

Client: Indian Army

Services: Telemedicine & Critical care services

Key Word: Border Areas (J&K)

How Ajaz Rashid conceived created developed Telemedicine & Critical care services for 56 RR Maratha Li Indian Army in Machil Sector line of Control in partnership with CSR initiatives of IOCL under the No Heart Attack Mission 2025.

Ngo Partners: Gauri Kaul Foundation and Ummeed Foundation

Case Study: Ajaz Rashid's Visionary Telemedicine & Critical Care Model - Border Areas of J&K

In Partnership with Indian Army (56 RR Maratha LI), IOCL CSR, Gauri Kaul Foundation & Ummeed Foundation

(Reflecting Vision, Impact, and Social-Development Acumen)

1. Vision & Genesis of the “No Heart Attack Mission 2025”

Ajaz Rashid, COO of Ummeed Foundation and Project Lead for the “No Heart Attack Mission 2025”, recognized the stark healthcare disparity faced by inhabitants of Machil sector, a remote and border region in Kupwara, J&K, that remains physically isolated for months due to heavy snowfall and precarious security conditions.

The Machil sector exemplifies the “last mile problem” in Indian healthcare:

- Extreme physical isolation renders vital medical access impossible for residents, particularly during winter.
- Border shelling and crisis events regularly threaten civilian lives, and the terrain's remoteness compounds the impact of medical emergencies.
- Ajaz Rashid envisioned *actionable technological healthcare solutions* to bridge this chasm—leveraging smart telemedicine systems, remote diagnostics, and emergency ambulance connectivity.

Central to this vision was a model of *public-private-social partnership*:

- Indian Army (56 RR Maratha LI): Provided operational support, ground access, and logistics.
- Indian Oil Corporation Limited (IOCL): Channeled Corporate Social Responsibility (CSR) resources to seed and establish infrastructural keystones.
- Gauri Kaul Foundation: An NGO cofounded by Ajaz Rashid on 10th April 2022.
- “No Heart Attack Mission 2025”) coined by Ajaz Rashid brought clinical leadership, expertise, and strategic guidance.

- Ummeed Foundation: Funding NGO partner
- Spearheaded implementation, technological adaptation, and community engagement by Ajaz Rashid and Lt Col Arun Singh Chauhan.

2. Conceptual Framework—Innovating for Border Healthcare

Ajaz Rashid's approach included:

- Smart Health Grid Architecture: Connecting remote clinics, telemedicine endpoints, and mobile medical units to a central MedOnGo-powered command center, enabling real-time video consults, diagnostics, remote patient monitoring, and e-prescriptions.
- Tailored Solutions for Cardiac & Critical Care: The primary project aim—reducing heart attack fatalities—was achieved by installing sophisticated tele-cardiology units, ensuring early diagnostics, specialist connect, and on-site critical-care management even in isolated border zones.
- Community-Centric Rollout: Focused on social inclusion, training local health workers, and collaborating with the Army for outreach, logistics, and community mobilization.

Immediate Goals

- Reduce OPD visits and hospitalization rates via technology-enabled home-based consultation.
- Establish end-to-end managed healthcare service integrating telemedicine kiosks, mobile units, and ambulances.

3. Implementation: Machil, Kupwara & Jagti Township

Sites Covered

- Sahi Memorial Hospital, Machil: Built by Indian Army, runs for local civilians, pivotal for telemedicine launch.
- Jagti Township, Nagrota: Serves displaced Kashmiri Pandit population, representing another marginalized community.

Project Components

- Telemedicine Units: Digital health kiosks equipped for vitals check, live-video consult, automated medicine dispensing, and lab sample collection. Robust IOT medical devices include digital stethoscope, BP monitor, pulse oximeter, ECG, glucometer, and more.
- Critical Care Ambulance: Specially outfitted ambulance for emergency cardiac and critical care, providing rapid evacuation and stabilization, integrated with telemedicine infrastructure.

- Smart Clinic Model: Offers primary and specialty care (cardiology focus), preventive screening, health camps, remote consultations, continuous care, referral systems, and health awareness initiatives.

Technology Partners

- MedOnGo Health Platform: Provided SaaS/PaaS backbone, ensuring interoperable and scalable healthcare delivery, with features for real-time EMR update, AI-powered triage, remote device tracking, and integrated reporting/dashboards for outcome monitoring.
- Custom Hardware Deployment: Portable tele-health kits (CliniPort) and advanced 'Clinismart' kiosks for point-of-care diagnostics in extreme environments.

Collaborative Support

- Indian Army: Facilitated ground installations, local infrastructure (power, water, security), staff arrangements, and promotional campaigns.
- IOCL (CSR): Provided Rs.35,96,345 support for equipment and ambulance (as per signed MoA between Ajaz Rashid on behalf of Ummeed Foundation and IOCL).
- Gauri Kaul Foundation: Led technical training, clinical oversight, and ongoing community engagement.
- Ummeed Foundation: Managed implementation, financial compliance, reporting, and ensured outcome transparency through third-party audits and regular evaluations.

4. Social & Developmental Impact

Direct Impact

- Healthcare access for 45,000–50,000 beneficiaries in Machil sector and Jagti Township.
- First-time provision of advanced cardiac diagnostics and tele-consultations in regions previously reliant on hazardous, days-long journeys for the simplest of emergencies, especially during winter isolation.

Systemic Innovations

- Reduced medical emergencies: Real-time specialist consults, preventive screening, and remote monitoring lower hospitalization rates and prevent avoidable fatalities.
- Empowered local health ecosystem: Training community health workers and collaborating with Army personnel increased employment, enhanced local skill sets, and fostered model community ownership.

- Model for National Replication: The success of this pilot demonstrated a scalable blueprint for similar deployments across border zones, rural India, and inaccessible geographies.

5. Governance, Monitoring, & Accountability

- Detailed MoA & Governance Structure: Payments, implementation, monitoring, audit protocols, fund utilization, and impact evaluation clearly defined (as per signed agreement available on request).
- Strict adherence to CSR, legal, and compliance norms—including periodic audits, utilization certification, and clear protocols for remedy, escalation, and termination in case of deviation.
- Publicity and Branding: Full co-branding, public acknowledgment, and knowledge sharing mandated, recognizing IOCL, Indian Army, and NGO partners.

6. Leadership & Social Acumen of Ajaz Rashid

Ajaz Rashid's social acumen is apparent in:

- Envisaging technology-driven, locally compatible solutions instead of mere donations or physical infrastructure.
- Negotiating and orchestrating a four-way partnership between PSUs, Armed Forces, clinical leaders, and grassroots NGOs—demonstrated ability for public-private-civil synchronization.
- Prioritizing community training, impact measurement, and sustainable handover over “run-and-done” models.
- Ensuring long-term viability: Setting up systems for continuous care, feedback, upgrades, and local responsibility—a hallmark of responsible development.

This initiative showcases how one leader's vision, strategic collaboration, and relentless focus can convert impossibility into reality, transforming healthcare for the most vulnerable at India's borders.

7. Outcomes & Vision for Next Phase

Impact Achieved

- Inauguration and ongoing operations of telemedicine clinics at two sites and ambulance in Machil; ongoing specialist consults and emergency responses.
- Active monitoring and reporting: Detailed dashboard-based measurement of disease trends, service delivery volumes, equipment usage, drug dispensing, and public health impact.

Next Steps

- Plan to scale to 100 smart clinics in border, tribal, and remote zones of J&K, Ladakh, North East, rural Maharashtra, and other parts of the country.
- Continued integration with Army, local NGOs, health departments, and district administration to maximize reach, resilience, and public value.
- Model replication across India showcasing how telemedicine can leapfrog decades of underdevelopment, delivering dignity, care, and life-saving access to India's remotest populations.

Conclusion—A Model of Last-Mile Healthcare Delivery for India's Borders

Ajaz Rashid's leadership in developing the Telemedicine and Critical Care Services project for Machil sector, in active partnership with IOCL CSR, Indian Army, and strategic NGOs, represents a transformative blueprint for rural and remote healthcare. Fusing technology with community values, specialist expertise, and robust governance, this initiative sets new standards for last-mile delivery, sustainability, and social responsibility.

All data, financials, technological platform details, legal agreements, and governance protocols referenced in this report are based on the source files and include verbatim extracts, synthesis, and analysis from approved, primary project documentation and communication.

Please request for details.