

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

0. Kutcha house with weak structure, No separate space for cooking, minimal ventilation.

1. Fairly pukka but with mud/tin roof and non-cemented walls/brick walls with plastic or thatch roof; marginally better than earlier category.

2. 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.

- Dual language support: English & Kannada
- Complete **offline** support with sync option
- Daily form count report and saving incomplete forms

-If age more than 30 yrs, opens CBAC automatically
-Avoids 2nd visit for survey

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

Sep 2019

-Supportive supervision and problem identification

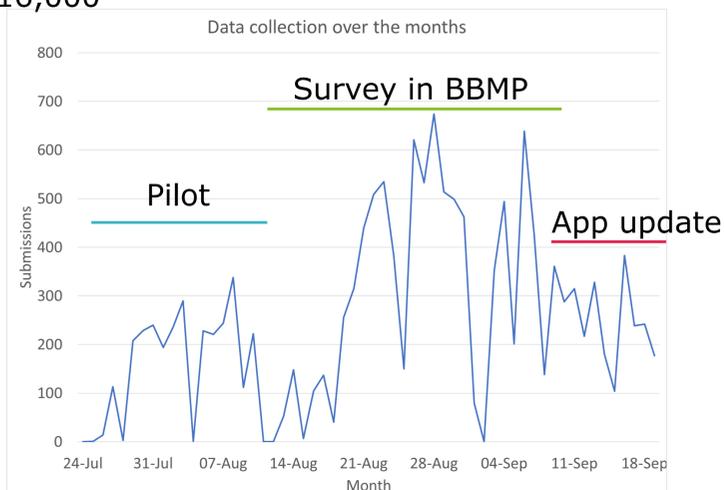
IV. Hands-on training



- 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

