



INDIA



2015 Statistics

- » Life expectancy: 67.8 years
- » Population: 1.2 billion
- » GDP per capita: US\$1,500 (2013 est.)
- » Mobile penetration: 74.8% (est.)

Sources: GDP Data provided by <http://data.worldbank.org/indicator/NY.GDP.PCAP.CD>; Mobile penetration data provided by Informa UK Limited and based on market intelligence. Population data from CIA World Factbook.

She (the ASHA) makes me understand a lot issues. She spends a lot of time with us. If she does not turn up during my delivery, I will be very upset.

— Beneficiary, Block Baragaon, Jhansi

mSakhi: Improving Maternal, Neonatal and Child Health with User-friendly, Mobile Applications for Frontline Health Workers

India has been successful in reducing the under-five mortality rate at an accelerated pace compared to the global rate of decline¹. Accredited Social Health Activists (ASHAs), the cadre of health workers constituted under India's National Health Mission, are community change agents for improving maternal, newborn and child health outcomes. Despite established training efforts, ASHAs still grapple with inadequate knowledge and skills, lack of supervisory support and onerous reporting requirements. Current reliance on bulky counseling flipbooks, complex newborn care checklists and multiple reporting formats pose challenges for low literate ASHAs when conducting home visits and providing effective guidance. The mSakhi (Sakhi means “a woman's friend” in Hindi) Android application features audio and video guided learning, a counseling protocol and beneficiary tracking. Preliminary findings of research, commissioned by IntraHealth International, has shown benefits from the use of the mSakhi application among the 140 ASHAs of Baragaon block of Jhansi District of Uttar Pradesh. The application has improved the counseling skills of ASHAs and helped increase their ability to correctly identify and classify sick newborns based on severity of illness.

Challenge

- » India's large corps of ASHAs are change agents for improving outcomes across reproductive, maternal, newborn, child, and adolescent (RMNCH+A) health.
- » They are tasked with helping women and their families obtain services (e.g. antenatal care, institutional delivery, immunizations, and family planning), adopt healthy behaviors, recognize maternal and neonatal danger signs and promptly seek care.
- » ASHAs are required to undergo a series of pre-service and in-service training courses in order to acquire the necessary knowledge and skills. Despite such training, ASHAs grapple with inadequate knowledge and skills, lack of supervisory support and onerous reporting requirements that impact their effectiveness and motivation.
- » Current reliance on paper-based job aids, such as text-heavy reference materials, bulky counseling flipbooks, complex newborn care checklists and multiple reporting formats pose operational challenges to low literate ASHAs as they work to conduct home visits, provide effective client counseling and correctly assess newborns.
- » Current paper-based recordkeeping and reporting formats do not support ASHAs in scheduling day-to-day tasks or in ensuring home visits are carried out according to guidelines.
- » In addition, there is no mechanism to provide real-time data and alerts to the auxiliary nurse midwives (ANMs) who supervise and provide additional support to ASHAs as they make home visits.

Solution

- » The increasing adoption of smartphones in India has the potential to positively influence health and nutrition outcomes through the use of mobile applications for frontline health workers.
- » The mSakhi Android application combines self-learning, counseling and client-management tools with access to complete information on reproductive and maternal, newborn, child health and nutrition issues.

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mSakhi brings transparency to our work, and data quality has improved drastically. Now the figures (data) are authentic and match with the (annual) estimates we calculate. ... Now, it is also possible (for us) to accurately calculate the payment to ASHAs for services provided by her.

— Medical Superintendent, CHC
Baragaon, Jhansi

Additionally, multimedia-rich content is used by ASHAs to motivate their beneficiaries to utilize various institutional healthcare services.

- » The mSakhi application was initially deployed with 75 ASHAs in the Bahraich and Jhansi Districts of Uttar Pradesh in 2012. Based on the results of the effectiveness of mSakhi in improving the performance of ASHAs, the solution was enhanced and scaled to the entire Baragaon block of Jhansi District of Uttar Pradesh where 184 ASHAs and ANMs were provided with 3G-enabled smartphones and tablets respectively.

Impact

The mSakhi application has led to:

- » Improvement in counseling sessions. ASHAs indicate that the application aids them in remembering important topics and, with all messages now available in the application, they no longer forget to communicate important information during home visits;
- » Increased appreciation for the work of the ASHAs by pregnant women, new mothers and family members thanks to the ability show them pictures and videos of relevant subjects;
- » Assistance in assessing the condition of pregnant women, new mothers and newborn children. ASHAs are able to more easily assess and categorize newborns and ANMs receive referral alerts when a sick newborn is categorized as a severe case - allowing the infant to obtain help more quickly;
- » Improved monitoring and validation of home visits by the ANMs who oversee the ASHAs who conduct the visits has resulted in and increased self-confidence and engagement of the ASHAs and;
- » Access to real-time data for the Medical Administrator of the Community Health Centre of Baragaon regarding the performance of ASHAs - aiding them in counseling low performing ASHAs in order to improve performance.

Technology

- » mSakhi Android application
- » Android smartphones and tablets
- » 3G connectivity
- » Digitized content from the National Health Mission and ICDS scheme.

Project Stakeholders

- » Department of Health and Family Welfare of the State Government of Uttar Pradesh implements India's National Health Mission in Uttar Pradesh and has, along with the State Innovations in Family Planning Services Project Agency, supported mSakhi through the creation of the mHealth lab in Baragaon block in Jhansi district of Uttar Pradesh.
- » IntraHealth International has developed the mSakhi application and has deployed the application among the FHWs of Baragaon block.
- » Qualcomm® Wireless Reach™ is the primary project funder and provides technical and managerial support.



¹<http://www.narendramodi.in/pm-s-address-at-the-global-%E2%80%98call-to-action-summit-2015-282780>

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