

# REPORT OF THE TECHNOLOGY TRAINING WORKSHOP FOR VILLAGE HEALTH NURSES/SECTOR HEALTH NURSES, SIVAGANGA DISTRICT, TAMIL NADU, INDIA

Dates: 4<sup>th</sup> & 5<sup>th</sup> May 2009



**RTBI**  
IITM'S RURAL TECHNOLOGY & BUSINESS INCUBATOR

IDRC  CRDI

 **LIRNEasia**  
Learning Initiatives on Reforms for Kuthwork Economies

**IITM's Rural Technology and Business Incubator (RTBI)**  
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### **Training workshop responsibilities**

Technical support: R. Sheebha, Vincy Pushpa Mary, T. Kannan

Field coordination: N. Janakiraman

Logistics arrangement: N. Janakiraman and M. Ganesan

Over all supervision: Suma Prashant and Nuwan Waidyanatha

Workshop Rapporteur and Report author: M. Ganesan

## **1. INTRODUCTION**

As part of “*Evaluating a Real-Time Biosurveillance Program – A pilot project*”, Two-day Technology Training Workshop was jointly organized by IITM's Rural Technology and Business Incubator, Chennai and LIRNEasia, Sri Lanka at Hotel Subhalakshmi Palace, Karaikkudi, Sivaganga district, Tamil Nadu, during 4<sup>th</sup> and 5<sup>th</sup> of May 2009.

## **2. THE PARTICIPANTS**

The participants of the technology-training workshop comprised of 24 Village Health Nurses and four Sector Health Nurses working under the jurisdictions of four Primary Health Centres located in Nerkuppai, Keelasevalpatty, Thirukostiyur and Sevenipatti of Thiruppathur block in Sivaganga district, Tamil Nadu. At the recommendation of Block Medical Officer - Nerkuppai, Health Inspector from Nerkuppai also took part in this training. The list of participants is given as Annexure 1.

## **3. SPECIFIC OBJECTIVES**

- Reiterate the goals of the Real-Time Biosurveillance Program (RTBP) - a pilot project
- Orient and conduct a refresher introduction on current processes adopted at DDHS to capture Health Data
- Provide training on SMS and GPRS for communicating with mobile phones
- Introduce and train use of the m-Health Survey mobile application for data submission
- Introduce and obtain feedback of the RTBP Internet application for data submission and report generation for data analysis.
- Give an overview of the analysis and alerting components of the RTBP

## 4. PROCEEDINGS

### Day One (4<sup>th</sup> May 2009)

Upon arrival, the participants were asked to register. After registration was over, Ms. Suma Prashant, Project Manager of IITM's RTBI welcomed the participants and introduced Mr. Nuwan Waidyanatha of LIRNEasia and project team of RTBI to the participants. The purpose and objectives of the technology training



workshop was explained. She requested a volunteer from the Sector Health Nurses (SHNs) and Village Health Nurses (VHNs) respectively to make a brief presentation on the roles and responsibilities adopted in the existing healthcare delivery in the village and the Primary Health Center respectively.

***Ms. Dhanalakshmi, VHN, Thirukostiyur PHC elaborated on the activities that the VHNs were undertaking on a regular basis:***

- Conducting need based household/demographic survey in the villages
- Preparation of monthly action plan
- Maintenance of registers on immunization status by age group
- Collection of details on pregnant women



- Maintenance of registers on birth rate and death rate details
- Maintenance of family wise details
- Maintenance of Disease outbreak details by age group
- Preparation of Medicine list and Instruments requirement details at the Health Sub-Center (HSC) level
- Conducting AIDS awareness programme particularly for women
- Maintenance of referral unit details
- Mother/Child care and detection of illness or disease
- Maintenance of details of baby delivery at PHC/Private
- Maintenance of records on low birth weight children and try to find out the causes of low birth weight
- Creation of awareness on family planning methods and hygienic aspects
- Identification of nutrition disorders and refer the patients to the Primary Health Center (PHC)
- Announcement of Government schemes to the villagers
- Timely support in taking care of disease outbreak (i.e. chickengunya, dengue fever etc.) through Water Sanitation Committee
- Timely need based support will be provided to the people if there be any natural calamities like flood, fire etc.

***Ms. Kaliammal, SHN, Thirukostiyur elaborated on the activities that the SHNs were undertaking on a regular basis:***

- Verification of reports submitted by VHNs
- Fixing goals and achievable targets for VHNs
- Maintenance of monthly vaccination details



- Monitoring Pre-Natal care and Antenatal Care
- To ensure that minimum three scans during pregnancy must be done at PHC level
- Weekly family planning awareness camp – temporary/permanent contraceptive methods
- Identification of measles and testing malaria, if positive, actions will be taken immediately
- Regular disinfection and sanitation activities
- School visit will be undertaken on every Thursday
- Preparation of monthly report on family planning and follow up
- Supervising patient whether they take the prescribed oral medicines
- Try to find out if any complications in Antenatal Care
- Maintenance of child delivery details at PHC and General Hospital (GH) level (it was found that no home delivery was recorded in the last two years)
- Motivating pregnant women to deliver their baby at the PHC
- If low birth weight is found, the patients will be referred to suitable medical facility
- AIDS related care at PHC level – minimum 10 % of cases must be attended at PHC level
- Immunization camp will be conducted at every Wednesday at PHC level
- Monthly Vaccination programme will be conducted
- Care of adolescent girls at every Wednesday

### **Inaugural Address**



Dr. N. Raghupathy, Deputy Director of Health Services (DDHS), Sivaganga district, delivered the inaugural speech during which he mentioned the intent of the Real Time Biosurveillance Project (RTBP). He pointed out to the

participants that it is an honor that the project is being implemented in Thiruppathur block of Sivaganga district, Tamil Nadu. He concluded his brief speech by requesting the VHNs and SHNs to fully cooperate on this project and benefit from learning on how to use mobile phone for recording health data. Dr. Raghupathy also mentioned that Thiruppathur is an ideal location to pilot this project as the block envelopes distant far flung villages and addressing healthcare delivery in those villages has always been a challenge. .

### **About Real Time Biosurveillance Program (RTBP)**

Ms. Suma began the workshop presentation with the explanation on what is biosurveillance?

Biosurveillance is the automated monitoring of information sources of potential value in detecting an emerging epidemic. It was pointed out that when one records the information using the mobile phone or Internet at a specific time and when that data is

readily available for analysis; it is called real time biosurveillance. The architecture of communication was enlightened through a flow chart. It was clearly explained on how the information flow is happening using innovative technologies. The collected health related data would immediately be analyzed to make right decision at right time. This will help us to take preventive measures from spreading to other areas. Types of data that carries early signal under post-diagnosis and pre-diagnosis systems were also highlighted. The following two m-health related research questions was further discussed during the technology-training workshop:



- To what extent can mobile phones improve the timeliness and accuracy of reporting patient data from communities to regional/national epidemiology centres?
- To what extent can mobile phones improve the timeliness and effectiveness of public health interventions? (i.e., notifications about infectious disease outbreaks)



Consequently, Dr. Ganesan held a detailed discussion about RTBP through similar way with the objective of reiterating goals and design of the project. This discussion was held in a participatory method where the participants were asked to explain the project objectives and its goals.

- Timely and complete statistics on disease incidence and prevalence through mobile phone and Internet applications
- Deployment of statistical data mining advance detection algorithms for the execution of real-time decision analysis

Further the stages of the project were elaborated as:

- Training
- Activation
- Evaluation
- Analysis
- Dissemination

After successful implementation of the project, the learning will be submitted as a recommendation to launch the same to other areas such as neighboring blocks, districts, states and other countries.

Background on this research project, including its duration, partner information, pilot location selection was shared. The project started in July 2008 simultaneously in both India (IITM's RTBI) and Sri Lanka (LIRNEasia) with the financial support of International Development Research Centre (IDRC), Canada. The project will be completed by June 2010. In India, the project locations were selected based on the recommendation of Deputy Director of Health Services (DDHS), Sivaganga district. The locations of the four PHCs are Nerkuppai, Thirukostiyur, Sevanipatty and Keelasevalpatty in Thiruppathur block of Sivaganga district, Tamil Nadu. The VHNs of HSCs working under each PHC's jurisdiction and SHNs of respective PHC would be involved for carrying out timely data recording on disease incidence and prevalence through mobile phone and web application. The data recorded can be further analyzed and reports can be generated as well.

Finally, the participants were told that the following stakeholders will be involved at different levels throughout the project period:

- IITM's Rural Technology and Business Incubator, Chennai, India
- Deputy Director of Health Services, Sivaganga, India
- Ministry of Health and Family Welfare, Government of Tamil Nadu, India
- National Center for Biological Sciences, Bangalore, India
- LIRNEasia, Columbo, Sri Lanka
- Epidemiology Unit – Government of Sri Lanka
- Lanka Jatika Sarvodaya Shramadana Sangamaya, Sri Lanka
- Carnegie Mellon University, Auton Laboratory
- Professor Gordon Gow, Canada

## Distribution of Mobile Phones to VHNs

The mobile phones were distributed by Ms. Vincy, Mr. Janakiraman and Ms. Suma. An acknowledgement form was signed by the VHNs on receipt of their respective mobile phone. The details of VHN who collected mobile phone are given as Annexure 2. The terms and conditions for the usage of mobile phones were highlighted.



- The mobile phones should be used for strictly project purposes enlisted as Health Survey Data Collection, making calls to those in the Closed User Groups (CUG) only and cannot be used for making personal calls or sending messages.
- Any lost or stolen mobile phones will have to be reported immediately and actions will be taken accordingly.
- Any damage incurred to the mobile phone will also have to be reported immediately.
- Any monthly mobile bill amount exceeding the project accounted then the full bill amount will have to be settled by the respective VHN.

At the end, the VHNs were told that they will have to ensure the continuation and completion of the project by following the terms and conditions mentioned above.

### Summary of mobile phone distribution

Sl. No.	Name of the PHC	No. of VHNs received mobile phone
1	Keelasevalpatty	6
2.	Sevanipatty	6
3.	Thirukostiyur	7
4.	Nerkuppai	5
<b>Total</b>		<b>24</b>

## Features available in Mobile phone

Ms. Suma explained in detail about the following features available on the mobile phone:

- Unlimited CUG
- GPRS
- 100 free SMS
- 512MB Memory card
- Radio
- Camera
- Video

## Introduction to Health Survey Application on Mobile phone

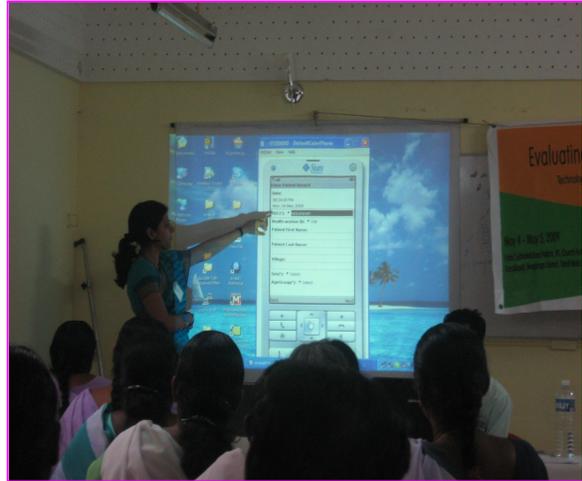


Further to Ms. Suma's discussion, Mr. Kannan started his presentation by indicating that developing a real time system to prevent diseases outbreak before reaching epidemic states is very important. He cited cholera and malaria as an example for this. He told that the decision-making system/process for the Epidemiology

Units in the National districts before the disease reaches a "tipping point" must be timely available. The RTBP, which we are launching now, can be a suitable approach to replace the existing paper and fax method to faster mobile computing and Internet computing methods. One can avail a fast alerting system like SMS to health officers stationed both in districts and state capital level. By involving oneself in this project, the workload can be drastically reduced from 10 – 15 kgs to just one mobile phone. The workload does not just mean the physical load of just carrying the weight of forms and paper but also the capacity to generate reports from those and issue alerts.

## Demonstration of M Mobile Health Application

Ms. Suma with technical support of Ms. Vincy and Mr. Kannan handled the session on demonstration of the health application. This was conducted through an “**Emulator**” with the objective of familiarizing the participants on the use of m-Health survey application for data submission. The types of form available were explained,



- i. Health survey
- ii. Offline survey
- iii. Server connection\*
- iv. Profile\*
- v. Location\*

### ***\*Mandatory fields***

Mandatory fields and its implications were clearly explained.

### **Health Survey**

The Health Survey menu was also explained along with the relevant field information.

- Date
- Location
- ID
- Patient First name
- Patient last name
- Address

- Sex\*
- Age group\*
- Search Disease
- Disease
- Symptoms\*
- Signs
- Status

The fields marked with \* indicates that it is mandatory. Relevant details on the field information are elaborated on the User Manual, which was distributed later during the day.

The participants highlighted the importance of including the resident status of the patient. Whether he is from the village or he is a visitor from another village/town/city/country. This will assist them to track in case there is a disease outbreak.

The project team had ear-marked this request and mentioned that it will be captured in the mobile application.

There was a suggestion on the age group revision from the participants  
0 – 1, 2 – 5, 6 – 14, 15 – 19, 20 – 24, 25 – 29, 30 – 34, 35 – 39, 40 – 45  
and 45 +

### **Report Generation**

Ms. Vincy had a detailed discussion with the participants on the report generation page. She mentioned about the case count report and demonstrated on how the data entered through mobile phone is captured.

In order to make them to understand correctly, the website of Directorate of Public Health and Preventive Medicine for Sivaganga district was also opened on their website and elucidated to them the way they are maintaining the data on this website. The participants clarified that the data displayed on this website are for PHC level not at HSC level.

According to participants the no. of patients visit PHC is 120 – 180, while it is 30 – 40 at HSC level

### **Distribution of User Manual**

Ms. Vincy and Mr. Kannan distributed the User Manual to all the 24 VHNs for make use of mobile phone and how to record health data through mobile phone. As soon as they received the manual, they started going through and compared the contents presented during the demonstration of mobile phone application.

### **Group exercise on mobile phone data entry**

The participants were divided into four groups and one RTBI staff was allotted to facilitate the group exercise. This exercise was conducted practically before each participant with the objective of training all the VHNs on how to use mobile phone and carry out the health survey. All the participants were actively involved till they learned the techniques properly. The details of each group are as follows:



### Distribution of participants by PHC wise

Sl. No.	Name of PHC	No. of participants	Facilitator
1.	Thirukostiyur	7 VHNs + 1 SHN	Ms. Suma
2.	Keelasevalpatty	6 VHNs + 1 SHN	Mr. Kannan
3.	Nerkuppai	5 VHNs + 1 SHN + 1HI	Ms. Vincy
4.	Sevanipatty	6 VHNs + 1 SHN	Mr. Janakiraman

### Energizing game

A game was conducted to energize the participants including the RTBI Team and Mr. Nuwan.

Ms. Renukadevi, SHN of Sevanipatty secured first and collected the prize from Mr. Nuwan.



### Continuation of group exercise on mobile phone data entry



The group exercise was again started. It was found that most of the participants were comfortable to operate mobile phone for recording health data. Initially, it was observed that the participants were unable to send SMS through mobile phone. After the course of the group exercise, It was also noted in the

groups that they were confident in operating mobile phone particularly on recording health data.

Finally, they were given instructions that the mobile phone must be charged for two to three hours at your home tonight and try to bring the same phone tomorrow.



First Day of the training workshop was completed with the high satisfaction and the participants were requested to assemble in the same training hall at 9 am tomorrow.

### Day Two (5<sup>th</sup> May 2009)

#### Recap

On day 2, the session started with a recap of the previous day's activities. Ms. Suma repeated the demonstration of mobile phone application to emphasize understanding.



Ms. Vincy reiterated the steps to open and access health survey form.

Important features on the mobile phone were again demonstrated, for an example about the GPRS signal connectivity and so on.

Q. How do we know about GPRS signal available on the mobile phone?

A. G-symbol would be appeared on the screen

#### Demonstration of Auton Lab T-cub

A demonstration of the Auton Lab T-cub web interface for fast extraction of time series large datasets through web link was shown. This was developed by

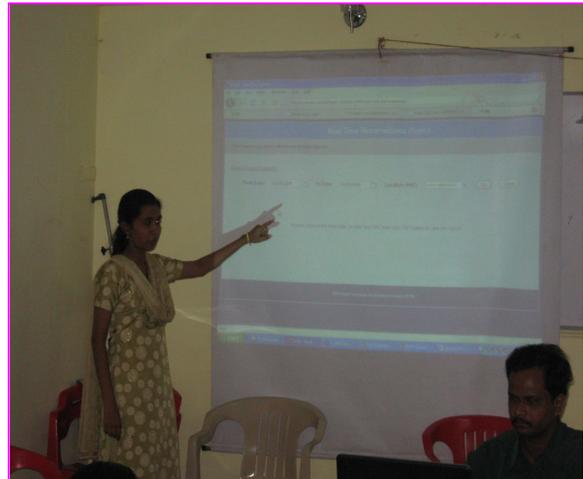
Prof. Artur Dubrawski of Carnegie Mellon University, Pittsburg, USA. In this web link, the public health reports of Sri Lank were analyzed and presented in the form of graphs with audio systems. We can down load the time series health data for specific location and compare the disease outbreak between the locations or years and vice versa. The system will help us to make decision at right time at right place in order to prevent the disease outbreak. After demonstration, the participants were told that we could also develop similar system for our real time health data over period of time. Their reaction was very impressive as they witnessed what could be done with the real time health data.

### Report Generation

In continuation of previous day's demonstration, Ms.Vincy once again discussed the report generation page through website

([http://rs.rtbi.in/rtbp/report\\_version1](http://rs.rtbi.in/rtbp/report_version1)).

She explained in detail about reports which are currently available on this website.



The participants had suggested the following to include on the report page:

- From date to date
- Location – village wise, HSC wise, PHC wise
- Age group - Child 0 – 5, Child 6 – 14, Adult 14+
- Sex – Male and Female
- Disease – list of 22 diseases and Unknown
- Status – Referred and Treated

The VHNs/SHNs were informed that they would be given the user name and password to access the page. They can easily down load and submit the report

to your concern division. During the discussion, it was understood that the current system of reporting pattern is that the SHNs will prepare a report and the same will be submitted to DDHS after authorized by respective SHN. While in our current project report format the consolidated data by the VHN can be viewed by all. The SHNs expressed their concern in this regard, and the project team has taken into account of their feedback and will do the needful accordingly.



### **Energizing game**

Another energizing game was conducted on the second day. This exercise elevated their energy level and encouraged of a more participatory workshop.

### **Outcome of the Training workshop**

- All the VHNs had become mobile phone literate. They were able to connect to the server, enter profile and location details
- They were able to collect health data through mobile phone independently
- All the VHNs were able to access health survey form on their mobile phone. This was evident from the server report, which revealed that Ms. Venkateshwari of Sirukoodalpatty HSC had entered 19 records followed by Ms. Selvi (16 records) and other 22 VHNs also entered data to the maximum of 5 records each
- Most of the participants learnt very quickly and started helping others



- All the participants had familiarized with the project objectives and other details
- They had given a lot of suggestions to improve the health survey form and report generation page
- Over all, the training workshop had created a conducive environment to learn mobile phone techniques among VHNs

### **Way forward**

Ms. Suma discussed the way forward to wrap-up the workshop. It was recommended that the data could be entered on the mobile phone for trial purpose from May 5 to May 15, 2009. The trial period was to enhance the usability of the application and get comfortable with its functionalities. However, beginning May 19, 2009, the VHNs will have to begin entering real data. To monitor and trouble shooting support, Mr. Janakiraman will visit the respective PHCs to give the required support. The project team will be available to offer support and assistance in case of any difficulties.

### **Vote of Thanks**

Mrs. S. Palaniyae, VHN of Athirampatti HSC, expressed that this training workshop was very useful for all of them and they are very proud that the project is being launched in their block. Finally, she proposed vote of thanks on behalf of other participants.



## Annexure i

### List of participants

Sl. No.	Name of participant	Designation	Name of HSC	Name of PHC
1.	Mrs.Sivakamu	VHN	Viramathy	Keelasevalpatty
2.	Ms.Thayabharathi	VHN	Shenbagampettai	Keelasevalpatty
3.	Ms.Venkadeswari	VHN	Sirukudalpatty	Keelasevalpatty
4.	Ms.Vijaya	VHN	Nedumaram	Keelasevalpatty
5.	Ms.Shanthi	VHN	Kottaieruppu	Keelasevalpatty
6.	Mrs.Selvi	VHN	Karuppur	Keelasevalpatty
7.	Mrs.Jeyalakshmi	SHN		Keelasevalpatty
8.	Ms.C.Kamalam	VHN	Pulankurunchi	Sevanipatti
9.	Ms.VijayaLakshmi	VHN	Kandavarayanpatti	Sevanipatti
10.	Ms.P.Selvamani	VHN	Sevoor	Sevanipatti
11.	Ms.Uma Maheswari	VHN	Ilanthangudi	Sevanipatti
12.	Ms.S.Palaniyae	VHN	Athirampatti	Sevanipatti
13.	Ms.Shanthi	VHN	Thuvar	Sevanipatti
14.	Mrs.C.Renuga	SHN		Sevanipatti
15.	Ms. M. Nagarathinam	VHN	Thirukostiyur	Thirukostiyur
16.	Ms.K.Dhanalakshmi	VHN	Thirukostiyur	Thirukostiyur
17.	Ms.Karuppaye	VHN	Kolinjipatti	Thirukostiyur
18.	Ms.A.Malaiyemmal	VHN	T. Puthupatti	Thirukostiyur
19.	Ms.P.Chithrajayasri	VHN	Thiruppathur I Unit	Thirukostiyur
20.	Ms.S.Natchiyar	VHN	Thiruppathur III Unit	Thirukostiyur
21.	Ms.K.Vairamani	VHN	Thiruppathur IV Unit	Thirukostiyur
22.	S.Kaliammal	SHN		Thirukostiyur
23.	Ms.Umarani	VHN	A.Thekkur	Nerkuppai
24.	Ms.Vanaja	VHN	Olugamangalam	Nerkuppai
25.	Ms.Maragatham	VHN	Karaiyur	Nerkuppai
26.	Ms.Logamatha	VHN	S.Velangudi	Nerkuppai

27.	Ms.AnnamalSuganthi	VHN	Makibalanpatti	Nerkuppai
28.	Mrs.Amutha	SHN		Nerkuppai
29.	Mr. Alagappan	HI	Nerkuppai	Nerkuppai

## Annexure ii

### Details of VHN who received mobile phone

Sl. No.	Name of participant	Name of HSC	Name of PHC	Mobile Phone number
1.	Mrs.Sivakamu	Viramathy	Keelasevalpatty	9047010879
2.	Ms.Thayabharathi	Shenbagampettai	Keelasevalpatty	9047010870
3.	Ms.Venkadeswari	Sirukudalpatty	Keelasevalpatty	9047010872
4.	Ms.Vijaya	Nedumaram	Keelasevalpatty	9047010883
5.	Ms.Shanthi	Kottaieruppu	Keelasevalpatty	9047010873
6.	Mrs.Selvi	Karuppur	Keelasevalpatty	9047010878
7.	Ms.C.Kamalam	Pulankurunchi	Sevanipatti	9047010892
8.	Ms.Vijayalakshmi	Kandavarayanpatti	Sevanipatti	9047010865
9.	Ms.P.Selvamani	Sevoor	Sevanipatti	9047010853
10.	Ms.UmaMaheswari	Ilanthangudi	Sevanipatti	9047010867
11.	Ms.S.Palaniyaae	Athirampatti	Sevanipatti	9047010854
12.	Ms.Shanthi	Thuvar	Sevanipatti	9047010869
13.	Ms. Nagarathinam	Thirukostiyur	Thirukostiyur	9047010863
14.	Ms.Dhanalakshmi	Thirukostiyur	Thirukostiyur	9047010860
15.	Ms.Karuppaye	Kolinjipatti	Thirukostiyur	9047010862
16.	Ms.Malaiyemmal	T. Puthupatti	Thirukostiyur	9047010857
17.	Ms.Chithrajayasri	Thiruppathur I Unit	Thirukostiyur	9047010859
18.	Ms.S.Natchiyar	Thiruppathur III Unit	Thirukostiyur	9047010858
19.	Ms.K.Vairamani	Thiruppathur IV Unit	Thirukostiyur	9047010886
20.	Ms.Umarani	A.Thekkur	Nerkuppai	9047010861
21.	Ms.Vanaja	Olugamangalam	Nerkuppai	9047010886
22.	Ms.Maragatham	Karaiyur	Nerkuppai	9047010855

23.	Ms.Logamatha	S.Velangudi	Nerkuppai	9047010894
24.	Ms.Annamal Suganthi	Makibalanpatti	Nerkuppai	9047010898

### Annexure iii

#### Programme Schedule

Day One (4 <sup>th</sup> May, 2009)		
0930 to 1000	Registration	Ms. Vincy Pushpa Mary Mr. Janakiraman
1000 to 1015	Welcome Address	Ms. Suma Prashant
1015 to 1045	Roles and responsibilities of VHNs/SHNs	Ms. Dhanalakshmi, VHN, Thirukostiyur Ms. Kaliyammal, SHN, Thirukostiyur
1045 to 1100	Inaugural Address	Dr. N. Raghupathy Deputy Director of Health Services Sivaganga district
1100 to 1130	About Real Time Biosurveillance Program (RTBP)	Ms. Suma Prashant Dr. M. Ganesan
1130 to 1145	<b>Tea Break</b>	
1200 to 1230	Distribution of Mobile Phones to VHNs	Ms. Vincy Pushpa Mary Mr. Janakiraman
1230 to 1300	Features in Mobile application	Ms. Suma Prashant
1300 to 1400	<b>Lunch Break</b>	
1400 to 1415	Introduction to Health Survey Application on Mobile phone	Mr. T. Kannan
1415 to 1515	Demonstration of M Mobile Health Application	Ms. Suma Prashant Mr. T. Kannan and

		Ms. Vincy Pushpa Mary
1515 to 1530	Report Generation	Ms. Vincy Pushpa Mary
1530 to 1545	Distribution of User Manual	Mr. T. Kannan Ms. Vincy Pushpa Mary
1545 to 1600	Group exercise on mobile phone data entry	Ms. Suma Prashant Mr. T. Kannan Ms. Vincy Pushpa Mary Mr. N. Janakiraman
1600 to 1615	<b>Tea Break</b>	
1615 to 1800	Continuation of group exercise on mobile phone data entry	Ms. Suma Prashant Mr. T. Kannan Ms. Vincy Pushpa Mary Mr. N. Janakiraman
<b>Day Two (5<sup>th</sup> May, 2009)</b>		
0930 to 1045	Recap of previous day sessions	Ms. Suma Prashant Ms. Vincy Pushpa Mary
1045 to 1100	<b>Tea Break</b>	
1100 to 1130	Demonstration of Auton Lab T-cub	Ms. Suma Prashant
1130 to 1300	Group Exercise on mobile phone data entry	Ms. Suma Prashant Mr. T. Kannan Ms. Vincy Pushpa Mary Mr. N. Janakiraman
1300 to 1400	<b>Lunch Break</b>	
1400 to 1500	Demon on Report Generation page	Ms. Vincy Pushpa Mary
1500 to 1600	Way forward	Ms. Suma Prashant
	Vote of Thanks	Mrs. S. Palaniyaae, VHN of Athirampatti HSC,

## Annexure iv

### Project Team

Sl. No.	Name of person	Name of organization
1.	Mr. Nuwan Waidyanatha	LIRNEasia, Sri Lanka
2.	Ms. Suma Prashant	IITM's Rural Technology and Business Incubator
3.	Dr. M. Ganesan	IITM's Rural Technology and Business Incubator
4.	Ms. R. Sheebha*	IITM's Rural Technology and Business Incubator
5.	Mr. T. Kannan	IITM's Rural Technology and Business Incubator
6.	Ms. Vincy Pushpa Mary	IITM's Rural Technology and Business Incubator
7.	Mr. N. Janakiraman	IITM's Rural Technology and Business Incubator

***\* She could not participate in the training workshop due to some unavoidable circumstances***

## Annexure v

### Abbreviations

CUG	Closed User Group
DDHS	Deputy Director of Health Services
GH	Government Hospital
GPRS	General Pocket Radio Service
HI	Health Inspector
HSC	Health Sub Centre
ID	Identification
IDRC	International Development Research Centre
IITM	Indian Institute of Technology Madras
Kgs	Kilo grams
MB	Mega Bytes
Mhealth	Mobile Health
PHC	Primary Health Centre
RTBI	Rural Technology and Business Incubator
RTBP	Real Time Biosurveillance Program
SHN	Sector Health Nurse
SIM	Subscriber Identify Module
SMS	Short Message Service
VHN	Village Health Nurse