Using innovative software solutions to address challenges with maternal deaths; Sharing experiences over a 2 year period from the national program in India

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Presenter Disclosures

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India

- World’s Largest Democracy
- 1 Billion + population
- 28 States, 7 Union Territories, 660 Districts
- GDP Growth Forecast 3.8% in 2013 (Higher than World growth of 2.9%)
- 22+ Languages, 700 Television Channels (80 beaming only news 24x7), 70,000 newspapers, 900 mio Mobile Subscribers, 100 mio Internet Users
- 25% people between ages of 18-25 (approx)
Maternal Health - India

27 mio women deliver per year

15% develop complications, resulting in 56,000 maternal deaths/year

MMR is 212/1,00,000 LB (SRS 2007-09)

MMR Reduction Goals - MDG 5 - 150 by 2015 and 12th plan - 100 by 2017
State averages mask wide intrastate disparities

UTTAR PRADESH
Division With Minimum MMR
Agra Mandal (167)

Range
270

Division With Maximum MMR
Faizabad Mandal (437)

MADHYA PRADESH
Gwalior (202)

Shahdol (415)

ASSAM
Hills & Barak Valley (288)

Upper Assam (436)

BIHAR
Patna (241)

Purnia (368)

JHARKHAND
Uttari Chota Nagpur (197)

Palamu (320)

ODISHA
Northern (212)

Southern (297)

CHATTISGARH
Raipur (234)

Bastar (291)

RAJASTHAN
Jaipur (238)

Ajmer (293)

Govt of India
PPT 2013
Maternal Death Reviews - India

- Launched in 2010
- Facility Based Reviews
- Community Based Reviews
- Incorporates Surveillance and Reporting Components
Maternal Death Reviews (MDR)

Find MD and Report causes of MD

Implementation & Improvement

Action

Analysis & Feedback
MDR Software
Why is it Needed?

Reporting tools capture information on several items on each maternal death case (Large database for data analysis)

Many Formats (FB - 8 pages, CB – 15 pages)
Repetition of information across the formats

Paper based Data

Difficult to manage the information for compilation
Duplication
Timely Analysis/Reporting/Action/ Programmatic Interventions

Development of Software
MDR Software.....Process

- Expert Group Meetings
- MDR Software Tools developed
- Tools synchronised with MDR Guidelines Tools
- Software Compatibility with NIC Specifications
- Integration of Software with MCTS through the Mother ID
- Completion of Security Audit
- Testing of software with State Data on maternal deaths

MDR software is ready, deployed on the NIC server &
Software website link is [www.nrhm-mdr.nic.in](http://www.nrhm-mdr.nic.in)
Software Highlights

- Linked to MCTS database
- User Name/Password linked - State/District
- Pre-defined level of access
- User Interface similar to paper formats
- Format dependencies (Only after filling the key formats will the other formats get activated)
Software Highlights

- Key Compulsory Fields
- Repetition is AUTO filled
- Drop down menu’s to ensure uniformity
- Auto Save every page
- Training Dummy Site
- Multiple choice parameter for reports
Open MDR Link on NIC

Login with Secure Name/Password Page Opens to Allow Data Feeding

Select FB or CB case and Feed MOTHER ID of MCTS to commence data feeding

FBMDR

ANNEX 1
(Data Feeding For the Registered Pregnant Mother is facilitated)

ANNEX 6
(Auto Fill from Data fed in Annex 1)

CBMDR

ANNEX 4
(Data Feeding For the Registered Pregnant Mother is facilitated)

ANNEX 2
(Auto Fill from Data fed in Annex 1)

ANNEX 5
(Auto Fill from Data fed in Annex 1 & 6)

ANNEX 3
(Auto Fill from Data fed in Annex 1 & 6)

ANNEX 6
(Auto Fill from Data fed in Annex 1 & 6)
LOGIN

SELECT CASE TYPE
FEED MOTHER ID
CLICK GET RESULT TO OPEN
FORMAT TO FEED DATA OF FB/CB CASE
FB CASE ANNEX 1

STATE NAME/DISTRICT AUTO FILLED. FIXED CELL, NO CHANGES ALLOWED

CB CASE ANNEX 4

CB CASE -- MOTHER NAME AND ADDRESS AS FED IN MCTS IS AUTO FILLED. FIXED CELL, NO CHANGES ALLOWED
Report Outputs

Number of Cases Per Center

Disorders Causing MD

- Hemorrhage
- Infection
- Hypertensive
- Medical
- Inc/Acc/Other
Hemorrhage Breakup (number of cases)

Factors Leading to MD
- Delay in seeking help
- Treatment refusal
- Admission refusal
- Lack of transport (home to facility)
- Lack of transport (between facilities)
- Lack of communication
- Lack of facilities/equipment/materials
- Lack of blood
- Lack of human resource
## Challenges/Learning’s

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<td>Platform Requirement (Open Source/Closed)</td>
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<td>Managing Teams</td>
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Thank you

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