

Accès aux Soins de Santé Primaires | ASSP

## Open Data Kit Software

Out-of-the-box solutions for data collection and project management.



### Our Approach

ASSP works in some of the most remote areas of the DRC where there is little access to modern methods of communication and few resources available. These rural settings pose many complications for project management and data collection. Using Open Data Kit software, or ODK, on Android phones has provided a reliable method for communicating with remote teams and collecting high-quality data. ASSP began using ODK to track and map mass bed net distributions while also collecting demographic information in Kasai. Since then ODK has improved programming and data collection in several areas including nutrition, WASH, behavior change communication, finance and human resources.

1.3 Million  
Bed Nets Tracked

ASSP has tracked the distribution of over 1.3 million nets in 456,000 households using ODK through its Hang Up mass distribution campaigns in the Kasai and Nord Ubangi Provinces.

7,500  
Recorded Nutrition  
Activities

More than 7,500 nutrition activities have been recorded using ODK including routine supervision of malnourished children, assessments of community gardens and data collection.

2,000

More than 2,000 movie night events have been captured and mapped in 97 percent of health areas in Nord Ubangi, Maniema, Tshopo and Kasai using ODK.



More than 7,200 people in rural locations have been trained on data collection using ODK on smartphones. The majority of these people are community health workers, or *relais communautaires* in French, who will use these skills to obtain jobs for future projects for years to come.





## Nutrition

The nutrition program used ODK for **routine supervision of malnourished children** in the Kasai, where more than 2,100 records have been collected.

The application was used to conduct **assessments of community gardens** coupled with trainings and **assessments of community meetings**.

The application was also used to **collect data** for a study with the National Nutrition Program in Mikope and Djoko Punda health zones.

## Finance

Submitting receipts for gas and use of canoes in rural locations.



## Integration

## Human Resources

Submitting timesheets from rural locations and monitoring of employee activities from afar.

## Logistics

Certification of solar fridges and solar light installations via ODK submissions.



## WASH

ODK was used to perform health center needs assessments. Once completed these reports were used to develop a budget for WASH interventions.

The application was also used to report progress for WASH construction projects that took place in remote locations.



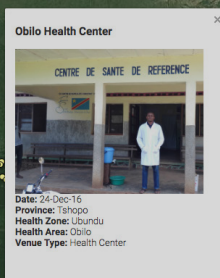
## Behavior Change Communications

The behavior change program piggybacked the Malaria Program Post Distribution Check Up surveys to collect valuable information on behaviors and perceptions to improve its behavior change communications materials for malaria, family planning, WASH, and nutrition programs.

The application was used to report over 2,000 movie night events in nearly all of the health areas in four provinces. It was also used to conduct focus group research, supervision reporting, and convenience surveys of participants.

## Mapping

All of the programs listed here have contributed to the mapping of 97 percent of health areas in Nord Ubangi, Maniema, Tshopo and Kasai. Most health centers were also mapped and photographed during the behavior change communication activities.



## Malaria

ODK was used to track over 1.3 million bed nets during Hang Up distribution campaigns.

The application was also used to monitor net usage through our Post Distribution Check Ups, during which the project routinely surveyed five percent of households in Nord Ubangi and Kasai.

The project also collected demographic data from more than 456,000 households in Nord Ubangi and Kasai.

7,248 community health workers have been trained in data collection using smartphones. Many had never used a smartphone before.