

REDUCING MATERNAL AND NEWBORN DEATHS THROUGH MOBILE APPLICATION IN UTTAR PRADESH

In a nutshell: Strengthening systematic supportive supervision of ASHAs to reduce maternal and newborn deaths.

Nodal agency: National Health Mission, Government of Uttar Pradesh

Uttar Pradesh has one of the highest Infant mortality rate (IMR) (64) and under 5 mortality rate (U5MR) (78) in India. One of the key interventions to reduce neonatal mortality is home based neonatal care (HBNC). They play an integral role in improving maternal and newborn health outcomes. An evaluation of the ASHA programme in Uttar Pradesh found incomplete training and limited supervision as the main barrier to improve ASHAs performance.

Reducing maternal and newborn deaths (ReMiND) project was implemented in response to poor health indicators in Uttar Pradesh (UP) and the unrealized potential of the ASHA. The goal of the project is to contribute to increased and sustainable improvements in maternal, newborn and child survival (MNCH) by increasing coverage of ASHA and the quality of counselling they provide.

ReMiND has some key intersecting components that work together to strengthen community-level systems around maternal and newborn health:

- The ASHA app: A phone based counselling job aid to support the ASHA to mobilize the beneficiary to access health services.
- The Sangini app: An app that helps the ASHA supervisor supervise and support the ASHA's work, according to a 10 indicator list.
- Meeting platforms: Existing meeting platforms are reworked to ensure they are an opportunity for problem solving, support and learning. There are meetings for ASHAs, Sanginis and one for Block Health Education Officers.
- A training program—to build interpersonal counselling skills and phone literacy.

Through the mobile app Pregnant women are registered and tracked through pregnancy, delivery and the postpartum period with continued tracking of newborns and young children through their second year of life. Once a birth is reported, SMS reminders repeatedly prompt the ASHA to conduct scheduled postpartum visits until that visit is recorded in the system. The system also alerts ASHA supervisors via SMS if ASHAs miss postpartum home visits.

Impact

- Increased beneficiary knowledge: After 2 years of ReMiND implementation there was an increase in knowledge of pregnancy danger signs (from an average of 1.60 to an average of 2.57), and delivery danger signs (from an average of 0.86 to an average of 1.22) with the greatest increase among women who were less educated (CRS 2014).

- Increased care-seeking: Women were 12 percent more likely to receive the recommended three antenatal care visits at midterm compared to baseline (CRS 2014).
- Increased quality of care: Women in the ReMiND catchment area received a greater average number of care components, including blood pressure checks (6.3 percent increase), ultrasound (8.6 percent increase), abdominal examinations (7.1 percent increase) and urine samples taken (9.3 percent increase) than in non-ReMiND comparison areas.⁵

Implementing partners

UP-NHM, Catholic Relief Services, Vatsalya, Dimagi Inc., Sarathi Development Foundation.

Financial implications

Cost effectiveness study by PGIMER, Chandigarh (2016) showed that the use of ReMiND application resulted in incremental cost saving of ₹6078 per DALY averted and ₹176,752 per death averted.

Scalability

The mobile application is already developed and can be scaled up to other States.



ASHA using mobile app to provide quality counselling to beneficiaries

⁵ Prinja et al. 2016a