

# AN ANDROID BASED INTEGRATIVE COMMUNITY ACTIVITY PLATFORM IN BENGALURU CITY: NAMMA SAMUDAYA

## KARNATAKA STATE

A project by Bruhat Bengaluru Mahanagara Palike  
in collaboration with the Dept. of Community Medicine, Bangalore Medical College & Research Institute

### BACKGROUND

- Time and again, international and national health organisations including Indian Council for Medical Research (ICMR) have highlighted the need for good data quality in healthcare in India[1].
- Based on exploratory interviews, data entry and compilation is perceived as burden by most workers, compromising validity and reliability of several Population based surveys by community health workers.
- Identifying pockets of populations, and addressing the heterogeneity of urban population is difficult with conventional survey techniques

### OBJECTIVES

- An app based house hold survey to assess the vulnerability and health conditions among the urban poor.
- Adding a layer of geo-tagged household level data to the existing GIS health map.
- Assess for the integration all community level activities of NUHM

### MATERIALS & METHODS

#### I. Revision of tool for vulnerability assessment

- Questionnaire based on Annexure C: Vulnerability Assessment tool for ASHAs Guidelines and Tools for Vulnerability Mapping & Assessment for Urban Health 2017[2].
- Multiple components assessed simultaneously in one question.
- Experts committee constituted to segregate components and develop an easier user friendly tool for ASHAs and ANMs

Annexure C:  
Vulnerability Assessment  
Tool for ASHAs

Original  
Question

#### Q. Housing

- Kutcha house with weak structure, No separate space for cooking, minimal ventilation.
- Fairly pukka but with mud/tin roof and non-cemented walls/brick walls with plastic or thatch roof; marginally better than earlier category.
- Permanent structure, ventilation present, separate space for cooking.

#### Q. Type of house Q. Kitchen type

- Kutcha - Separate room
- Semi pucca - Shared space within another room
- Pucca - Outside the house

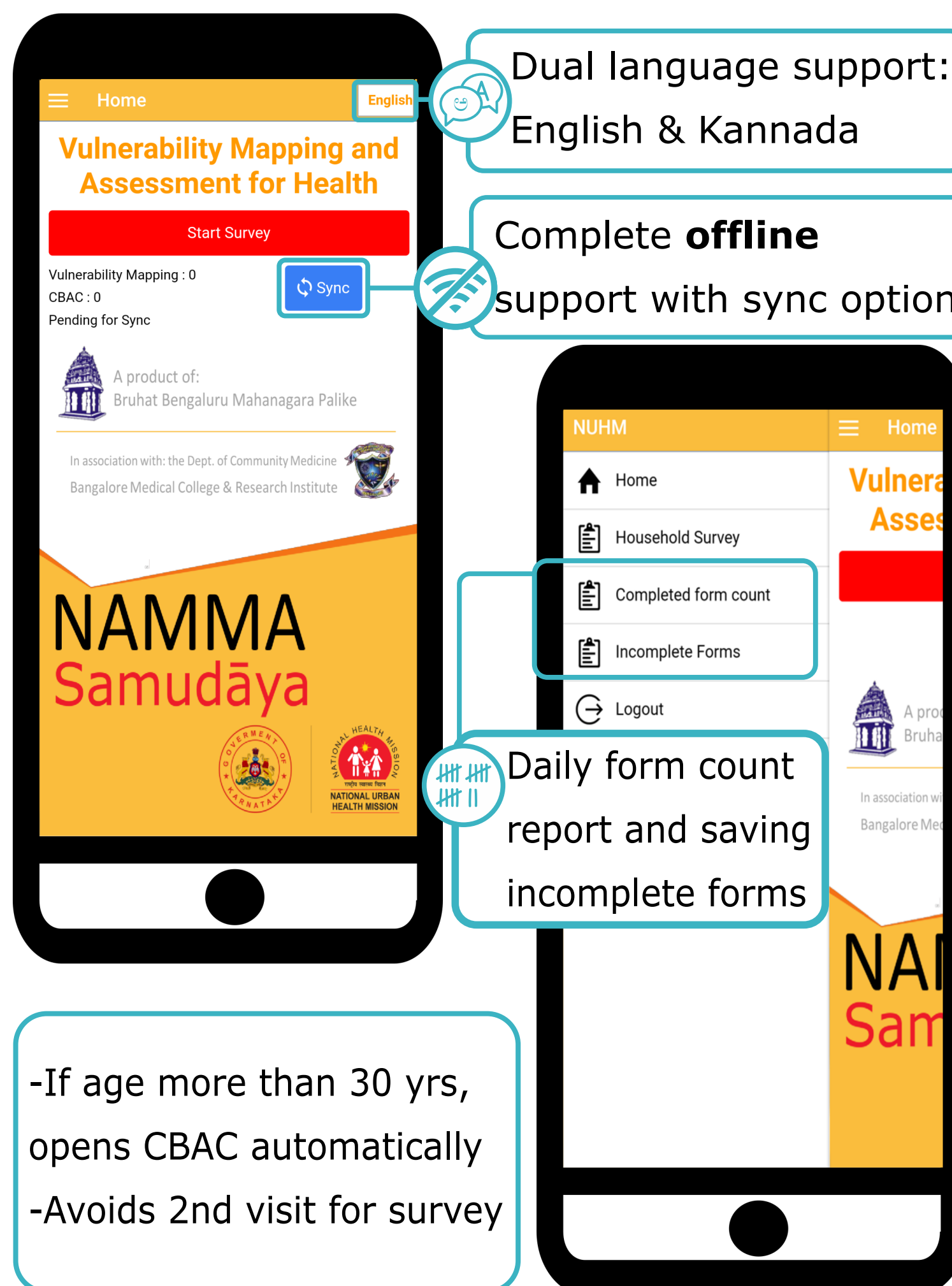
#### Q. Cross ventilation

- Yes
- No

Modified  
Question

#### II. Android-based app development

- Smartphone app: **Namma Samudaya** (Kannada, Our Community) in Google Playstore.
- Final modified tool has 45 qns. (37 parent qns. and 8 linked by "if...then..." logic to them).
- 7 open ended questions and rest closed ended.
- Validation checks for numeric fields.
- Unique user ID & password for each health worker.
- All questions marked "Required" for final submission
- Linking of Community Based Assessment Checklist for NCDs.



#### III. Planned timeline

- Jul 2019**
  - Week 1:** Volunteer training from Bangalore Medical college & Research Institute and health workers from UPHC
  - Week 2-4:** Medical Officer, ASHA and ANM training by Bangalore Medical College
  - Week 4:** App Pilot at H. Siddaiah UPHC
- Aug 2019**
  - Week 1: App update based on feedback during training and lessons from pilot
  - Week 2: Start of survey in BBMP limits
- Sep 2019**
  - Supportive supervision and problem identification
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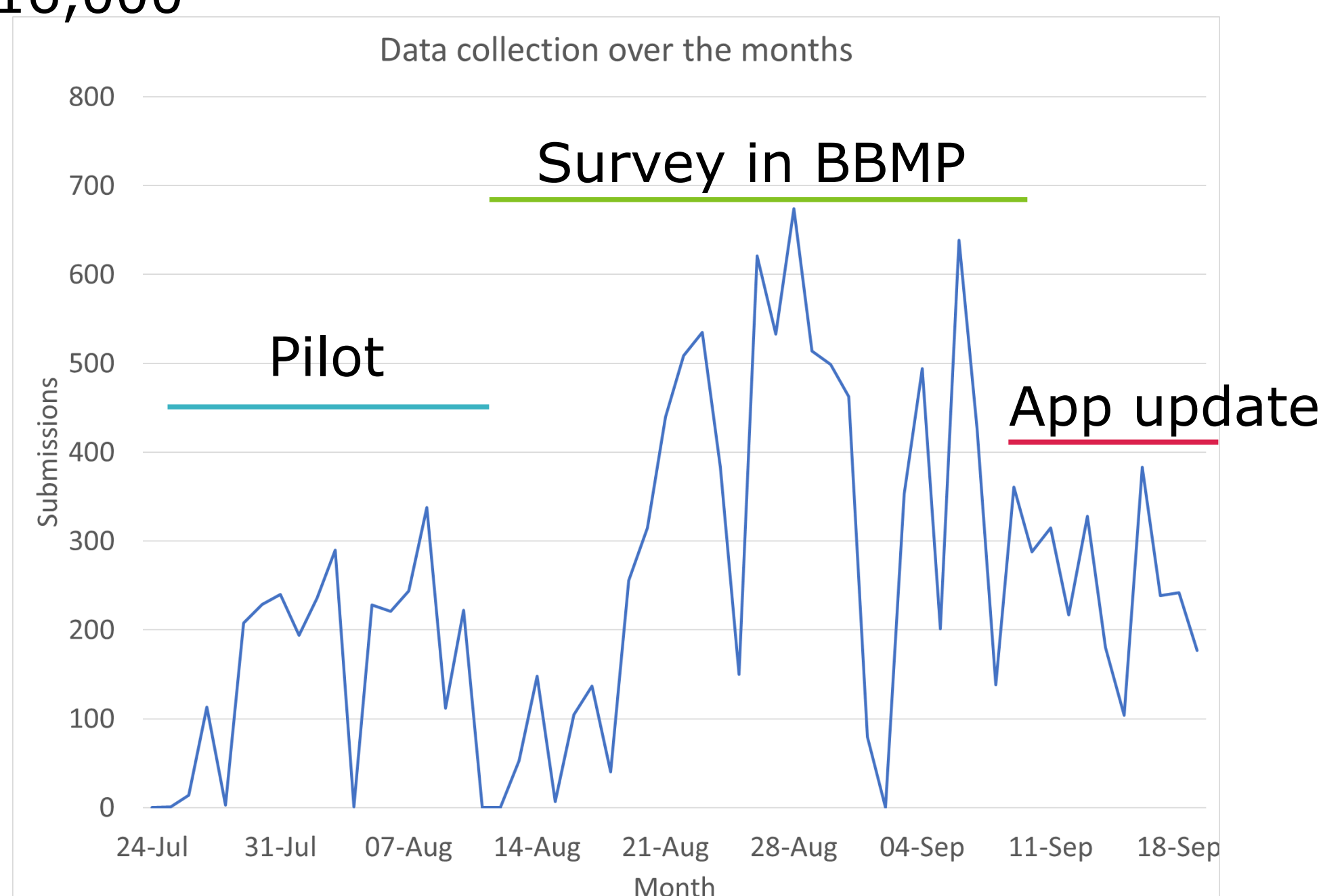
#### IV. Hands-on training



- Sessions conducted: 6
- HR trained: 650 (MO, ANM and ASHA)

### RESULTS

- Households surveyed: 18,000
- Population based screening through CBAC: 16,000



#### Integration with PHIEC and map layer visualization

