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Case Study 2

Project Name: E-Mamta – Mother & Child Tracking System (MCTS)

Organisation: State Rural Health Mission, Department of Health & FW

Location: Gujarat

Project since: 2010

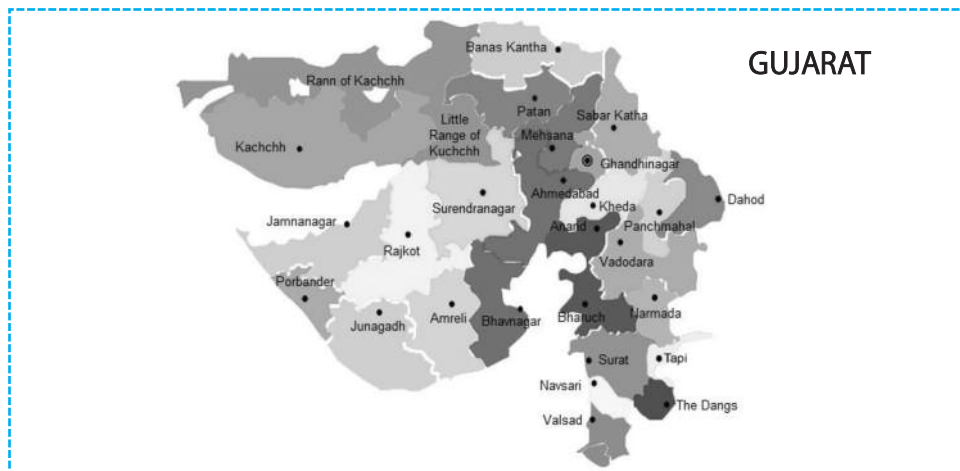
Project URL:
<http://e-mamta.gujarat.gov.in/>

Description:

Reduction of Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR) are important public health challenges. Tracking of pregnant mothers and children has been recognized as a priority area for providing effective Healthcare services to this group. This in turn can

have a large impact on reducing IMR and MMR. As a major initiative in this regard, State Rural Health Mission, Gujarat, introduced a mother and child name-based tracking information management system called 'E-Mamta'. E Mamta mother & child tracking web based application <http://e-mamta.gujarat.gov.in> is uniquely designed management tool being executed in Govt. health facility across Gujarat to accommodate for gaps in ensuring comprehensive maternal and child health services in rural as well urban areas.

Rural health challenges such as high dropout rates, high left out rates, quality of services, inability to track beneficiary pregnant women and children leading to high MMR and IMR are targeted through the E-Mamta. Tracking of pregnant woman and children were made possible with 8 search criterion (location, name, ration card number, mobile number, health id, family id, BPL, RSBY no., child date of birth). This



process thus gives each Sub centre, Primary Health centre, Post-partum units correct denominator and an accurate list of left outs and drop outs. Daily around 100 auto generated SMS are sent to pregnant woman and families of children to remind for due services. SMS facility for intradepartmental coordination through E-Mamta is such that the Chief district medical officer, block health officer and medical officer can communicate through SMS service to the field workers. Developed for quick communication in times of disasters and medical emergencies in state, a record 16,000 SMS were delivered to all nurses and doctors of Gujarat within minutes of infant deaths reported due to measles vaccine.

Customized SMS for each beneficiary according to their due dates of services is a new paradigm. Bilingual (Gujarati and English) SMS on uptake of ANC services, anaemia services, immunization, delivery, family planning, PNC are sent to target beneficiary or their families/relatives in each group before their due dates. "Apni Matru ane bal kalyan sewao mate najikna arogya kendra ni mulakat levi. Mulakat lidhel hoy to aabhar". The above regional SMS meaning –'kindly uptake ANC service from your nearest PHC on Mamta divas' reaches each pregnant women of Gujarat having a mobile phone before her due date of ante natal check up till she takes up the service.

E-Mamta is accessed through user id and password for in-department employees. Conceptualized by the State Rural Health Mission of the Health and Family Welfare Department of Gujarat, in January 2010, the program was developed through National Informatics Centre (NIC) Gujarat.

Result: The project 'E-Mamta: Mother & Child Tracking System' has deployed mobile tools as platforms to monitor health services delivery to mother and child in all 26 districts of Gujarat, all 172 health blocks comprising of 1147 Primary Health Centres, 318 Community Health centres, 26 Sub District Hospitals and 26 District Hospitals. The application so far has stored family health records of more than 95 lakh families, health details of 4.5 Crore population (80%) of Gujarat Population. E-mamta has registered 21,95,028 pregnant women and total families reached out is 98,42,467, and total children registered is 7,25,279 for MCH services.

Project Strength, Weakness, Improvisation & Scalability

1. The uniqueness of the project E-Mamta is that it has covered nearly 4 crore population in Gujarat.
2. There are areas that need improvisation. The traditional way of collecting data amounts to almost 30% data entry gap. Real time data collection method should be used. In Urban sector, government intervention is weak for data collection. There is no scope of interactive platform.
3. The National Informatics Centre (NIC) Gujarat can be engaged for scaling up the internal features like making the project more interactive with both web and mobile. There should be a planning to reduce field presence and increase service reach. Participation is missing and the other states, which emulated the model, have taken it to next level.