

PAHAL

QUARTERLY NEWSLETTER BY UP-TSU



About UP-TSU

Uttar Pradesh Technical Support Unit (UP-TSU) was established in 2013 under a Memorandum of Cooperation signed between Government of Uttar Pradesh (GoUP) and Bill & Melinda Gates Foundation (BMGF) to strengthen the Reproductive, Maternal, Newborn, Child, and Adolescence health (RMNCH+A) and nutrition. University of Manitoba's India-based partner, the India Health Action Trust (IHAT) is the lead implementing organization.

The TSU provides technical and managerial support to GoUP at various levels of the health system and that includes maternal, new born, child health, nutrition and family planning. The TSU also supports the GoUP at the state level in policy formulation, planning, budgeting, human resource management, monitoring, contracting, procurement, and logistics to improve healthcare throughout the state.

Power of family planning

More than 12 million women in UP are using modern methods of contraception. Like vaccines, contraceptives are one of the greatest life-saving and anti-poverty innovations in history. When women are able to time and space their pregnancies, they are more likely to advance their education and earn an income—they're more likely to have healthy children, paving way out of poverty.

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“A new initiative”

A NOTE BY
EXECUTIVE DIRECTOR

Dear Friends,

I take immense pride in bringing to you the first edition of UPTSU's quarterly newsletter "PAHAL". The preceding 6 years have given us immense opportunities to support GoUP in taking the challenges to improve difficult issues in the RMNCH+A and Nutrition domain.

Setup in November 2013 with the support of Bill and Melinda Gates Foundation, University of Manitoba, India Health Action Trust (IHAT) and other partners, Uttar Pradesh Technical Support Unit (UPTSU) is embedded with the Government, working alongside government officials with shared goals and responsibilities towards improving public delivery system.

It is a constant endeavor of UPTSU to share its learnings and experiences to improve program design and implementation. This newsletter is in continuation of that effort and will provide regular insights of our work in Uttar Pradesh through an eclectic mix of news, features, community stories, innovations, interviews etc.

I am hopeful that you will enjoy reading this newsletter. I am overwhelmed by the active contribution of UPTSU Staff to the newsletter. I thank each and every one of you who contributed in making "PAHAL" a reality. We also look forward to your feedback to improve further. You can reach us on iec.uptsu@ihat.in

(Dr. Vasanthakumar N.)
Executive Director

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System

Your suggestions, innovative ideas and feedback are invaluable to the success of our program.

Write to us at
iec.uptsu@ihat.in



Simultaneous establishment of interim careline by GoUP provided post injection follow up to 11273 clients, with more than 70% continuing to 3rd dose. Till date more than 1,39,040 Antara doses have been administered (Source: HMIS data till February, 2019).



Neelam, Kajal and Urmila and ASHA became champions in true sense as they not only fulfilled their own needs but also helped other women to forefend unintended pregnancies.

Source: NFHS 4 (2015-16)
Source: NFHS 4 (2015-16)

Power of family planning

More than 12 million women in UP¹ are using modern methods of contraception. Like vaccines, contraceptives are one of the greatest life-saving and anti-poverty innovations in history. When women are able to time and space their pregnancies, they are more likely to advance their education and earn an income—they're more likely to have healthy children, paving way out of poverty. Right now, there are still more than 6 million women in UP² who don't want to get pregnant but they don't have access to contraceptives. So, the challenge is to provide women access to the widest range of contraceptives so that they can find a method that best suits her need.

Rollout of Antara in Uttar Pradesh

Contraceptive choices allow couples to fulfil their reproductive intentions to space or limit pregnancies, empowering them to lead lives they have envisioned for themselves. But what is significant is to ensure the availability and easy access to Basket of Choice for couples who can choose a contraceptive method of their choice.

The Government of India conceived Mission Parivar Vikas (MPV) for increasing availability and access to contraceptives and strengthening family planning services across 145 High Fertility Districts including 57 districts of Uttar Pradesh with fertility rate ≥ 3 . Apart from strengthening the availability of already existing methods, two new methods (Antara injection & Chhaya pill) were introduced which successively expanded the Basket of Choice.

In anticipation of challenges that would crop up while introducing a new method in community, phase wise approach for Rollout of Antara was adopted. It was important to maintain the quality of Rollout while establishing a process for strengthening uptake of Antara at facility level. It was decided to start in a smaller geography so that implementation could be closely monitored and challenges be identified early. This allowed to practice mid-term corrections and revision of strategies for subsequent phases of rollout. The Phase 1 began with launch of Antara at 8 District Hospitals and 1 Medical College in Lucknow. Subsequently, Antara was launched at remaining 84 District Hospitals, 6 Medical Colleges and 903 Community Health Centres, gradually in phase wise intervals.

The availability of commodities, IEC and facility strengthening was ensured before rollout in facilities with trained providers. Simultaneous establishment of interim careline by GoUP provided post injection follow up to 11273 clients, with more than 70% continuing to 3rd dose. Till date more than 1,39,040 Antara doses have been administered (Source: HMIS data till February, 2019).

Rural women and ASHA lead by example, take Antara shots

Neelam, Kajal and Urmila of Sitapur, were pregnant again. The three did not wish to have more children. "What can we do if our men do not listen to us?", they collectively lamented. Thousands of women across UP don't have access to family planning services and are not able to exercise their reproductive rights and regulate the cycle of unwanted pregnancies. With introduction of Antara injection, initially the community was afraid to accept it as a reliable source of family planning. Some women were afraid that this might make them infertile while some believed the injection to be poisonous.

It was then that some ASHA bahu took the initiative and decided to take Antara injection themselves. "We will get the shot first for ourselves, then maybe other women would understand its importance," asserted one of the ASHA bahu. This inspired Urmila, Kajal and Neelam to take Antara. The trio started a dialogue in their village and spread awareness despite lot of resistance from their families. ASHA got more clients with the help of these three women which increased the acceptability of Antara in Allipur village. The threesome became the contact point between ASHA and community and helped in acceptance of Antara for those who needed it most.



Innovation that turned into a solution for many

On 11th January 2019 in Ghazipur district, 2716 Antara doses were administered during Antara Diwas. At facility level, Antara Diwas is synonymous to providing fixed day dedicated services by increasing access and uptake of preferred choice for Antara to clients.

With assured provision of services ASHA exclaimed, “Antara Diwas is quite helpful for us. When we approach clients in a group, there is a sense of security as they feel supported by each other. We now easily mobilise our clients seeing our eligible couple register and help them get Antara, plus, we also get a good consolidated incentive for our work, too.” Antara Diwas has led to positive impact in the community as women can now use a reliable spacing method even when they have an unwilling partner or reluctant family members.

According to one of the BCPM, ‘a fixed day for Antara has increased its acceptability.’ Despite availability in routine services, the assured availability of trained MBBS doctor ensures proper screening, counselling, administration of doses and careline registration which is convenient for couples. We try to get media coverage for widespread messaging on Antara Diwas as this creates a positive impact and increases community wide acceptance too.’

One of the couples during Antara Diwas said, ‘Antara Diwas is good as we get all family planning services under one roof on a single day.’

CMO BYTE

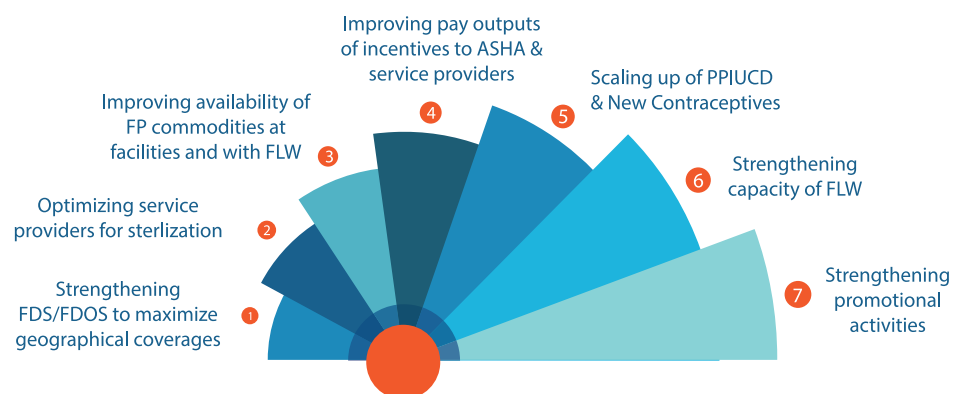
DR. S.K. DIKSHIT, CHIEF MEDICAL OFFICER, FIROZABAD

Addition of new contraceptives to Basket of Choice was crucial in order to provide a method which preserves her secrecy and is easy to administer.

To establish the significance of family planning among the community members and increase the acceptability of new contraceptives, robust trainings were imparted to frontline workers. The key messages on Antara were made part of the cluster meetings, which translated into achievement during the activities like Antara Diwas. An entire month was observed as Antara Diwas in Firozabad district. As a result, against an estimation of 2930 Antara doses, a total of 4401 doses were administered at all block facilities.

STRATEGIC ROADMAP FOR FP IN UTTAR PRADESH

THE 7 SUCCESS FACTORS FOR IMPROVING SERVICE UPTAKE



“Mummy Papa ko Chitthi”: A promise of health to the mother and newborn child.

Expecting couples of Balrampur district in Uttar Pradesh are now motivated and confident to provide care around birth for a pregnant woman and newborn, thanks to UP-TSU’s local letter innovation, “Mummy Papa ko Chitthi”. The innovative strategy works around an ASHA delivering a letter at the expecting couple’s doorstep, which is a symbolic communication from an unborn child that appeals the couple to follow necessary steps of birth planning, motivates them for institutional delivery and follow effective home-based care practices like exclusive breastfeeding till 6 months, Kangaroo Mother Care, etc. The innovation has been highly successful in changing the social rigid behaviour and practices of the community around pregnancy and birth. It is estimated, if breastfeeding were scaled up to near universal levels, about 820 000 child lives would be saved every year. ⁱ

Ragini an ASHA from Balrampur shares, “The letter strikes an emotional chord with the expecting couple, they more accepting towards receiving counselling on care around birth as their unborn child speaking to them makes the message more impactful. The presence of the letter in the house serves as a constant reminder to follow the care around birth.”

An expecting father,” “When we received this letter from ASHA didi, it made us very happy. Our child’s health is our happiness; we will do everything as mentioned in the letter.”

i C. Victora, R. Bahl, A Barros, G.V.A Franca, S. Horton, J. Krasevec, S. Murch, M. J. Sankar, N. Walker, and N. C. Rollins. 2016. “Breastfeeding in the 21st Century: Epidemiology, Mechanisms and Lifelong Effect.” The Lancet 387 (10017):475-490.



An expecting couple in all smiles reading Mummy – Papa ko chitthi



Dr Pratima being awarded for her exemplary work by GoUP

C-section services now available in Kasganj

Caesarean section services were activated in the district women’s hospital in Kasganj. Dr Pratima Srivastava, CMO Kasganj, performed the 1st caesarean section successfully in the hospital on 25th November 2018, when Nakalathani’s resident, Kaushal Kumar reached the hospital with his pregnant wife Varsha, who was having eclampsia fits and high blood pressure. As soon as this information reached the CMO, she along with the anaesthetist rushed to the hospital, performed a C-section and saved the life of the mother and the child. Since then, 6 C-sections have been performed in the hospital saving lives. These patients were earlier referred to Aligarh Medical College which put their lives at risk, given the distance between the two facilities. After activation, a resident gynaecologist and an anaesthetist have been appointed to continue the lifesaving work. Now more and more pregnant women are coming to the hospital for availing various maternal health services.

Dr Richa, Lady Medical Officer who performed the caesarean section with Dr Pratima, acknowledges the contribution of NHM and UPTSU in activating the caesarean section services at CHC Kasganj. She also said, “After the onsite mentoring done by faculty from RRTC, Aligarh Muslim University we are managing the complications better.”

25 district hospitals ready to provide better child health services

Even as the state loses 14 children under the age of 5 every hour, the state government is taking efforts to ensure that any sick child who walks into a public health facility of the state, gets appropriate treatment. In this endeavor, UPTSU is providing technical support to the government. In 2017 UPTSU conducted a baseline assessment on the readiness of the district hospitals in providing appropriate services to a child in 25 district hospitals of the state. The assessment results showed that out of 25 hospitals only 2 were close to 100% ready (see fig 1). UPTSU started advocating with facility and district health administration on various levels for facility readiness. And after one year of consistent efforts, the remaining 23 district hospitals became 100% ready to provide appropriate services to any sick child who walks into any of these hospitals.

R.P.Shakhya, CMS, combined district hospital Kannuj said, “Government of UP and UPTSU’s constant efforts have resulted in equipping the hospital with appropriate services required for treatment of sick children. Not just that but even local innovations such as the creation of directional pathways for various child-related services in the hospital has made healthcare services easily accessible for the patients coming for treatment and consultations. The face of our Nutrition Rehabilitation Centre has changed, and we see that the duration of children stay has increased substantially.”

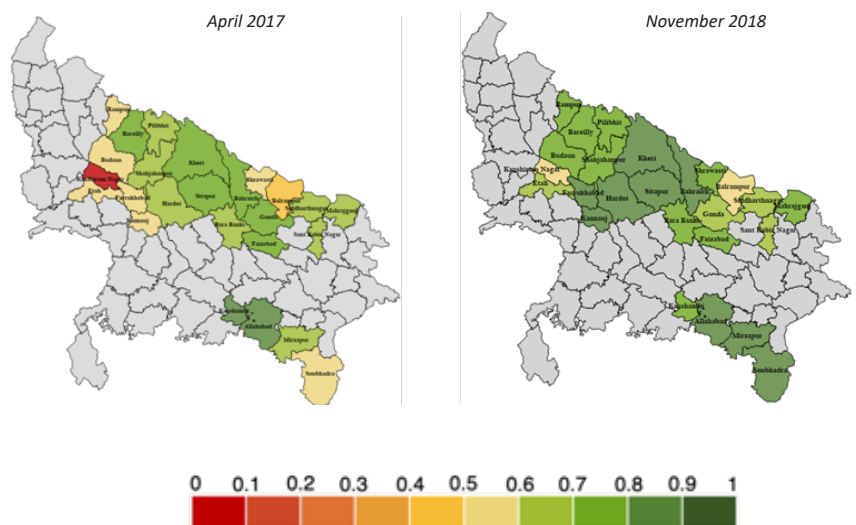


Fig1 Heat Map : Essential and desirable composite scores for determining facility readiness to provide child health services in District Hospitals



A woman stabilized with an NASG applied at a public health facility, Uttar Pradesh

Dr Sushma Karanwal, CMS, DWH, Sitapur, "Since last one year, I have observed that there is a decrease in the cases of hypovolemic shock in Post-Partum haemorrhage cases because of the use of NASG."

NASG: A life saviour has arrived

Since April 2018, lives of 171 pregnant women have been saved with the use of NASG (non-pneumatic anti shock garment), in Uttar Pradesh. UP TSU under its "BOOST" intervention is exclusively working in 15 health facilities of 5 districts namely, Bahraich, Bareilly, Farrukhabad, Gonda and Sitapur to improve maternal and newborn complication management. By preventing maternal deaths due to complications like post-partum haemorrhage, antepartum haemorrhage and hypertensive disorders, NASG has been a lifesaving instrument, especially at CHC level. The NASG is a lightweight neoprene garment which when applied to the lower part of the body controls bleeding, reverses the shock, and stabilises the patient for safe transport to a comprehensive obstetric care facility. UP TSU has trained medical staff and emergency medical technicians in the application and management of the patient by using NASG. The striking success of the garment has inspired neighboring block and district level facilities to purchase and use NASG in managing maternal complications.

Dr Surendra, ACMO-RCH, Sitapur, "There has been a decrease in maternal deaths happening because of PPH, thanks to NASG. Looking at the success of NASG in managing complications, the Medical Superintendent has been directed to make it available at all delivery points in district, Sitapur."

Nutrition Project improves key nutrition indicators among maternal, infant and young children in 25 districts

The nutrition project of UPTSU was launched in November 2015 to provide technical support to the Integrated Child Development Services (ICDS) Department of the Government of Uttar Pradesh. It aims to improve Maternal, Infant and Young Child Nutrition (MIYCN) indicators in 25 high priority districts (HPDs) of the state.

With a core team of specialists at the State level, District Nutrition Specialist (DNS) at the district level and field level functionary - Poshan Sakhi (PS) at the sub-block level, the project functions through a Social and Behavior Change Communication (SBCC) strategy, implemented primarily through the Poshan Sakhis. At present there are 348 Poshan Sakhis who mentor about 6500 Anganwadi Workers (AWWs) and reach out to approximately 35,500 beneficiaries through accompanied home visits and 50,500 beneficiaries through beneficiary meetings held every month. The key achievements of the nutrition project includes – improvement in MIYCN Indicators and facilitating in the roll out of ICDS – CAS in 24 districts of Uttar Pradesh.

As per the Community Behavior Tracking Survey (CBTS) Round 6 held in Jun-Oct 2018, the key nutrition indicators like early initiation of breast feeding, exclusive breastfeeding and timely initiation of complementary feeding has substantially improved from CBTS Round 3 to CBTS Round 6.



Figure 2: Poshan Sakhi supporting the AWWs in registering households, Block Jagat, Budaun

Progress on key MIYCN indicators

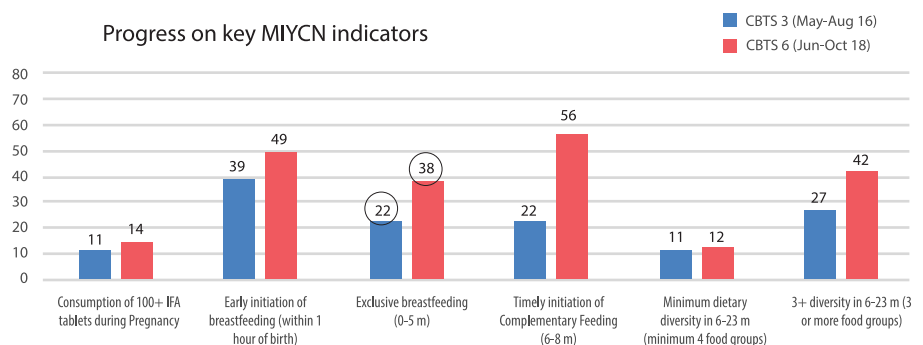


Figure 1: Progress on Key MIYCN Indicators from CBTS 3 (May - Aug 16) to CBTS 6 (Jun - Oct 18)

ICDS - CAS enables Anganwadi workers to capture real time data

The state government has rolled out ICDS – CAS (Common Application Software) in 24 HPDs of Uttar Pradesh with the support of UP TSU. ICDS – CAS is a mobile-based software that enables Anganwadi workers to capture real time data from the field. It automates and digitizes their entire workflow and gives more time for delivering the designated services. The data entered by AWWs will be available on real time to the supervisory staff at the block, district, state and national level through a dashboard and will act as a data - based monitoring and decision making tool.



Figure 3: Poshan Sakhis configuring mobile phones in a workshop organized in Dec 2018

UP has emerged as number 2 state in the country in launching of ICDS – CAS and of the 24 CAS launched districts, 17 are TSU districts.



Elderly Anganwadi worker uses ICDS - CAS like an expert

Mithilesh Devi, Anganwadi Worker of Jalesar block in Etah is 61 years old and operates ICDS – CAS on mobile like an expert.

According to her, the mobile application has brought respite from the mundane work of updating registers manually and she is happy that all the information is accessible with just a flick of her finger.

Mithilesh recalls that initially she could not operate the mobile application but because of consistent support of the Poshan Sakhi, she is now confident and can operate the application independently. She has become a role model for other AWWs of her age, as she motivates them to learn to operate the application.

UPTSU played an important role in accelerating the roll out of ICDS - CAS by facilitating the generation of Anganwadi Centre (AWC) codes, configuring 14,000 mobile phones, preparing training plans, conducting training of AWWs and providing first hand support to the Anganwadi Workers in launching the application and registering households.

At present, the training of Master Trainers and Round 1 training of AWWs has been completed in all 24 districts, about 49,325 AWWs (Out of 51,883) have launched ICDS - CAS and around 69,96,628 households (Out of 10,092,742) have been registered by the AWWs.

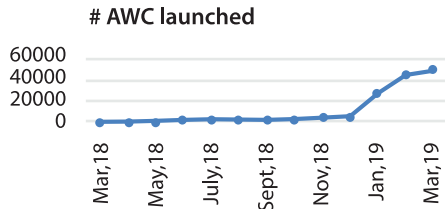


Figure 4: Launching Status of ICDS – CAS, Mar., 2019

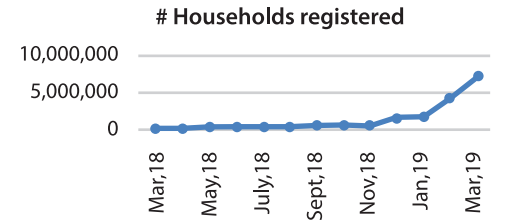


Figure 5: Household Registration Status of AWW, Mar., 2019

UPHMIS Strengthening presented as BEST PRACTICE at National Forum

The Monitoring & Evaluation team of UPTSU stood out at the 5th National Summit on Good, Replicable Practices & Innovations in Public Healthcare Systems, at Kaziranga from Oct 30-Nov 7, 2019. Its innovative study 'Strengthening the quality of MNCH data in UPHIMS (UP Health Management Information System) /HMIS' was selected and presented at the summit.



From Left: Dr Madhu Gupta (GM Planning), Dr. Archana Gupta (GM Quality), Mr. Pankaj Kumar, IAS (MD NHM, UP), Huzaiifa Bilal (Senior Specialist, M&E UPTSU), Dr. Santosh Gupta (State TB Officer, UP), Dr. Vikasendu Agrawal (JD, NVBDCP, UP), Dr. Vasanthakumar N., IAS (ED UPTSU).

It demonstrated that a Supportive Supervision (SS) exercise conducted by district M&E officials with government functionaries in 130 Nurse Mentoring facilities across 25 HPDs resulted in substantial improvement in data quality reported.

The THREE positive implications of this exercise were:

- Availability of source documents at the facility level increased by 10 per cent points (80 to 90 per cent)
- Improvement in data reporting from 64 to 84 per cent across facilities
- Accuracy of the reported data improved from 49 to 70 per cent, with over four-fifth of the facilities attaining over eighty per cent accuracy

This strategy is being adopted by the government of UP in the other districts of the State.

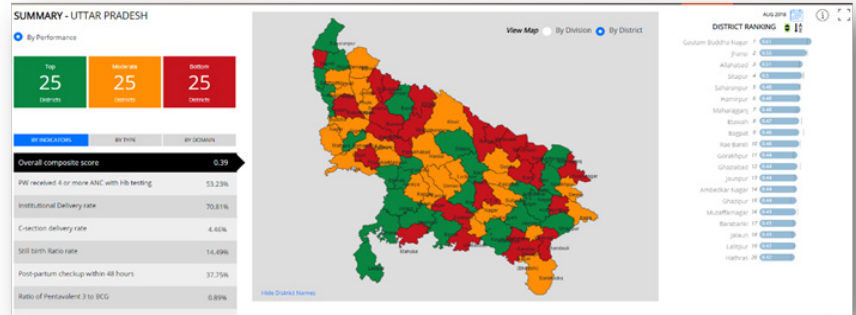
UP Health Dashboard exhibits health performance of districts

The UP Health Dashboard has enabled centralised access to health data and facilitated the process of evidence-based decision making in health. In particular, this process has improved the capacity of government officials to diagnose the problem, plug the gaps and accept accountability for strengthening the program review mechanism. Within ten months of its roll-out, the government has made 355 data-based decisions for better health outcome in 25 high priority districts.

Government officials of 75 districts have been trained in data use, who have further provided training at their respective districts to the block officials.

“The UP Health Dashboard and the new review meeting process of gap analysis, action planning and decision tracking has given us a new perspective on data for problem solving. It helps to have a quick glance at our district and to know the status of the critical indicators and where we stand as compared to other districts...” – Farrukhabad ACMO, Dr. Dalvir Singh

UP Health Dashboard
Easily Accessible, Visually Impressive and a Systematic Review Mechanism



Case story of a Critical Decision-Made: Delivery points activated for increasing the rate of institutional delivery

Situation

Five blocks (Bhawalchera, Khudaganj, Sidhauri, Mirzapur and Jalalabad) were identified as poor performing with 31% institutional delivery in October, 2017

Gaps Identified

Inadequate availability of delivery points

Action Planned

Activation of delivery points based on geographical inaccessibility

Action Taken

Twelve new delivery points were activated in these five blocks in a time-span of four months

Result

The rate of delivery increased to 38% in the immediate month after the action was taken

Source: HMIS



Benefits of UPHMIS

- Tailored to meet UP's health needs
- Digitized data platform
- Integrated data-set (information on availability, process and output indicators)
- Micro-level data for decentralized decision-making
- Aggregated data for planning and resource allocation

Research Investigators: Travelling miles

Rolling Facility Survey (RFS) is a unique facility-based survey and an important initiative to gauge the change in the quality of maternal and new-born care services at health care facilities in 25 HPDs. This concurrent monitoring strategy was devised to aid the programme team in meeting their goal of providing women and children delivering at facilities, with a safe birthing experience. Four rounds of RFS have been conducted, with the earliest being held in the year 2015. The latest round was held from October, 2018 to February, 2019.

In each round of RFS, data collection team, comprising of trained nurses, undergoes an intensive three-week training on labour and delivery care. Over the years, they have gone on to make their mark in the working world:

In RFS 3:

- Over one-third of our 40 Research Investigators (RIs) have been appointed as Nurse Mentors (NMs) and ANM Mentors within UP TSU
- 15 per cent have gone on to become SNs in the state as well as the central cadre

"Today I am working in a hospital. I owe my confidence to my time as a RI in RFS 3 and 4. Earlier my father was scared as to how I will go outside and work. The support from the Survey Team at TSU gave my parents confidence that I can independently work outside and follow my dreams.," Rajvinder Kaur, Nurse, Palliative Care Unit, Base Hospital, Delhi Cantt.



"RFS played a big role in my career. The training provided by senior doctors increased my knowledge on MINCH" - Ms. Reeta Bhargava, CHO, Rajaganj, Dist. Kheri.

And the winners are...

Here are the three winners of the UPTSU newsletter title contest. Their title PAHAL was selected as the best out of more than 250 entries received from over 50 staff members from across the state. The winners were given certificates and a memento each in prize.



Sandeep Srivastava
Program Director-SYSTEM

Joined TSU on 2nd April 2018. Expert in Program Management, especially Health System, Liaisoning and Advocacy.

Hobbies: Photography, Reading, Writing, Movies and Sports



Punit Kumar Srivastava
Part of ManavSampada team, UPTSU, Lucknow

Joined UPTSU in December 2018. Expert in implementation, data management, development tools for public health programs.

Hobbies: Music and Sports



Kamlesh Kumar: District Family Planning Specialist in Bahraich District

Joined UPTSU-21st February 2015. Expert in Community Mobilization, Planning and Advocacy.

Hobbies: Journalism, Social Work and making friends

EDITORIAL TEAM

Dr Vasantkumar N., Executive Director
Sandeep Srivastava, Program Director-System
Dr Shalini Raman, Sr BCC Specialist

COMMUNICATION TEAM

Ms Chhavi Sodhi, State Specialist-M&E
Ms Divya Balyan, State Specialist-MNCH
Dr. Vaibhav Pathak, State Specialist- Program's
Ms. Tapaswini Swain, State Nutrition Specialist

What's your story?

UPTSU team learns the power of storytelling



A 70 member team of UPTSU (2 batches) attended one-day workshop 'How to Tell the Story of Your Work' on March 12-13.

UPTSU team (Maternal, Newborn and Child health team, Family Planning, Nutrition, Admin, Finance System) learnt the power of storytelling at a two-day workshop 'How to Tell the Story of Your Work'. The work shop

covered the 'Why, What and How' of Business Storytelling through a pedagogy that was a mix of concepts, real time skill building and experiential learning. They learnt the skills of creative storytelling for documenting and showcasing effectively the impact of the programs that they are engaged in.

Feedback from Participants:

It was different from our routine work. It did not just help me professionally but also added to my overall personal development. I think it was a stepping stone for UPTSU-IHAT in capacity building of its employees. I appreciate the efforts and am looking forward to more such innovative workshops in future.

Charu yadav
Specialist- M&E

The Workshop was a very enriching experience .I, coming from clinical & administrative background, could never imagine that a well narrated story, even though about dry subjects like data & facts, can make astonishing change in the perception of the audience. Now I realise that just like the bedtime stories can mouldthe thought process / sanskaar of a child , I can do the same magic here with a humane touch to my narratives .

Dr Renu Singh
State Specialist- Maternal Health



ASHAs working for a better, healthier tomorrow

Walking in the narrow lanes of Sahabpur village in Banki Block of Barabanki District, Suman Devi, an Accredited Social Health Activist (ASHA) worker along with her mentor, was initially hesitant to talk to us. On their household visits, it took them a while to open up but soon what followed was a spontaneous and candid discussion.

Suman Devi has been working with the community since 2010 and as was apparent, she is well known among the villagers and commands respect from one and all in her catchment. This was a large village with approximate population of 10000 and also has a health sub centre which is partially functional. Around 4 to 6 deliveries are conducted in a month and all the babies born are healthy!

Appreciating the role of ASHA Sangini, Suman said that the ASHA, Anganwadi and ANM (AAA) forum helped them in planningfor ante natal checkup (ANC), distribution of iron folic acid (IFA) tablets and preparing the list for immunisation. Happy with the ASHA Payment Application, she said ASHAs can now focus on their work and not bother about payment follow-ups. They found the information on the payment break-up very useful.

She said that like Anganwadiworkers, the registers maintained by them should also be digitized. Suman is quite tech savy and is already using various apps on her smartphone. She understands how technology can bring a difference in her functioning.