Summer Training at
Khushi Baby Association, Udaipur

Study on Personal Effectiveness of Auxiliary Nurse Midwives

By
Tarun Sharma

Under the guidance of
Dr. D.K. Mangal

MBA Hospital & Health Management
2017-2019

Institute of Health Management Research
The IIHMR University, Jaipur
2018

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that **Dr. Tarun Sharma** has undergone summer training in **Khushi Baby, Udaipur** from **2nd April 2018 to 2nd June 2018.**

The candidate himself completed the project assigned to him during summer training. His approach to the project was sincere and proactive. This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Health and Hospital Management.

I wish him success in all his future endeavors.

Dr. Daya Krishan Mangal
Dean (Research)
IIHMR University, Jaipur

for **Col.(Dr.) Ashok Kaushik** 19.7.18
Dean (Academic & Student Affairs)
IIHMR University, Jaipur

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141- 3924700, 2791431- 32, Fax: 0141 3924738, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

KhushiBaby

Sr. No. - 03/Internship/KB/2018-19/

June, 02, 2018

To Whomsoever it may concern

This is to be certified that **Mr. Tarun Sharma** from IHMR University Jaipur has attended the organization for his summer internship from 06/04/2018 to 02/06/2018. He has found satisfactory in delivering tasks in the organization. During the period of his internship program with us he had been exposed to different process & was found punctual and hardworking .

Wishing the best for his future endeavours .

(Dr. Jitendra Kumar Hayaran)
Internship Coordinator
Khushi Baby, Udaipur

1 Emerson Place Apt, 5N
Boston, MA, 02114, USA
+1 2817258062

www.khushibaby.org

123 Kharol Colony, 1st Floor, Fatehpura,
Udaipur, 313001, INDIA
+91 9001469934

TABLE OF CONTENTS

LIST OF ABBREVIATIONS

KB	Khushi Baby
ANM	Auxiliary Nurse Midwife
ANC	Ante natal care
ASHA	Accredited social health activist
BCMO	Block Chief Medical Officer
DEO	Data Entry Operator
KB	Khushi Baby
LHV	Lady Health Visitor
MCTS	Mother and Child Tracking System
MCHN	Mother and Child Health Nutrition
m-Health	Mobile Health
MoHFW	Ministry of Health and Family Welfare
MMR	Maternal Mortality Ratio
NFC	Near Field Communication
NFHS	National Family Health Survey
NGO	Non-government organization
NON-KB	Non Khushi Baby
PE	Personal Effectiveness
RCT	Randomized control trial
RI	Routine immunization
SM	Seva Mandir
UId	Unique Identity
UIP	Universal immunization program
UNICEF	United Nations Children's Fund
VPD	Vaccine preventable disease
WHO	World health organization

ACKNOWLEDGEMENT

'The only way to do great work is to love what you do'

- Steve Jobs

This internship was a milestone in my career; it not only helped to broaden my horizons, but also touched those areas of life which lie miles away from more mainstream. At the onset of my report, I would like to acknowledge my sincere thanks to our institute, Institute of Health Management and Research, Jaipur for providing us platform to gain enough knowledge and skills in different aspects of health management.

I express my gratitude and regards to my mentor **Dr. D.K.Mangal** for his able guidance and useful suggestions which helped me in completing the project work.

I would like to express my deepest gratitude to **Mohammad Shanawaz**, (COO) and **Dr. Jitendra Hayaran**,(Reasaearch & Policy Manager), Khushi Baby Association who provided me the possibility to complete this report..

I would also like to acknowledge with much appreciation the crucial role of **Dr.Vijendra Banshiwal (**Field Tech Program Manager), **Mr. Pawan Singh** (Research & Data Manager) and **Mr. Hamid Abdullah** (Field Implementation Mananger) of Khushi Baby Association, who provided me with all the required information & guidance I needed to carry out my project.

About the Organization

Khushi Baby Inc.

'Khushi Baby is an award winning maternal and child health platform which leverages Near Field Communication technology to provide beneficiaries with a decentralized, digital health record. Since winning the Wearables for Good Challenge, Khushi Baby has been focusing on deployment of its system and field trials in the Udaipur District of Rajasthan, India. In the last year, much was achieved with additional funding support via Arm. This included the following activities:

Launched KB 2.0 platform with 87 frontline nurses
Tracked 15,000 mothers and children across 375 Villages, over 80,000 vaccination events, and over 33,000 mother and child health checkups
Completed over 70,000 voice call reminders to beneficiary families
Surveyed over 1100 mothers as part of their second ongoing randomized controlled trial for Midline results
Grew Team to include 21 full-time and 14 part-time members between India and the US
Raised over 750K in funding for the next two years

Khushi Baby has demonstrated:

Increased engagement in discussion and satisfaction among mothers attending the immunization camp.
Mothers were better able to retain their child's record in the wearable form compared to traditional card.

More complete data on the Khushi Baby pendant vs. paper card and more consistent data between patient health record and backend system than the government equivalent

Decrease in time to obtain data from field to backend from 30 days to 4 hours.

16% increase in immunization coverage and timeliness for vaccines through PENTA3 for beneficiaries receiving our KB Voice Reminder Calls.

40% increase in camps being held on time after tracking feature introduced on Dashboard and WhatsApp Groups

Accredited Social Health Activists (ASHAs) reported time saved, reduced distance travelled, and mobile balance saved because mothers are already reminded via the Voice Call system.

Mission & Goal:-

Khushi Baby Mission is to monitor and motivate the health care of mothers and children to the last mile

KB goal is to provide a Digital key to connect the last mile to health and social services.

About Khushi Baby System

'KB have integrated mobile health, wearable NFC technology and cloud computing to produce a complete platform to bridge world's maternal and child health gap. By tying tradition with technology, we are putting the beneficiary back at the center of their care.

Khushi Baby appreciates that technology cannot replace human effort. As such its approach is not simply to provide a technology platform.

Instead, Khushi Baby takes an end-to-end perspective from community engagement to design to development to capacity building to deployment to field research to analysis, stakeholder engagement, and partnership building.

It empowered to see the complete process by bringing a multidisciplinary team of public health practitioners, designers, engineers, analysts, social workers, field researchers, physicians in training, and policy analysts - all working together around the same table along with a village of world class partners.

What's Next

"Looking forward, Khushi Baby will look to grow it's footprint by making Udaipur a model district for maternal child health for others to scale and replicate. KB has been in talks with consultants for the Rajasthan State MOHFW to build custom analytics solution on maternal child health data quality on the existing State database. This represents an important first step towards generating non-grant revenue and towards integrating into the State infrastructure for scale-up. KB will also continue to work with the state and central government to design frameworks for integrating multiple data streams from Mother and Child Health with Vaccine Inventory and Cold Chain, High Risk Pregnancy Tracking, and Disease Surveillance. UNICEF Innovation is also working with Khushi Baby to explore further collaborative opportunities with UNICEF

Immunization teams for expansion in the field and opportunities for transition to scale in other geographies.’’

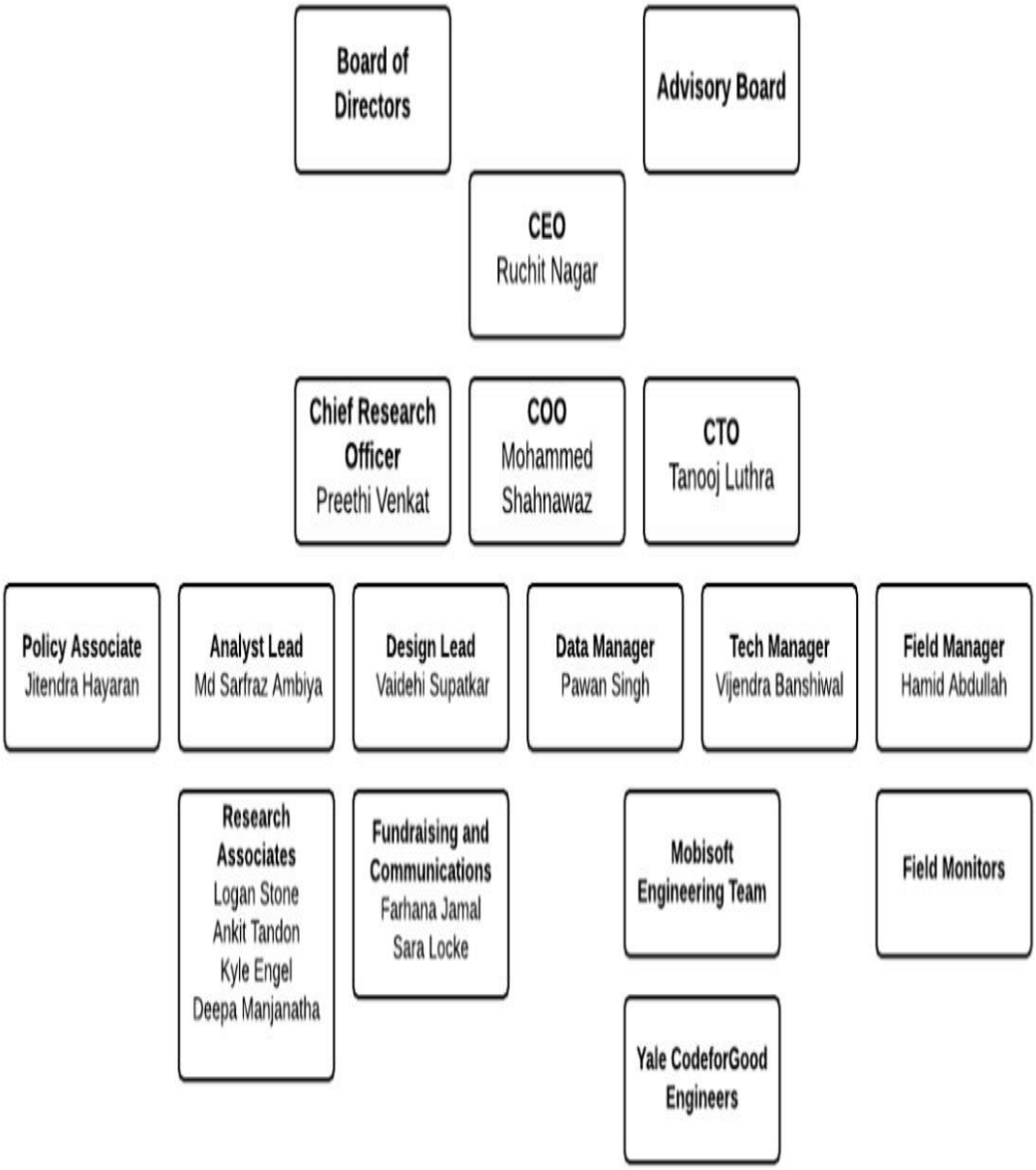

Figure 2: A representation of Khushi Baby Inc. Organogram

Tasks completed during the internship for the organization :-

- Assist Research & Data Manager in finalizing the questionnaire for the End-line survey of the organization.
- Was a part of KB team to gave training to the surveyors for control group.
- Gave training to LHVs & DEOs of treatment area of KB in Jhadol (Block) of Udaipur – How to track MCHN camp & ANMs work through KB Dashboard.
- Gave training to ANMs of treatment area of KB in 3 Blocks of Udaipur – How to operate KB app.
- Met with BCMO of 2 blocks of Udaipur and discussed the ANC denial summary, ANMs & Camp attendance and about follow up of High risk children & pregnant women.
- Visited the MCHN camps in 3 blocks of Udaipur to monitor the workflow of ANMs on KB app.
- Counsell the family of high risk children & mothers to seek treatment and CO-ordinate with RBSK team and government medical professionals to follow up them.
- Was a part of KB team to gave training to the surveyors for treatment group.
- Attended Block meeting in Jhadol Block of Udaipur to discuss the working of ANMs on KB App with Addt. CMHO, Udaipur ,BCMO, Jhadol and ANMs of KB treatment area of Jhadol.
- Monitored the End-line survey of the organization in both control and treatment area in 3 blocks of Udaipur.
    - Field planning for the surveyors
    - Spot checked the survey & work of surveyors
    - Shadow checked the survey & work of surveyors
    - Back checked the survey & work of surveyors.

Observations & Learning from the Field

- ANMs are doing private practice at subcentre even during the working hours at sub-centre
- ANMs use to keep mamta card of the beneficiaries
- ANMs are not trained – how to put icuds
- ANMs who are not working properly on kb app, majority of them are not doing it just because they feel extra load on them, since they know the importance of working
- Camp attendance increases where activities of ANMs monitored.
- ANMs and community health workers not aware community properly on health perspectives.
- Lack of motivation – ANMs & community workers
- Low wages and financial incentives of community health worker
- Community workers - Over burdened with work
- Lack of equipments at the majority of the MCHN sessions & also ANMs use to fill fake data in kb app & mamta card.
- Improper disposal of syringes, cotton swabs and urine containers at the campsite.
- Unhygienic surrounding for vaccine administration.
- PHCs found locked even it is 24*7

- Even Government programs & policies, RBSK team and KB team are supporting to seek treatment to high risk women & child, but low educated people belongs to lower caste don't seek it because they have fear how they will manage to deal in such big city and that much educated medical professional and also where they leave their another children & pets when they will be out of home to seek treatment.
- Some villagers in some area told that Surveyors(who come from govt. side) ask money to survey the households.
- If surveyors or their work is not monitored properly, they can fill the questionnaire on their own, which can totally effect the data quality

RECOMMENDATION:

- Lack of education
- Existing superstitious practices (eg. Dagna)
- Low awareness about health and vaccination
- Negative perception about vaccinating their children
- Preference to marriage and other ceremonies over vaccination.
- Fear of Adverse event followed by immunization
- Lack of family planning awareness & information
- Socio status of community also effect awareness level of the community towards health.

INTRODUCTION:

Personal Effectiveness Scale - PE Scale, developed by Udai Pareek Sir gives the respondents profile of effectiveness in term of self-disclosure, feedback, and perceptiveness. It contains 15 statements, five for each of the three dimensions and the respondents need to respond on a 5- point Likert scale ranging from 0 – 4(0 for the lowest and 4 being the highest) for the items - 2, 7, 8, 9, 13, and 14; and the reverse scoring for the items - 1, 3, 4, 5, 6, 10, 11, 12, and 15. Using 11 as a cut-off for high or low scores, combining the three dimensions of Personal effectiveness the respondents are categorized into 8 categories ranging from Effective to Ineffective. So this Scale was used to study the Dimension of Personal Effectiveness of ANM working in Udaipur Dist of Rajasthan.

RATIONALE

This study is being done so that the behavior of the ANM can be studied and after this implementation can be made for behavior changes so that it will help in purposes such as increasing the efficiency of ANM, Training, time management etc. With help of Personal Effectiveness the Stress Management could also be reduced to a great level.

REVIEW OF LITERATURE

A case study was done by Dr Kedar Narayan Choudhary, Professor , in the Department of Mechanical Engineering at Sanghavi College of Engineering, Nashik, Maharasthra . He conducted workshop on Personal Effectiveness in College of Engineering, Pune where several staff from nearby college where taken and on the basis of PE Scale their Behaviour were revealed. After the Analysis of the Data it was revealed that Out of 33 participant the highest number of staff member were task obsessed which means they always complain about their work load. Second height score were Secrative which means they were low on self disclosure. After that 6 staff member were ineffective which means they were low on perceiveness, low on self disclosure and low on openness to feedback. 6 were insensitive which means they don't bother about what other think about themselves.

Another case study was done by the article in Leadership and Strategic Management for TB Control Manager in that a TB Control Manager, is having 5 staff under him and one of them name Chacko is extremely cheerful, good, conscientious worker and always produced good results. And the other four are inefficient in work. At staff meetings and other informal meetings, the manager took great pains to show the four workers where they had gone wrong and how they could improve. He would praise and encourage them whenever they did well.

Chacko slowely started getting moody and was usually silent or abrupt in his behaviour, but continued working well. When Chacko was asked about why is it so then he told u always use to encourage the four but u never encouraged me despite my great work. Then the Manager got to know about the mistake. The Manager was open to feedback and self disclosure. And after that the problem was solved and he worked more effectively.

OBJECTIVES

1. To study personal effectiveness of ANMs;

2. To compare Personal Effectiveness Score of ANMs working under Khushi Baby Programme and others; and

3. To identify personal effectiveness dimension lacking among the ANMs.

Methodology

Step 1: Listing out the Name of ANMs who are working with Khushi Baby and others in 4 Blocks of Udaipur namely Jhadol, Gogunda, Salumbar and Sarada.

Step 2: The PE Scale was translated in to Hindi.

Step 3: The data collection was done during May 22-June 1, 2018. PHC and CHC were visited for administering the PE scale which is developed by Prof Udai Pareek. A Total of 34 ANMs were administered PE Scale. First of all, the ANM was instructed on how to fill the scale. Following instructions were given:

The Instrument is for your own use. So be frank in your responses. Read each statement given below and indicate against each item. Please use the following guidelines:

Write 4	if it is most characteristic of yours, or if you always or most often behave or feel this way
Write 3	if it is fairly true of you, or you quite often behave or feel this way
Write 2	if it is somewhat true· in your case
Write 1	if it is not true or if you only occasionally feel or behave this way
Write 0	if it is not at all a characteristic of yours, or you seldom feel or behave this way

Step 4: The incomplete PE Scales were not considered for analysis/ rejected**.** A total of 30 (15 KB ANMs and 15 others) completely filled in PE scales were analysed.

Step 5: Data was analysed on the basis of key provided by Prof Udai Pareek. First of all, the scores were reversed for the items numbers which were marked*, like 1,3,4,5,6,10,11,12 and 15.

The scores were transferred to the scoring sheet in MS Excel. The scores were totalled for self disclosure (1,4,7,10,13), Openness to feedback (2,5,8,11,14) and Perceptiveness (3,6,9,12,15).

If the total score in each dimension was 11 or below it was considered Low.

Prof Udai Pareek has categorised personal effectiveness in to eight categories:

Categories of Personal Effectiveness

	Category	Self-disclosure	Openness to feedback	Perceptiveness
1	Effective	High	High	High
2	Insensitive	High	High	Low
3	Egocentric	High	Low	Low
4	Dogmatic	High	Low	High
5	Secretive	Low	High	High
6	Task-obsessed	Low	High	Low
7	Lonely empathic	Low	Low	High
8	Ineffective	Low	Low	Low

RESULTS:

Distribution of the ANMs by their scores on three dimensions of personal effectiveness by KB and Others

`		PE SCORES	
		KB ANMs	Other ANMs
		n=15	n=15
Self Disclosure	Average score	10	11
	Range (Min-Max)	4-16	6-14
Openness to Feedback	Average	14.6	13
	Range	9-16	5-16
Perceptiveness	Average	12.9	14.5
	Range	4-19	7-20

TYPES OF PERSONAL EFFECTIVENESS		
	Khushi Baby ANMs	**Other ANMs**
	(n=15)	**(n=15)**
Effective	**5 (33%)**	**4 (27%)**
Insensitive	**0**	**0**
Egocentric	**0**	**0**
Dogmatic	**1 (7%)**	**4 (27%)**
Secretive	**4 (27%)**	**5 (33%)**
Task Obsessed	**4 (27%)**	**1 (7%)**
Lonely Emphatic	**0**	**0**
Ineffective	**1 (7%)**	**1 (7%)**

MEAN, MEDIAN MODE AND STANDARD DEVIATION OF ALL THE ANM

		Self Discloser	Openness to Feedback	Perceptiveness
N	Valid	30	30	30
	Missing	0	0	0
Mean		10.53	13.77	13.73
Median		10.50	15.00	15.00
Mode		12	16	17
Std. Deviation		2.909	3.148	3.778

This above data shows the mean median and standard deviation as per their score.

This below both the data shows the difference between the Mean Median and Standard Deviation of KB ANM and Non KB ANM.

Non KB Statistics				
		Self Discloser	Openness to Feedback	Perceptiveness
N	Valid	15	15	15
	Missing	0	0	0
Mean		11.07	12.93	14.53
Median		12.00	14.00	16.00
Std. Deviation		2.374	3.535	3.335

kb Statistics				
		Self Discloser	Openness to Feedback	Perceptiveness
N	Valid	15	15	15
	Missing	0	0	0
Mean		10.00	14.60	12.93
Median		9.00	16.00	12.00
Std. Deviation		3.359	2.558	4.131

RECOMMENDATION:

There is a crucial difference between doing the right thing and merely doing things right, Doing the right things means achieving your job role .Doing the things right means doing it with maximum utilization of minimum resources and personal effectiveness combines both of these. It also maximizes the efficiency and reduces the time of an individual. With minimum effort one can attain his job role .

It is also assumed that confident people are highly effective in their work.

ANM plays a crucial role in convincing the mothers and act as a role to the mothers who are coming in a MCHN camp held in rural area. They must be key player in their area . They must be able to answer and communicate with the patients and should clear all their doubts. They are the main people responsible for creating awareness. So they must be EFFECTIVE in their work.

ANM must be given training regarding the personal effectiveness so that they can work effectively with less time. They must know that they should be high on self disclosure by which she can nicely tell and aware about particular issue to patients.

CONCLUSION:

- **There were no ANM who was insensitive, egocentric, and lonely empathic.**
- There is no much difference between KB and other ANMs. However, More KB ANMs were Task Obsessed than Non-KB ANMs.
- Only one KB ANMs was found "Dogmatic' as compared to 4 Non-KB ANMs.
- There were only two ANMs who were ineffective.
- There was a scope for improving personal effectiveness as a maximum score can be achieved are 20 in all the three dimensions.
- Understanding of PE can be better understood by the JOHARI WINDOW concept.

Annexure

Questionnaire Format

Type of questions: Close Ended

Write 4 if it is most characteristic of yours, or if you always or most often behave or feel this way

Write 3 if it is fairly like of you, or you quite often behave or feel this way

Write 2 if it is somewhat true in your case

Write 1 if it is not true or if you only occasionally feel or behave this way

Write 0 if it is not at all a characteristic of yours, or you seldom fee! or behave this way

1) I am not frank with the persons unless I know them very well.

2) I carefully consider and respond positively to the feedback given to me by others.

3) I unknowingly say things which disturb others.

4) I generally hesitate to express my feelings to others.

5) When someone directly tells me how she/he feels about my behavior, I close-up and stop listening.

6) On hindsight I regret why I said something tactlessly to my parents.

7) I express my opinions without hesitation to my friends and others even it this may be unacceptable to them

8) I take steps to find out how my behavior has been perceived by my friends with whom I have been interacting

9) I deliberately observe how a person will take what I am going to tell them and accordingly communicate with them

10) When a others discusses problems, I do not spontaneously share my similar experiences with him/her.

11) If someone criticizes me I hear him/her at that time, but do not bother myself about it later.

12) I fail to pick up cues about my friend's feelings and reactions when I am involved in an argument or a conversation

13) I enjoy talking with my friends about my personal concerns and matters

14) I value what others have to say about my behavior and competence

15) I am often surprised to discover (or told) that my friends were bored or annoyed when I thought they were enjoying interacting with me

REFERENCES:

http://www.ijstr.org/final-print/sep2016/Personal-Effectiveness-A-Case-Study.pdf

http://apps.searo.who.int/PDS_DOCS/B2368.pdf

https://research-advances.org/index.php/IJEMS/article/download/404/418

https://www.nepjol.info/index.php/SAARCTB/article/view/9706