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HANDHELDS FOR HEALTH

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Handhelds for Health

Mobile Solutions for Disease Surveillance & Public Health

Home
About Us
Projects
Partners
Devices
Links
Blog
Contact Us

Handhelds for Health

An initiative to use mobile technologies to collect field data in Disease Surveillance and Public Health programmes,
instead of the more traditional pen-and-paper based methods
employed in most places

Vision

"To work towards decreasing the global burden of disease through effective Disease Surveillance using mobile technologies"

The Objectives

The main objective of **Handhelds for Health** is to empower the field health-worker, with the appropriate tools like handhelds mobile devices, to travel to remote areas for data collection and report information in *near real-time,* to enable the health-care providers to increase health coverage to under-served remote communities.

The other objectives are to plug into the Government of India's Integrated Disease Surveillance Programme (IDSP) and to work with other groups involved in public health programmes.

> According to Dr. Larry Brilliant, CEO of Google.Org, "*early detection and early response*" are key to the eradication of communicable diseases.

Current Practices

The Government of India runs a nation-wide disease surveillance programme that deploys over 130,000 health workers to survey a rural population of over 700 million for communicable diseases. The structure of the primary health-care system is given below:

Health-care Unit	No. of People
1 Village	1000
1 Sub-centre	5000
1 Primary Health Centre (PHC)	25000
1 Block (Community Health Centre)	100000
1 District	1000000

Health-care workers visit target communities at periodic intervals to conduct surveys, enter data in pre-formatted registers and manually generate reports. Inaccuracies in data collection and latencies in the manual process of transmission of data often result in long response times and consequent

morbidity and mortality.

Problems and Gaps

The current Disease Surveillance system in India has several problems. Data collected on paper-based forms results in:

Duplication of efforts

Inaccuracies in data collection

Delay in detection of disease outbreaks

Delayed response times for medical intervention

Non-detection of many cases due to inaccurate data

Inadequate follow-up for long-term population studies for chronic diseases like Cardio-vascular disease, Diabetes mellitus etc.

Lack of scalability for increasing coverage to larger populations

No feedback mechanism to the health-care worker

Trans-border mobility makes it a global problem

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