

**ROLES AND RESPONSIBILITIES OF FIELD MONITORS IN SUPPORTING
HIGH-RISK CHILDREN: A STUDY IN UDAIPUR AND SALUMBAR DISTRICT
IN RAJASTHAN**

Dissertation Submitted to



The IIHMR University, Jaipur

for the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

By

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Under the Supervision and Guidance of

Dr Nutan P. Jain

2024



Internship cum dissertation completion certificate

Letter No : KB Admin/HR 2024-25/241

Date : July 02, 2024

This is to certify that Ms. Anushruti Saxena, a student of MBA in Hospital and Healthcare Management academic year 2022-2024 at IIHMR University, Jaipur has completed her internship with Khushi Baby from 15th march 2024 to 15th june 2024.

During the internship, Anushruti did her dissertation on the topic of **"Roles and Responsibilities of Field Monitors in Supporting High Risk Children: A Study in Udaipur and Salumbar District in Rajasthan"** under the project titled **"Community Health Integrated Platform"**.

Throughout the internship, she sincerely worked on all her assignments, and her overall performance was observed to be very good.

We wish her success in her future endeavors

Sincerely,

DocuSigned by:
Ajay Sharma
BFA47D4C9D504EC...

Ajay Sharma,
Chief of Staff
Khushi Baby

Appendix D: Declaration by Student

DECLARATION BY STUDENT

I hereby declare that this dissertation titled "**Roles and Responsibilities of Field Monitors in Supporting High-Risk Children: A Study in Udaipur and Salumbar District in Rajasthan**" is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.



Name of Student- **Anushruti Saxena**

Date- **01st July 2024**

Certificate from Faculty Guide and School Dean

CERTIFICATE

This is to certify that dissertation titled "**Roles and Responsibilities of Field Monitors in Supporting High-Risk Children: A Study in Udaipur and Salumbar District in Rajasthan**" is a record of the research work undertaken by **Anushruti Saxena** in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.

A handwritten signature in blue ink, appearing to read 'Nutan P. Jain'.

Faculty Guide: **Dr. Nutan P. Jain**

IIHMR University, Jaipur

Date: 01/07/24

A handwritten signature in blue ink, appearing to be a stylized 'S' followed by 'D'.

School Dean

IIHMR University, Jaipur

Date: 01/07/24

ABSTRACT

Title of the Study: **Roles and Responsibilities of Field Monitors in Supporting High-Risk Children: A Study in Udaipur and Salumbar District in Rajasthan**

Name of the Student: **Anushruti Saxena**

Name of the Mentor: **Dr. Nutan P. Jain**

Keywords: Field Monitors, Child Health, Rural India, Health Interventions, Data Accuracy, High-Risk Children

Introduction: This research looks at the functions, obligations, difficulties, and achievements of Field Monitors (FMs) in the Khushi Baby system, with an emphasis on how they affect child health interventions in rural India. Field managers (FMs) play a critical role in field visits, data management, ASHA and ANM training, and making sure high-risk children receive the treatment they need.

Objectives: This study's main goals are to comprehend the training duties of FMs, examine how they handle and use data, assess the home visitation and referral process, and pinpoint the obstacles and motivating elements that affect their work.

Methodology: In-depth interviews with 14 Field Monitors were conducted for this qualitative study in order to obtain comprehensive information about their experiences and roles. A thorough knowledge of the contributions made by FMs and the challenges they encounter was obtained through the analysis of the data, which revealed major themes and sub-themes.

Key Results: The Khushi Baby system relies heavily on field monitors, who also manage health data, do house visits, train ASHAs and ANMs, and make sure high-risk children are referred to the right medical institutions. They are responsible for data verification, health status evaluations, and helping high-risk children receive care. According to particular health criteria, the study described in detail how high-risk youngsters were distributed and categorized. The metrics—low birth weight, age-weight ratio, and mid-upper arm circumference [MUAC]—elucidate the incidence and gravity of health hazards in distinct demographic groups.

Referral System: The process followed by Field Monitors (FMs) is essential for the prompt treatment of high-risk children. This system involves collaboration with the RBSK team, ASHAs, ANMs, and the KB Communication team, ensuring that children with severe conditions receive specialized care at MTCs.

Challenges: Some common issues include a lack of awareness about health applications, resistance to using digital tools, and high workloads among health workers. FMs often find it challenging to persuade parents to seek higher-level care for their children, particularly in remote areas.

Motivation and Support FMs stay motivated by the positive impact of their work and the lives saved through their interventions. Support systems are crucial for maintaining their motivation.

Recommendations for Improvement: The study suggests improvements such as ensuring the availability of measuring resources, enhancing coordination with ASHAs and ANMs, and providing social recognition to health workers.

Conclusion: Field Monitors play a crucial role in child health interventions in rural India. Their work in training, data management, field assessments, and referrals significantly contributes to the identification and management of high-risk children. By addressing the identified challenges and implementing the recommended improvements, the effectiveness of child health programs can be enhanced, leading to better health outcomes for vulnerable populations.

PREFACE

The present study, "**Roles and Responsibilities of Field Monitors in Supporting High-Risk Children: A Study in Udaipur and Salumbar District in Rajasthan**" aims to provide a comprehensive understanding of the crucial roles Field Monitors play in improving child health outcomes in rural India. These monitors act as essential connectors between the healthcare system and rural communities, ensuring that high-risk children receive timely and appropriate care. The study explores their training responsibilities, data management practices, field visit protocols, and the challenges they face.

Employing a qualitative approach, this study aims to highlight both the successes and obstacles that Field Monitors encounter in their daily work. By focusing on their activities, this research seeks to offer valuable insights into how their efforts can be better supported and improved to enhance the overall effectiveness of child health interventions in rural settings. The findings from this study are expected to significantly contribute to public health, providing guidance for policymakers, health professionals, and organizations dedicated to improving child health outcomes.

This research would not have been possible without the cooperation and participation of the Field Monitors, who generously shared their experiences and insights. Their dedication to their roles and commitment to improving child health in rural areas is both inspiring and commendable. It is hoped that this study will serve as a resource for further enhancing the support systems for Field Monitors and, ultimately, the health and well-being of high-risk children in rural India.

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I would also like to extend my sincere thanks to Dr. Sanjay Gupta, Dean at IIHMR University, for his academic support and encouragement.

My heartfelt thanks to the Field Monitors who participated in this study. Their willingness to share their experiences and insights has been invaluable.

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TABLE OF CONTENTS

S. No.	Contents	Page No.
1.	Chapter 1- Introduction	12-15
2.	Chapter 2- Review of Literature	16-18
3.	Chapter 3- Methodology	19-22
4.	Chapter 4- Results and Discussions	23-34
5.	Chapter 5- Conclusion	35-36
6.	Chapter 6- References	37-38

LIST OF FIGURES

S. No.	Contents	Page No.
1.	Figure 1- WHO Age for Weight Criteria for Girls	13
2.	Figure 2- WHO Age for Weight Criteria for Boys	13
3.	Figure 3- HRC Tracking Process Chart	25
4.	Figure 4 - Block-wise Distribution of Number of children tracked during Dec-2023 to Jun-2024	27
5.	Figure 5 – Status of number of children tracked by Khushi Baby during Dec-2023 to Jun-2024	27
6.	Figure 6 – Block-wise Distribution of HRC during Dec-2023 to Jun-2024	28
7.	Figure 7 – Treatment Status of Severe and Moderate High-Risk Children	28
8.	Figure 4- Roles and Responsibilities of Field Monitors	30
9.	Figure 5- High-Risk Child in Gogunda Block of Udaipur	32
10.	Figure 6- Field Monitor Assisting in Transporting High-Risk Child to MTC	32
11.	Figure 7- KB Headquarters Communication Team Facilitating Child's Admission to MTC	33

ABBREVIATIONS

- a) **ANM** - Auxiliary Nurse Midwife
- b) **ASHA** - Accredited Social Health Activist
- c) **CHC** - Community Health Center
- d) **CHIP** - Child Health Information Platform
- e) **CHW** - Community Health Workers
- f) **FM**s - Field Monitors
- g) **HRC** – High Risk Children
- h) **KB** - Khushi Baby
- i) **MAM** - Moderate Acute Malnutrition
- j) **MCHN** - Maternal and Child Health and Nutrition
- k) **MR** - Measles-Rubella
- l) **MTC** - Malnutrition Treatment Center
- m) **MUAC** - Mid-Upper Arm Circumference
- n) **PHC** - Primary Health Center
- o) **RBSK** - Rashtriya Bal Swasthya Karyakram
- p) **RCH** - Reproductive and Child Health
- q) **RI** - Routine Immunization
- r) **SAM** - Severe Acute Malnutrition
- s) **SNCU** – Special Newborn Care Unit
- t) **WHO** - World Health Organization

CHAPTER 1- INTRODUCTION

Field Monitors are crucial in community health projects, particularly in regions with limited healthcare access. This study explores the roles and duties of Field Monitors in aiding high-risk children in Udaipur and Salumbar districts of Rajasthan, within the Khushi Baby framework. Acting as the primary link between healthcare workers and Khushi Baby, Field Monitors undertake various key tasks to ensure the effective operation of the health monitoring system.

They provide training to ASHAs and ANMs on the CHIP application and its updates. Their responsibilities also include maintaining and updating data records, visiting homes of high-risk pregnant women and children, and facilitating referrals to advanced care facilities. Moreover, they conduct MCHN visits, attend block and sector meetings, and support healthcare workers with the application. These duties are essential for the efficient functioning of Khushi Baby's health monitoring system, ensuring timely and proper care for high-risk children and pregnant women. Field Monitors employed by Khushi Baby carry out home visits and oversee the health of high-risk children identified based on specific criteria that suggest a higher risk of adverse health outcomes. Khushi Baby defines high-risk children identified by system as being at higher risk for adverse health outcomes based on specific criteria such as:

- Age-weight ratio below SD3 as per WHO weight criterion, where child below SD2 to SD3 is in moderate category; and child below SD3 is categorized as severe
- Mid-upper arm circumference (MUAC) below 12.5 cm, where child with MUAC 11.5-12.5 cm is moderate; and MUAC below 11.5 cm is severe
- Low Birth Weight (wt < 2500g) where child weighted 2-2.5 kg is classified as moderate; and child weighted less than 2 kgs is considered as severe
- Any other illness since birth such as Thalassemia

Weight-for-age GIRLS

Birth to 5 years (z-scores)



Year: Month	Month	L	M	S	Z-scores (weight in kg)						
					-3 SD	-2 SD	-1 SD	Median	1 SD	2 SD	3 SD
0: 0	0	0.3809	3.2322	0.14171	2.0	2.4	2.8	3.2	3.7	4.2	4.8
0: 1	1	0.1714	4.1873	0.13724	2.7	3.2	3.6	4.2	4.8	5.5	6.2
0: 2	2	0.0962	5.1282	0.13000	3.4	3.9	4.5	5.1	5.8	6.6	7.5
0: 3	3	0.0402	5.8458	0.12619	4.0	4.5	5.2	5.8	6.6	7.5	8.5
0: 4	4	-0.0050	6.4237	0.12402	4.4	5.0	5.7	6.4	7.3	8.2	9.3
0: 5	5	-0.0430	6.8985	0.12274	4.8	5.4	6.1	6.9	7.8	8.8	10.0
0: 6	6	-0.0756	7.2970	0.12204	5.1	5.7	6.5	7.3	8.2	9.3	10.6
0: 7	7	-0.1039	7.6422	0.12178	5.3	6.0	6.8	7.6	8.6	9.8	11.1
0: 8	8	-0.1288	7.9487	0.12181	5.6	6.3	7.0	7.9	9.0	10.2	11.6
0: 9	9	-0.1507	8.2254	0.12199	5.8	6.5	7.3	8.2	9.3	10.5	12.0
0:10	10	-0.1700	8.4800	0.12223	5.9	6.7	7.5	8.5	9.6	10.9	12.4
0:11	11	-0.1872	8.7192	0.12247	6.1	6.9	7.7	8.7	9.9	11.2	12.8
1: 0	12	-0.2024	8.9481	0.12268	6.3	7.0	7.9	8.9	10.1	11.5	13.1
1: 1	13	-0.2158	9.1699	0.12283	6.4	7.2	8.1	9.2	10.4	11.8	13.5
1: 2	14	-0.2278	9.3870	0.12294	6.6	7.4	8.3	9.4	10.6	12.1	13.8
1: 3	15	-0.2384	9.6008	0.12299	6.7	7.6	8.5	9.6	10.9	12.4	14.1
1: 4	16	-0.2478	9.8124	0.12303	6.9	7.7	8.7	9.8	11.1	12.6	14.5
1: 5	17	-0.2562	10.0226	0.12306	7.0	7.9	8.9	10.0	11.4	12.9	14.8
1: 6	18	-0.2637	10.2315	0.12309	7.2	8.1	9.1	10.2	11.6	13.2	15.1
1: 7	19	-0.2703	10.4393	0.12315	7.3	8.2	9.2	10.4	11.8	13.5	15.4
1: 8	20	-0.2762	10.6464	0.12323	7.5	8.4	9.4	10.6	12.1	13.7	15.7
1: 9	21	-0.2815	10.8534	0.12335	7.6	8.6	9.6	10.9	12.3	14.0	16.0
1:10	22	-0.2862	11.0608	0.12350	7.8	8.7	9.8	11.1	12.5	14.3	16.4
1:11	23	-0.2903	11.2688	0.12369	7.9	8.9	10.0	11.3	12.8	14.6	16.7
2: 0	24	-0.2941	11.4775	0.12390	8.1	9.0	10.2	11.5	13.0	14.8	17.0

WHO Child Growth Standards

Figure 1- WHO Age for Weight Criteria for Girls

Weight-for-age BOYS

Birth to 5 years (z-scores)



Year: Month	Month	L	M	S	Z-scores (weight in kg)						
					-3 SD	-2 SD	-1 SD	Median	1 SD	2 SD	3 SD
0: 0	0	0.3487	3.3464	0.14602	2.1	2.5	2.9	3.3	3.9	4.4	5.0
0: 1	1	0.2297	4.4709	0.13395	2.9	3.4	3.9	4.5	5.1	5.8	6.6
0: 2	2	0.1970	5.5675	0.12385	3.8	4.3	4.9	5.6	6.3	7.1	8.0
0: 3	3	0.1738	6.3762	0.11727	4.4	5.0	5.7	6.4	7.2	8.0	9.0
0: 4	4	0.1553	7.0023	0.11316	4.9	5.6	6.2	7.0	7.8	8.7	9.7
0: 5	5	0.1395	7.5105	0.11080	5.3	6.0	6.7	7.5	8.4	9.3	10.4
0: 6	6	0.1257	7.9340	0.10958	5.7	6.4	7.1	7.9	8.8	9.8	10.9
0: 7	7	0.1134	8.2970	0.10902	5.9	6.7	7.4	8.3	9.2	10.3	11.4
0: 8	8	0.1021	8.6151	0.10882	6.2	6.9	7.7	8.6	9.6	10.7	11.9
0: 9	9	0.0917	8.9014	0.10881	6.4	7.1	8.0	8.9	9.9	11.0	12.3
0:10	10	0.0820	9.1649	0.10891	6.6	7.4	8.2	9.2	10.2	11.4	12.7
0:11	11	0.0730	9.4122	0.10906	6.8	7.6	8.4	9.4	10.5	11.7	13.0
1: 0	12	0.0644	9.6479	0.10925	6.9	7.7	8.6	9.6	10.8	12.0	13.3
1: 1	13	0.0563	9.8749	0.10949	7.1	7.9	8.8	9.9	11.0	12.3	13.7
1: 2	14	0.0487	10.0953	0.10976	7.2	8.1	9.0	10.1	11.3	12.6	14.0
1: 3	15	0.0413	10.3108	0.11007	7.4	8.3	9.2	10.3	11.5	12.8	14.3
1: 4	16	0.0343	10.5228	0.11041	7.5	8.4	9.4	10.5	11.7	13.1	14.6
1: 5	17	0.0275	10.7319	0.11079	7.7	8.6	9.6	10.7	12.0	13.4	14.9
1: 6	18	0.0211	10.9385	0.11119	7.8	8.8	9.8	10.9	12.2	13.7	15.3
1: 7	19	0.0148	11.1430	0.11164	8.0	8.9	10.0	11.1	12.5	13.9	15.6
1: 8	20	0.0087	11.3462	0.11211	8.1	9.1	10.1	11.3	12.7	14.2	15.9
1: 9	21	0.0029	11.5486	0.11261	8.2	9.2	10.3	11.5	12.9	14.5	16.2
1:10	22	-0.0028	11.7504	0.11314	8.4	9.4	10.5	11.8	13.2	14.7	16.5
1:11	23	-0.0083	11.9514	0.11369	8.5	9.5	10.7	12.0	13.4	15.0	16.8
2: 0	24	-0.0137	12.1515	0.11426	8.6	9.7	10.8	12.2	13.6	15.3	17.1

WHO Child Growth Standards

Figure 2- WHO Age for Weight Criteria for Boys

Source- WHO. (2006). *WHO Child Growth Standards: Length/Height-for-Age, Weight-for-Age, Weight-for-Length, Weight-for-Height and Body Mass Index-for-Age: Methods and Development*. World Health Organization [1]

Field Monitors' responsibilities extend beyond mere data collection and handling. They are instrumental in the verification of health data entered by ANMs and in conducting home visits to assess the health status of high-risk children. These visits enable Field Monitors to gather accurate information and facilitate the referral of children with severe health conditions to specialized care facilities, such as SNCU or MTC.

A substantial body of research underscores the importance of community health workers in improving health outcomes in underserved areas. For instance, a study by Perry et al. (2014) highlights that community health workers can significantly enhance child health outcomes by providing essential health services and facilitating access to care in remote regions. [2] Similarly, a report by the WHO emphasizes the effectiveness of community-based health programs in addressing malnutrition and other health issues among children in low-resource settings.

In addition, research by Gogia and Sachdev (2016) indicates that community health workers (CHWs) play a critical role in reducing neonatal and infant mortality rates. Their meta-analysis of randomized controlled trials demonstrates that CHWs can effectively deliver interventions that improve maternal and child health outcomes in low- and middle-income countries. [3] Another study by Singh et al. (2020) found that the integration of mobile health (mHealth) applications in community health programs enhances the efficiency and accuracy of health data collection, leading to better monitoring and management of child health. [4]

Research by Singh and Gupta (2023) highlights the significant impact Field Monitors have on child health interventions in rural India, demonstrating improved health outcomes due to their direct engagement with high-risk populations. [5] Kaur et al. (2022) provides case studies from Asia showing that Field Monitors and community health workers effectively bridge the gap between healthcare systems and remote communities, leading to better health. [6]

Moreover, Patel and Sharma (2020) found that Field Monitors are crucial in maternal and child health programs, particularly in ensuring timely follow-ups and effective data management. [7] Mburu and Ngugi (2019) presented evidence from Africa that underscores the vital role Field Monitors play in supporting high-risk children, emphasizing their contribution to the sustainability of health interventions in challenging environments. [8]

Kumar and Rao (2021) also noted the challenges Field Monitors face, such as resource limitations and logistical barriers, but highlighted their successes in overcoming these obstacles to deliver essential health services. [9]

In the context of Khushi Baby, Field Monitors play a dual role of healthcare provider and data verifier. They ensure that high-risk children are accurately identified and receive appropriate interventions. The process involves a comprehensive approach that includes training healthcare workers, conducting home visits, verifying data, and managing referrals. This multi-faceted role requires a deep understanding of the community's needs and the ability to navigate various challenges that arise during the monitoring and referral processes.

This study aims to explore the roles and responsibilities of Field Monitors in supporting high-risk children, the factors influencing their effectiveness, and the challenges they face in their work. By examining these aspects, the study seeks to provide insights into how community health initiatives can be strengthened to improve health outcomes for vulnerable populations.

Research Questions:

- What role do Field Monitors play in supporting high-risk children?
- What are the influencing factors for Field Monitors in effectively identifying and addressing the needs of high-risk children?

Objectives:

- To review the roles and responsibilities including referral mechanisms of the field monitors in supporting high-risk children
- To study high risk children by reasons and by blocks
- To study the facilitating and hindering situations faced by field monitors in identifying and managing high-risk children in the community.
- To study the referral system followed by the Field Monitors

CHAPTER 2- REVIEW OF LITERATURE

Year of Study	Title	Author Name & Reference	Key Objectives	Key Points of Methodology	Key Results
2023	The Impact of Field Monitors on Child Health Interventions in Rural India	Singh, R., & Gupta, A.	To evaluate the impact of field monitors on child health interventions in rural areas of India	Mixed-methods study including surveys and in-depth interviews with field monitors	Field monitors significantly improved health outcomes by ensuring timely referrals and follow-ups for high-risk children
2022	Community Health Workers' Role in Child Health: Case Studies from Asia	Kaur, P., et al.	To explore the role of community health workers in improving child health across various Asian countries	Comparative case study approach with qualitative interviews and field observations	Community health workers, including field monitors, played a critical role in enhancing child health outcomes by providing essential health education and facilitating access to healthcare services

2021	Challenges and Successes of Field Monitors in Health Programs	Kumar, S., & Rao, N.	To identify the challenges and successes faced by field monitors in health programs	Qualitative study with thematic analysis of interviews conducted with field monitors in multiple regions	Field monitors faced challenges such as resource constraints and logistical issues but had successes in community engagement and health education
2020	Evaluating the Effectiveness of Field Monitors in Maternal and Child Health Programs	Patel, M., & Sharma, T.	To assess the effectiveness of field monitors in maternal and child health programs	Longitudinal study with pre- and post-intervention data analysis and interviews with field monitors and program beneficiaries	Field monitors were effective in improving maternal and child health indicators, particularly in rural and underserved areas
2020	"Impact of Home Visits by Health Workers on Maternal and Child Health"	Rao, A., & Singh, T. (2020). Maternal and Child Health Journal, 29(1), 45-60	To examine the impact of home visits by health workers on maternal and child health in underserved areas.	Longitudinal study with health outcome tracking before and after home visits.	Home visits led to improved maternal and child health indicators, including increased immunization rates.

2019	The Role of Field Monitors in Supporting High-Risk Children: Evidence from Africa	Mburu, J., & Ngugi, P.	To examine the role of field monitors in supporting high-risk children in African health programs	Mixed-methods study with quantitative data collection and qualitative interviews	Field monitors played a crucial role in identifying and referring high-risk children to appropriate health services, resulting in better health outcomes
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CHAPTER 3- METHODOLOGY

This qualitative study utilized in-depth interviews with Field Monitors to gather detailed insights into their roles and experiences. The data collected were analyzed to identify key themes and sub-themes, providing a comprehensive understanding of the FMs' contributions and the obstacles they face.

a) Study Design-

Exploratory Study using mixed methods approach

b) Study Setting-

The study was conducted in District Udaipur and Salumbar, Rajasthan

c) Study Population-

Field monitors and Communication team under the Khushi Baby's system

d) Duration of Study-

The study was conducted during March-June 2024

e) Sampling and Sample Size-

The Intern had identified the high-risk children from the database of the Khushi Baby HMIS in 12 blocks of Udaipur and 4 blocks Salumbar districts.

The respective Field Monitor of the first high-risk child who has been referred to the higher-level health facility in all the blocks were interviewed.

Therefore, a total of 14 Field Monitors were interviewed.

The respective FM supervisor/communication team was also interviewed.

f) Data Collection Procedure-

The study had used both secondary and primary data collection methods.

Secondary data collection for quantitative analysis for profiling the high-risk

children will be used. The qualitative approach will be used for primary data collection.

- Review of roles and responsibilities of the Field Monitors in general and for managing high risk children in specific
- Review of HMIS database of Khushi Baby for profiling the high-risk children by blocks
- In-depth interview with Field Monitors
- Observation method for understanding how the field monitors interact with the families of the high-risk children
- Process mapping of referrals
- In-depth Interview with supervisor/communication team of KB Headquarter

Secondary data collection

Field Monitors will use data entered by ANMs into the application. Based on this data, a composite high-risk score is generated from the child's last check-up details. If the high-risk score is above 50, a report is generated and shared with Field Monitors. Field Monitors then conduct home visits to verify the accuracy of the ANM's data. If a high-risk child is confirmed, Field Monitors assist in the referral process through the concerned authorities. If a child is identified as having a severe health condition, the field monitors share this information with the Rashtriya Bal Swasthya Karyakram (RBSK) team, ASHA, and the ANM. The RBSK team evaluates the child's condition and, if necessary, refers the child to the Malnutrition Treatment Center (MTC) for specialized care. The KB Communication team follows up on the child's status while at the MTC. This process ensures that high-risk children are accurately identified and receive timely and appropriate care.

Data Collection Tools-

- Checklist for reviewing roles and responsibilities
- Datasheet for profiling the high-risk children by reasons and blocks
- In-depth interview guide for Field Monitors
- In-depth interview guide for supervisor/communication team
- Referral Procedure followed by Field Monitors

g) Operational Definitions

High-Risk Children: These are children identified by Khushi Baby's system as being more susceptible to negative health outcomes based on criteria such as malnutrition, MUAC, vaccination status, frequent illnesses, or developmental delays.

Field Monitors: Health workers employed by Khushi Baby who conduct home visits and monitor the health of at-risk children.

Barriers: Challenges faced by Field Monitors in effectively identifying and addressing the needs of high-risk children.

Cultural Influences: Traditions, customs, and beliefs within the community that impact perceptions and behaviors regarding child health and treatment-seeking.

Home Visits: Visits made by Field Monitors to the homes of high-risk children to provide health monitoring and support.

6) Data Analysis Plan

Step 1: Data Preparation

- **Transcription:** All recorded interviews with Field Monitors were transcribed verbatim to accurately capture their responses.
- **Data Cleaning:** Transcripts were reviewed for accuracy, and any identifiable information was anonymized to maintain confidentiality.

Step 2: Coding and Categorization

- **Focused Coding:** Codes were refined and grouped into categories that align with the research questions, such as "barriers faced."

Step 3: Interpretation and Synthesis

- **Triangulation:** Data from interviews was triangulated with observations to validate findings and provide a comprehensive picture.

- **Narrative Construction** A narrative was created to describe the experiences and challenges of Field Monitors, supported by direct quotes and examples from the data.

7) Ethical Considerations:

- Informed consent was obtained from all participating Field Monitors and the Communication Team.
- The confidentiality and anonymity of the participants were ensured.

CHAPTER 4 - RESULTS AND DISCUSSIONS

4.1 – Roles and Responsibilities of Field Monitors:

Field Monitors play a crucial role in supporting high-risk children by providing comprehensive training, data management, and direct intervention services. Their responsibilities are diverse, encompassing training healthcare workers, maintaining accurate data, conducting home visits, and ensuring effective communication within the healthcare system. This multifaceted role is vital for improving health outcomes for high-risk children and ensuring the effective use of digital tools in healthcare delivery.

i. Training and Capacity Building:

- Trains ASHAs on using the CHIP application
- Trains ANMs on using the CHIP application
- Provides updates and training on new builds of the application
- Conducts training sessions on the digital RI micro plan

ii. Data Management:

- Regularly maintains and updates data sheets
- Ensures accuracy of data entered

iii. Home Visits:

- Conducts home visits for high-risk pregnant women in every 7 to 10days
- Conducts home visits for high-risk children in every 7 to 10days
- Supports the referral process to higher facilities and follow-up visits

iv. MCHN Visits:

- Conducts MCHN visits every Thursday per week
- Persuades healthcare workers to use the application for data entry

v. Meetings and Support:

- Attends block and sector meetings of ASHAs, ANMs, CHOs, and MOICs
- Provides support regarding the usage of the application

vi. Assistance:

- Assists ASHAs with application usage
- Assists ANMs with application usage

4.2 - Process of High-Risk Children Tracking:

- a) The ANM utilizes the ANM Digital App to gather comprehensive information about the child.
- b) This data includes vital health indicators, growth metrics, and other relevant details necessary to assess the child's health status.
- c) The data entered by the ANM is reflected on the Dashboard/High-Risk Report.
- d) A high-risk score is calculated based on the child's health data to determine if the child is underweight, classified as Severe Acute Malnutrition (SAM) or Moderate Acute Malnutrition (MAM).
- e) The generated report, including the high-risk scores, is shared with field monitors responsible for overseeing the health and welfare of children in the community.
- f) Field monitors prioritize which children need urgent home visits based on several criteria:
 - A high-risk score greater than 50.
 - The child's last checkup was within the last 15 days.
 - The child's date of birth is within the last two months.
 - Other high-risk children not currently on the linelist at the anganwadi.
- g) Field monitors conduct home visits to assess the condition of high-risk children and gather contextual health information during these visits.
- h) During the home visit, field monitors complete a SurveyCTO form for each high-risk child.
- i) The collected information is subsequently uploaded to the KB database, ensuring centralized access for further analysis and action.
- j) Upon identifying a child with a severe health condition, field monitors share this information with the RBSK team, ASHA, and the ANM, ensuring all relevant healthcare personnel are informed and can take appropriate steps.
- k) The RBSK team evaluates the child's condition and, if necessary, refers the child to the Malnutrition Treatment Center (MTC) for specialized care.
- l) At the MTC, high-risk children receive intensive treatment and care tailored to address malnutrition and any associated health challenges.

- m) Throughout the child's stay at the MTC, the KB Communication team monitors their progress, offering continuous support and updates on their recovery and additional needs.
- n) Upon the child's discharge from the MTC, field monitors conduct a home visit within one or two days to ensure their well-being. They conduct ongoing follow-up visits to monitor the child's health improvement until full recovery is achieved.
- o) During these visits, field monitors educate parents on proper nutrition, administer timely medication, and ensure the child revisits the MTC or the nearest CHC/PHC for follow-ups every 15 days, until advised to do so.

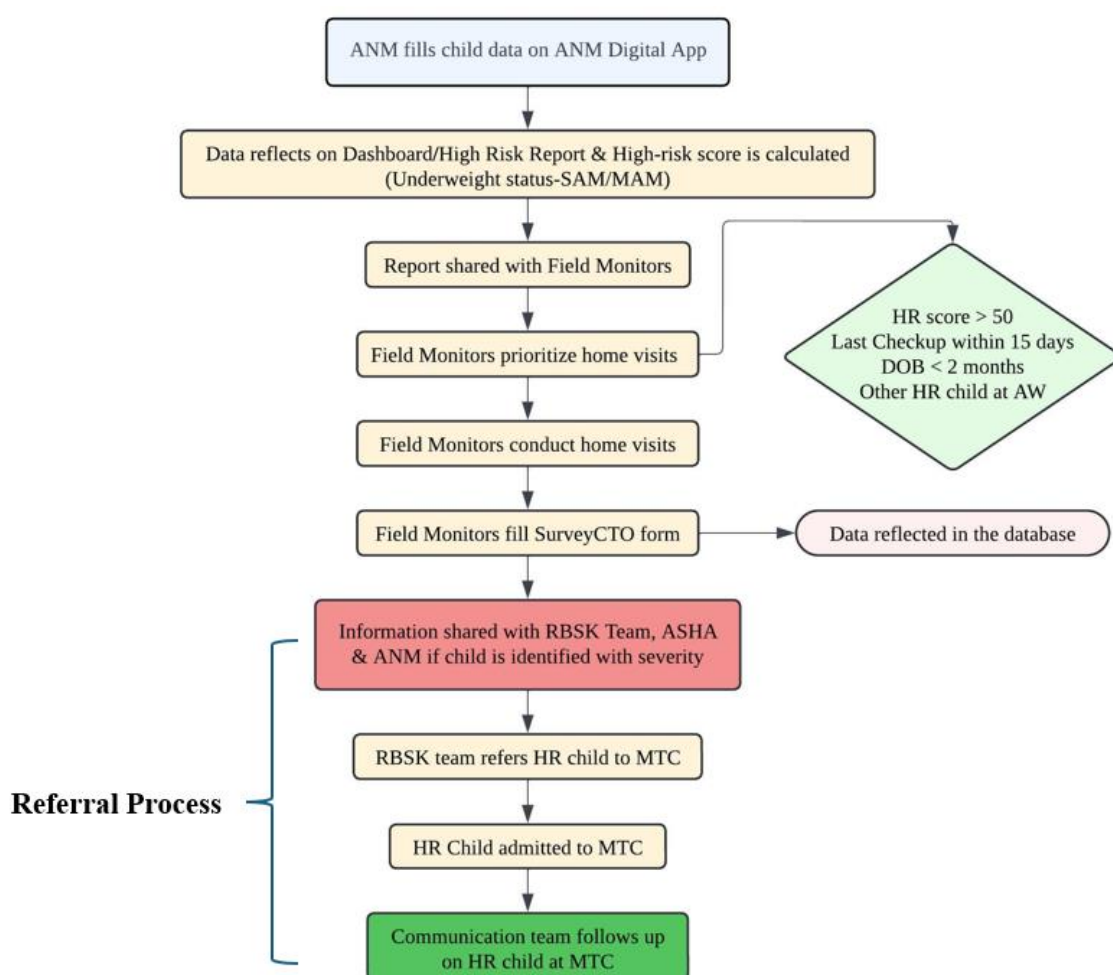


Figure 3- High-Risk Children Tracking Process Chart

4.3 - Referral Procedure followed by Field Monitors:

During visits to homes of potentially at-risk children, Field Monitors record the child's current weight and MUAC measurements, noting any severe conditions observed. If the child is classified as moderate (weight between -2SD and -3SD, MUAC between 11.5-12.5 cm), the Field Monitor advises parents to visit the nearest CHC or PHC and provides guidance on nutrition and hygiene. For children categorized as severe (weight less than -3SD, MUAC less than 11.5 cm), the Field Monitor informs the RBSK team, ANM, and ASHA. Subsequently, the RBSK team conducts a home visit to confirm the child's severe acute malnutrition (SAM) status. Once confirmed, the RBSK team assists in preparing a referral card from the nearest health facility and arranges ambulance transportation to a higher-level referral facility. The Field Monitor collaborates with the RBSK team to facilitate the child's transfer. Upon arrival at the MTC or SNCU, the KB Communication team supports the admission process.

Identified Issues/Challenges in High-Risk Children Tracking:

- i. ANMs have a high workload, limiting the time they can dedicate to accurately filling out data. Because of this sometimes ANM fills data incorrectly.
- ii. Lack of necessary equipment such as child weighing machines and measuring tools can hinder accurate data collection by ANMs.
- iii. Duplicity of data in reports.
- iv. Convincing parents to follow through with recommendations, such as admitting their child to the MTC, can be challenging. Many parents deny the need for admission due to fear, mistrust, or lack of awareness about the benefits of MTC treatment.
- v. The delay between when a child's data is reflected in our report and when a field monitor visits the child at home can result in the child naturally gaining weight and moving from the high-risk category to the normal category.

4.4 – High-Risk Children by reasons and by blocks:

- a) The KB system tracked a total of 1,495 children across different blocks. The categorization of these children based on their health status is as follows:

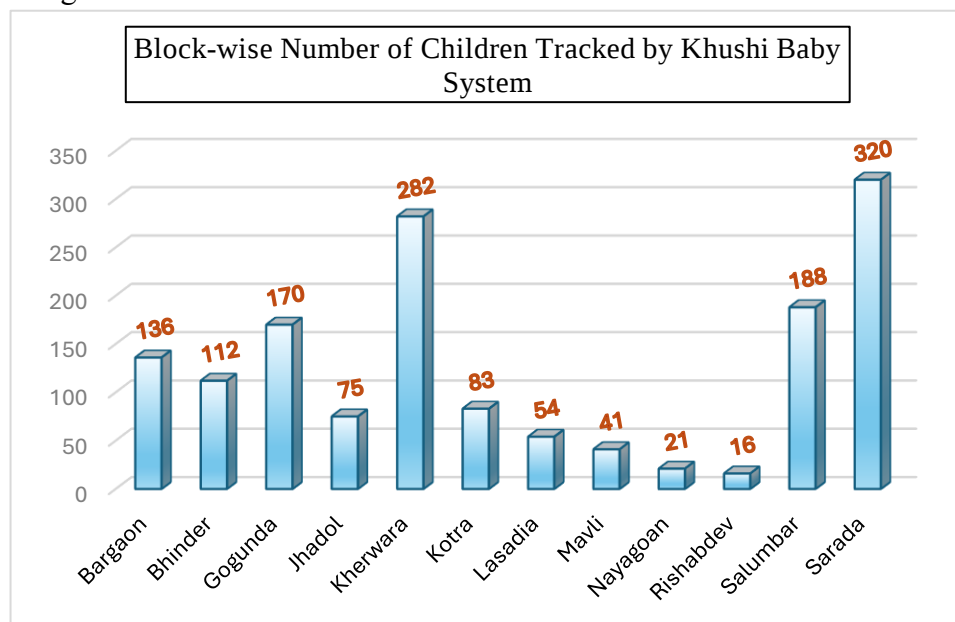


Figure 4 - Block-wise Distribution of Number of children tracked during Dec-2023 to Jun-2024

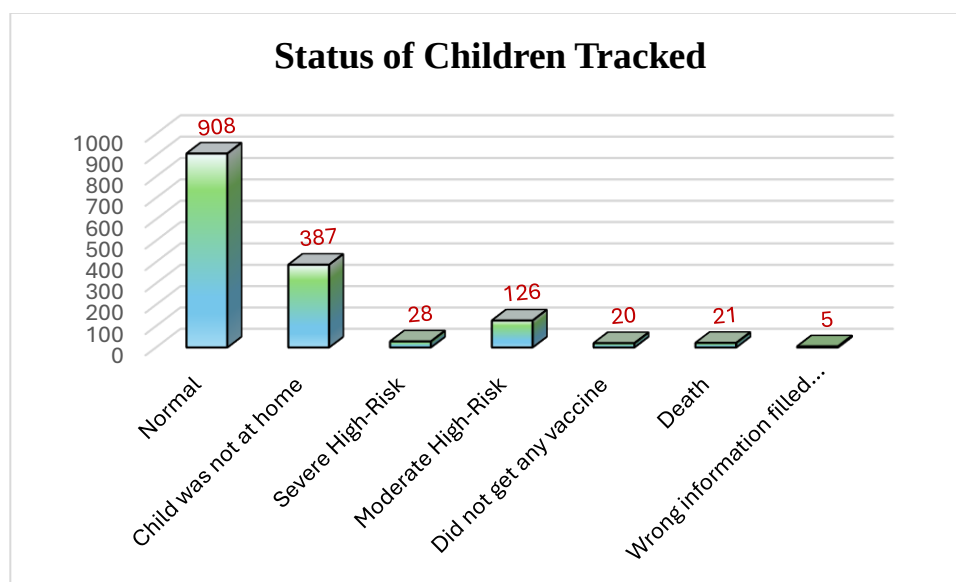


Figure 5 – Status of number of children tracked by Khushi Baby during Dec-2023 to Jun-2024

- b) The study identified varying counts of high-risk children across different blocks. Specifically, the counts for severe and moderate high-risk children were recorded as follows:

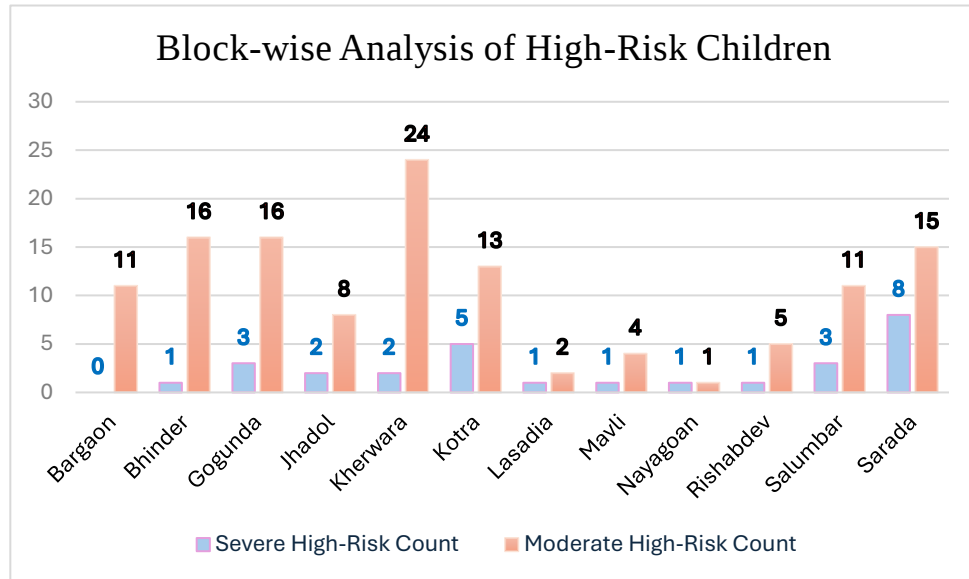


Figure 6 – Block-wise Distribution of HRC during Dec-2023 to Jun-2024

- c) The data also provided insights into the treatment status of high-risk children:

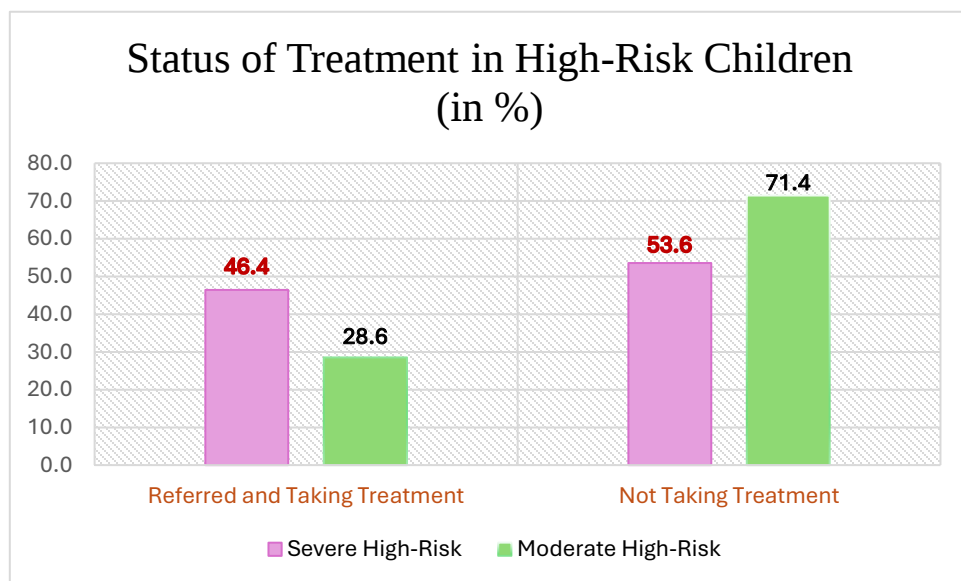


Figure 7 – Treatment Status of Severe and Moderate High-Risk Children

Key Results: The study revealed the following results:

- **Identification and Tracking:** The KB system's ability to identify and track high-risk children is evident from the data, with a significant number of children being monitored across various blocks. However, the categorization shows a considerable number of children either not being at home or having incorrect information filled, indicating challenges in data accuracy and accessibility.
- **Block-wise Distribution:** The distribution of high-risk children varies significantly across blocks. Blocks like Sarada, Kotra, and Kherwara have higher counts of severe high-risk children, necessitating focused interventions in these areas.
- **Treatment Adherence:** A significant proportion of both severe and moderate high-risk children are not taking treatment. This points to barriers in healthcare accessibility, parental awareness, and possibly logistical challenges in referring and treating these children.
- **Training Responsibilities:** FMs play a crucial role in training ASHA and ANM workers on using the CHIP application and conducting health campaigns.
- **Data Handling:** FMs ensure the accuracy of data collected by ANMs, despite challenges such as high workload and low digital literacy among health workers.
- **Prioritizing and Conducting Home Visits:** FMs prioritize high-risk children based on various criteria and perform comprehensive home visits to assess health status and provide guidance.
- **Challenges:** Common challenges include a lack of awareness about health applications, resistance to using digital tools, and high workloads. FMs often face difficulties in convincing parents to seek higher-level care for their children.
- **Motivation and Support:** FMs remain motivated by the positive impact of their work and the lives saved through their interventions. Support systems and incentives are crucial for maintaining their motivation.
- **Recommendations for Improvement:** The study recommends several enhancements, including ensuring that adequate measuring tools are readily

accessible, improving collaboration with ASHAs, and offering recognition and support to healthcare providers for their valuable contributions.

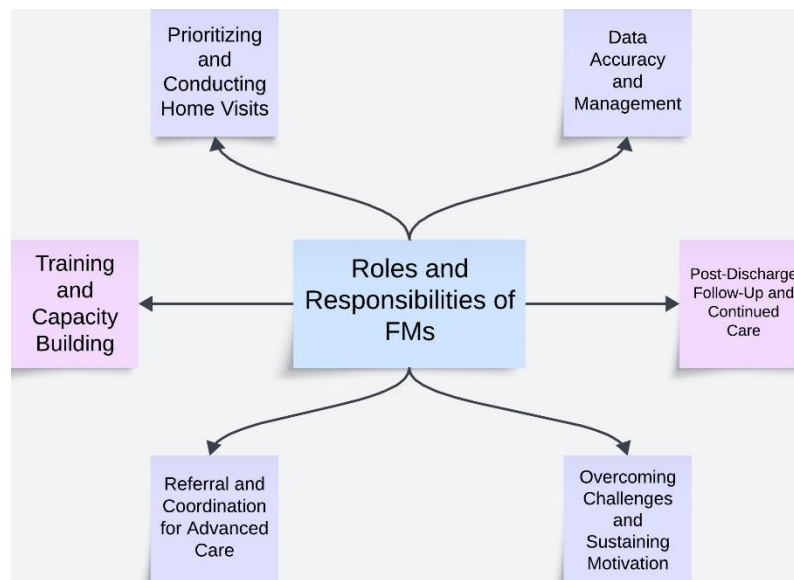


Figure 8 - Roles and Responsibilities of Field Monitors

This research underscores how essential Field Monitors are in caring for high-risk children, guiding them through every step of healthcare, from education and data oversight to hands-on support and ongoing assistance. Key insights from the study include:

Theme 1: Training Responsibilities

Sub-theme 1.1: Training ASHAs and ANMs on CHIP Application

Field Monitors take on the responsibility of training ASHAs and ANMs on using the CHIP application. This training ensures that healthcare workers can effectively input and manage data, which is critical for monitoring child health.

- **Challenges:** Field Monitors encounter challenges such as low awareness about the application and limited digital literacy among healthcare workers. Additionally, the absence of incentives and the high workload associated with data entry across multiple systems often discourages the use of the CHIP application.
- **Successes:** Despite these challenges, Field Monitors have successfully trained healthcare workers, resulting in improved data accuracy and better tracking of high-risk children.

Sub-theme 1.2: Training on MR Elimination Campaigns and Digital RI Micro Plan

Field Monitors also conduct training sessions on measles-rubella (MR) elimination campaigns and the digital Routine Immunization (RI) micro plan, enhancing the capabilities of healthcare workers in their communities.

Theme 2: Data Handling and Utilization

Sub-theme 2.1: Data Collection and Analysis

FMs collect and analyze child health data, which involves receiving data from ANMs, verifying its accuracy, and using it to prioritize interventions for high-risk children.

- **Data Accuracy Issues:** A common issue is the incorrect data entry by ANMs due to their high workload and the lack of necessary measuring resources. This affects the quality of data and, subsequently, the effectiveness of interventions.
- **Prioritizing Home Visits:** FMs prioritize home visits based on a probability score from the KB server report, recent births, recent checkups, and confirmations from ASHAs.

Sub-theme 2.2: Process of Field Visits

Field visits are crucial for assessing the health of high-risk children and gathering accurate data. During these visits, Field Monitors perform various tasks including:

- Assessing children's physical appearance and mobility.
- Evaluating home conditions.
- Completing SurveyCTO forms for high-risk children with updated weight and MUAC measurements.
- Counseling parents on child nutrition and breastfeeding.
- Promoting cleanliness and encouraging parents to seek higher-level care if necessary.



Figure 9 - High-Risk Child in Gogunda Block of Udaipur

Theme 3: Referral and Follow-Up Process

Sub-theme 3.1: Referral to MTC or CHC/PHC

Field Monitors play a vital role in referring high-risk children to MTCs or CHCs/PHCs, coordinating with the RBSK team and other healthcare providers to ensure children receive necessary care.

- **Challenges:** High-risk cases often come from remote areas, and persuading parents to admit their children to MTCs can be challenging due to low awareness about health conditions.
- **Support Systems:** Field Monitors receive support from Khushi Baby headquarters and the RBSK team, which assists in issuing referral cards and arranging ambulance services.



.Figure 10 - Field Monitor Assisting in Transporting High-Risk Child to MTC



Figure 11 - KB Headquarter's Communication Team Facilitating Child's Admission to MTC

Sub-theme 3.2: Follow-Up After MTC Discharge

Field Monitors conduct follow-up visits to ensure continued care for high-risk children after discharge from MTCs, including:

- Revisiting within one or two days post-discharge.
- Conducting follow-ups every seven to ten days until recovery.
- Providing guidance to parents on nutrition, hygiene, and medication.
- Encouraging regular follow-up visits to MTCs every 15 days.

Theme 4: Motivational Factors and Challenges

Sub-theme 4.1: Motivational Factors

Field Monitors draw motivation from various factors, including knowing their efforts save lives, successfully convincing parents to seek higher-level care, and enhancing digital literacy and empowerment among healthcare workers.

Sub-theme 4.2: Challenges Faced

Field Monitors encounter numerous challenges, such as high workloads among healthcare workers, resource constraints, and difficulties persuading parents to seek treatment. Overcoming these challenges requires effective communication, teamwork with healthcare teams, and ongoing motivation.

Suggestions for Improvement

Based on interviews and data analysis, several improvements are recommended for the tracking of high-risk children:

- Ensure measuring resources are available at all facilities to facilitate accurate data entry by ANMs.
- Advocate for the importance of accurate data entry to ANMs.
- Enhance coordination with ASHAs to receive timely information on high-risk children.
- Encourage ANMs to leave data fields blank if resources are unavailable to prevent incorrect data entry.
- Provide social recognition and incentives to healthcare workers to motivate accurate data entry.

CHAPTER 6- CONCLUSION

The study highlights the critical role of Field Monitors (FMs) in supporting high-risk children in the Udaipur and Salumbar districts of Rajasthan, aligning with the four main research objectives:

1. Reviewing the Roles and Responsibilities of Field Monitors: Field Monitors have played a crucial role in training ASHAs and ANMs on using the CHIP application, organizing MR elimination campaigns, and managing the digital RI micro plan. This training has significantly enhanced the digital skills of healthcare workers, leading to more accurate health data collection and effective interventions. Despite initial challenges such as low digital literacy and lack of incentives, ongoing support from FMs has fostered better engagement and performance among health workers.

2. Studying High-Risk Children by Reasons and Blocks: Out of 1,495 monitored children, 28 were identified as severely high-risk and 126 as moderately high-risk. Severe cases were predominantly concentrated in Sarada and Kotra blocks, while moderate cases were found in Kherwada, Sarada, Bhinder, and Gogunda. Key factors contributing to high-risk classification included malnutrition, low birth weight, and inadequate breastfeeding practices. This analysis provided insights into geographic and situational patterns affecting child health.

3. Understanding Facilitating and Hindering Situations Faced by Field Monitors Field Monitors encountered various challenges, including parental unawareness of health conditions, difficulties persuading parents to seek specialized care, and resource limitations such as inadequate measuring tools and ANM workload. Despite these challenges, supportive factors like guidance from Khushi Baby headquarters, effective training initiatives, and FMs' dedication to their roles facilitated successful referrals and interventions. The resilience and adaptability of FMs in overcoming obstacles were evident in their effective referrals and interventions.

4. Studying the Referral System Followed by Field Monitors: Central to their role is prioritizing and conducting home visits for high-risk children. During these visits, Field Monitors assess the child's health, advise parents on nutrition and hygiene, and advocate for

higher-level care when necessary. Collaborating with stakeholders such as the RBSK team, ASHAs, and ANMs is crucial for ensuring seamless referral and advanced care management for high-risk children. Post-discharge follow-up care, including regular check-ups and ongoing nutritional support by Field Monitors, plays a critical role in ensuring continued recovery for the child.

CHAPTER 7 - REFERENCES

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