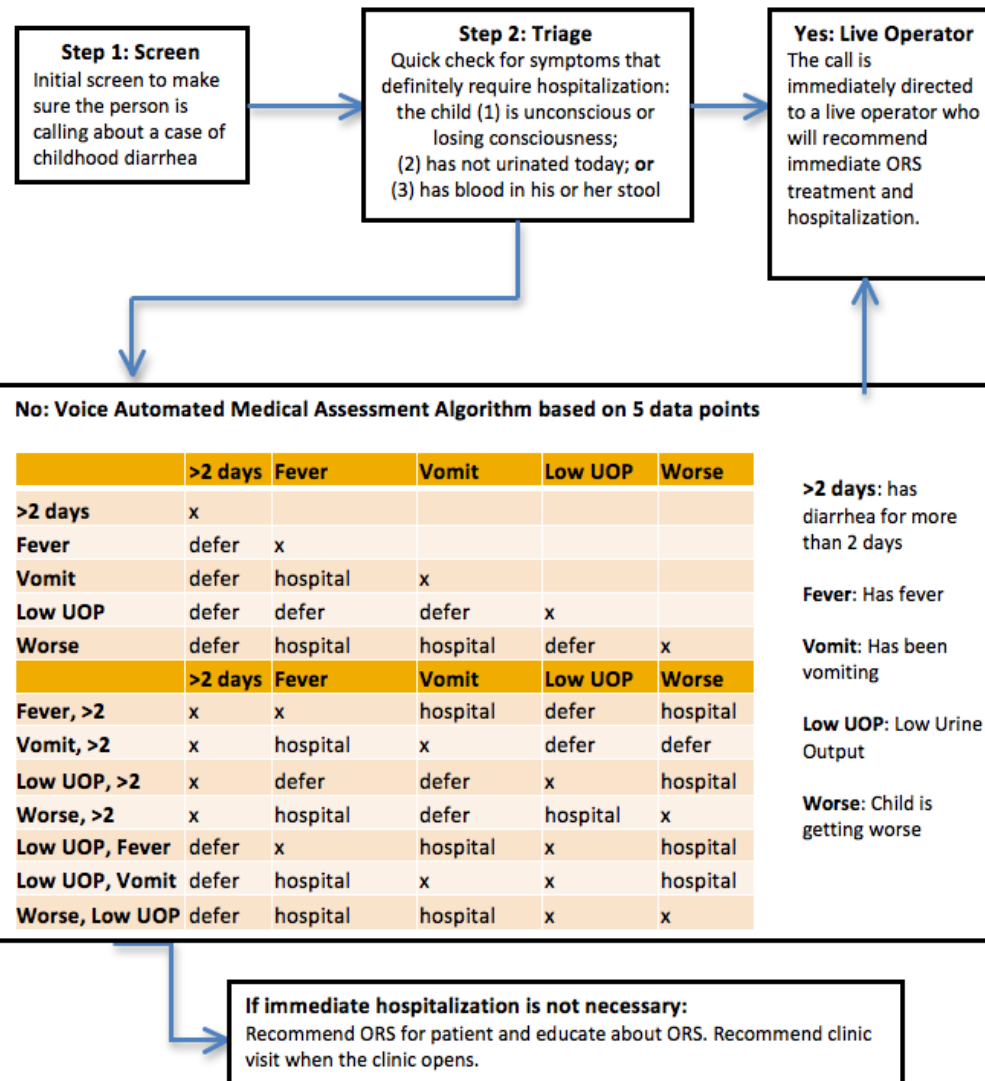
- 24-7 free personalized hotline for treating childhood diarrheal disease
1. ORS Distribution
  2. Assessment
  3. Actionable Medical Counsel
  4. Follow-Up



# ENDesha Hotline Video

<http://youtu.be/sageU5AG45E>

# ENDesha Assessment Algorithm



# Why the *END*Desha Hotline?

- Widespread cellphone access
  - 24-7 assistance
  - ORS distribution
  - Free, immediate personalized care
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- Educate about diarrheal disease and change perceptions of ORS

# Viability: patient uptake and compliance

- Will patients use the hotline?
  - 24/7 rape hotline widely known and used in Kibera
  - 24/7 fistula hotline for women in Kenya
  - Medical hotlines operational in developing countries
    - Healthline (Bangladesh), TeleDoc (Pakistan), MedicalHome (Mexico)
- Will patients follow recommendations of the hotline?
  - ORS distribution – lowers barrier to action
  - Personalized medical counsel
  - Follow-up communication



# Viability: partnership with the CDC

- CDC's International Emerging Infections Program
  - Understand disease burden of infectious disease syndromes
  - Free healthcare for surveillance population at Tabitha Clinic
- ENDesha addresses the lack of medical services at night & on weekends
- Mission alignment with CDC's IEIP
  - ENDesha – rich resource for data collection
  - ENDesha – doesn't replace role of Tabitha; complements
    - Saves lives
    - Refers to Tabitha Clinic for treatment

# Viability: operating costs

	18 Ksh	Communication cost per use (5 min voice & 3 SMS)
X	3	Number of calls per household per year
X	4,500	Number of households in catchment area

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\$3,000	Total annual communication cost
+ \$5,000	Half-time program manager
+ \$5,000	Half-time on-call nurse/physician
+ \$3,000	Marketing: 3 ORS sachets (\$0.06 each), 2 SMS ads (1 KSh each), flyer/stickers with hotline # per hh
+ \$2,000	Overhead: transportation, IT, food, etc

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<b>\$18,000</b>	<b>Total annual operating cost</b>
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# Moving Forward

- User prototype testing
  - Adoption: mothers will make the initial call
  - Compliance: mothers will follow directions over the phone
  - Frequency, timing, medium of the exchange
- Medical viability
  - Medical algorithm
  - Budget and resources

**Thank you!**