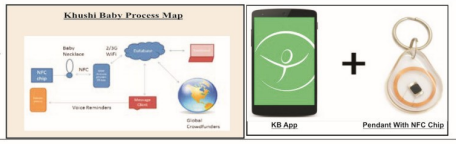
Summer Training:Learning At The Grass Root Level

Khushi Baby Project

INTRODUCTION

Seva Mandir is one of India's leading development nonprofit organizations. It currently works with 360,000 people across 700 villages of southern Rajasthan.

Khushi Baby a new company that sprang from a Yale class project, is poised to protect thousands of babies from vaccine preventable diseases.KB includes an inexpensive digital necklace and accompanying mobile app that streamlines the process of vaccinating children in the developing world.



TASK/S ASSIGNED

To find out the time efficacy of Khushi baby Application over Log books.

To determine the vaccine awareness of mothers who came to the immunization camps.

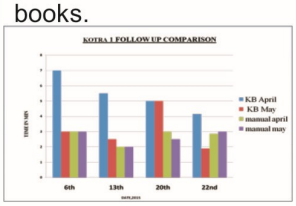
Institutional, On Field and Independent training to the GNMs.

WAYS TO ACCOMPLISH TASKS ASSIGNED:

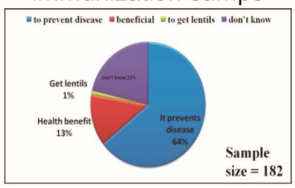
- Semi– structured questionnaire.
- Recording time by stop watch.
- IEC Material

FINDINGS

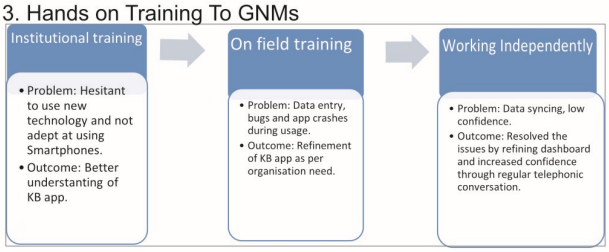
1. Comparison of time taken by KB system over Log books.



2. Reasons given by Mothers for coming to immunization camps

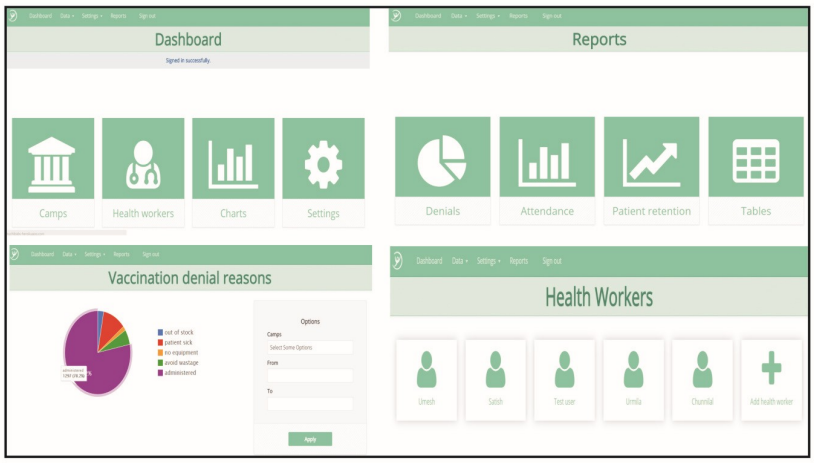


3. Hands on Training To GNMs



MONITORING VIA DASHBOARD

Real Time Analytics And Tools On Cloud DashBoard: Leading To Cost And Time Efficiency And Effective Programming For Seva Mandir



OBSERVATIONS AND LEARNING FROM THE FIELD

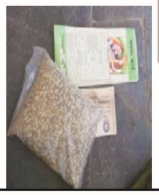
Blocks	Badgaon	Girwa	Jhadol	Kherwara	Kotra
camps attended	7	14	31	34	33
Number of Staff/Workers/Beneficiaries met during April-May 2015					
Block Health Incharge	1	1	1	1	1
Zonal Worker	2	4	10	3	8
GNM	2	3	2	2	2
Assistant to GNM		1	1	2	1
Balsakhi	2	18	1	6	12
TBA	10	14	30	23	28
ASHA	3	5	0	5	2
Balwadai Sanchalika	2	5	1	3	3
Informer	-	-	7	8	2
ANC	2	5	18	45	20
Mothers	20	74	117	113	124

Human Resource Department

- High Attrition rate of General Nursing and midwifery (GNM)
- Lack of guidelines and training
- Compromised health and Safety of GNM's
- Low wages and financial incentives
- Over burdened with work

Supply Chain Management

- Shortage of Drugs and Vaccines
- Improper storage of Vaccines
- No storage facility for Pentavalent vaccines
- Inefficient procurement of drugs and vaccines from CHC.
- Unavailability of Mamta Card (Jhadol) and non cash incentives (lentils and utensils)

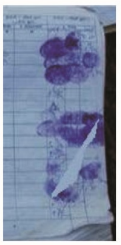


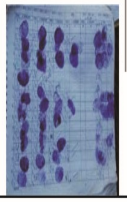
Health and Safety management

- Deferring from standard immunization protocol.
- Improper disposal of syringes, cotton swabs and urine containers at the campsite.
- Unhygienic surrounding for vaccine administration.

Record Keeping

- Poor maintenance of the logbooks and discrepancies in data.





Community

- Low awareness about health and vaccination
- Lack of education
- Negative perception about vaccinating their children
- Existing superstitious practices (eg. Daam)
- Preference to marriage and other ceremonies over vaccination.
- Prevalent child marriages and polygamy
- Lack of family planning

Community Workers

- Low incentives
- Lack of motivation
- mismanagement of vaccination coupons
- Camp attendance increases where mobilizers are involved. Ex.

Presented by : Aman Preet Kaur, Doma Sherpa, Shirish Dhore, Vijendra Banshiwal.