Summer Training at
Khushi Baby, Udaipur

Acceptability of Kushibaby Pendant Among Beneficiaries in Terms of Wearing

By
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Under the guidance of
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MBA Hospital & Health Management
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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

CERTIICATE

This is certify that **Dr. Shashank khandal** has undergone summer training in **Khushi Baby, Udaipur** from **6th April 2018** to **2nd June 2018**.

The candidate herself 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 Hospital and Health Management.

I wish him success in all his future endeavors.

Dr. Anoop Khanna
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KhushiBaby

Sr. No. - 01/Internship/KB/2018-19/ June, 02, 2018

To Whomsoever it may concern

This is to be certified that **Mr. Shashank Khandal** from IHMR University Jaipur has attended the organization for his summer internship from 06/04/2018 to 02/06/2018. He has found proficient in delivering all tasks in efficient manner from Field Operations to the Research and Protocols. His summer training project is well presented and approved on the topic of "*Impact assessment of the Khushi Baby pendent (Personal Electronic Health Record) in the Salumber Block, Udaipur*" During the period of his internship program with us he had been exposed to different process & was found punctual, hardworking and inquisitive.

Wishing the best for his future endeavours .

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

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PREFACE

Summer trainning is an integral part of the MBA hospital and health management currriculum. As a part of the course students of the first year are required to undergo summer training at an organization to get in depth exposure of various departments in the organization to get understanding of the health care delivery system.

The objectives of the summer training programs are as follows:

- To understand the existing public health care delivery system.
- To observe the implementation of various National Health Programmes at District levels.
- To work on the project and task assigned by Khushi Baby.

CONTENT

LIST OF ABBREVIATIONS

KB	Khushi Baby
ANM	Auxiliary Nurse Midwife
AEFI	Adverse event following immunization
ANC	Ante natal care
ASHA	Accredited social health activist
BCG	Bacillus Calmette Guerin
CDC	Centers for Disease Control
DLHS	District Level Household and facility Survey
DOTS	Directly observed treatment short course
DPT	Diphtheria, Pertussis, Tetanus
EPI	Expanded program of immunization
FHW	Frontline Health Workers
FI	Fully Immunized
GMSDs	Government Medical Supply Depots
GNM	General Nurse Midwife
GPS	Global Positioning System
Hep	Hepatitis
IDC	International Design Center
IEC	Information Education Communication
IMR	Infant Mortality Rate
KB	Khushi Baby
MCTS	Mother and Child Tracking System
m-Health	Mobile Health
MMR	Maternal Mortality Ratio
NFC	Near Field Communication

NFHS	National Family Health Survey
NGO	Non government organization
OPV	Oral Polio Vaccine
RCT	Randomized control trial
RI	Routine immunization
SEA	South east Asia
SM	Seva Mandir
TBA	Traditional birth attendant
UId	Unique Identity
UIP	Universal immunization program
UNICEF	United Nations Children's Fund
VPD	Vaccine preventable disease
WHO	World health organization

ACKNOWLEDGEMENTS

"Once you stop learning, you start dying."

: Albert Einstein

I Would like to express my heartfelt gratitude to **Mr. Mohhammd Shahnawaz**, COO Khushi Baby, **Mr. Pawan Singh Bhadoriya** Field Research and Data Manager at KB, hence giving this project to me and hence giving this opportunity to understand the system, functioning and MCH services provided in the Udaipur district.

I am also thankful to my Project Mentor , **Dr. Jitendra Hayaran** Research and Policy Manager at KB, for those timely course correction and friendly guidance throughout the course of my project study, I express my gratitude to **Dr. Vijendra Banshiwal** Field Tech Program Manager at Khushi Baby for giving me micro level detail about the Services of Khushi Baby in Udaipur.

Without the guidance and blessings of **Dr. S.D. Gupta**, Director Indian Institute of Health Management & Research University, Jaipur would not have been possible for us.

My Special Thanks to **Col. Dr. Ashok Kaushik**, Dean Academics and Students Affair, IIHMR University, Jaipur for being a continuous guiding source throughout the degree, I would also like to thanks **Dr. Anoop Khanna**, IIHMR University, my mentor for providing me a support in completing my project successfully as well as giving Insight in to my operational issues which came across during the project.

I would like to thanks **Mr. Hamid Abdullah** Field Implimentation Manager**, Mr. Bhupendra** And **Mr. Dany** (Block Cordinator at KB) and **all staff of Khushi Baby** with my colleague **Mr. Vinay Kumar Gupta** for being part of brain storming session which have been of immense help in successfully completing the project.

Shashank Khandal

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 KB 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.

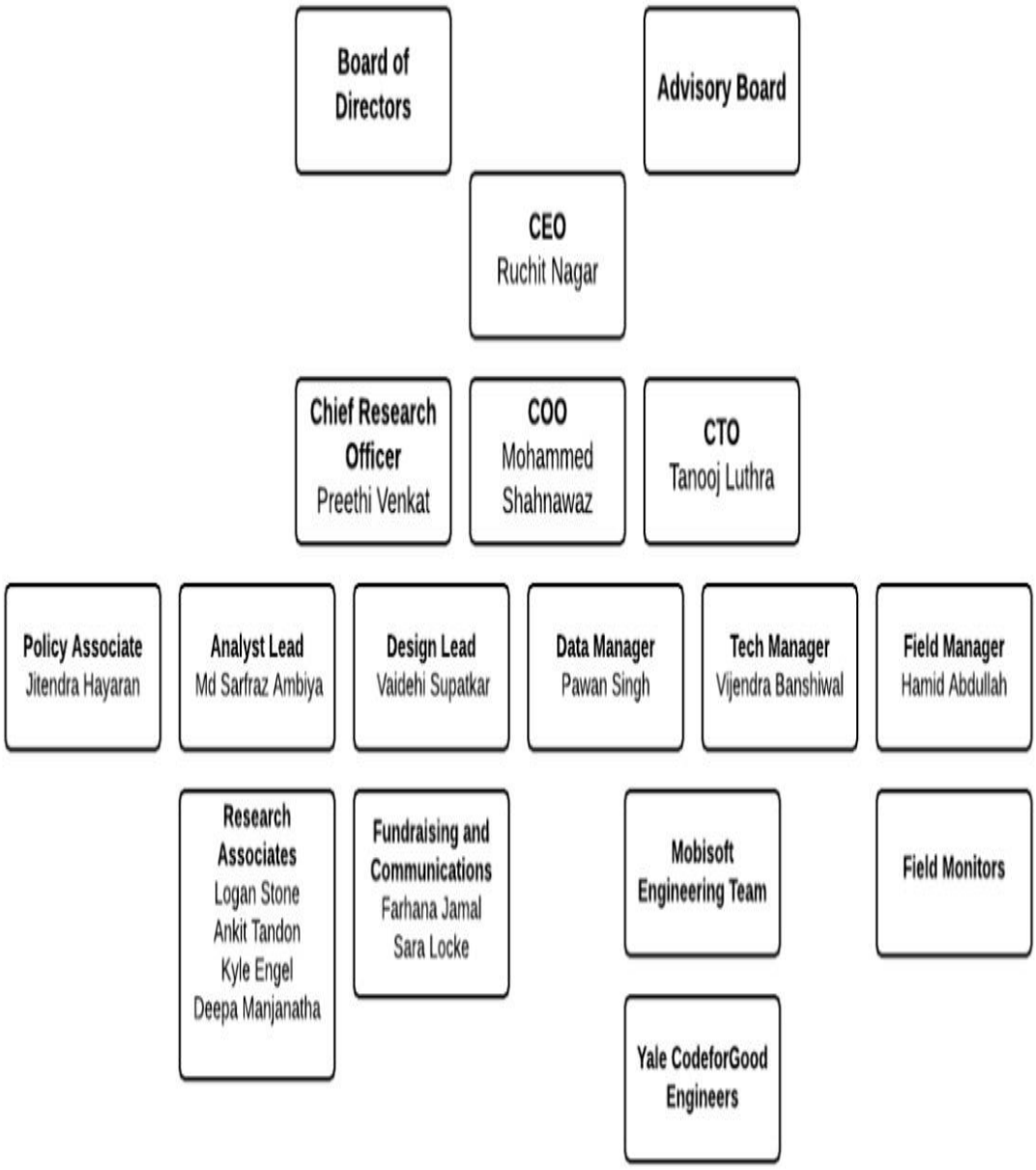


Figure 2: A representation of Khushi Baby Inc. Organogram

Tasks completed during the training for the organization

- Assist Mr. Pawan singh bhadoriya in finalizing the questionnaire for the End-line survey of the organization.
- Help in gave training to the surveyors for endline survey.
- Gave training to LHVs of treatment area of KB in Salumbar (Block) of Udaipur – How work KB Dashboard or monitoring the data o MCHN camps.
- 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 to monitor the workflow of ANMs on KB app.
- Counsell the family of high risk children & mothers to seek treatment .
- CO-ordinate with RBSK team and government medical professionals to follow up them.
- Help in gave training to the surveyors for treatment group.
- Attended Block meeting in Lasadiya Block of Udaipur to discuss the working of ANMs on KB App with Addt. CMHO, Udaipur ,BCMO, Lasadiya and ANMs of KB treatment area of Lasadiya.
- 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

Date	Tasks/ Activities Performed in total 60 days	
	Fore noon	**After noon**
6-4-2018	Testing questionnaire in tablet	giving feedback or endline survey questionnaire
	Learn about puncuality in organization	Learn about loop holes of questionnaire
7-4-2018	How maping area or house holds	Learn about Questionnaire testing in village sayra
	Explain some eathics of survey	Learn how a test survey conduct in non sample area
	Assist Mr.Pawan sir in questionnaire testing	About issuse of field during testing and surey by Mr. Pawan sir
		Understand that how we ask a questions from HH
8-4-2018	Help in correction of questionnaire on basis of yesterday field visit	Mock testing of questionaire
		Help in making tracking sheat of surveior
9-4-2018	Help in surveir's traning	Help in post lunch sessione of traning
	Understood how arrenge a traning sessione for surveirs	Observe behaviour of surveirs in a GD
	Helping surveirs in survey CTO	Learn about issuses and managment of traning of surveir
		Play role as a failatator in GD under guidens or Veidehi mam
10/4/2018	Making plan of day for traning session of surveyors	Manage mock survey for surveyors
	Help in traning session of surveyors	
11/4/2018	Help in giving final traning and solving issues of surveyors	Making mock ativities for surveyors

12/4/2018	Monitering survey testing in gogunda of Mr yogesh team	Help Mr Pawan sir in questionairre's new issues
13/4/2018	House visit of high risk child in kundali salumber	House visit of high risk child in nayi basti salumber
14/4/2018	Gave traning a new ANM Mrs Bhuri in toda, Salumber	Traking high risk child in toda
15/4/2018	Follow up of high risk child in dal	Follo up high risk child in kundali and nayi basti
16/4/2018	prepared list of tablet with detail of ANM	Worked on dashbord
17/4/2018	ON LEAVE	ON LEAVE
18/4/2018	ON LEAVE	ON LEAVE
19/4/2018	Gave traning of dash bord to LHV jaitana salumber	Met with Dr. Gupta BCMO, salumber
20/4/18	Gave traning of dash bord to LHV bassi salumber	Met with Dr.Ashish RBSK team
22/4/2018	House visit high risk baby with Dr.Ashish	House visit high risk baby with Dr.Ashish
23/4/2018	Gave traning of dash bord to LHV bassi	Met with staff of PHC bassi

24/4/2018	Prepaered field plan with Mr Ashok and monitred survey in kewda naal	Monitred survey and prepared survey monitring sheet
	Spot chek- 4 ID	Back check - 0 ID
25/4/2018	Prepaered field plan with Mr Rajkumar and monitred survey in Pal sarada	Monitred survey and prepared survey monitring sheet
	Spot chek- 2 ID	Back check - 4 ID
26/4/2018	Prepaered field plan with Mr Rajkumar & Mr. Yogesh and monitred survey in Udpuriya,Kolar, Kali Ghati	Monitred survey and prepared survey monitring sheet
	Spot chek- 0 ID	Back check - 5 ID
27/4/2018	Prepaered field plan with Mr Ashok and monitred survey in Dhankwara	Monitred survey and prepared survey monitring sheet
	Spot chek- 0 ID	Back check - 5 ID
28/4/2018	Prepaered field plan with Mr Rajkumar and monitred survey in Adwash	Monitred survey and prepared survey monitring sheet
	Spot chek- 3 ID	Back check - 3 ID
29/5/2018	Work on dash bord	Work on dash bord
30/4/2018	Prepaered field plan with Mr Sujan and monitred survey in udpuriya	Monitred survey and prepared survey monitring sheet
	Spot chek- 3 ID	Back check - 4 ID
1/5/2018	Prepaered field plan with Mr Rajkumar and monitred survey in Palodada	Monitred survey and prepared survey monitring sheet
	Spot chek- 7 ID	Back check - 3 ID
2/5/2018	Prepaered field plan with Mr Ashok and monitred survey in Kherad	Monitred survey and prepared survey monitring sheet
	Spot chek- 4 ID	Back check - 5 ID
3/5/2018	Prepaered field plan with Mr Ashok and monitred survey in Bassi	Monitred survey and prepared survey monitring sheet
	Spot chek- 6 ID	Back check - 1 ID
4/5/2018	Prepaered field plan with Mr Ashok and monitred survey in Manpur	Monitred survey and prepared survey monitring sheet
	Spot chek- 2 ID	Back check - 5 ID
5/5/2018	SAT OFF	SAT OFF

6/5/2018	SUN OFF	SUN OFF
7/5/2018	Prepaered field plan with Mr Rajkumar and monitred survey in Matasula	Monitred survey and prepared survey monitring sheet
	Spot chek- 6 ID	Back check - 3 ID
8/5/2018	Prepaered field plan with Mr Rajkumar and monitred survey in Manpur	Monitred survey and prepared survey monitring sheet
	Spot chek- 4 ID	Back check - 3 ID
9/5/2018	House visit of high risk child in samoda	House visit of high risk child in karakala
10/5/2018	Met with Dr.Mukesh BCMO lasadiya	Met with Dr.Mukesh BCMO lasadiya
11/5/2018	Attende block meeting in lasadiya	Attende block meeting in lasadiya
12/5/2018	Helped Mr. Hammid sir in traning of surveyors for treatment area	Helped Mr. Hammid sir in traning of surveyors for treatment area
13/5/2018	SUN OFF	SUN OFF
14/5/2018	Worked on mamta card pics in HQ under Mr. Sarfraj sir	Worked on mamta card pics in HQ under Mr. Sarfraj sir
15/5/2018	Met with BCMO salumber and LHV bassi	Met with BCMO salumber and LHV bassi
16/5/2018	Gave traning of application to ANM of lasadiya block	Gave traning of application to ANM of lasadiya block
17/5/2018	Monitered MCHC camp in chittodiya and dhavdi in Lasadiya	Monitered MCHC camp in chittodiya and dhavdi in Lasadiya

18/5/2018	Sick Leave	Sick Leave
19/5/2018	SAT OFF	SAT OFF
20/5/2018	SUN OFF	SUN OFF
21/5/2018	Tested new build of KB app in dholiya, Lasadiya	Tested new build of KB app in dholiya, Lasadiya
22/5/2018	Prepaered field plan with Mr Rajkumar and monitred survey in Balua, Sarada	Monitred survey and prepared survey monitring sheet
23/5/2018	Prepaered field plan with Mr Rajkumar and monitred survey in Balua, Sarada	Monitred survey and prepared survey monitring sheet
	Spot chek- 4 ID	Back check - 0 ID
24/5/2018		Worked on Report and work sheet updating
25/5/2018	Worked on project questionnaire	Worked on report
26/5/2018	Survvey in salumbar for project	Survvey in salumbar for project
27/5/2018	Survvey in salumbar for project	Survvey in salumbar for project
28/5/2018	Worked on report	Worked on report

29/5/2018	Worked on report	Worked on report
30/5/2018	Worked on report	Worked on report
31/5/2018	Worked on report	Worked on report
1/6/2018	Worked on report	Worked on report
2/6/18	Presantation on project and summer training	End of great learning period

Observations 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.
- Shortage of drugs & vaccines at Sub-centre and camp.
- Improper storage of vaccines at MCHN camp
- 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

Community

- 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

Major learnings during training

- Questionnaire designing
- Field Planning for survey
- Field Monitoring
- Liasioning & relationship management
- Improving data quality
- A brief of data analysis
- Motivating co-workers & sub-ordinates
- Function of MCHN Camp
- Enhanced confidence

OBJECTIVES

- To find out the percentage of beneficiaries wearing khushi baby pendant.
- To find out the reasons behind acceptability (wearing) of pendants among beneficiaries.
- To find out the reasons behind non-acceptability (not wearing) of pendants among beneficiaries.
- To analyze the relation between Caste of the beneficiaries and pendant acceptability (wearing-not wearing)
- To evaluate the changes in existed pendant to increase its acceptability.

Methodology

- **Study Design (Type)**:
  - Qualitative Research
  - Quantitative Research
- **Study Area:**
  - The study areas was 1 Blocks of Udaipur district of Rajasthan (Salumbarl) by two interns from IIHMR that is Vinay & Shashank..
- **Study Population:**
  - 60 mothers & their chiildren of 4 PHC area of salumbar block of Udaipur, who are beneficiaries of Khushi baby and were given khushi baby pendant.
- **Study Period:**
  - The study was carried out for 60 days from 2nd April -31st May 2018.
- **Sampling Design:**

  Random sampling – 60 beneficiaries (mothers) were randomly selected from 1456 registered beneficiaries mothers to collect data.
- **Data Collection:**
  - **Semi-structured Questionnaire** – A questionnaire of close ended and open ended questions was made to get specific and relevant information from mothers regarding their experience towards Khushibaby and khushibaby pendant.
- **Data collection tool :**

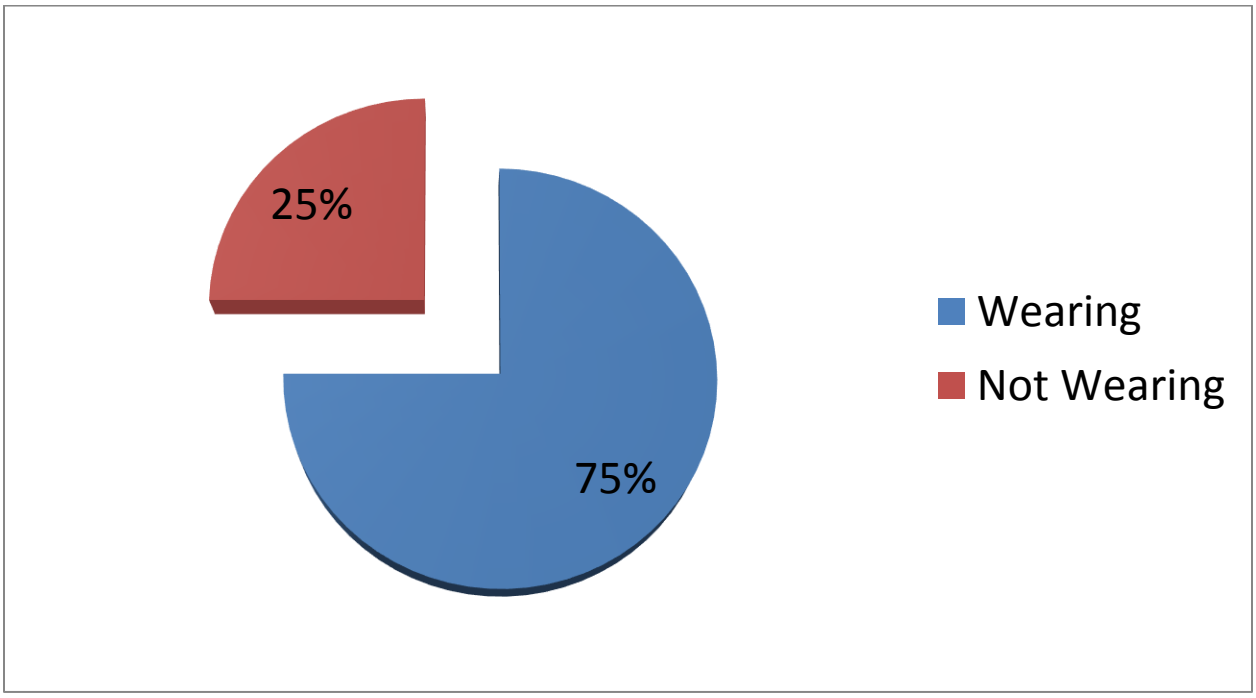
  Data collection was done by using Survey CTO tool.
- **Data Preparation:**
  - Cleaning of data- Missing values were removed from the dataset.

- **Data Analysis:**
    - ❖ Data was analysed through Survey CTO & MS Excel.
    - ❖ Graphical Representation was done using MS Excel Software.

RESULTS OF THE STUDY :

Figure 1 : Proportion of children wearing/not wearing pendant

n = 100

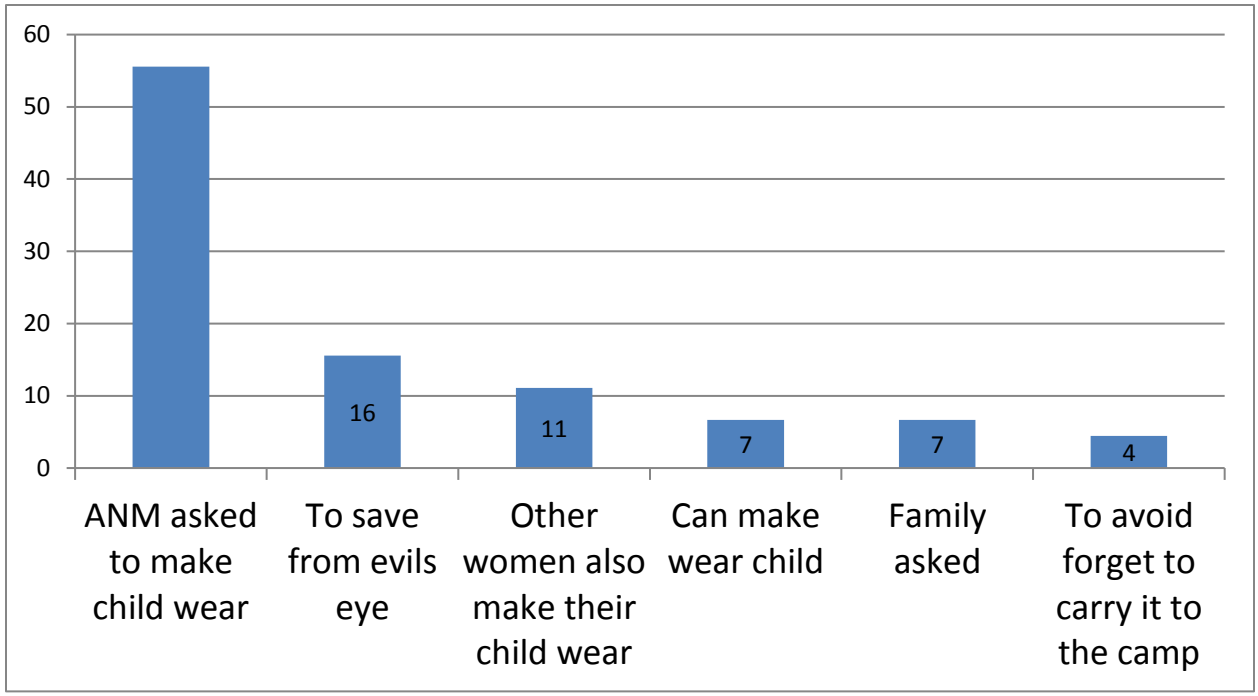


Findings :

I. 75 % children were found wearing pendant.
II. 25 % children were not founded wearing pendant.

Figure 2 : Why women make their children wear pendant

75 % of 100 =

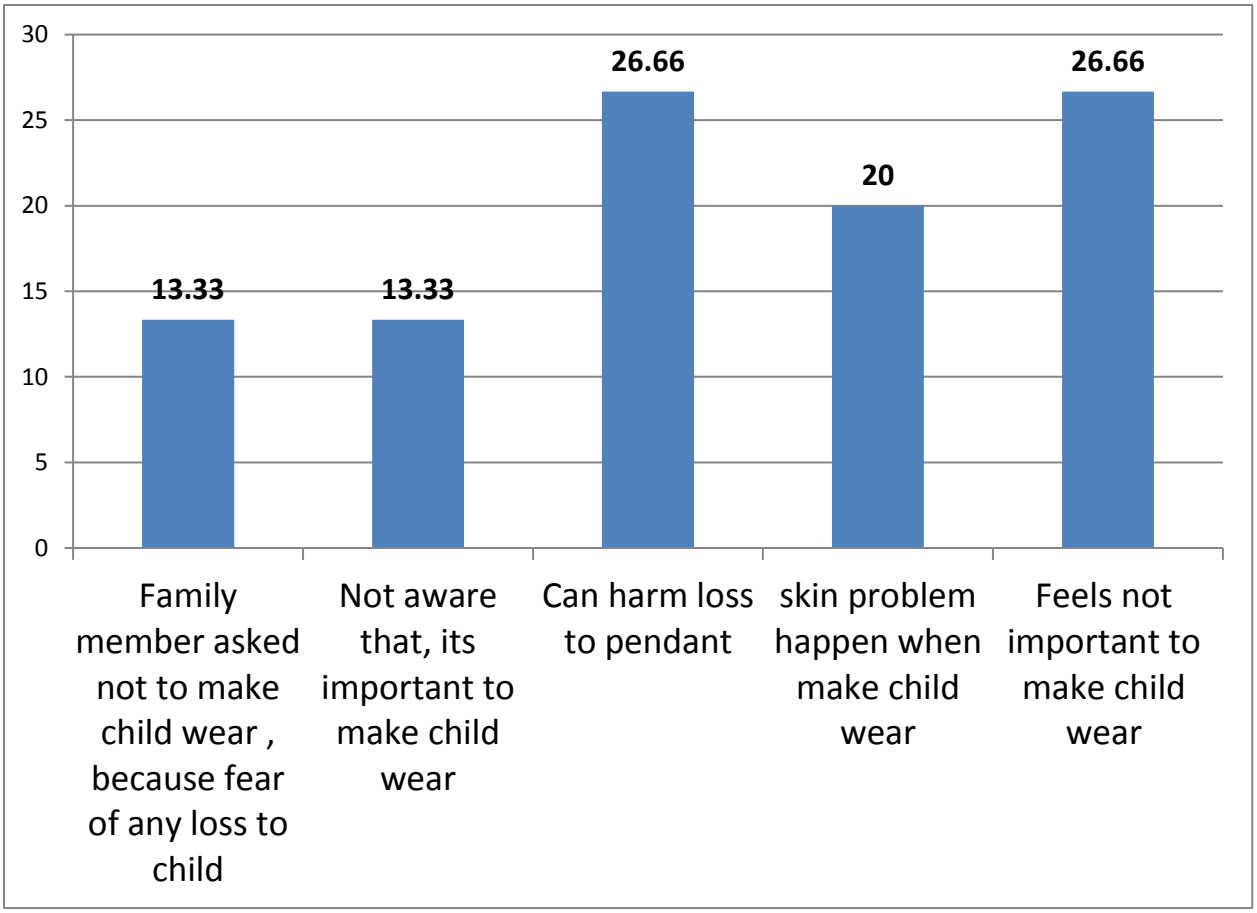


Findings :-

I. 56 % women were making their children wear pendant because ANM asks them to do so
II. 16 % women were making their children wear pendant to save their children form evils eye.
III. 11% women were making their children wear pendant because other women in their community make their children wear.
IV. 7% women make their children wear because they thinks they
V. 7 % women told that they make their children wear because their family asks to do so.
VI. 4% women make wear their children to avoid carrying it to the MCHN camp.

Figur 3 : Why women not make their children wear pendant

25 % of 100

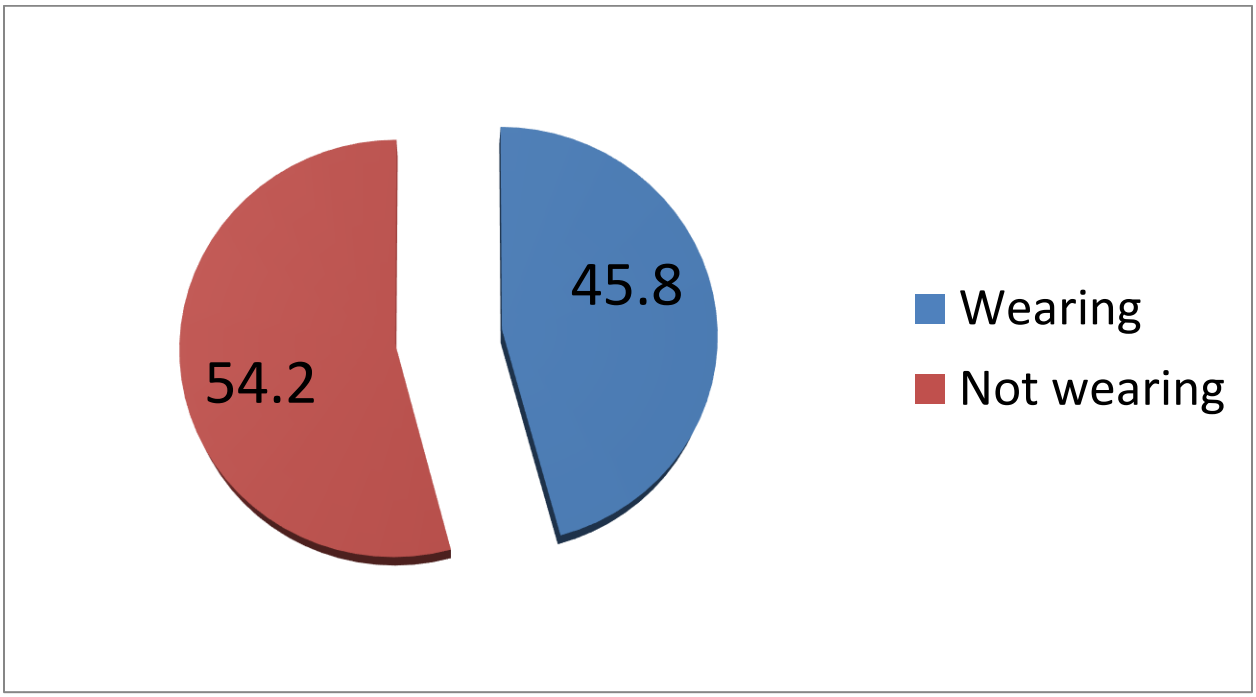


Findings:

I. 13.33 % women don't make their children wear pendant because their family member asks not to make children wear as they believe it can harm to the child.
II. 13.33 % women don't make their children wear because they are not aware, that its important to make child wear.
III. 26.66% women thinks making wear can damage the pendant.
IV. 20% women said they don't make their children wear as their children feels skin problem when they make them wear.
V. 26.66% women said they don't feel important to make their children wear.

Figure 4 : Proportion of Pregnant women who wore/didn't wore pendant during her pregnancy

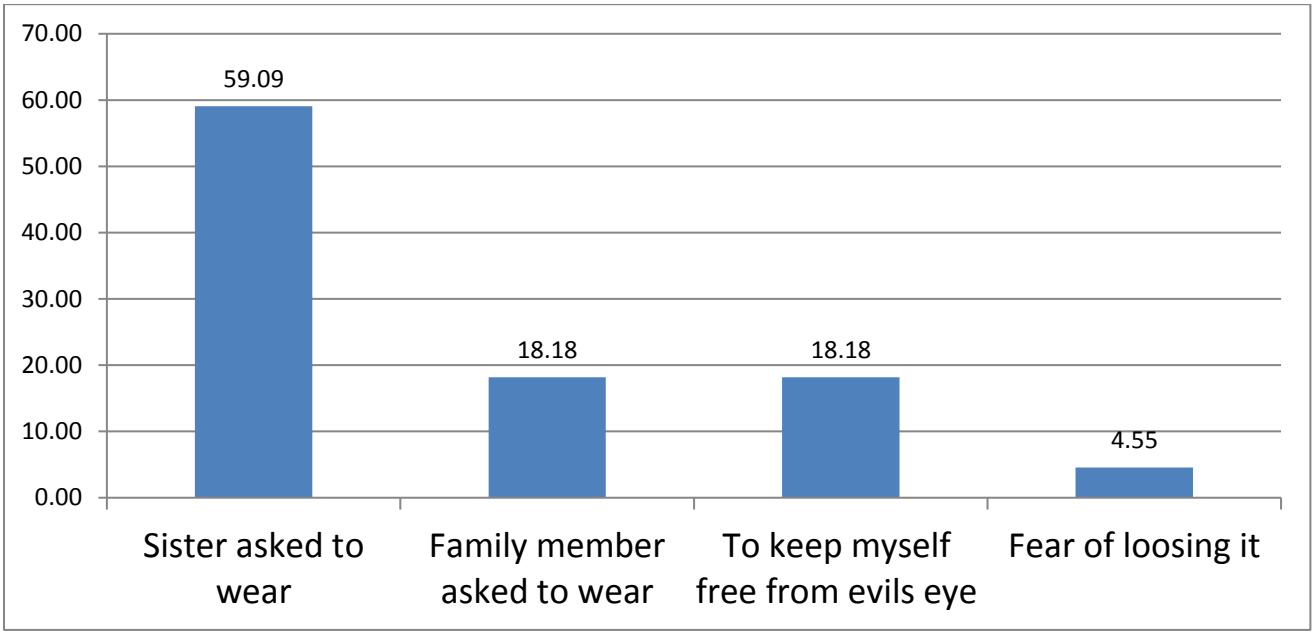
n = 100



Findings :

I. 45.8 % women said they wore KB pendant during their pregnancy for ANC checkup.
II. 54.2% women said they don't wore KB pendant during their pregnancy.

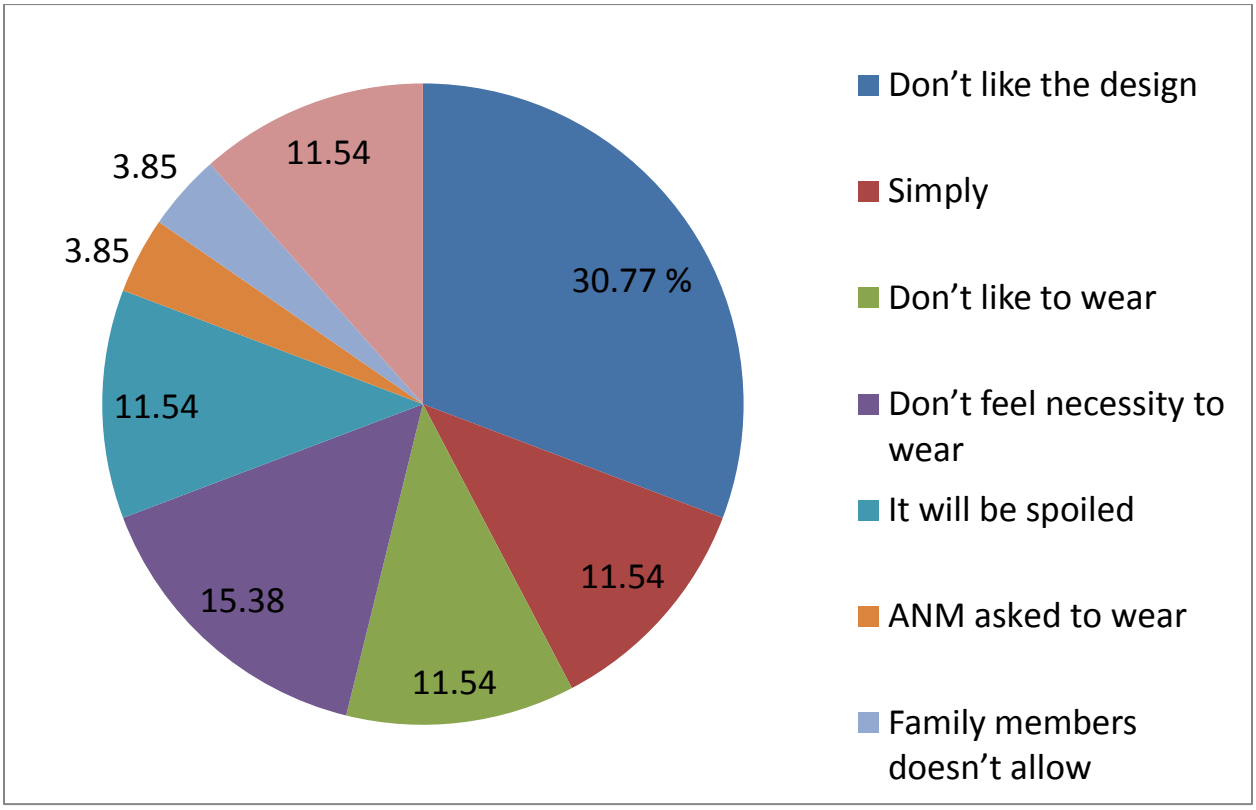
Figure 5 : Why women wore pendant



Findings:

I. 59.09% women wore pendant because ANM asks them to wear.
II. 18.18% women wore because their family member asks them to wear.
III. 18.18% women wore to keep them self away from evils eye.
IV. 4.55% women wore to avoiding of losing it.

Figure 7 : Why women don't wore KB pendant :



Findings:

I. 30.77% women said they don't wore pendant during their pregnancy because they didn't like the design of pendant.
II. 11.54% women didn't disclose why they didn't wear, they just state simply for not wore.
III. 11.54% women didn't like to wear the pendant so they didn't wear.
IV. 15.38% women don't feel necessity to wear it
V. 11.54% women said they didn't wear because to save it from being spoiled.
VI. 3.85 % women said ANM didn't asked them to wear.
VII. 3.85% women said they didn't wear because their family members asked not to wear.
VIII. Rest 11.56 % have o

LIMITATIONS OF THE STUDY

- A two months period was not much to cover such a vast topic.
- The study area was small (only one block) and so the results cannot be generalized.
- Responders are women from catchment area,majority of them are having very less educational background, so they were not able to respond properly.

CONCLUSION

This study concluded that:-

- More than half percent of women and 1/4th of children are not wearing pendant.
- Major reason behind acceptance of pendant among beneficiaries is ANM asks women to wear / make their children wear pendant.
- Major reasons behind non-acceptance of pendant among women are non-appealing look of pendant and unawareness about importance of wearing it.
- Major reasons behind non-acceptance of pendant among children are unawareness about importance of wearing it as well as fear of wearing it, as it will cause harm to children.
- More than half percent of women want changes in pendant.
- Majority of women wants pendant to be more attractive than it appears.

Suggestions to the organization

- As per our research most of the women who are wearing pendant or make their child wear pendant are because ANMs asked them to do so, so we should ask ANMs to do it on regular basis.
- We should also arrange Nukkad natak at MCHN camps or either in village to aware women herself about the importance of pendant to increase its acceptability.
- As per my findings majority of women didn't like the design of the pendant, so they are not wearing it, so I suggest some change in pendant according to women preferences.
- ANMs should be awarded to motivate them.
- Best performing Field monitors should be awarded to motivate them.
- Replacement of tablet in lasadiya, as it is not working properly.
- Should transfer other active monitor in lasadiya, they will be helpful in improving the performance of ANMs, will directly improve the quality of data
- Should give proper training to ANMs of non functioning area like Lasadiya & Bassi, salumbar.

Annexure

Questionnaire Format

Type of questions: semi structured

1.Name of Block :

2.Name of PHC :

3.Name of SC:

4.Name of Village :

5.Khushi Baby Id :

6.Surveyor Introduction :

7.Consent :

Consent - Hello! We are conducting a study to understand the vaccination of the small children of Udaipur district and the information of Mother's ANC. I will read the information given below to you and if you do not understand anything about it, then you can tailor it again.If you do not answer any questions and have the right to stop answering at any time. It will take about 15 minutes to ask all the questions.2- The information you give us will remain secret 3- Now you can ask us questions about this study. If you feel that you have been treated unfairly, or need information about your research subject, you should contact the Chief Investigator at Mohammed Shahnawaz, "Khushi Baby" on the 9001469934 contact number.You can gladly go to the Baby Office - happy baby, plot no-123, Kharol colony, Near Star Hospital, Sewa Mandir Marg, Udaipur - 313001 (Rajasthan).

If you are agree for the survey, please confirm by replying yes

8.Name of Women :

9.Age of Women :

10.Name of your husband :

11.What is your caste :

12.What is your qualification ?

13.What is your husband's qulification?

14.Is there anychild in your house in between 2 to 12 month?

15.How many child in your house?

16.Did you go / use to go MCHN camp for ANC check up or child Immunization?

17.Did you recieved Khushi baby pendent, If yes then when and to whom ?

18.Why you kept Khushi Baby pendent ?

19.Do you wear Khushi baby pendent?

20.If you wear then why?

21.Someone asked you something when saw you wearing pendent

22.if you dont wear then, why not ?

23.Is your child wear pendant?

24.If yes then why?

25.Someone asked you something when saw child wearing pendent

26.If not then, why?

27.Is this kind of pendant seen by you to someone else

28.Should there any changes made in pendant according to you

29.What changes we should do and why

30.Did you receive happy baby calls for ANC checks and vaccination of the child?

31.What benefits have you received from a khushi baby voice call? (Multiple Choice)

32.Before getting KB voice call,How do you usually know when to go to the camp for ANC check up and immunization

33.When you were not getting khushibaby voice call, then this information were given by ANM, ASHA or Aanganwadi worker, then what was the difference with this call?

34.How do you usually know when to go to the camp for ANC checkup and immunization ?

35.Have you ever missed your ANC and child vaccination due to lack of information about MCH camp?

36.Has it ever happened when you or your child has become seriously ill, someone has helped you in your treatment?

37.Who helped?

38.Have you ever heard in your community that if a woman and a child are seriously ill then they were helped by khushibaby ?

39.What changes have you eprience in the awareness of the health of yourself and your baby after coming of khushibaby or when you get KB pendant?

40.Do you think every mother and child should get KB pendant so they can get help too?