Together, we build digital solutions to ensure accountability, awareness and access for precision public health at the last mile.
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## Statement of Financial Position
Dear Khushi Baby Family,

This past year was dominated by the pandemic. It pushed us to pivot, partner, and persevere.

PIVOT:

After being tapped as the Technical Support Partner of the Department of Health last year, we were gearing up to roll-out a state-wide digital health census for Rajasthan, India’s largest state. The first wave of COVID-19 tabled these plans and forced us to adapt our solution into a comprehensive community-based screening and referral platform. With the direction of the Department of Health and through integration with the Department of IT’s backend servers, we were able to scale this platform to over 60,000 community health workers who reached 14 million beneficiaries - the largest deployment of its kind in India.

PARTNER:

While we deepened our presence at the state level in Rajasthan this past year, we were also able to expand our footprint as well. Partnerships with Wadia Hospital and SRF Foundation allowed us to expand our digital health solution portfolio to two additional states.

Key partnerships with Simprints, JHPIEGO, WhatsApp, and Google AI for Social Good have allowed us to continue to evolve our platform, as we dived deep into integrations of biometrics, IOT, chatbots, and machine-learning, GIS-analysis for precision public health.

PERSEVERE:

We had to learn how to operate at a new order of magnitude. With Project Echo’s support we were able to conduct zoom training-of-trainers to launch our COVID-19 platform. We set up a help desk of five members to cater to the concerns of tens of thousands of health workers, many of whom were first-time smartphone users. We monitored hundreds of local WhatsApp groups of health worker teams. From scratch and without prior experience, we deployed virtual machines, load balancers, and database management tools at the State Data Center to manage their largest live application.

After co-residing with COVID-19 doctors in a government resident hostel for most of the year, we opened our second headquarters in Jaipur. And we scaled up our reproductive and child health outreach work both in Udaipur’s rural villages and Jaipur’s urban slums, despite two lockdowns that intermittently dispersed our team across India.
PUSHING AHEAD:

We have been acknowledged for our efforts. Our work was recognized by the Government of India under the Strengthening COWIN Grand Challenge. Our platform received funding as well under the National Health Mission, to support scale-up to five districts of Rajasthan. The Rajasthan State Department of Health and Family Welfare has given us key responsibilities as a technical partner: on the Analytics subcommittee during the 2nd COVID-19 wave, to scale-up the state's labor and delivery tracking system (formerly ASMAN), and now to implement the initial vision of our Digital Health Census and Community Health Integrated Platform. Catalytic funding from the Trinity Challenge, Patrick J McGovern Foundation, Google.org, ARM, and others will continue to allow us to deepen our work.

Our vision is to deliver on a project that has been in the works now for two years: the Community Health Integrated Platform. This platform will provide a unified interface for key pillars of public health delivery in India (ASHAs, ANMs, CHO, and MOICs), across primary health care verticals, to conduct a digital health census, perform longitudinal follow-up, and detect new outbreaks. This platform will adhere to principles outlined in the National Digital Health Mission, but also extend its reach through offline-first capabilities. Incorporation of biometrics, IOT, machine-learning, GIS-analysis, gamification and behavioral nudges, and integration with direct benefit transfer schemes will elevate the capabilities of the platform to deliver on its promise. The ability for our interdisciplinary team to see both the forest and the trees, working at the Central and State levels as well as across hundreds of villages in Udaipur, will be the key to our continued growth and impact, in partnership with our local stakeholders.

From tracking infant immunizations to immunizations for COVID-19 to improving primary health care at large, the journey continues.

Ruchit Nagar
CEO
"There is no impact from technology, without human effort. Our interdisciplinary team ensures, despite the challenges of the last mile, that the show will go on."

Mohammed Shahnawaz
COO

In 2014
Khushi Baby was born out of a classroom project at Yale University.

Over the last six years we have grown into a 40 member team based in Rajasthan. Together, we tie tradition with technology to empower community health workers and uplift quality of health care for underserved populations in India.
“At Khushi Baby, our solutions begin and end in the field.

Community-Centered Design is at the heart of what we do.”

Saachi Dalal
CSO
We are building a comprehensive community health information management system to ensure accountable and longitudinal tracking of community health at the last mile.
Community Health Integrated Platform ("CHIP")
India’s public health system boasts the world’s largest decentralized community health workforce, under the National Health Mission. To improve health care delivery, the MoHFW is taking an important step away from paper-based tracking methods to realizing a National Digital Health Mission. Through this effort, health delivery can be tracked in a manner more accountable, efficient, and impactful.

The current ecosystem of digital solutions reflects the siloization of vertical health programs. Different applications and backends exist for RMNCH+A, NCDs, TB, and COVID-19 for example. Some applications have been adopted uniformly, while others have fragmented, state-specific avatars which attempt to connect to the respective Central government backends through application programming interfaces.
What does an improved system look like?

- Unified interfaces for each of the key public health cadres. Currently, mature applications exist within specific primary health verticals for specific health workers (e.g. ANMs conducting RMNCH+A tracking). This will need to expand to unified interfaces for each health worker (ASHA, ANM, CHO, MOIC)

- A true baseline denominator captured through a digital health census

- Real-time accountability mechanisms and quality-driven incentives to improve data fidelity and usability

- Longitudinal data sharing mechanisms for beneficiaries to receive informed care at any health provider, especially in offline settings

- Automated and targeted engagement mechanisms to motivate individuals in communities to uptake primary health care services
Step 1
Creating the Registry

Step 2
Longitudinal Follow-up Across Programs
Interlinked Mobile Applications (ASHA, ANM/CHO and MOICs)

The platform has been developed as per National guidelines (e.g. RCH Register, CBAC form, NCD Portal, Nikshay follow-up and registration, ASHA register, Delivery Register)
Clinical Decision Support Tool for CHO's

The Community Health Integrated Platform (CHIP) is an effort to address the primary health gaps beyond reproductive and child health by including and integrating NCD management and infectious disease surveillance. The platform has been developed as per national guidelines (e.g. RCH Register, CBAC form, NCD Portal, Nikshay follow-up and registration, ASHA register, Delivery Register), so that each health worker in the referral loop has a single unified interface for tracking patients and reporting community health outcomes across verticals. This platform also includes a decision support tool for the new cadre of health workers - Community Health Officers (CHO) - who serve at the interface between ANMs and Medical Officers.
Platform Components / Features

A continuum of care that connects the village household, sub-centre and primary health centre. The platform includes a state-wide digital health census and longitudinally tracks all national primary care programs.

A mobile application for all healthcare providers, which replaces paper-based tracking, automates timely reporting of health outcomes and resource shortages, automates direct benefit transfers, and guides clinical decision-making. The app is designed to keep health workers informed of their progress and catchment area health status so that they can take necessary action.

A digital medical record for beneficiaries, in the form of a NFC health card (30 INR), which moves with the patient.

Instant, offline sharing of digital medical records, via the NFC health card / NFC sticker, at the point of care.

GPS, NFC, and biometric accountability at all points of care. In-app nudges to provide real-time feedback.

This confirms that:
1) health camps were held and
2) the beneficiary met the provider.

Dialect specific automated voice calls for beneficiaries serve as health check-up reminders and health awareness messages.

NDHM compliance / early sandbox access Value Add for Community Health Workers.
Value Add for Community Health Worker

Pain Points:
ASHA workers spend up to 20 hrs a month manually summarizing their work on paper, traveling to a health center, and waiting for a data entry operator to submit their work history.

With KhushiBaby’s ‘CHIP’, ASHAs can see their projected earnings, pending visits, and pending verifications. Reports are submitted automatically.

Work plans help health workers prepare for health camps in advance. Hint cards provide relevant medical education.

Approach:
Digital Empowerment
Clinical Empowerment
Financial Empowerment
Improving Efficiency and Accountability

Khushi Baby is working with Simprints to implement a facial biometric feature to ensure unique registrations take place through in-person visits. The feature is optional, driven by the user’s consent and the biometric is stored in a decentralized manner on only the health worker’s mobile phone. Khushi Baby is piloting the facial biometric while exploring privacy-preserving, multi-modal biometric models with fingers and ears.

1. Simple user interface, seamlessly integrated into any existing workflow and application

2. Frontline worker captures biometric image

3. Unique ID links to records and next steps in service delivery

4. System runs matching algorithm

5. Biometric identifiers are unique, secure, and cannot be lost or forgotten

6. Offline or online. Rapid matching that reduces errors and improves accuracy and quality.
Data collected through our platform is processed by our machine learning algorithms to determine a community health worker diligence score. This diligence score is used to a) understand in what specific ways capacity building is required to improve data quality, b) incentivize health workers to improve their data quality, and c) to refine health outcomes predictions by segmenting out poorer quality data. Results show that we can predict health worker non-diligence with 84% accuracy. Subsequent health outcome prediction models have accuracies of 83%, 70%, and 96% in predicting antenatal care dropout, low birth weight, and still births respectively.

Besides individual level predictions, we are using GIS-modeling techniques to spotlight disease clusters at the community level as well. Moving forward, we look to tightly integrate these machine-learned insights into the direct experience of the health workers and officials using our tools.
Advanced GIS-based Analysis for Decision-Making

Khushi Baby's 2.5 million data points can drive hyperlocal decision-making. Here we can see areas of statistically high prevalence of disease amongst neighbors with high prevalence (red) and areas of statistically high prevalence amongst neighbors with low prevalence (at risk for spread of disease). Similarly we can see areas and neighborhoods of low prevalence, which may be suggestive of high performance OR of underreporting - both of which warrant further investigation at the local level.
Digital health census
Covid-19 and vaccination tracking
Community health integrated platform
Reproductive and Child Health Tracking

Government trust in our team and platform
Exponential growth in our platform uptake and impact
First exposure to operating at a macro-level, while still maintaining boots-on-the-ground

14 Million Beneficiaries screened
2.5 Million GIS-based data points
1 Million High-risk beneficiaries identified
30,000 Referrals Completed
60,000 Community Health Workers
Mission LISA
PROJECT BRIEF

- COVID-19 screening module adapted from our CHIP platform
- Deployed during the first wave across Rajasthan on the Google PlayStore

### Keys to success:
- Government mandate
- Remote, zoom-based trainings-of-trainers
- Short videos shared over WhatsApp for training
- Helpdesk for support
- Remote monitoring of hundreds of WhatsApp groups
- Daily reports of surveys conducted
- Gamified experience for health managers
- 10 District road trip to engage with local District Chief Medical Health Officers

### Challenges:
- Deploying system on government backend servers
- Many ASHAs were first-time smartphone adopters
- Multiple rounds of prior surveys on paper
- Health worker burnout
- Lack of control over house-to-house visits
- Decline in cases leading to decline in follow-ups

### Signs of success
- 60,000 community health workers active
- 4.0/5 rating on PlayStore
- 14 million beneficiaries screened
- 2.5 million GIS-referenced data points
- 500+ identified health worker champions and champion teams
- 80%+ verified chronic conditions from patients
- Uptake of GIS-based monitoring dashboard by Director Public Health and Director Infectious Disease Surveillance Program
- Reactivation of the platform for follow-up on COVID-19 vaccination

**Key Collaborators:** DMHF, DOITC, WHO
Team Reflections

“This past year we learned how to scale our technology, by deploying it from scratch at the government’s data center. Early failure led to key insights in taking and sustaining our platform at the next level.”

Arul Srinivaasan
Lead Backend Developer

“Our attention to data quality takes our data analysis to a deeper level.”

Sarfarazul Ambiya
Principal Data Scientist

“We don’t believe we have made impact until we have meaningfully changed the experience of the community health worker. We are still a work in progress.”

Pawan Singh
Product Lead
Case 1: Use of Mission LISA for Contact-tracing and referrals

Mission LISA was used as a tool for active surveillance and rapid response during the COVID-19 pandemic. Through this platform, we were able to identify and trace the COVID-19 positives and ensure treatment by quick referrals. One such example of quick decision making and community welfare was set by the team Dr. Pinkesh Kumar and ANM Amita Yadav from Chandpar PHC of Mundawar, in district Alwar. “An electrician by profession, Surender was identified to be Covid symptomatic by Amita, using ML platform. Realizing the severity, the app prompted to refer the case for further investigations. Surender was tested positive for COVID-19 in the investigation. This alerted the medical team about the possible spread of the infection. Through the quick decision support enabled by the platform, the team started tracing and testing every person Surender might have been in contact with, within the last 14 days. Almost 10 people including friends and family were tested and advised to be home isolated after testing negative. In this way, the team was able to control the spread and use the digital platform most effectively. The platform not only helped Dr. Pinkesh, to follow up with the non-visited suspected and referred cases like Surender but also made ANM Amita alert when the status is identified as positive which in turn, helped the team to contain the spread.”

Case 2: Use of Mission LISA for NCD screening camps

Mission LISA served as a platform that was used to not only identify and follow-up with COVID-19 cases but also helped the health workers in creating line lists of the beneficiaries having comorbidities or contact history. Regarding this, follow-up of NCD cases was conducted by the district level teams. During these camps, the beneficiaries were identified and mobilised according to the surveys conducted via the Mission LISA application. As a result, 263 beneficiaries across 5 districts were screened and counselled for one or more Non-Communicable Diseases while 28 beneficiaries were counselled for use of Tobacco in Dungarpur district.
Analytics Support during the Second Wave of COVID-19

In April and May of this year, India faced the world’s worst COVID-19 pandemic during its second wave. The public health system was quickly overwhelmed by lack of oxygen tanks, ventilators, and hospital beds. At the same time, the vaccination process had yet to fully launch. To respond to this challenge, the State Department of Health and Family Welfare constituted a Strategic COVID-19 Committee to address the crisis. As a member of the Analytical sub-committee, Khushi Baby played a key role in synthesizing information across various portals, surveys, and applications to give a sub-district level view of resource availability and data blind spots. With these insights, the Department of Health was able to better mobilize resources as the rate of infection began to plateau.

Khushi Baby continues to support the Department with GIS-based analyses to characterize disease and resource burden for data-driven engagements.
"This past year was indeed a challenging period for us but we fought through it and came up with ways to give as much support as we could to the community even in the time of the pandemic. Through our interventions like Mission LISA and RCH activities ongoing in Udaipur, we could help the community as well as our frontline health workers by supporting their everyday activities through our digital platform. We aim to continue providing our support in improving the community’s health status in Rajasthan and extending our helping hands to other states of India."

Yukta Sharma
Public Health Associate

"Use of Mission LISA platform by a good number of ground level health workers proved the potential of Community Health Workers, the ASHAs, to adapt digital platforms in their routine work. They felt it easier to use digital mode over the traditional paper and pen mode as it reduces their workload by minimizing efforts such as reporting, multiple survey rounds etc."

Ajay Sharma
Program Manager

Testimonial of a Medical officer incharge on Mission LISA platform

"Mission LISA is a good example of "India going digital". The community level HWs used this digital platform widely for the purpose of a real time reporting system in a "SMART" way. Wherein the SMART stands for "Screening, Mobility (of data), Affordability, Realtime Monitoring, Time saving."

Rajeev Singh Dhakad
Program Manager
Picture 1: Survey process under Mission LISA
Picture 2: Health Workers conducting Covid-19 survey and screening
Udaipur Reproductive and Child Health Tracking
PROJECT BRIEF

- Tracking maternal and child health using the respective module from our CHIP platform
- Operational with 200+ ANMs over a 4 year period, without interruption
- Data set used for Khushi AI community health worker diligence score and stillbirth prediction models
- Mothers provided with NFC enabled cards and stickers
- New qualitative research, submitted for peer-review, on barriers to uptake of referral services amongst high-risk pregnant women. Key finding: social support was a key enabler to the uptake of services
- Increased efficiency of malnutrition tracking operations, with a systematic procedure to pre-screen family via call, coordinate visit with local ASHA, engage RBSK (government medical officer team) for severe cases / reluctant families, to coordinate calling the ambulance, and to provide further in-person support after the family reaches the hospital/malnutrition-centre. Key finding: showing pregnant women videos of other success stories was effective in persuading mothers to seek care

<table>
<thead>
<tr>
<th>Keys to success:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local district stakeholder support</td>
</tr>
<tr>
<td>Field monitors active on a daily basis</td>
</tr>
<tr>
<td>Helpdesk for support</td>
</tr>
<tr>
<td>Remote monitoring through hundreds of WhatsApp groups</td>
</tr>
<tr>
<td>Reminder voice calls for due services and dropouts</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Challenges:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of integration of KB RCH module to the PCTS is still causing manual reporting</td>
</tr>
<tr>
<td>Adherence of the system</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signs of success</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular use of the platform by 90 ANMs across the district</td>
</tr>
<tr>
<td>The system helped to track HR cases</td>
</tr>
<tr>
<td>Lives of severely sick children could be saved after tracking through the system</td>
</tr>
</tbody>
</table>

Key Collaborators: DMHFW, DOITC, Jphiego
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Cumulative</th>
<th>Year 2020-2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered pregnant women</td>
<td>26298</td>
<td>4759</td>
</tr>
<tr>
<td>Registered children</td>
<td>19064</td>
<td>4502</td>
</tr>
<tr>
<td>High-risk children notified</td>
<td>1772</td>
<td>1120</td>
</tr>
<tr>
<td>High-risk children identified</td>
<td>690</td>
<td>301</td>
</tr>
<tr>
<td>Children referred</td>
<td>329</td>
<td>121</td>
</tr>
<tr>
<td>Children who completed their treatment</td>
<td>197</td>
<td>39</td>
</tr>
<tr>
<td>Children whose treatment is ongoing</td>
<td>151</td>
<td>108</td>
</tr>
<tr>
<td>Automated reminder calls</td>
<td>146277</td>
<td>10286</td>
</tr>
<tr>
<td>Manual calls placed to high-risk children</td>
<td>2435</td>
<td>185</td>
</tr>
<tr>
<td>Manual calls placed to dropout children</td>
<td>3465</td>
<td>1382</td>
</tr>
<tr>
<td>Manual calls placed to high-risk pregnancy</td>
<td>4529</td>
<td>977</td>
</tr>
<tr>
<td>Manual calls placed to dropout mother</td>
<td>5122</td>
<td>1841</td>
</tr>
<tr>
<td>Manual calls placed to due for delivery mother</td>
<td>4034</td>
<td>1728</td>
</tr>
</tbody>
</table>

- Total antenatal care visits tracked - **53610**
- Total child care visits tracked - **46495**
- Total child vaccination events tracked - **264296**
- Total full antenatal care completion rate among pregnant women crossed EDD\(\text{EDD} = 4695/19728 = 23.8\%\)
- Total institutional delivery rate among those with reported delivery outcomes \(\text{EDD} = 14429/16594 = 86.9\%\)
- Total full infant immunization rate among infants who crossed 12 months \(\text{EDD} = 11192/14909 = 75.01\%\)
- Total high-risk pregnant women identified through an algorithm (including all high-risk conditions) \(\text{EDD} = 13677/22459 = 60.89\%\)
- Total high-risk children identified through an algorithm (including SAM/MAM, pneumonia, diarrhea, developmental delay) \(\text{EDD} = 6652/17808 = 37.35\%\)
Team Reflections

“Identification and tracking of high risk mothers and children is an important activity of Khushi Baby’s RCH project. We have identified and provided support to many such beneficiaries and have seen their health improve significantly. This is how Khushi Baby is saving and improving the lives of mothers and children. This type of impact really motivates us to continue working for such beneficiaries and even expand our reach to other districts of Rajasthan.”

Priya Kumawat
Field Communication Associate

“Saving people’s lives has been our main aim behind the efforts we are putting in. We have been working on the ground level with health workers to provide rapid response to the beneficiaries in need. So far whatever impact Khushi Baby has been able to bring on the ground level is because of our RCH Udaipur project, which is why I like this project a lot. This project has taught us how we should see the product from the users’ point of view.”

Hamid Abdullah
Implementation Lead
Janta Clinics
**PROJECT BRIEF**

- IT-enabled Primary Health Clinics established by DMHFW, GoR to cater primary healthcare services to underserved urban population.
- A vision of DMHFW, GoR to transform the way primary healthcare is tracked and delivered in order to improve accessibility to and quality of healthcare service delivery system.
- Compact infrastructure to establish the facility in dense provide maximum resources.
- Total 12 Janta Clinics were established in Urban Jaipur by DMHFW to provide accessible quality health care services in urban underserved areas/slums, each clinic covering a population of 10,000 to 15,000 people.
- Longitudinal medical history (Electronic Health Record) of all beneficiaries is created through the Janta Clinics, which is ultimately owned by the beneficiaries themselves.
- An MIS system is in place to provide seamless services right from registration of beneficiaries till follow-up.
- JRCH mobile application is used by the service providers at Janta clinics to track RCH services.

<table>
<thead>
<tr>
<th>Keys to success:</th>
<th>Challenges:</th>
<th>Signs of success (from December 2019 to August 2021)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessibility to the beneficiaries</td>
<td>JRCH application is being used less at the Anganwadi/field camps, causing less coverage</td>
<td>Total beneficiaries catered in OPD: 258627</td>
</tr>
<tr>
<td>Technical support to the service providers</td>
<td>The OPD software (MIS) was not properly maintained by the third party</td>
<td>Total investigations: 1102 (till 30th June 2021)</td>
</tr>
<tr>
<td>Tracking of HR pregnancies and children</td>
<td></td>
<td>Total children registered through JRCH platform: 832</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total full immunizations recorded: 1079</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total pregnancies registered through JRCH platform: 2191</td>
</tr>
</tbody>
</table>

**Key Collaborators:** DMHFW, Kotak Mahindra Bank
Team Reflections

“The Janta Clinics functional in urban slums of Jaipur have continuously provided their services to the people throughout the pandemic. The diligence of staff towards giving services has helped people avail themselves of good services without having to go long distances.”

Yukta Sharma
Public Health Associate

“I have seen people getting services at Janta clinics, these are the most accessible and affordable source of primary health care. Such modal has made lives easy for the people dwelling in slums and out of reach areas in Jaipur. Beneficiaries are also able to get their children immunized on time due to easy access of Janta clinics. In covid-19, too, JCs played a vital role through adding services of testing, medication and vaccination related to Covid-19.”

Nabi Hussain
Field Supervisor
Mewat Child Malnutrition Tracking Project
## PROJECT BRIEF

- A community-based nutrition education intervention to improve the nutritional status of children (0-8 years) of a marginalized community of Nuh block in Mewat district, Haryana.
- Mewat is a high focus district in terms of health, nutrition, water and sanitation interventions.
- Aims to assess the nutritional education of mothers and caregivers, track infant nutritional progress by digital tools, deploy mobilisers (Poshan Mitras) and organise nutritional awareness sessions along with providing a health and nutrition passbook to mothers for growth tracking.
- The project will reach out to 15,000 children (0-8 years) and 36,000 parents and caregivers from 20-30 villages.
- Impact assessment by a non-randomised, prospective cohort study for severe and moderate acute malnutrition among children 6-59 months old.

### Keys to success:
- Adaptable the digital system by the Health Worker
- Monthly data support for intervention
- Live Dashboard
- NFC technology to track the children

### Challenges:
- Shifting the CHWs from paper pen mode to the digital mode of Surveying and data collection

### Signs of success:
- Adaptability of the App - 23 Users
- 14473 children covered during 3 months (Feb to April 2021)
- 3000+ SAM children identified after tracking through the system.
- Targeted intervention initiated for right to nutrition, sanitation, hygiene and cleanliness, etc. to be initiated based on the survey findings

**Key Collaborators:** SRF Foundation
Rajasthan Labor and Delivery Tracking - The Prasav Watch
PROJECT BRIEF

- A tablet-based “Intrapartum and immediate postpartum Monitoring and Decision Support Tool” intended for supporting decision making by the labour room service provider.

- e-Learning module, ASMAN Complication Management Game, Safe Delivery App and Support regarding cases which are referred further are also some of the application’s features.

- DMHW, GoR envisions to scaleup the Prasav Watch platform at 360 delivery centres throughout the state.

- Some of the key features of the application include case management, data collection, monitoring and analysis along with reports and dashboard and e-Partograph generation.

- Application captures the details of women admitted for delivery in the facility from admission till discharge that supports the labour room service providers to identify the High Risks & probable intrapartum complications and to take decisions.

- Demographic, primary assessment and history details are captured, followed by progress monitoring through e-partograph and delivery notes. Post-delivery and PNC monitoring is also done.

### Keys to success:

- Hands-on training by partner agencies
- Tablets installed in the labour rooms in height adjustable holders, make it easy to handle by the users
- In-app troubleshooting and Feedback Mechanism

### Challenges:

- Shortage of human resources
- Works with internet connectivity

### Key Collaborators: DMHW, JHPIEGO, UNFPA, Wish Foundation
## Signs of Success

- **11 Districts**
- **38 Facilities**
- **57,000 Deliveries**
- **6,000 C-sections**
- **20,000 High Risk Cases**
- **1,800 Referrals**
Team Reflections

“Prasav watch is one of the innovative facility based interventions of the department. PW is based on eight quality & monitoring indicators to provide the 360 quality management of care for pregnant women to reduce neonatal and maternal mortality.”

Rajeev Singh
Program Manager

“Unavailability of the moic/specialist at the time of delivery of pregnant women is one of the major challenges during the service delivery. Prasav watch acts as a decision supporting tool in the real time scenario. It gives a scope for the paramedics/staff nurses to monitor the case and provide instant services based on the patient’s condition. This will eventually help in reducing the risks related to maternal deaths on the delivery day.”

Kartik Sharma
Public Health Associate
Forthcoming Deployments
CHIP Deployment (Rajasthan State Level)

- The DMHFW is also rolling out the CHIP platform at the state level, focusing on the digital health census and disease surveillance modules.

- Building on our experience with Mission Lisa, the state is looking to track seasonal vector-borne diseases and better anticipate a third wave.

- This work is supported through the Chief Minister’s Budget 2020-21 mandate for a digital health census and is being spearheaded by the Infectious Disease Surveillance Program division.

Key technologies activated:

- Health worker diligence score
- GIS-dashboard for disease hotspots

Funders:
CHIP Deployment (Rajasthan District Level)

- Udaipur will be the testing ground for the full version of the CHIP platform including: the digital health census, longitudinal follow-up tracks, and disease surveillance modules.

- After being registered by ANMs, ASHAs have already started registering families in their respective villages.

- In the coming months, ANMs will be conducting health checkups of beneficiaries under specific programs, starting with Reproductive and Child Health.

- After RCH, other longitudinal follow-up tracks for NCDs and infectious disease will also open up within the ANM application.

- Finally, the medical officer module will be launched to facilitate referrals to and from primary health centers.

- This work is supported through the Chief Minister's Budget 2020-21 mandate and through the National Health Mission project implementation plan of the state.

- $2.4M (17.55 Cr) in funding has been allocated by the Government of India to support this roll-out first in Udaipur, and then in four additional districts (Sikar, Ajmer, Jodhpur, Sirohi).

- Key technologies activated: NFC stickers, biometrics, IOT devices, health worker diligence score, health outcome predictions, intelligent labor tracking.

Partners:
- Jhpiego
- Google AI
- Simprints

Funders:
- GIZ
- Google.org
- ARM

Patrick J. McGovern Foundation
Maternal and Child Health at Wadia Hospital

- Khushi Baby has collaborated with DL Shah trust to support the maternal and child health care services provided at well-baby and well-mother clinics of the Bai Jerbai Wadia Hospitals for Children (BJWHC), through intervention of KB digital solutions in order to establish an evidence-based digital health platform.

- The platform has been designed in a manner to uplift the quality of service provided to maternal and child health beneficiaries, attending the well-baby and well-mother clinics at BJWHC.

- Project aims to Digitize antenatal care and child checkup history to guide provision of informed care and reduce time for documentation on the part of healthcare providers.

- Another aspect of the project provides the hospital officials with analytics to improve assessment of service delivery and to improve the evaluation of health outcomes at BJWHC.

- The beneficiaries will be provided with a digital copy of their longitudinal health history (the digital health card) and encourage their timely follow up and adherence to the best practices through dialect-specific, automated voice calls.

Khushi baby’s impact role in the project:

- Mobile Application Development and customization for child health and maternal health modules
- Dashboard Development Training and implementation support
- Monitoring and Evaluation
- Analytical support

Partners:

Wadia Hospitals

Forthcoming Deployments
### Khushi Baby Inc.
#### Statement of Financial Position

**January - December 2020**

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donation Income</td>
<td>1,621.26</td>
</tr>
<tr>
<td>Grant Received</td>
<td>2,89,222.87</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>$2,90,844.13</strong></td>
</tr>
<tr>
<td><strong>Gross Profit</strong></td>
<td><strong>$2,90,844.13</strong></td>
</tr>
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</table>

**Expenditures**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank Charges</td>
<td>458.55</td>
</tr>
<tr>
<td>Director Fees</td>
<td>30,288.00</td>
</tr>
<tr>
<td>Dues &amp; Subscriptions</td>
<td>840.00</td>
</tr>
<tr>
<td>Legal &amp; Professional Fees</td>
<td>691.00</td>
</tr>
<tr>
<td>Meals and Entertainment</td>
<td>730.05</td>
</tr>
<tr>
<td>Office Expenses</td>
<td>9.36</td>
</tr>
<tr>
<td>Office Supplies</td>
<td>232.50</td>
</tr>
<tr>
<td>Operating Expense (India Office)</td>
<td></td>
</tr>
<tr>
<td>Reimbursement- Operation Expenses</td>
<td>13,450.57</td>
</tr>
<tr>
<td>Salary and Wages</td>
<td>1,84,720.32</td>
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<tr>
<td>Subcontractors</td>
<td>800.79</td>
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<tr>
<td><strong>Total Operating Expense (India Office)</strong></td>
<td><strong>$1,98,971.68</strong></td>
</tr>
<tr>
<td>PayPal Fee</td>
<td>52.82</td>
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<tr>
<td>Repair &amp; Maintenance</td>
<td>379.23</td>
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<tr>
<td>Software Expenses</td>
<td>220.00</td>
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<tr>
<td>Telephone Expenses</td>
<td>10.02</td>
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<tr>
<td>Travel</td>
<td>2,528.90</td>
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<tr>
<td>Unapplied Cash Bill Payment Expenditure</td>
<td>0.00</td>
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<tr>
<td>Web Service Expenses</td>
<td>3,041.80</td>
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<tr>
<td><strong>Total Expenditures</strong></td>
<td><strong>$2,38,453.91</strong></td>
</tr>
<tr>
<td><strong>Net Operating Revenue</strong></td>
<td><strong>$52,390.22</strong></td>
</tr>
</tbody>
</table>

**Net Revenue** | **$52,390.22**

---

**Category wise spending 2020**

- **Capacity Building Team** 32%
- **Policy & Advocacy Team** 9%
- **Development Team** 2%
- **Admin & Logistics Team** 19%
- **Analytics & Data Science Team** 14%
- **Hardware Procurement** 21%
- **Operational Expenses** 3%
- **Software/Web Services/Server** 2%

**Line Item**

<table>
<thead>
<tr>
<th>Item</th>
<th>2020</th>
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</thead>
<tbody>
<tr>
<td>Capacity Building Team</td>
<td>$78,906</td>
</tr>
<tr>
<td>Policy &amp; Advocacy Team</td>
<td>$51,265</td>
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<tr>
<td>Development Team</td>
<td>$46,022</td>
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<tr>
<td>Operational Expenses</td>
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<tr>
<td>Admin &amp; Logistics Team</td>
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<tr>
<td>Analytics &amp; Data Science Team</td>
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<tr>
<td>Software/Web Services/Server</td>
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<tr>
<td>Hardware Procurement</td>
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<tr>
<td>Administrative Overhead</td>
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</table>
## Khushi Baby Inc.
### Statement of Financial Position

<table>
<thead>
<tr>
<th></th>
<th>As of Dec 31, 2020</th>
<th>As of Dec 31, 2019 (PY)</th>
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</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
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<td></td>
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<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank Accounts</td>
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<tr>
<td>Total Bank Accounts</td>
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<td>Other Current Assets</td>
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<tr>
<td>Total Current Assets</td>
<td>$3,178,769.90</td>
<td>$2,608,819.93</td>
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<tr>
<td><strong>Fixed Assets</strong></td>
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<tr>
<td>Accumulated Depreciation</td>
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<td>-9,978.44</td>
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<tr>
<td>Equipment</td>
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<td>72,178.68</td>
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<td>Total Fixed Assets</td>
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<td>$62,200.24</td>
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<tr>
<td><strong>Total Assets</strong></td>
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<td>$3,230,821.7</td>
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<tr>
<td><strong>Liabilities And Equity</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
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<tr>
<td>Current Liabilities</td>
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<td></td>
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<tr>
<td>Other Current Liabilities</td>
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<tr>
<td>Unpaid salary</td>
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<td>$5,447.00</td>
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<tr>
<td>Total Current Liabilities</td>
<td>$0.00</td>
<td>$5,447.00</td>
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<tr>
<td>Total Liabilities</td>
<td>$0.00</td>
<td>$5,447.00</td>
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<tr>
<td><strong>Equity</strong></td>
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<tr>
<td>Opening Balance Equity</td>
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<td>13,254.14</td>
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<tr>
<td>Retained Earnings</td>
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<td>1,814,440.29</td>
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<td>Net Revenue</td>
<td>52,390.22</td>
<td>1,229,400.74</td>
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<tr>
<td>Total Equity</td>
<td>$3,700,771.4</td>
<td>$3,176,351.7</td>
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<tr>
<td><strong>Total Liabilities And Equity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$3,700,771.4</td>
<td>$3,230,821.7</td>
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</table>