Supporting eradication of maternal-child malnutrition in Developing Countries - A Case from Nicaragua Scenario

Miguel Ángel Valero Duboy
Department of Telematic
Architectures and Engineering
Technical University of Madrid
EUIT Telecomunicación
Carretera de Valencia, Km. 7
+34 913367820, 28031

mavalero@diatel.upm.es

Sury Bravo Lasprilla Department of Telematic Architectures and Engineering Technical University of Madrid EUIT Telecomunicación Carretera de Valencia, Km. 7 +34 913365526, 28031

sbravo@diatel.upm.es

Iván Pau de la Cruz Department of Telematic Architectures and Engineering Technical University of Madrid EUIT Telecomunicación Carretera de Valencia, Km. 7 +34 913363768, 28031

ipau@diatel.upm.es

World Health Organization actively stresses the importance of health, nutrition and well-being of the mother to foster children development. This issue is critical in the rural areas of developing countries where monitoring of health status of children is hardly performed since population suffers from a lack of access to health care. The aim of this research is to design, implement and deploy an e-health information and communication system to support health care in 26 rural communities of Cusmapa, Nicaragua. The final solution consists of an hybrid WiMAX/WiFi architecture that provides good quality communications through VoIP taking advantage of low cost WiFi mobile devices. Thus, a WiMAX base station was installed in the health center to provide a radio link with the rural health post "El Carrizo" sited 7,4 km. in line of sight. This service makes possible personal broadband voice and data communication facilities with the health center based on WiFi enabled devices such as laptops and cellular phones without communications cost. A free software PBX was installed at "San José de Cusmapa" health care site to enable communications for physicians, nurses and a technician through mobile telephones with IEEE 802.11 b/g protocol and SIP provided by the project. Additionally, the rural health post staff (midwives, brigade) received two mobile phones with these same features. In a complementary way, the deployed health information system is ready to analyze the distribution of maternal-child population at risk and the distribution of diseases on a geographical baseline. The system works with four information layers: fertile women, children, people with disabilities and diseases. Thus, authorized staff can obtain reports about prenatal monitoring tasks, status of the communities, malnutrition, and immunization control. Data need to be updated by health care staff in order to timely detect the source of problem to implement measures addressed to alleviate and improve health status population permanently. Ongoing research is focused on a mobile platform that collects and automatically updates in the information system, the height and weight of the children locally gathered in the remote communities. This research is being granted by the program Millennium Rural Communities of the Technical University of

Permission to make digital or hard copies of all or part of this work for personal or classroom use is granted without fee provided that copies are not made or distributed for profit or commercial advantage and that copies bear this notice and the full citation on the first page. To copy otherwise, to republish, to post on servers or to redistribute to lists, requires prior specific permission and/or a fee.

DEV '12, March 11-12, Atlanta, GA Copyright © 2012 ACM 978-1-4503-1262-2/12/03... \$10.00

REFERENCES

- [1] Dezhi, X. and Ganegoda, G.U. 2010. Framework of multi agent system to reduce malnutrition (MASRM) in children. In Advanced Computer Theory and Engineering (ICACTE), 2010 3rd International Conference on, Eds. IEEE, Piscataway, NJ, USA, 19.
- [2] Instituto Nacional de Información de Desarrollo (INIDE). 2005. Caracterización Sociodemográfica del Departamento de Madriz, datos del VIII Censo de Población y IV de vivienda.
- [3] International Telecommunication Union (ITU). 2008. Implementing e-Health in Developing Countries. Draft.
- [4] Keyani, S., Mumtaz, A., Mushtaq, H. and Hussain, A. 2009. Affordable and accessible Tele-healthcare to rural areas of Pakistan through web and mobile based technologies. *High-Capacity Optical Networks and Enabling Technologies* (HONET), 2009 6th International Symposium on 110-114.
- [5] Kuriyan, R. 2008. How to use technology to spur development. *Issues in Science and Technology* 24, 70-74.
- [6] Mostafa, R., Ehsanur Rahman, G.M.A., Hasan, G.M., Kabir, A., Rahman, A. and Ashik, S. 2010. Proposed deployments to provide E-healthcare in Bangladesh: Urban and rural perspectives. e-Health Networking Applications and Services (Healthcom), 2010 12th IEEE International Conference on 361-366.
- [7] Pan American Health Organization.2009. Health Systems Profile in Nicaragua: Monitoring and Analyzing Health Systems Change/Reform. Third edition.
- [8] Sudhahar, S., Vatsalan, D., Wijethilake, D., Wickramasinghe, Y., Arunathilake, S., Chapman, K. and Seneviratna, G. 2010. Enhancing Rural Healthcare in Emerging Countries through an eHealth Solution. 23-28.
- [9] Trueba, I. 2006. El Fin del Hambre en el 2025. Mundi-Prensa Libros, España.
- [10] Vatsalan, D., Arunatileka, S., Chapman, K., Senaviratne, G., Sudahar, S., Wijetileka, D. and Wickramasinghe, Y. 2010. Mobile Technologies for Enhancing eHealth Solutions in Developing Countries. In eHealth, Telemedicine, and Social Medicine, 2010. ETELEMED '10. Second International Conference on, 84-89.