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

Name: **Anushruti Saxena**
IIHMR-U/01/2022-24/1467
Mentor: Dr. Nutan P. Jain

Dissertation Organization:
Khushi Baby, Udaipur
15th March 2024 – 15th June 2024

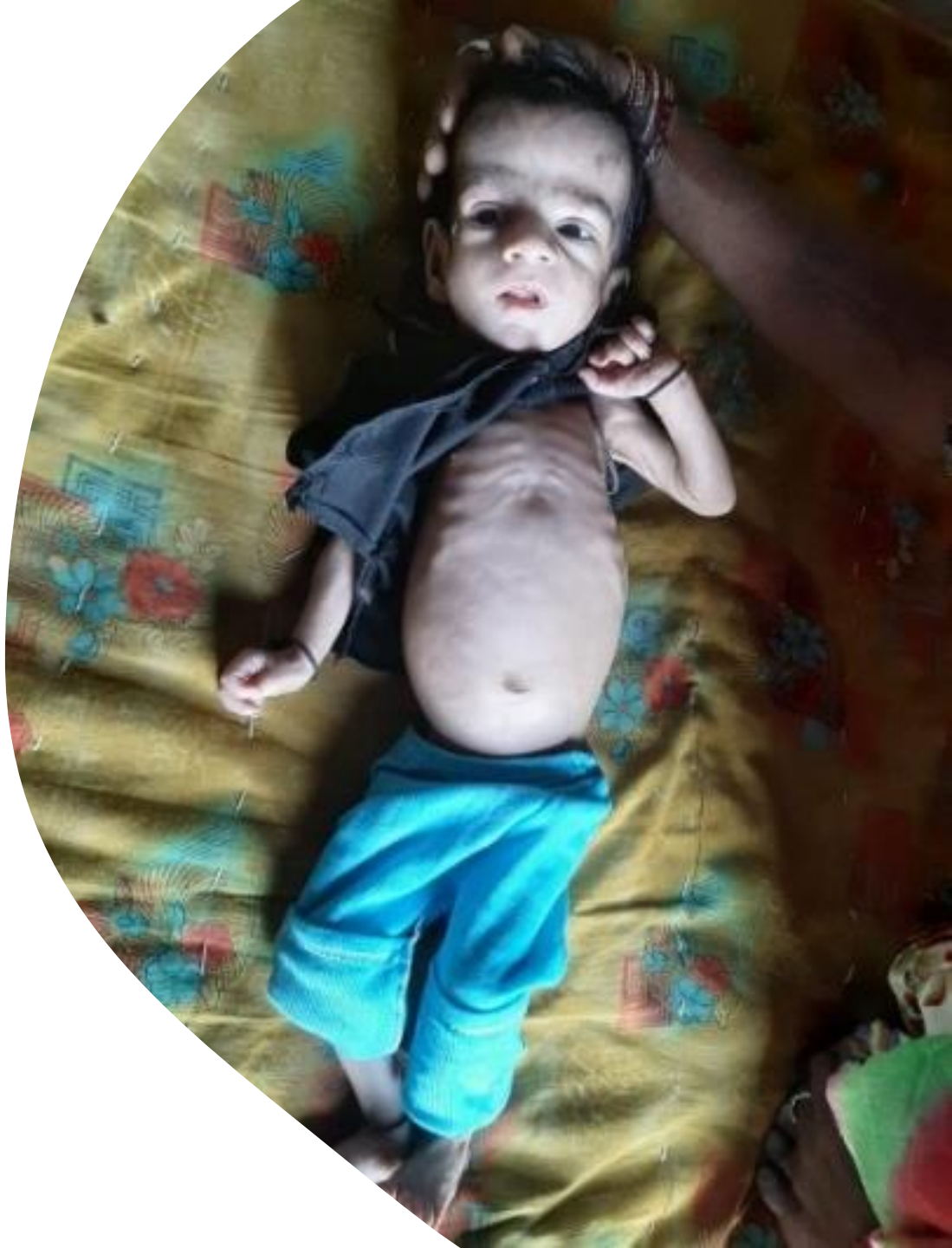
Background

- **Role in Community Health:** Field Monitors are pivotal in community health initiatives, especially in underserved areas.
- **Training Responsibilities:** They train ASHAs and ANMs on the CHIP application, ensuring they are updated on new features.
- **Data Management:** Field Monitors maintain and update data sheets crucial for monitoring high-risk pregnant women and children.
- **Home Visits:** They conduct home visits to monitor the health of identified high-risk children and pregnant women.
- **Referral Support:** Field Monitors facilitate referrals to higher-level healthcare facilities when necessary.
- **Maternal and Child Health Visits:** They conduct MCHN visits and participate in local block meetings to enhance healthcare delivery.
- **Impact on Khushi Baby's System:** Their efforts are vital for Khushi Baby's health monitoring system, ensuring timely care and interventions for vulnerable populations.

High-Risk Children

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



Study 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

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

Year of Study	Title	Author Name & Reference	Key Objectives	Key Points of Methodology	Key Results
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

STUDY METHODOLOGY

a) Study Design- Exploratory Study using mixed methods approach
Identified the high-risk children from the database of the Khushi Baby HMIS in 12 blocks of Udaipur and 4 blocks Salumbar districts.

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

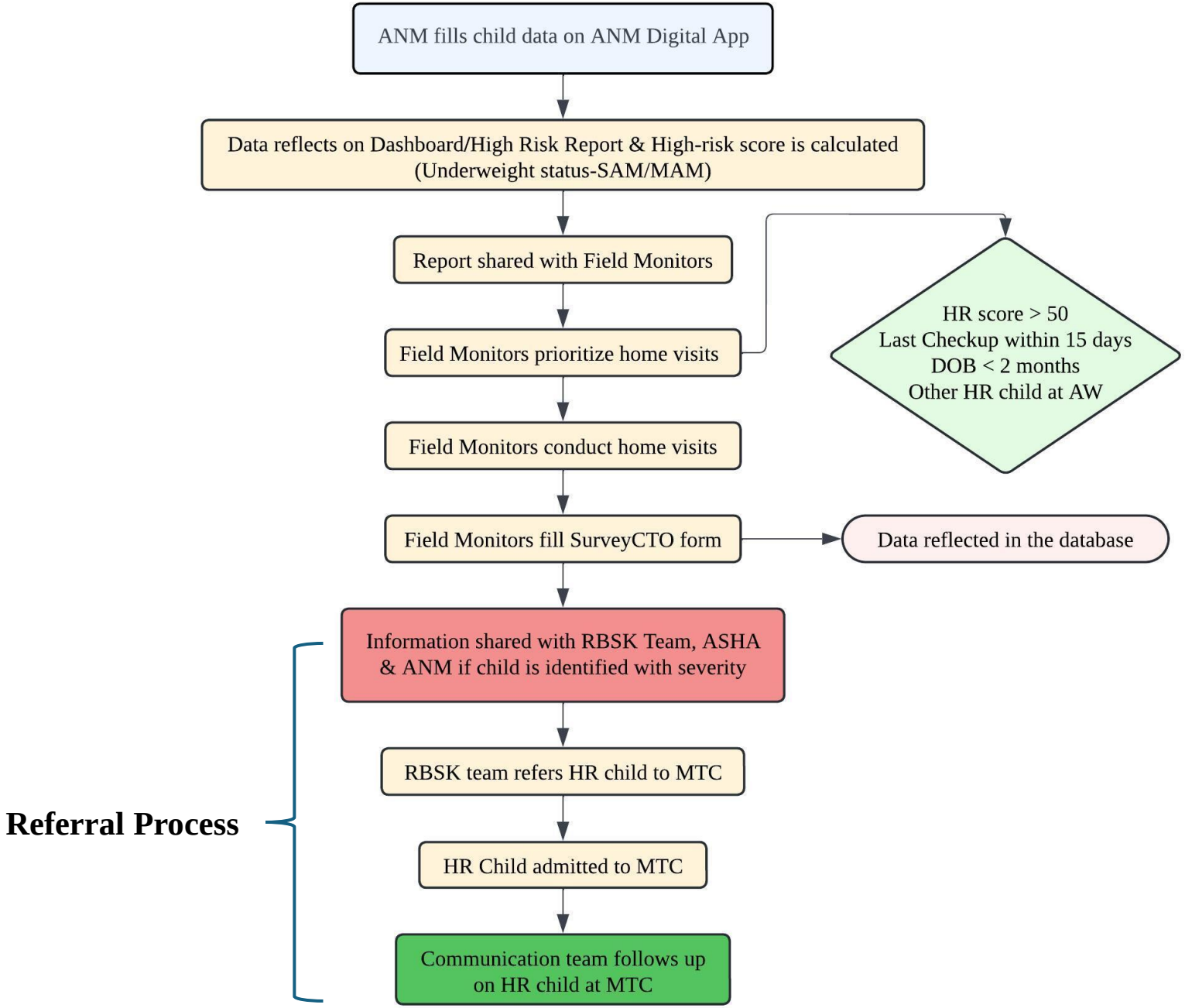
e) Sampling and Sample Size- 14 Field Monitors and Communication Team member were interviewed

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

PROCESS OF HIGH-RISK CHILDREN TRACKING



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.

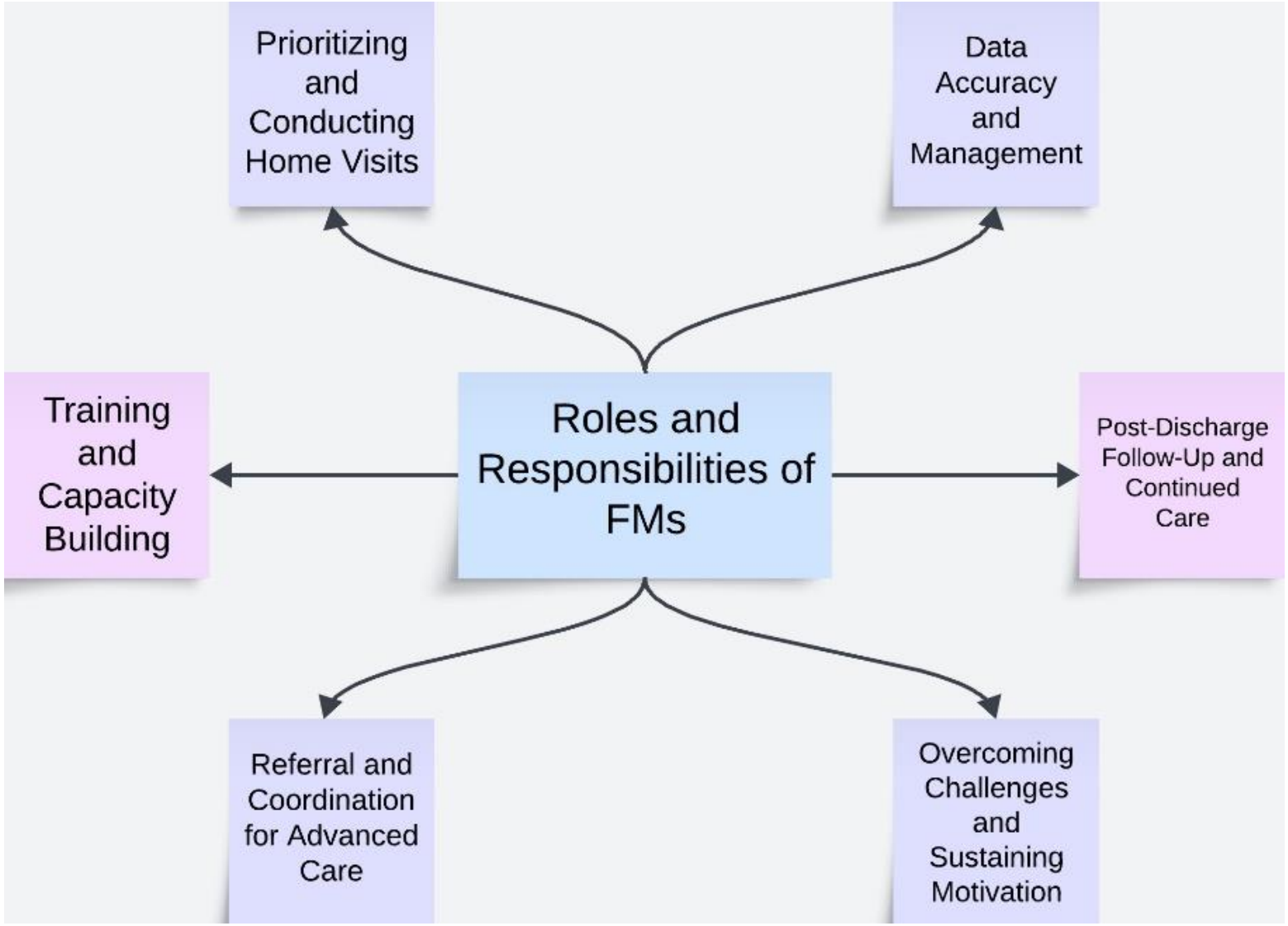
ii. Lack of necessary equipment such as child weighing machines and measuring tools can hinder accurate data collection by ANMs.

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.

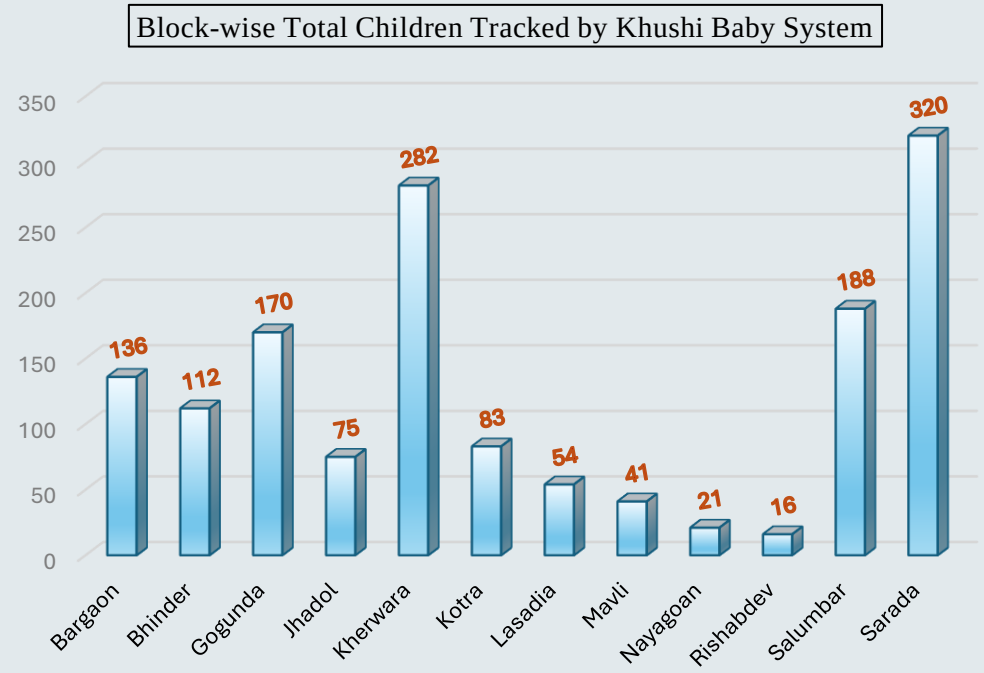
v. The delay between when a child's data is reflected in our report and when a field monitor visits the child at home can result in the child naturally gaining weight and moving from the high-risk category to the normal category.

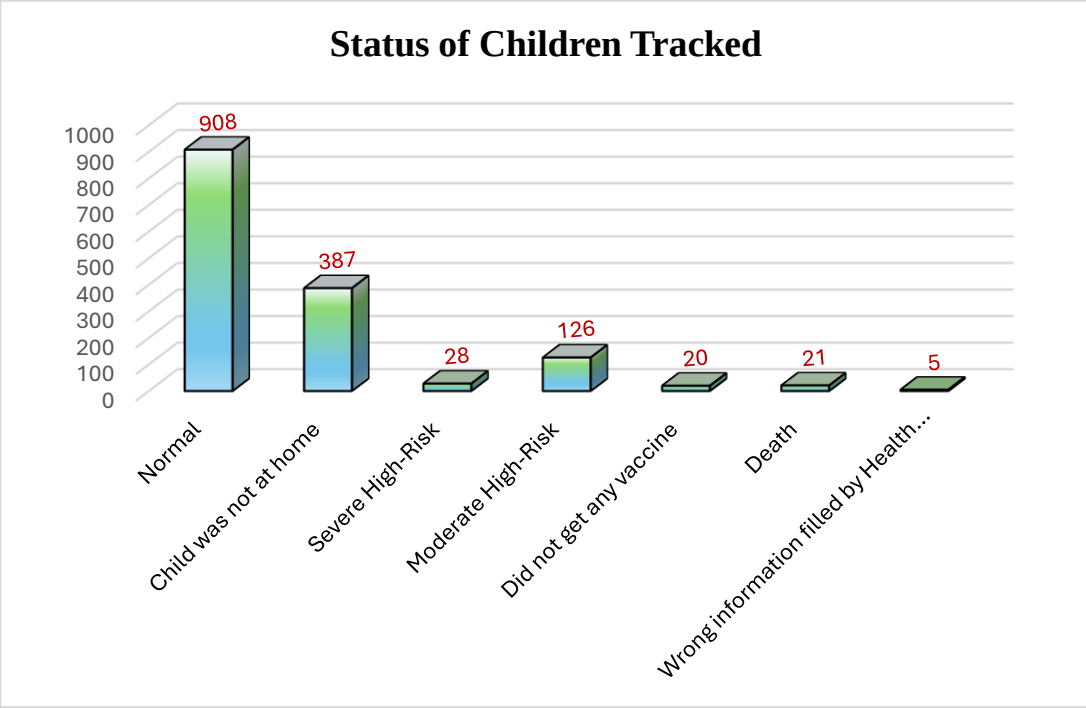
Roles and Responsibilities of Field Monitors



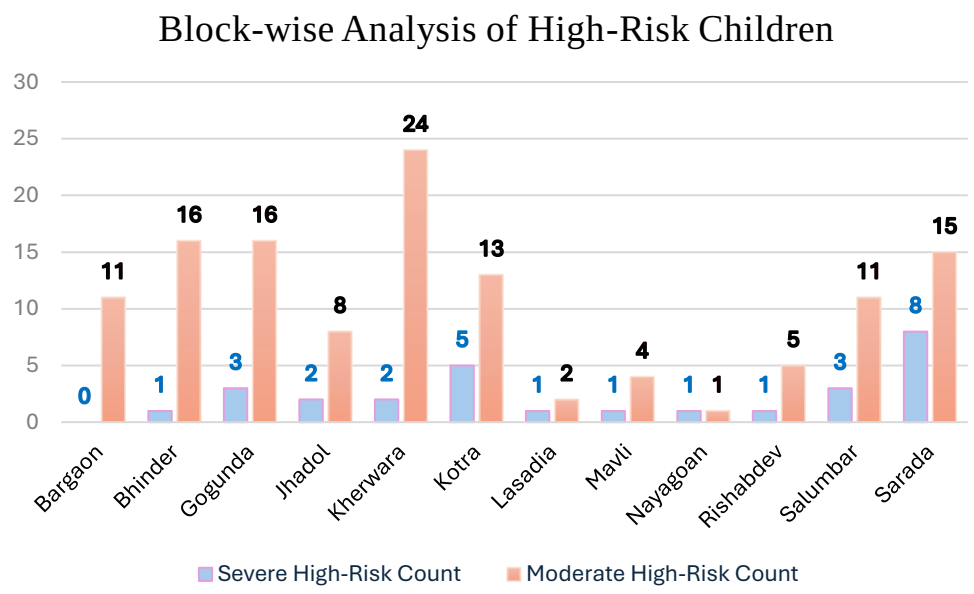
RESULTS AND DISCUSSIONS

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:

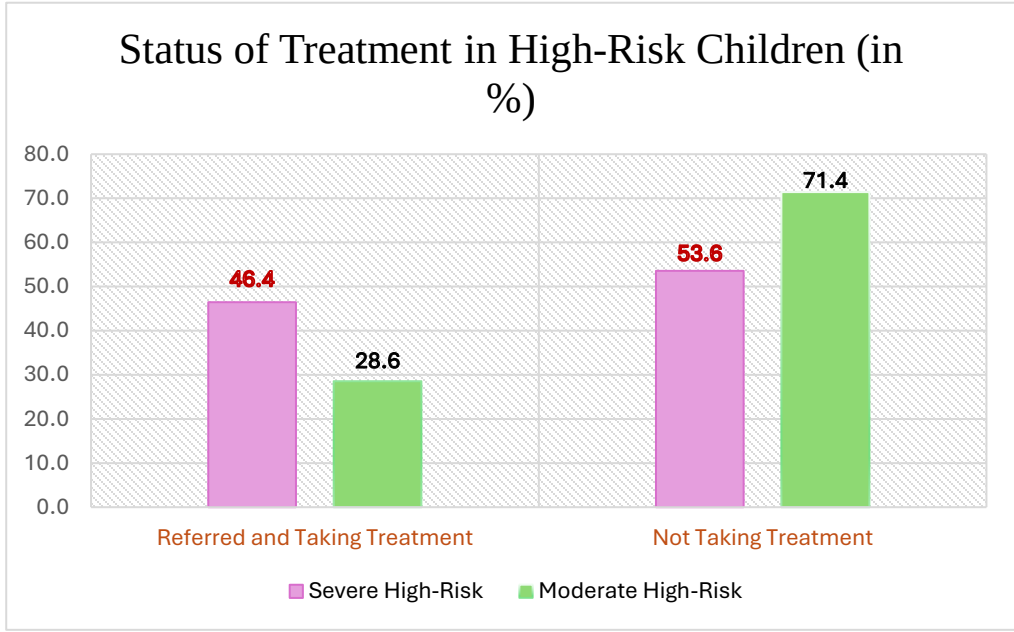




The study identified varying counts of high-risk children across different blocks. Specifically, the counts for severe and moderate high-risk children were recorded as follows:



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



Summary of Study Findings

The study emphasizes the critical contributions of Field Monitors (FMs) in aiding high-risk children through various healthcare processes, from training and data management to direct interventions and continuous care. The findings are organized around several key themes:

Theme 1: Training Responsibilities

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

Responsibilities: FMs train ASHAs and ANMs on the CHIP application to ensure accurate data input and management, vital for monitoring child health.

Challenges:

- Lack of awareness about the application.
- Low digital literacy among health workers.
- Unwillingness to use the application due to no incentives and high data entry workload.

Successes: Despite challenges, FMs' training has led to improved data accuracy and better tracking of high-risk children.

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

Responsibilities: FMs conduct training sessions on measles-rubella (MR) elimination campaigns and the digital Routine Immunization (RI) micro plan, enhancing health workers' skills in their areas.

Theme 2: Data Handling and Utilization

Sub-theme 2.1: Data Collection and Analysis

Responsibilities: FMs collect and analyze child health data, verify its accuracy, and use it to prioritize interventions.

Challenges: Incorrect data entry by ANMs due to high workload and lack of measuring resources, affecting data quality and intervention effectiveness.

Prioritizing 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

Responsibilities: Field visits are crucial for assessing the health of high-risk children and gathering accurate data.

Theme 3: Referral and Follow-Up Process

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

FMs play a crucial role in referring high-risk children to MTC or CHC/PHC. They coordinate with the RBSK team and other health workers to ensure that children receive the necessary care.

Sub-theme 3.2: Follow-Up After MTC Discharge

FMs conduct follow-up visits to ensure that high-risk children continue to receive proper care after being discharged from MTCs.

Theme 4: Motivational Factors and Challenges

Sub-theme 4.1: Motivational Factors

- Field Monitors stay motivated through several factors, including the knowledge that their efforts save lives, successfully convincing parents to seek higher-level treatment, and the increased digital literacy and empowerment of health workers.

Sub-theme 4.2: Challenges Faced

- FMs face numerous challenges, including the high workload of health workers, lack of resources, and difficulties in convincing parents to seek treatment. Overcoming these challenges requires effective communication, coordination with health teams, and continuous motivation.

Conclusion

The study highlights the essential role of Field Monitors (FMs) in supporting high-risk children in Udaipur and Salumbar districts, aligning with the research objectives.

1. **Roles and Responsibilities:**
    1. FMs train ASHAs and ANMs on CHIP application, MR elimination, and digital RI micro plan.
    2. Improved digital literacy and data accuracy among health workers due to FM training.
2. **High-Risk Children Analysis:**
    1. Out of 1,495 tracked children, 28 were severe high-risk and 126 moderate high-risk.
    2. Severe cases in Sarada and Kotra; moderate in Kherwada, Sarada, Bhinder, and Gogunda.
    3. Main issues: malnutrition, low birth weight, inadequate breastfeeding.
3. **Challenges and Facilitating Factors:**
    1. Challenges: low awareness, parental reluctance, resource constraints.
    2. Facilitating factors: support from Khushi Baby, effective training, FM commitment.
4. **Referral System:**
    1. FMs prioritize home visits, assess health, counsel parents, and coordinate with RBSK, ASHAs, and ANMs.
    2. Post-discharge follow-ups ensure continued recovery.

Suggestions for Improvement

Based on the interviews and data analysis, several improvements can be suggested for the high-risk child tracking process:

a. Ensure that measuring resources are available at all facilities to enable accurate data entry by ANMs.
b. Advocate the importance of accurate data filling to ANMs.
c. Improve coordination with ASHAs to receive timely information on high-risk children.
d. Advocate ANMs to leave data fields blank if resources are unavailable to prevent incorrect data entry.
e. Provide social recognition and rewards to health workers to motivate them for accurate data filling.

REFERENCES

1. 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
2. Perry, H., Zulliger, R., & Rogers, M. M. (2014). Community Health Workers in Low-, Middle-, and High-Income Countries: An Overview of Their History, Recent Evolution, and Current Effectiveness. *Annual Review of Public Health*, 35, 399-421.
3. Gogia, S., & Sachdev, H. S. (2016). Home visits by community health workers to prevent neonatal deaths in developing countries: a systematic review. Bulletin of the World Health Organization, 88, 658-666.
4. Singh, N., Labrique, A. B., Mehra, S., et al. (2020). mHealth Intervention for Maternal and Newborn Health in Resource-Limited Settings: A Randomized Controlled Trial in Rural India. JMIR mHealth and uHealth, 8(3), e15060.
5. Singh, R., & Gupta, A. (2023). The Impact of Field Monitors on Child Health Interventions in Rural India. *Journal of Community Health, 48*(1), 123-135.
6. Kaur, P., et al. (2022). Community Health Workers' Role in Child Health: Case Studies from Asia. *Health Policy and Planning, 37*(4), 456-470.
7. Patel, M., & Sharma, T. (2020). Evaluating the Effectiveness of Field Monitors in Maternal and Child Health Programs. *Global Health Action, 13*(1), 100-115.
8. Mburu, J., & Ngugi, P. (2019). The Role of Field Monitors in Supporting High-Risk Children: Evidence from Africa. *International Journal of Public Health, 64*(6), 345-358.
9. Kumar, S., & Rao, N. (2021). Challenges and Successes of Field Monitors in Health Programs. *BMC Public Health, 21*, 2345.

ACKNOWLEDGEMENT

I would like to express my heartfelt gratitude to everyone who has supported and guided me throughout this research journey.

First and foremost, I extend my deepest appreciation to my faculty mentor, Dr. Nutan P. Jain, for her invaluable guidance, insightful feedback, and unwavering support. Her expertise and encouragement have been instrumental in the completion of this study.
I am immensely grateful to Mr. Ruchit Nagar, CEO, Mr. Mohammed Shahnawaz, COO, Mr. Ajay Sharma, Chief of Staff, and Mr. Hamid Abdullah, Implementation Lead for giving me this opportunity at Khushi Baby. I truly thank them for their constant support and guidance. Their dedication to improving child health and their practical insights have greatly enriched this research.

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.

Lastly, I would like to thank my family and friends for their continuous support and encouragement throughout this journey. Their belief in me has been a constant source of motivation.

Thank you all for your contributions and support in making this research possible.


THANK YOU