Evaluation of Accredited Social Health Activists (ASHAs) on post natal care services, Samastipur, Bihar

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Declaration

I hereby declare that this dissertation titled **"Assessment of accredited social health activist on postnatal care service, Samastipur district, Bihar"** is the bonafide record of my original research. It has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

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October 2017

Certificate

This is certified that **"Assessment of accredited social health activist on postnatal care service, Samastipur district, Bihar"** is a record of the research work undertaken by Mr. Swadhin Kumar Jena in partial fulfillment of the requirements for the award of the degree of Master of Public health under my guidance and super vision.

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GLOSSARY

WHO	World Health Organization
NFHS	National Family Health Survey - 3
DLHS	District Level Household and Facility Survey
SC	Scheduled Caste
ST	Scheduled Tribe
OBC	Other Backward Caste
PI	Primary Investigator
SD	Standard Deviation
PNC	Post Natal Care
NRHM	National rural Health Mission
ASHA	Accredited Social Health Activist
ANM	Auxiliary Nurse Midwife
AWW	Angan Wadi Worker
ANC	Anti Natal Care
PHC	Primary Health Centre
HSC	Health Sub Centre
SES	Socio Economic Status

ABSTRACT

Background

Postnatal natal period is a very crucial period time for the health of both mother and child. Accredited social health activist (ASHA) are entrusted with the coordination of postnatal care (PNC) in community settings in rural and urban areas of India. The performance of ASHAs is therefore crucial for the appropriate implementation of the PNC as it has the potential to reduce associated mortality and morbidity. The present study examined the performance of ASHAs in delivering PNC in Samastipur district, Bihar.

Methods:

A community based cross sectional survey was conducted among ASHAs and mothers who were in the postnatal period. Two out of 20 blocks in the Samastipur district of Bihar was selected for the study (one best and another worst performing block). Additionally for each ASHA, one of the mothers under her area was selected. Mothers who delivered in the last six months and have completed the postpartum period of 6 weeks were eligible. Among eligible mothers the mother who delivered most recently was selected in order to reduce the recall period. Breast feeding and contraceptive practices, identification of warning signs of adverse health, and number of post-natal visits were part of the performance assessment matrix.

Results:

All the ASHAs in the selected two blocks (N=270) participated in the study. Similarly, 270 mothers who were selected from the respective areas of the ASHAs participated in the survey. Although ASHAs reported excellent level of performance based on selected indicators, the beneficent mothers replied that the service delivery was not optimum. For example, almost 92% of ASHAs reported that they gave advice to recognise warning signs of adverse health during PNC. However, only 31% of mothers reported that they received advice on warning signs of adverse health from their respective ASHAs.

Conclusion:

The performance of ASHAs should be assessed using a monitoring framework that includes indicators on post-natal care delivery. Beneficent mothers should be part of any performance audit for ASHAs in the delivery of maternal and child health care.

1. Introduction

BACKGROUND

Postnatal care (PNC):

Postnatal care is the preventive care practices and routine assessments to identify and manage or refer complications for both mother and baby during postnatal period (World Health Organization and Department of Maternal, 2013), which is within 42 days after delivery. The first visit to the woman should be within first 24 hours of delivery and the subsequent home visits on 3rd, 7th and 42nd day for identification and management of emergencies occurring during post natal period. In every visit an Accredited Social Health Activist (ASHA) should ensure that mother and the baby are following the suggestions given by the ASHA. If she finds any signs related to complication, she should inform the mother as soon as possible. ASHA should also inform the respective Auxiliary Nurse Midwife (ANM) deployed in that area.

Importance of post natal care

Postnatal care is the tracking mechanism and follow-up procedure to avoid maternal and infant complications to reduce the risks for death in the critical time. Fifty to seventy one percent of maternal deaths and 41 % of infant deaths occur during this period. (Lerberghe et al., 2005)

According to WHO 2003 report, most maternal and infant deaths occur in the first month after birth, almost half of postnatal maternal deaths occur within the first 24 hours, and 66% occur during the first week (Weltgesundheits organisation, 2003). In 2013, million new born babies died in their first month of life─1 million of these new-born babies died on the first day. It has been estimated that 60% of maternal deaths in the developing world occur during

the six-week period after childbirth. (Li et al., 1996)

During postpartum period the major causes responsible for maternal deaths are Sepsis, hemorrhage, Embolism and eclampsia.

11 to 17 percent maternal deaths occur during childbirth itself and between 50 to 71 percent in postpartum period. The postpartum period is often neglected. During this period, the first week is the most prone to risk. The most frequent direct cause of death is sepsis, which is responsible for late postpartum deaths. The introduction of aseptic techniques brought a spectacular reduction of its importance in the developed world. India is among those 10 countries named China, Congo, Pakisthan, Nigeria, Bangladesh, Ethiopia, Indonesia, Afghanistan and Tanzania, where 65% accounts for intra partum related neonatal death (Upadhyay et al., 2012)

Including this 41% infant death occur among the total under five mortality. In the developing countries nearly half of all mothers and new born babies do not receive the skilled care during early the postpartum period . Almost 3 million of all babies who die each year can be saved with low-technoloy and low cost care.

Major Causes of neonatal death(count down to 2015, n.d.)

- Infection (36%)
- Sepsis
- Pneumonia
- Tetanus
- Diarrhoea
- Preterm babies (28%)
- Birth asphyxia (23%)

- Other causes (13%)

Major causes of maternal death during postnatal period according to Government of India, Ministry of health and family welfare are the following: (Govt. of India, n.d.)

Hemorrhage: 38% occur mainly because of post-partum Hemorrhage.

- Sepsis: 11%, because of any infection during pregnancy, labor and in post-partum period.
- Abortion: 8%, because of unsafe abortions.
- Hypertensive disorders: 5%, because of High Blood pressure during pregnancy.
- Obstructed labor :5%
- Other causes: 33%- includes anemia and various other cause

Rationale of the study

We can prevent a large proportion of maternal and infant deaths by appropriate management of the postnatal period. One study found that, facility delivery with regular postnatal checkups can prevent the neonatal death (Fadel et al., 2015). Govt. of India implemented the ASHA program for managing such crucial part of life to reach maximum numbers of women in their postpartum period. Although several evaluation programs have been conducted to understand the performance of ASHA comprehensive evaluation looking at the post natal care is lacking in several states such as Bihar. One of the areas of maternal and child care that the ASHAs can contribute significantly is the postnatal care particularly in states like Bihar where the access to skilled professional health care is lacking. Therefore this evaluation is planned with the following objectives.

Objectives:

1. To evaluate the performance of ASHAs in providing post natal care in Samastipur district of Bihar
2. To understand the pattern of postnatal care received by mothers in this district.

Research question:

1. What is the level of achievement of ASHA in providing post natal care against the government norms

Assessing mother's awareness regarding infant feeding practices and associated factors will help to identify the reason for the non-adherence to exclusive breast feeding. Results of this study will help to plan community sensitized breast feeding promoting activities and helps to develop breast feeding policy.

2. Review of Literature

Postnatal care according to WHO guideline:

Timing of discharge from a health facility after birth, after an uncomplicated vaginal birth in a health facility, healthy mothers and new-born babies should receive care in the facility for at least 24 hours

1: "Timing of discharge from a health facility after birth:

After an uncomplicated vaginal birth in a health facility, healthy mothers and new-born babies should receive care in the facility for at least 24 hours". (source-WHO guideline)

2: Number and timing of postnatal contacts:

"If birth is in a health facility, mothers and new-born babies should receive postnatal care in the facility for at least 24 hours after birth. If birth is at home, the first postnatal contact should be as early as possible within24 hours of birth. At least three additional postnatal contacts are recommended for all mothers and new-born babies, on day 3 (48–72 hours), between days 7–14 after birth, and 14 days to 42 days after birth". (Source-WHO guideline)

3: Home visits for postnatal care

"Home visits in the first week after birth is recommended for care of the mother and new-born". (Source-WHO guideline)

Assessment of the baby

"The following signs should be assessed during each postnatal care contact and the new-born should be referred for further evaluation if any of the following signs is present like stopped feeding well, history of convulsions, fast-breathing (breathing rate ≥60 per minute), severe chest in-drawing, no spontaneous movement, fever (temperature≥37.5 °C), low body

temperature (temperature <35.5 °C), any jaundice in first 24 hours of life, or yellow palms and soles at any age. The family should be encouraged to seek health care early if they identify any of the above danger signs in-between postnatal car**e** visits". (Source-WHO guideline)

4: Exclusive breastfeeding

"All babies should be exclusively breastfed from birth until 6 months of age. Mothers should be counselled and provided support for exclusive breastfeeding at each postnatal contact." (Source-WHO guideline)

5: Cord care

"Daily chlorhexidine (7.1% chlorhexidine digluconate aqueous solution or gel, Delivering 4% chlorhexidine) application to the umbilical cord stump during the first week of life is recommended for new-borns who are born at home in settings with high neonatal mortality (30 or more neonatal deaths per 1000 live births).Clean, dry cord care is recommended for new-borns born in health facilities and at home in low neonatal mortality settings. Use of chlorhexidine in these situations may be considered only to replace application of a harmful traditional substance, such as cow dung, to the cord stump". (Source-WHO guideline)

6: Other postnatal care for the newborn

"Bathing should be delayed until 24 hours after birth. If this is not possible due to cultural reasons, bathing should be delayed for at least six hours. Appropriate clothing of the baby for ambient temperature is recommended. This means one to two layers of clothes more than adults, and use of hats/caps. The mother and baby should not be separated and should stay in the same room 24 hours a day. Communication and playing with the new-born should be encouraged. Immunization should be promoted as per existing WHO guidelines. Preterm and low-birth-weight babies should be identified immediately after birth and should be provided special care as per existing WHO guidelines (Source-WHO guideline)

.**Assessment of the mother**

7: First 24 hours after birth

"All postpartum women should have regular assessment of vaginal bleeding, uterine contraction, fundal height, temperature and heart rate (pulse) routinely during the first 24 hours starting from the first hour after birth. Blood pressure should be measured shortly after birth. If normal, the second blood pressure measurement should be taken within six hours. Urine void should be documented within six hours."

8: Beyond 24 hours after birth

"At each subsequent postnatal contact, enquiries should continue to be made about general well-being and assessments made regarding the following: micturition and urinary incontinence, bowel function, healing of any perennial wound, headache, fatigue, back pain, perianal pain and perinea hygiene, breast pain, uterine tenderness and lochia. Breastfeeding progress should be assessed at each postnatal contact. At each postnatal contact, women should be asked about their emotional wellbeing, what family and social support they have and their usual coping strategies for dealing with day-to-day matters. All women and their families/partners should be encouraged to tell their health care professional about any changes in mood, emotional state and behavior that are outside of the woman's normal pattern. At 10–14 days after birth, all women should be asked about resolution of mild, transitory postpartum depression ("maternal blues"). If symptoms have not resolved, the woman's psychological well-being should continue to be assessed for postnatal depression, and if symptoms persist, evaluated. Women should be observed for any risks, signs and symptoms of domestic abuse. Women should be told whom to contact for advice and management. All women should be asked about resumption of sexual intercourse and possible dyspareunia as part of an assessment of overall well-being two to six weeks after birth. If there are any issues of concern at any postnatal contact, the woman should be

managed and/or referred according to other specific WHO guidelines" (Source-WHO guideline)

9: Counselling

"All women should be given information about the physiological process of recovery after birth, and that some health problems are common, with advice to report any health concerns to a health care professional, in particular: Signs and symptoms of post-partum hemorrhage (PPH): sudden and profuse blood loss or persistent

Increased blood loss, faintness, dizziness, and palpitations/tachycardia.

Signs and symptoms of pre-eclampsia/eclampsia:

Headaches accompanied by one or more of the symptoms of visual disturbances, nausea, vomiting, epigastric or hypochondria pain, feeling faint, convulsions (in the first few days after birth).Signs and symptoms of infection: fever, shivering, abdominal pain and/or offensive Vaginal loss. Signs and symptoms of thromboembolism: unilateral calf pain, redness or swelling of calves, shortness of breath or chest pain. Women should be counselled on nutrition. Women should be counselled on hygiene, especially hand washing. Women should be counselled on birth spacing and family planning. Contraceptive options should be discussed, and contraceptive methods should be provided if requested. Women should be counselled on safer sex including use of condoms. In malaria endemic areas, mothers and babies should sleep under insecticide impregnated bed nets. All women should be encouraged to mobilize as soon as appropriate following the birth. They should be encouraged to take gentle exercise and make time to rest during the postnatal period" (Source-WHO guideline)

10: Iron and folic acid supplementation

"Iron and folic acid supplementation should be provided for at least three months. There is currently no evidence to change this recommendation and that WHO is working on developing specific guidelines for maternal nutrition interventions after birth" (Source-WHO guideline)

11: Prophylactic antibiotics

"The use of antibiotics among women with a vaginal delivery and a third or fourth degree perineal tear is recommended for prevention of wound complications. There is insufficient evidence to recommend the routine use of antibiotics in all low-risk women with a vaginal delivery" (Source-WHO guideline)

12: Psychosocial support

"Psychosocial support by a trained person is recommended for the prevention of postpartum depression among women at high risk of developing this condition. There is insufficient evidence to recommend routine formal debriefing to all women to reduce the occurrence/risk of postpartum depression. There is insufficient evidence to recommend the routine distribution of, and discussion about, printed educational material for prevention of postpartum depression. Health professionals should provide an opportunity for women to discuss their birth experience during their hospital stay. A Woman who has lost her baby should receive additional supportive care." (Source-WHO guideline)

PNC service provided across the world and in the developing countries including INDIA :-

According to WHO recommendation, those doctors, nurses or midwives who have undergone the training listed below called "Accredited Health professional" are the PNC care service providers.

1. For managing normal pregnancy
2. For managing complicated pregnancy
3. Child birth
4. Immediate postnatal period caring
5. Identifying capacity for referral cases and its management, including identifying capacity of the complication of the mother and child.

PNC service provider in India:

1. Most of the service providers in India are ASHAs and ANMs.
2. The ASHA and ANM who have undergone for training of various aspects of caring mother and child are expected to provide the care in the respective areas
3. It is quite difficult for PHC to train all ASHAs and ANMs as skilled birth attendants (SBA).
4. ASHA are being utilized for the PNC service delivery in the community, although some of the ASHAs may not be fully trained as an SBA

About the ASHA program

The national rural health mission (NRHM) launched on 12th April 2005 seeks to provide effective, , appropriately named "Accredited Social Health Activist" (ASHA) in each village within the efficient and affordable health care to rural population in few states with weak public health indicators. The ASHA should be belong 25-40 years of age.(Govt of India, 2005) One of the key components of the mission is creating a band of female health volunteers identified States. These ASHAs would act as a 'bridge' between the rural people and health service outlets and would play a central role, in achieving national health and population policy goals. For increasing institutional delivery Government of India lunched JSY scheme across the country. ASHA have the main role to help the mothers to get the

money from PHC. In Bihar 14% of mothers receiving the JSY payments after institutional delivery. (Lim et al., 2010)

Roles and responsibility of ASHA according to National Health Mission guidelines. (According to NHM guideline from Government of India, ASHAs guideline Book no-2 Year-(2005-2012) (MoHFW, 2006)

Responsibilities of ASHAs For post-partum care:

1. Advise the women at least 1 check-up within 2 weeks of delivery
2. Advise the women for immediate reporting, if she has some problems such as sore breast, cracked nipple, foul smelling discharge, pain in legs.
3. Assist the ANM in conducting PNC care clinic, screening the women & child with danger signs
4. Advise registration of birth
5. Counselling on exclusive breastfeeding for the new born.
6. Counselling on better contraceptives: temporary or permanent .etc.
7. Ask the mother to report if she has any of the following problems
    a. Excessive vaginal bleeding
    b. Loss of consciousness
    c. Fever
    d. Severe abdominal pain

Responsibilities of ASHAs For postnatal care:

8. Advise the mother for institutional delivery
9. If not possible for an institutional delivery, ensure them to be ready for home delivery with presence of a SBA.

10. Advise the mother for keeping the baby warm and dry.
11. No aggressive wiping of the baby be done as it can lead to loss of temperature.
12. Ensure that the baby is kept in close contact with mother (skin to skin) as much as possible.
13. It is important that all new-born babies (Male and female) need care.to avoid gender inequality
14. ASHA should help the mother for birth registration

Factors associated with post natal care

According to NRHM guideline "At least 1 PNC visit should be done by ASHA"(MoHFW, 2006). The following factors are reported to be associated with PNC care: age, place of delivery, birth order, wealth status, ethnicity, religion, maternal education, maternal occupation, prenatal education, place of residence (Rural or Urban), and developmental region like, eastern, central, western middle-east.

Gaps identified from literature review.

- Although several studies have been conducted for evaluation of the ASHA program most of them were on ANC and very few on PNC.
- I found that most of the evaluation of ASHA program did not address the complications during the post natal period
- Comprehensive evaluation of the postnatal services was not done in any of the previous evaluation of ASHA.

3. Methodology:

Study design:

The study used a quantitative approach i.e. cross sectional study design. This involved collecting analyzing the quantitative data to explain the results. Cross-sectional study has been chosen to analysis the performance of ASHA on postnatal care. To measure the performance on postnatal care, mothers responds has been taken to compare the service provided by ASHA. Here we are measuring the service provided by ASHA on various component of postnatal care, at the same time we are asking the respective mothers who has been dealing by the ASHA about the service provided by ASHA on PNC care.

Study setting:

The study was conducted in samastipur district ,Bihar. There are 22 blocks in samastiur district. Among them Rosera and Bibhutipur blocks in samastipur district of Bihar and both of them are present in the central part of the samastipur. Data on postpartum care between 48 hours and 14 days of delivery are provided by the health management information system of the Government of India. The blocks were divided into two groups based on the performance. Blocks with 50% or more coverage and those with less than 50% coverage. Rosera block (73.8%) was selected from the better performing blocks and Bibhutipur block (31.3%) from the poor performing blocks based on convenience. List of the blocks with coverage is given in the table

Table-3.1: Achievements on Postpartum checkup between 48 hours and 14 days to total delivery, (2014-15)

Blocks list across the District	% Women getting Post-Partum Checkup between 48 hours and 14 days to Total Deliveries (2014-2015)
Samastipur(District)	22.5
Bibhutpur	**31.3**
Bithan	9.6
Dalsinghsarai	215.4
Dalsingsarai	-
Hasanpur	2.0
Kalyanpur	16
Khanpur	13.1
Mohanpur	28.1
Mohiuddinagar	17.8
Morwa	128.2
Patori	87.2
Pusa	104
Rosera	**73.8**
Samastipur Sadar	49.4
Samastipur Urban	0.2
Sarairanjan	21.6
Shivaji Nagar	6.1
Singhia	14.4
Tajpur	7.0
Ujiarpur	42.3

Source- (HMIS Report on postnatal care samastipur districts & subdistricts, 2014-15)

Subject selection: -

ASHAs who have been working in these blocks in last 1 year and mothers who delivered the baby in last 6 month and the mothers list will be collected from the PHCs. Basically ASHAs have been deployed for community mobilization, postnatal care, and antenatal care. The primary work assigned for ASHA is for home visit and mobilization for various health related activities including immunization.

Sample selection procedure:-

Block Bibhutipur and Rosera have 151 and 121 ASHAs respectively.

All the 151 ASHA from Bibhuthipur and 121 from Rosera will be included. Thus the anticipated sample of ASHS will be 272. For each ASHA one of the mothers under her area will be selected. Mothers who delivered in the last six months and have completed the post-partum period of 6 weeks only will be included in the sample. Among the eligible mothers the mother who delivered most recently will be selected in order to reduce the recall period.

Sample selection: -

Sample size was estimated based on an anticipated prevalence of 30.2% good knowledge on postnatal care among ASHA, precision: 6% and a non-response rate of 20%.The sample size of 269 thus obtained was rounded off to 270. For each ASHA one mother who delivered in the last 6 weeks will be selected. So the total sample size will be ASHAs = 270, Mothers = 270

Data collection:

Data collection was carried out by principal investigator (PI) from 1st July 2017 to 7th august 2017. All the ASHA from Bibhutipur and Rosera has been has been interviewed for the

study. Including this we have taken the list of mothers from respective ASHA , who has been dealing by the such ASHA. We interviewed 270 mothers, who delivered their babies in last six months. The principal investigator got clearance from. District health society (DHS),Bihar to conduct the study in Samastipur. Informed consent was obtained prior to data collection. Care was taken to ensure the privacy and confidentiality of the respondents

Data collection tool:

The data was collected by using a interview schedule. The interview schedule capture the basic demographic details for bith the Mothers and ASHAs. The tool captured the type of service provided by ASHA and how much exact service the mothers got. Various important PNC service has been included in the tools like, Family planning, number of postnatal visits by ASHA's, Breastfeeding knowledge, Complication management, the immunization status which helped us to do comparison on service provider and service taker.

Ethical consideration:

The study was carried out after review by the Ethics Committee of Sree Chitra Tirunal Institute for Medical Science and Technology (SCTIMST). Written information consent was obtained from the participants. The information was collected was kept secure and not shared with anyone during or after the interview other than the PI and Guide. Care was taken to protect the identity and location of the respondents.

Data storage:

All the data including consent form are secured by the PI, who shall bear sole responsibility for keeping the data secure and for any breach of confidentiality. All completed interview schedule, consent forms and notes would be destroyed upon completion of 3 years from the date of acceptance of the thesis in keeping with regulatory requirement (ICMR 2006)

Data entry:

Data entry and cleaning done by using “Epidata manager” and “Epidata entry” version 2.0.7 (Lauritsen and Bruus,2008) and exported to CSV (Comma separated values) format.

Data analysis:

Data was analysed by using SPSS version 21. Descriptive analysis was done to describe and compare the PNC care service provided by ASHA and service experienced by the Mothers.

Expected outcome:

The study aims to find out the performance level among ASHA workers on postnatal care. This result can help to increase the performance level on postnatal care among ASHA worker, which may leads to reduce MMR and IMR.

4: Results

Characteristics of the study population:

In total, 270 each ASHAs and mothers participated in the questionnaire survey. The participation rate in the survey was 100%.

Characteristics of ASHAs:

The ASHAs were middle aged with a mean age of 34.3 years (SD=6.2). More than half (54%) were in the age group of 30-40 years (Table 3.1). Approximately, one of six ASHAs (17%) was more than 40 years old. Nearly two third of ASHAs (69%) were from low socio-economic status as they were residing in kutcha or semi-pukka houses. Nearly one fourth of ASHAs belonged to either scheduled cast or scheduled tribe category. More than half (56%) of ASHAs belonged to other backward classes. Approximately, one of five ASHAs was from general category. Only 44% ASHAs had the recommended educational level of >10 standard. The average monthly expenditure of two of five ASHAs were more than Rs. 10,000.

Table-4.1: Characteristics of study population among ASHAs.

Variables	**ASHA, (N=270))**
Age in years, (Mean, SD)	34.30, 6.23
Age groups in years, (%, n)	
20-30	29.3%, 79
30-40	54.1%, 146
40-50	16.7%, 45
Housing Status, (%, n)	
Kutcha	35.95%, 97
Semi Pukka	33.0%, 89
Pukka	31.1%, 84

Variables	ASHA, (N=270))
Caste, (%, n)	
Scheduled Cast	21.9%, 59
Scheduled Tribe	3.7%, 10
Other backward Class	55.9%, 151
General	18.5%, 50
Education status, (%, n)	
Below 5^{th} standard	3%, 8
5^{th} to 8^{th} standard	14.4%, 39
8^{th} to 10^{th} standard	38.5%, 104
$\geq 10^{th}$ standard	44.1%, 119
Monthly expenditure of ASHA in Rupees(%, n)	
Below 5000	(18.1% ,49)
5000-10000	(42.2%,114)
Above 10000	(39.6%, 107)

Characteristics of mothers

The mothers were in the reproductive age group with mean age of 26.3 years (SD=4.7). More than three fourth (76%) were younger than 30 years of age. Only three of 270 mothers were more than 40 years of age (Table 3-2). Approximately, one of five mothers was living in pukka houses. More than one third (35%) of mothers belonged to either scheduled cast or scheduled tribe category. Conversely, less than one-third (29%) were from general category. Remaining mothers belonged to other backward classes.

Table-4.2 (Characteristics of study population among Mothers)

Variables	Mothers, (N=270)
Age in years, (Mean, SD)	26.32, 4.74
Age groups in years, (%, n)	
20-30	76.1%, 207
30-40	23.9%, 65
40-50	0.01, 3
Housing Status, (%, n)	
Kutcha	46.7%, 127
Semi Pukka	34.6%, 94
Pukka	18.8%, 51
Caste, (%, n)	
Scheduled Cast	24.3%, 66
Scheduled Tribe	11.0%, 30
Other backward Class	35.7%, 97
General	29.0%, 79

General performance of ASHAs in terms of Government norms:

Almost all mothers (98.5%) reported that they knew about the ASHAs in their respective areas, but only 66.5% of them knew the name of their respective ASHA. ASHAs reported that they instruct all eligible mothers to report any warning signs as prescribed in their training document (41%), give advice to mothers in identifying the warning signs (92%), birth registration (97%), counselling on better contraceptive options (100%) and conduct six or more post-natal visits (63%) (Table 3.3). However, only one third of the mothers reported

that they received advice on detection and reporting of warning signs to their respective ASHAs (Table 3.4). Almost all mothers (97%) however reported that they received advice on birth registration from the respective ASHAs. Only 11 mothers reported that their respective ASHAs visited them more than six times during the post-natal period. As reported by mothers, advice on contraceptive use was received by 47% of them.

T**able 4.3: Performance of ASHAs against Government Norms as reported by ASHAs**

Variables	**ASHAs' Response**
Immediate reporting of danger signs to the ASHA (%, n)	41.2%, 112
Advice on danger signs (%,n)	91.9%, 248
Advise registration of birth (%,n)	97.4%, 263
Counselling on better contraceptives: temporary or permanent (%,n)	99.9%, 269
6 time visit during Postnatal Period (%,n)	63.3%, 171

Table 4.4: Performance against Government Norms as reported by Mothers

Variables	**Mothers' Response**
Immediate reporting of danger signs to the ASHA (%, n)	31.3%, 85
Advice on danger signs (%,n)	31.3%, 85
Advise registration of birth (%,n)	97.1%, 264
Counselling on better contraceptives: temporary or permanent. (%,n)	46.7%, 127
6 time visit during Postnatal Period (%,n)	4%, 11

Institutional delivery:

More than three fourth of the mothers (78%) reported that they delivered in a hospital, while home delivery was reported by 22%. Among mothers who underwent institutional delivery, 76.8% reported that they received the incentive for institutional delivery from the hospital. Almost all mothers (98.9%) reported that they had an active bank account.

Availability of checklists with ASHAs:

More than two third of ASHAs (71%) reported that they were not carrying any checklist for identifying the danger signs and the complication management. Among ASHAs carrying a checklist, they reported that it was provided by an NGO. Although a complication checklist is mandatory requirement for ASHAs to identify the complication, only 29% of ASHAs were carrying a checklist.

Breast-feeding practices:

All ASHAs reported that they advise all mothers on breast-feeding (Table 3.5). Majority of them reported that they give specific advice on breast-feeding such as correct position (73%), instruction to give colostrum to babies (85%), exclusive breast-feeding (99%), and initiating breast-feeding within one hour of delivery (98%). However, only 83% of mothers reported receiving breastfeeding advice from ASHAs. Similarly, the proportion of mothers reported receiving other specific breast-feeding advice from ASHAs was abysmally low (table 3.6). For example, correct position was explained to only 15% of mothers, and exclusive breast-feeding in less than half (47%) of mothers. Only 14% of mothers reported receiving advice on giving colostrum to their babies.

Table-4.5: AHSAs' performance of Breastfeeding (as reported by ASHA)

Variable Name Variable Name	ASHA respondent, N=270
Advise on breastfeeding (%,n)	100%,270
Correct position for breastfeeding (%,n)	73.3%,198
First milk (Colostrum should be given)	85.2%,230
Breastfeeding should be initiated within 1 hour of delivery (%,n)	97.8%,264
Exclusive breast feeding (%,n)	98.5%,266

Table-4.6: AHSAs' performance of Breastfeeding as reported by mothers

Variable Name	Mothers respondent, N=270
Advise on breastfeeding (%,n)	83%,227
Correct position for breastfeeding (%,n)	15.1%,41
First milk (Colostrum should be given)	14.3%,39
Nothing should be given except breast milk (%,n)	56.3%,153
Breastfeeding should be initiated within 1 hour of delivery (%,n)	84.9%,231
Exclusive breast feeding (%,n)	47.4%,129

Specific family planning advice:

More than 90% of ASHAs reported that they give advice on condoms use (99%), intra-uterine contraceptive devises (96%), oral contraceptive pills (95%) and sterilization (97%) to all post-natal mothers. Only 84% of ASHAs reported that they give advice on non-scalpel vasectomy. Similarly, 62% of ASHAs reported that they give advice on emergency contraceptive pills use (Table 3.7). However, relatively low proportion of mothers reported

that they receive any of these specific family planning advices (Table 3.8). For example, 62% reported receiving advice on condom use, 57% on IUCD, 24% on non-scalpel vasectomy, and 47% of sterilization.

Table-4.7: ASHAs' performance on Family planning (as reported by ASHA)

Variable	ASHA's response, N=270
Condom (%,n)	98.5%,266
Intra uterine contraceptive device (%,n)	95.9%,259
Non scalpel Vasectomy (%,n)	84.1%,227
Oral contraceptive pills (%,n)	94.8%,256
Emergency Contraceptive Pills (%,n)	61.9%,167
sterilization(%,n)	97.4%,263

Table-4.8: ASHAs' performance on Family planning (as reported by mothers)

Variable	Mothers response N=270
Condom (%,n)	62.1%,169
Intra uterine contraceptive device (%,n)	57%,155
Non scalpel Vasectomy (%,n)	24.3%,66
Oral contraceptive pills (%,n)	90.8%,257
Emergency Contraceptive Pills (%,n)	52%,191
sterilization(%,n)	46.7%,127

Advice on complications and warning signs:

As reported by ASHAs, more than 80% of them provide advice to mothers on detection of haemorrhage (89%), and infections (84%). Additionally, they give advice to report warning signs such as abdominal pain (81%) and fever (80%) (Table 3.9). Nearly one of five mothers (18%) reported haemorrhage. Similarly, one fourth (24%) of mothers reported fever during the post-natal period (Table 3.10). However, mothers with complications reported that

ASHAs helped them in addressing the complications only in one third of them. In most instances (99%), ASHAs advice the mothers with complications to go to the nearby sub-centre (Table 3.11). Additionally, only 11% of ASHAs measured the temperature of the baby during postnatal visits.

Table-4.9: ASHAs' advice on complication to the mothers

Variable	Percentage=270
Haemorrhage (%,n)	88.90%,240
Infections (%,n)	84.10%,227
Abdominal pain (%,n)	80.70%,218
Fever(%,n)	80.00%,216

Table-4.10: Complications reported by mothers

Complication found among mothers	Percentage
Haemorrhage (%,n)	18.0%,49
Foul smelling discharge (%,n)	2.9%,8
Pain in legs (%,n)	5.5%,15
Sore breast (%,n)	6.3%,17
Fever (%,n)	23.9%,65

Table-4.11: ASHAs' suggestions during complications

ASHA's suggestions during complications	Percentage
Go to the nearest Doctor (%,n)	7.4%,20
Go to the nearest sub centre (%,n)	98.5%,266
Contact the ANM (%,n)	8.1%,22
Go to the nearby hospital (%,n)	17.8%,48

Influence on health seeking behavior:

Majority of mothers knew their ANM (94%) and respective sub-centre (95%). Mothers visit the sub-centre on most occasions for immunization of their babies (95%), treatment of minor complaints (21%), and nutrition counselling (19%). Nearly three of ten (28%) mothers attend the mother's meeting at the sub-centre (Table 3.12). Mothers also report that they visit a doctor (35%) and ANM (37%) if they have any major health problem. More than one fourth of mothers reported that they go to ASHAs even in case of a major health problem.

Table-4.12: Reasons for mothers visit to the sub-Centre

Mothers going for sub centre during postnatal period	**Percentage**
Immunization of the child, (%,n)	94.9%,258
Treatment for minor complaint, (%,n)	21.1%,60
Nutrition counselling, (%,n)	19.1%,52
Mothers meeting, (%,n)	27.9%,76

Table-4.13: Type of health care contact by mothers

Whom do you contact for Health problem?	**Percentage**
Doctor (%,n)	35.3%,96
ASHA (%,n)	26.1%,71
ANM (%,n)	36.8%,100
AWW(%,n)	1.9%,5

Other performance indicators:

Out of all the deliveries, ASHAs helped the mothers to register their birth in 97% cases. Furthermore, 86% of the mothers received the certificate of Birth registration of their babies.

5. Discussion and Conclusion

Summary of the findings:

The major finding of the study on "Evaluation of Accredited social health activist(ASHA) on postnatal care service in Samastipur district" Bihar was the huge difference between the services provided for postnatal care reported by ASHAs and the mothers who reported receiving those services. For example 92% of the ASHAs reported that they provided advice on danger signs, almost 100% reported providing counselling on contraceptive choices and reported visiting 6 times during the postnatal period whereas according to the mothers only 31% of them received information on danger signs, 47% received counselling on contraceptive services and only 4% reported that they were visited by ASHAs 6 times during postnatal period.

The mean age for the ASHAs was 34 years and that of the mothers was 26 years. On an average the ASHAs were 8 years older than the mothers which may be useful in providing advices on postnatal care because the mothers are likely to consider advices from women older than them. Only 4% of the ASHAs were in the age group of above 45 years and 6% where below 25 years as recommended by minister of health. About 90% of the ASHAs were recruited in the age group of 25-45 years as per the recommendation of Ministry of health (Mohfw-2005).

(SES) difference among ASHAs and Mothers:

Among the ASHAs 36% lived in kutcha house compared to 47% of the mothers who lived in kutcha house indicating that the socio economic status of ASHAs was slightly better than the mothers. There was not so big difference of socioeconomic status between the ASHAs and

the mothers probably because of the stipulation that the ASHAs should be selected from the same areas. In a way this could be advantages for the program delivery of postnatal acre services because the mothers are likely to consider ASHAs somewhat equal to them in socio economic status. One study found that due to the poor socio economic status they are only dependant of incentives provided by the PHC(Joshi and George, 2012). Another study estimated that most of the ASHAs motivation factor is gained by financial gaining thorough incentives. Even in our study we found that most of the ASHA are dependent on the incentives provided by the PHC which is not provided on time. We may say poor economic status could be the reason for poor motivation, which leads to poor performance on PNC care. A study estimated that, mothers from good socioeconomic status households had higher likely hood of using postnatal care than mother from poor socio economic status. (Jat et al., 2011)

Caste and its correlates with PNC care:

ASHAs belonging to SC or ST were about 26% whereas the mothers belonging to same caste groups were 35% indicating that there was a not big difference between ASHAs and mothers in caste groups. This was also conducive for providing postnatal acre services. If the proportion of ASHAs belonging to SC and ST was more than that of mothers, it could have affected service provision because ASHAs belonging to SC and ST may not be allowed to enter houses of upper caste and provide post natal services as reported in some previous studies. It has been found, caste system plays vital role for infant mortality(Sankar et al., 2016).

Educational status difference:

With regard to education status 83% of ASHAs were educated more than 8th standard. The minimum required education is 8th standard as per ASHAs guidelines. The remaining 17% were educated below 8th standard and 3% were educated below 5th standard. Only 44% of

the ASHAs were educated more than 10th standard. Overall the education status of ASHAs was higher than that of the mothers because of the minimum educational qualification fixed by the ASHA guideline. As per NFHS-4 data 37% of the women in the age group of 15-49 years in Bihar were illiterate.(National Family Health Survey-4 2015 -16). We found the overall education status is very low compared to a study conducted among ASHA workers. we saw that only 14% of them are 12th pass, 11% of them qualified intermediate level and 11% of them qualified above the graduation level(Shrivastava and Shrivastava, 2012).

Performance of "Awareness on Danger sign":

One of the study found that, out of all maternal death 31% maternal death happens due to PPH. So providing knowledge on danger sign is very much essential during postpartum period.(Haeri and Dildy, 2012). There was a difference of 61% on the advice on danger sign as reported by the ASHAs (92%) and by the mothers (31%). This difference could be due to the following reasons. The first reason could be the over reporting by ASHAs. The second reason could be because we selected one of the mothers under the care of each ASHA who did not get the particular advice from the ASHA. Another reason could be the difference in understanding between ASHAs and mothers regarding the various danger signs. In any case we need to consider the mothers report as important because unless the mothers received the advice on danger signs they are unlikely to report to the health system. This could be reason why immediate reporting of danger signs to the ASHAs was only 41% as reported by ASHAs. This one of the important findings from our study suggesting improved measures to educate the mothers so that they understand and report the danger signs to the health system.

Performance on Birth registration during PNC care:

More than 97% of ASHAs reported they advised on birth registration and more than 97% of the mothers also reported receiving advice on birth registration. This extremely high correlation of ASHAs and the mother's reports on birth registration could be due to various

factors such as a good understanding of the birth registration by the mothers, requirement of birth certificate for day today activities like school admission, documentation such as ADHAR card etc. . One of the study found that only 17% of ASHA know about the registration of birth(Garg et al., 2013)

The percentage difference of counselling on contraceptive services was 53%, ASHAs reported 99.9% and the mothers reported 46.7%. The reason for such a huge difference in percentage between the ASHAs and mothers could be due to over reporting by ASHAs .The second reason could be the lack of counselling skills among ASHAs. The mothers might have forgotten about the contraceptive s advice provided by ASHAs. In certain communities the contraceptive choices are not decided by mother. It may be decided by the husband or mother-in-law. In such circumstance the mothers might have thought that their role in decision making on contraceptives was limited and therefore they might not have reported positively.

Number of PNC visit and its association:

A study found that 39% neonatal death occur at the 1st day of delivery (Singh et al., 2012). So it is very important to visit during PNC care The ASHAs were expected to visit the mothers at least 6 times during the postnatal period. In our study only 63% of the ASHAs reported that they made 6 visits to the mothers during postnatal period. One of the reasons could be that ASHAs belonging to the lower caste (SC and SCT) may not be allowed to visit houses of mothers belonging to upper caste. Advices on danger signs, counselling on contraceptives services, etc. could be done during other occasions such as during mothers' visit to immunization clinics in sub centres where ASHAs will get an opportunity to provide advice. According to a study only 20.5% of ASHA use to do more than 3times home visit during the post natal period(Kj and Angadi, 2015)

Performance on breastfeeding:

All the ASHAs reported that they provided advice on breastfeeding in general, advice on correct position of breast feeding (73%), colostrums (85%) and need to initiate the breastfeeding within one hour of delivery (95%) and exclusive breastfeeding (99%). The percentage reported by mothers on breastfeeding in general was 83%, correct position of breast feeding 15% and the need for colostrum 14%, early initiation of breast feeding 85% and exclusive breastfeeding 47%. The highest difference in the above parameters of breast feeding was 71% in colostrum feeding between the mothers' report and ASHAs report. This could be due to various cultural factors persisting in the community that is not encouraging colostrum feeding. Therefore, even when the ASHAs provided advice, mothers might not have listened to them. There is also a possibility that the ASHA might be over reporting advice on colostrum. Some of the ASHAs themselves may not be convinced about the importance of colostrum so this could be a reason of why only 85% of ASHAs reported providing advice on colostrum feeding while 100% of ASHA reported providing advice on general breast feeding. There was a difference of 58% between the ASHAs (73%) and the mothers (15%) with regard to correct position for breast feeding. This could be due to the lack of knowledge and the skills among ASHAs in teaching the mothers on correct position of breastfeeding. Over a quarter (27%) of ASHA did not advice on correct position of breast feeding, probably because they were not aware of this. This could be one of the reasons of very low proportion mothers reporting that they received on correct position of breast feeding.

Performance on family planning:

More than 85% of ASHAs reported providing advice on various family planning choices except Emergency Contraceptive (EC) pills for which the advice was given only 62% by

ASHA. This could be due to the non-availability on EC pills with them or with the sub center/PHC. According to the mothers only 24% of them reported receiving advice on non-scalpel vasectomy (NSV),which was the lowest in family planning choices reported by mothers. This could be due to various factors such as the choice needs to be opted by the husband for which they don't have power and therefore they might have ignored this advice. Some of the mothers might have been against NSV on the false belief that it may lead to impotence and some of the mothers might have thought that NSV was a complicated surgical procedure. The next lowest percentage reported was 47% for sterilization. This could be due to fact that they were in the post-partum period and not yet ready for sterilization. So they might have ignored this advice. The advice on EC pills was received by 52% of mothers, probably due to inadequate advice by the ASHAs and non-availability of such pills in sub centres /PHCs. The other family planning choices such as IUCD (57%) and condom (62%) were also reported to be received in suboptimal percentages. The quality of condoms supplied through the health systems may be a factor in this comparatively lower proportion of mothers reporting of receiving advice on contraceptives. Some of the mothers may be ignoring those advices on condoms because condoms will have to be used by men and some men might not be willing use the condoms.

Performance on taking temperature during PNC visit:

According to one study only 58% of the ASHA use to take the temperature of the baby(Sinha et al., 2014). We found that only 11% of the ASHA used to take the temperature of the baby during their postnatal visits. Due to the unavailability of Thermometer ASHAs are not able to take the temperature, even they know the procedure to take the temperature.

Limitation of the study:

During the study we took only 2 out of 20 blocks across the district to show the status of the district. Although we took one low performing block and another poor performing block, it

would have been better if we would have conducted the study in all the blocks.

Strength of the study:

We found very few literature on postnatal care evaluation of ASHAs' across the country. This is the first study, evaluating the performance of ASHAs' in all aspects of postnatal care in the country.

This study could be helpful for policy making process of Maternal and child health owing to poor health status of mother and child in India.

Conclusion & Recommendations:

In general the overall performance of ASHA is satisfactory but it is really not when we matched with mothers response. Many of them don't know about the importance of PNC care as well as about their job responsibility according to Government norms.

Although they are aware of birth registration, some of them were found not helping mothers during the registration process, which is very crucial in postnatal care. Performance on Family planning was not satisfactory. Some mothers were willing to accept family planning but ASHAs' did not aware them about the family planning.

Overall performance of breastfeeding was satisfactory, but some ASHAs' don't know about the basic components of breastfeeding. We found most of the mothers were not aware of correct breast feeding position and the duration of exclusive breastfeeding.

Awareness on danger sign during postnatal care was not satisfactory, which is vital to reduce MMR and IMR. Some ASHAs' didn't even knew about the danger signs during postnatal period. Quality of family planning product like condoms could be improved to improve the service. A well-structured monitoring of performance could be established for better performance among ASHAs. Incentives should be given on time to increase the motivational level of ASHAs'. Considering the caste issues in the community, a better performance can be ensured if the placement of ASHAs' will be done based on their caste

Monthly training could be incorporated to increase the performance of ASHA. Measures to improve coordination between ASHA, ANM, and AWW should be taken for better PNC services, which might help in reducing the work load during special programs like polio round, measles round, vitamin-A programs, Japanese encephalitis (JE) round etc.

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ID Number: | | |

Consent form

I have read the details in the information sheet. The purpose of the study and my involvement in the study has been explained to me. By signing on this consent form, I indicate that, I am willing to participate in the study and I understand what will be expected from me. I know that I can withdraw my participation at any time during the interview without any explanation. I have also been informed who should be contacted for further clarifications.

I,----------agree to participate in the study.

Place:

Date: Signature of the participant:

Signature of the interviewer:

Name of the interviewer:

Thank you

Evaluation of Accredited Social Health Activists (ASHAs) on post natal care services, In Samastipur district, Bihar
Submitted by-Swadhin Kumar Jena, E.code-6869

Achutha Menon Centre for Health Science Studies

SreeChitra Tirunal Institute for MedicalSciencesand

TechnologyThiruvananthapuram-11

Participant Information Sheet

ID Number: | | |

Good morning/ Good afternoon/good evening. I am Swadhin Kumar Jena, a student of Masters of Public Health (MPH) at Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum. As a part of the course requirement, I am going to conduct a study named Evaluation of Accredited Social Health Activists (ASHAs) on post natal care services, In Samastipur district, Bihar

.

I am assuring that all the information that you will be sharing with me will be kept highly confidential and only used for research and academic purpose only. You may not be getting any direct benefits by participating in this study, but the information you share may be useful for making the health care in postnatal period better. Your participation in this study is purely voluntary. You may choose not to answer any question and you have the right to withdraw your participation at any time during the interview without any explanation, without fear of harm or penalty.

For any clarification regarding the study, you can contact me directly (Ph: 9437285396, swadhin@sctimst.ac.in, drswadhin1@gmail.com). In case you wish to seek any further clarification regarding this study, you can contact the member secretary of the Institute Ethics Committee of SCTIMST, Dr. Mala Ramanathan (Ph: 0471-25224234, email: mala@sctimst.ac.in).

Place: Name and Signature of the interviewer:

Date:

Research Subject Information Sheet

I am Mr. Swadhin Kumar Jena, a Master of Public Health (MPH) scholar from Achutha Menon Center for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum currently undertaking a study titled ***"Evaluation of Accredited Social Health Activists (ASHA) on postnatal care services, in Samastipur district, Bihar."*** It is being carried out as part of my course requirement. This research subject information sheet may contain words that you do not understand. Please ask me if any word or information is not clearly understood by you.

Purpose of the Study

Most of the maternal and infant deaths occur in the 1st 42 days of delivery. In India ASHAs are the postnatal care service providers to counter the maternal mortality and infant mortality during this crucial period. I want to evaluate the performance of ASHA regarding the postnatal services provided in Samastipur district of Bihar.

Procedure

The interview may take approximately 10 to 15minutes of your valuable time. You will be asked questions relating to your households, care after delivery, disease symptoms of the mothers, insentives, etc. The data collected will be used for research purposes only. I may contact you again if the collected information is found to be incomplete.

Risks and Discomforts

Participation in this study will not create any risk to your health. However you would be asked questions which you may find personal in nature.

Benefits

There may not be any direct benefit for you from this study. But your response may be useful for improving the quality of post natal services in this area.

Confidentiality

You will be interviewed in your household or where you may feel comfortable. All information related to you will be kept confidential in a safe place and at no stage will your identity be revealed. Each participant will be given an identification number (ID) which will help in maintaining the confidentiality of the data collected. Principal investigator of the study will alone have access to the data collected.

Contact Information

If you have any research related questions or you would like to verify my credentials, you may contact me or the member secretary of our institute's Ethics Committee at the following address:

Mr. Swadhin kumarjena

MPH 2016

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SCTIMST,Trivandrum-11

Office:0471-2524234

Voluntary participation

Your participation in this study is purely voluntary which means you can decide whether to participate in the study or not. If at any stage you wish to discontinue, you are free to do so without any adverse consequences.

अनुसंधान विषय सूचना प्रपत्र

मैं श्री स्वाधीन कुमार जेना , स्वास्थ्य विज्ञान अध्ययन के लिए Achuta Menon Centre, श्री चित्रा तिरुनाल इंस्टीट्यूट फॉर मेडिकल साइंसेज एंड टैक्नोलॉजी, तिरुअनंतपुरम से पब्लिक हेल्थ (एमपिएच) का एक विद्यर्थी हूं। वर्तमान में "मान्यता प्राप्त सामाजिक स्वास्थ्य कार्यकत्रि का मूल्यांकन (आशा)) बिहार के समस्तीपुर जिले में जन्मपश्चात देखभाल सेवाओं पर, "यह मेरे कोर्स की आवश्यकता के भाग के रूप में किया जा रहा है। इस शोध विषय सूचना पत्र में ऐसे शब्द हो सकते हैं जिन्हें आप समझ नहीं पाते हैं। इस लिए कृपया कभीभी कोई सब्द समझ ना आने पर आप मुझे से पूछ सकते हे की मुझसे पूछें कि कोई भी शब्द या जानकारी आपके द्वारा स्पष्ट रूप से नहीं दी गयी है।

<u>अध्ययन का उद्दे</u>श्य

मातृ मृत्यु और शिशु मृत्यु के अधिकांश प्रसव के 1 से 42 दिनों में होते हैं। भारत में प्रसवकालीन देखभाल सेवा प्रदाता हैं जो इस महत्वपूर्ण अवधि के दौरान मातृ मृत्यु दर और शिशु मृत्यु दर का मुकाबला करने हेतु कार्य रत हे । मैं अध्ययन करना चाहता हूं कि माता और बच्चे के लिए ऐसी महत्वपूर्ण अवधि से निपटने के लिए कितना तकनीकी ज्ञान आशाऔ के पास हैं। मैं जन्म के पश्चात देखभाल सेवाओं के प्रावधानों का प्रदर्शन का मूल्यांकन करना चाहता हूं।

प्रक्रिया

<u>साक्षात्कार</u>

में आपके 10 से 15 मिनट का बहुमूल्य समय लग सकता है आपको अपने परिवारों से संबंधित प्रश्न, डिलीवरी के बाद देखभाल, माताओं के रोग लक्षण, इन्सेंटिव आदि से पूछा जाएगा। एकत्र किए गए डेटा को अनुसंधान उद्देश्यों के लिए ही इस्तेमाल किया जाएगा। यदि आप एकत्रित जानकारी अधूरी है तो मैं आपको फिर से संपर्क कर सकता हूँ

<u>जोखिम और असुविधाएं</u>

इस अध्ययन में भागीदारी आपके स्वास्थ्य के लिए कोई जोखिम नहीं पैदा करेगी। हालांकि आपको उन प्रश्नों का उत्तर पूछा जाएगा, जो की खुश बयक्तिगत सवाल हो सकते हे ।

लाभ

इस अध्ययन से आपके लिए कोई सीधा लाभ नहीं हो सकता है। लेकिन आपकी प्रतिक्रिया इस क्षेत्र में जन्मोउपरांत सेवाओं की गुणवत्ता में सुधार के लिए उपयोगी हो सकती है।

गोपनीयता

आपको अपने घर में साक्षात्कार लिया जाएगा जिससे आपको कोई तकलीफ ना है। आपकी से संबंधित सभी जानकारी को सुरक्षित और गोपनीय रखा जाएगा और किसीवी भी चरण में आपकी पहचान प्रकट नहीं किआ

जाएगा । प्रत्येक प्रतिभागी को पहचान संख्या (आईडी) दिया जाएगा जो एकत्र की गई डेटा की गोपनीयता बनाए रखने में मदद करेगा। अध्ययन के प्रमुख अन्वेषक अकेले ही एकत्र किए गए डेटा तक पहुंच सकते हैं।

संपर्क जानकारी

यदि आपके पास कोई शोध संबंधी प्रश्न हैं या आप मेरी पहचान सत्यापित करना चाहते हैं, तो आप मुझसे या हमारे संस्थान के आचार समिति के सदस्य से निम्नलिखित पते पर संपर्क कर सकते हैं:

श्री स्वाधीन कुमार जेना

एम पि एच 2016

AMCHSS

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डॉ. माला रामनाथन

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स्वैच्छिक भागीदारी

इस अध्ययन में आपकी भागीदारी पूरी तरह से स्वैच्छिक है जिसका अर्थ है कि आप यह निर्णय ले सकते हैं कि अध्ययन में भाग लेना है या नहीं। अगर किसी भी स्तर पर आप बंद करना चाहते हैं, तो आप किसी भी प्रतिकूल परिणामों के बिना ऐसा करने के लिए स्वतंत्र हैं।

<u>सहमति पत्र</u>

मैंने इस सूचना पत्र में उपलब्ध सारि जानकारी अछि तरह से पढ़ ली है । अध्ययन के उद्देश्य और अध्ययन में मेरी भागीदारी को मुझे समझाया गया है इस सहमति फार्म पर हस्ताक्षर करके, मैं यह संकेत देता हूं कि, मैं अध्ययन में भाग लेने के लिए तैयार हूं और मुझे समझ में आ रहा है कि मुझसे क्या उम्मीद की जाएगी मुझे पता है कि साक्षात्कार के दौरान मैं बिना किसी स्पष्टीकरण के किसी भी समय मेरी भागीदारी को वापस ले सकता हूं। मुझे यह भी सूचित किया गया है कि आगे स्पष्टीकरण के लिए किससे संपर्क किया जाना चाहिए ।

मैं,---------- ---------- अध्ययन में भाग लेने के लिए सहमत हूं ।

।

जगह:

दिनांक: प्रतिभागी के हस्ताक्षर:

साक्षात्कारकर्ता के हस्ताक्षर:

समाजिक स्वस्थ्य कार्यकर्त्री का प्रसब पश्चात जानकारी सम्बंधित मूल्यांकन

बिद्यार्थी का नाम -स्वाधीन कुमार जेना , बिद्यार्थी क्रमंक-6869, थिति 26/03/2017

अछूत मेनोन सेंटर फॉर हेल्थ साइंस स्टडीज

श्री चित्रा तिरुनल इंस्टिट्यूट फॉर मेडिकल साइंसेज एंड टेक्नोलॉजी थिरुवनंतपुरम -11

सूचना सहमति प्रपत्र

आईडी नंबर·····

सुप्रभात/ शुभ अपराह्न /शुभ संध्या। मैं स्वाधीन कुमार जेना, स्वास्थ्य विज्ञान अध्ययन के लिए अचुथा मेनन सेंटर में मास्टर्स ऑफ पब्लिक हेल्थ (एम एच एच) के छात्र, श्री चित्रा तिरुनाल इंस्टीट्यूट फॉर मेडिकल साइंसेज एंड टेक्नोलॉजी, तिरुवनंतपुरम। पाठ्यक्रम की आवश्यकता के एक भाग के रूप में, मैं जन्मपूर्व देखभाल सेवाओं पर मान्यता प्राप्त सामाजिक स्वास्थ्य कार्यकर्ताओं (ASHA) का मूल्यांकन करने वाला एक अध्ययन करना चाहा रहा हूं, बिहार के समस्तीपुर जिले में।

मैं यह आश्वासन दे रहा हूं कि आप जो मेरी सारी जानकारी साझा करसकते हे इस जानकारी को केवल गोपनीय रखा जाएगा और केवल अनुसंधान और अकादमिक उद्देश्यों के लिए ही उपयोग किया जाएगा। इस अध्ययन में भाग लेने से आपको कोई सीधा लाभ नहीं मिल रहा है, लेकिन आपके द्वारा साझा की जाने वाली जानकारी प्रसवोत्तर अवधि में स्वास्थ्य देखभाल को बेहतर बनाने के लिए उपयोगी हो सकती है। इस अध्ययन में आपकी भागीदारी पूरी तरह स्वैच्छिक है। आप किसी भी सवाल का जवाब नहीं चुन सकते हैं और आपको किसी भी समय बिना किसी स्पष्टीकरण के साक्षात्कार के दौरान अपनी भागीदारी को वापस लेने का अधिकार है, नुकसान या दंड के डर के बिना।

आपका सहयोग वैज्ञानिक ज्ञान और समाजइक कलयाण में मदद करेगा ।

अध्ययन के बारे में कोई स्पष्टीकरण के लिए, आप मुझसे सीधे संपर्क कर सकते हैं (फोन: 9437285396, स्वाधि @ sctimst.ac.in, drswadhin1@gmail.com)। यदि आप इस अध्ययन के बारे में कोई और स्पष्टीकरण चाहते हैं, तो आप एससीटीएमएमटी के संस्थान आचार समिति के सदस्य सचिव से संपर्क कर सकते हैं। डॉ. माला रामनाथन (फोन: 0471-25224234, ईमेल: mala@sctimst.ac.in)।

स्थान: साक्षात्कारकर्ता का नाम और

हस्ताक्षर:

तारीख:

Interview Schedule for ASHA on Post Natal Care

Date
Taluk/Block

1. Name of the ASHA.....
2. Age (In completed years)
3. Religion Hindu Muslim Christian Others (specify..)
4. Caste SC ST OBC Others
5. Do you have a bank account Yes No
6. Are you living in the same village Yes No
7. Marital status.....
    a. Married
    b. Unmarried
    c. Widow
    d. Others (specify..)
8. Education level

    Below 5th standard

    up to 8th Standard

    Up to 10th

    Above 10th
9. Average Monthly expenditure of the family < 5000 5000 -10000> 10000
10. Type of house pukka semi pukka Katcha
11. Total no of deliveries occurred in the last 6 months in your area .....
12. Out of these deliveries how many did you attend ----------
13. Among them how many did you attend on the date of delivery.....

14. How many times do you visit the mothers within 6 weeks of delivery? ------

15. Do you have a check list of mothers with and without problems Yes No

16. Do you prioritize the households Yes No

17. Do you visit the priority households more often than other households Yes No

18. How many of the above mothers did you advise on breast feeding ----------

19. What advice do you usually give on breast feeding (multiple answers possible)

    1. Exclusive breast feeding
    2. Breast feeding should be initiated within one hour of delivery
    3. Nothing should be given except breast milk
    4. First milk (cholostrum should be given)
    5. Correct positioning for breast feeding

20. Do you advise mothers on family planning Yes/No

21. How many mothers did you advise on family planning in the last six months? ---------

22. What advice did you give on family planning (Multiple answers possible)

    1. Condom
    2. IUCD
    3. Sterilization
    4. Non-scalpal vasectomy
    5. Oral Pills
    6. Emergency Contraceptive Pills

23. Do you give any advice to the mothers on immunization of their children? Yes No

24. What advice do you usually give to the mothers on immunization? (multiple answers possible)

    1. Keep the immunization card safely
    2. Remind the mothers on the day of immunization
    3. Inform the venue of immunization
    4. Inform minor side effects of immunization
    5. Inform the benefits of immunization

25. Do you usually inform the mothers on danger signs during the post partum period? Yes No

26. If yes, What do you inform (Multiple answers possible)

1. Hemorrhage
2. Infection (sepsis)
3. Abdominal pain
4. Fever
5 Others (specify ---)

27. Did you find any mothers in the post natal period with any complications in the last six months? Yes No

28. If YES, what was the complication?

1. Hemorrhage
2. Infection (sepsis)
3. Abdominal pain
4. Fever
5 Others (specify ---)

29. What advice did you give to the mother/relatives to manage this complication?

1. Go to the nearby hospital
2. Contact the ANM
3. Go to the nearest sub-centre
4. Go to the nearest doctor

30. Do you advise mothers for registration of birth Yes No

31 Do you have a functioning thermometer ? Yes No

32. Do you take the temperature of the baby Yes No

स्कास्थकार अनुसूची **ASHA** के प्रसब पश्चात जानकारी सम्बन्ध में

तारिक

तलूक / ब्लॉक

1. आशा का
नाम.....

2. उम्र ?(साल में)

3. धरम ?

हिन्दू मुस्लिम क्रिस्चियन अलावा (उल्लेख करे)

4. जात ?

अनुसूचित जाती अनुसूचित जनजाति अन्यपिछ्डा वर्ग अलावा (उल्लेख करे)

5. क्या आपका बैंक में खाता खुला हुआ है?

हाँ ना

6. जिस इलाके में आप काम करते हे क्या आप उसी जगह के स्थायी निवासी हे

हाँ ना

7. वबेहिक स्थिति ?

a. सदिसुद्धा b.अविबाहित c. विधवा d.अलावा (उल्लेखित करे)

8. आपके शिक्षा की स्तर

a.पांचवी कक्षा के निचे b.आठवीं तक c.दशवी तक दसवी से ऊपर

9. परिवार का औसत मासिक खर्चा?

५००० से निचे ५०००-१०००० बिच १०००० से ऊपर

10. घर का प्रकार?

कच्चा घर अर्ध कच्चा घर पक्का घर

11. आपके खेत्र में पिछ्ले ६ महीने में प्रसब की कुल संख्या ?(संख्या लिखित करे.....)

12. इन् प्रशाबो में से आपने कितनो में उपस्थित हुए थे .....

13. इनमे से आप कितने प्रसब के तारिक में उपस्थित थे? .....

14. प्रशाब उपरांत ६ सप्तहा के अंदर अपने कितनी बार प्रसूता का गृह भ्रमण किया हे?.....

15. प्रशाब उपरांत होने वाली समस्या जानकारी के बारेमे आपके पास कोई चेक लिस्ट उपलब्ध है क्या?

हाँ ना

16. क्या ऐसे कोई घर जिनको आप प्राथमिकता देती हे?

हाँ ना

17. क्या आप जिन घरको प्राथमिकता देती हे वंहा दुशरे घरो से ज्यादा भ्रमण करती हे?

हाँ ना

18. आपने जितने घरो का गृह भर्मण किया है उनमे से कितनों को स्थानपान की जानकारी दी है?.....

19. स्तनपान के बारे में आप आम तौर पर क्या क्या सलहा देती हे?

1. ६ महीने तक केबल स्तनपान
2. जन्म के १ घंटे के वीतर स्तनपान सुरु करना चाइए
3. माँ के ढूढ़ के अलावा बहार का कुछ वि देना नहीं चाइए
4. माँ का पहला पीला घड़ा दूध देना चाइये
5. स्तनपान की सही स्थिस्ती

20. क्या आप माता को परिवार नियोजन के विषय मे सलहा देते है

हाँ ना

21. आपने कितने माता वो को पिछले ६ महिनोमे परिवार नियोजन के बारे में सलहा दिया है?(संख्या उल्लेख करे—

----------)

22. आप पारीवॉर नियोजन पर क्या क्या सलहा देते हे ?

1. कंडोम
2. IUCD
3. महिला नसबंदी
4. पुरष नसबंदी
5. गर्भा निरोधक गोलिया
6. आपात कालीन गर्भनिरोधक गोली

23. क्या आप ने माता को उनके बचो के टिक्का कारण के बारे में बताते हे?

हाँ ना

24. टिक्का कारन के बारे में आम तोर पर अप्प क्या सलहा देती हे ?

1. टिक्का कारण के कार्ड को संभाल कर सुस्रक्षित रखे
2. अगले टिक्का कारन के थिति के वारेमे माता वो सूचित कराये
3. टिक्का करण स्थल की सही सूचना दे
4. टिक्का करण से होनी वाली मामूली शारीरिक दस प्रभाब के बारे में सुचना कराये
5. टिक्का करण के फाईदो का सुचना कराये

25. क्या आप आम तोर पर प्रसब के बाद खतरों के लक्षणो के बारे में सूचन देते हे?

हां ना

26. अगर हां तो इनमे से क्या सलहा देती हे ?

1. अत्यधिक रक्त श्राब
2. संक्रमण
3. पेट में दर्द
4. बुखार
5. अन्य (लिकत में.....)

27. क्या आप को प्रसब के बाद की अवधी में किसभी माता को पिछले ६ महीनो में किसी भी जटिलताओं के साथ पाया है?

हाँ ना

28. अगर हाँ तो कौनसी जटिलता थी ?

1. अत्यधिक रक्त श्राब

2. संक्रमण

3. पेट में दर्द

4. बुखार

5. अन्य (लिकत में.....)

29. इस जटिलता का प्रवंधन करने के लिए माता /रिस्तेदारों क्या सलहा देती हे ?

1. निकटतम अस्पताल में जाना

2. ANM से संपर्क करें

3. निकटतम उपा स्वास्त्य केंद्र पर जाये

4. निकटतम डॉक्टर से मिले

30. क्या आप जनम के पंजी करण के लिए माता को सलहा देती हे ?

हाँ ना

31. क्या आप के पास क्रिया सील थर्मामीटर हे?

हाँ ना

32. क्या आप बचे का तापमान ले ती हे ?

हाँ ना

Interview schedule for mothers on Post Natal Care services

Unique ID No-

Date……..

Taluk/Block…….

1. Name of the Mother……..
2. Age of the MOTHER (In completed Years) ……
3. SEX of the child……..(MALE/FEMALE)
4. Age of the child (in completed months) ……
5. Religion – Hindu Muslim Christian Others (specify -----)
6. Caste…… SC ST OBC Others
7. Is the baby alive.(YES/NO)
8. Type of House
   a. Kachha house b. Semi Pakka c. Pakka
9. Do you know your ASHA? (YES/NO)
10. Do you know the name of the ASHA.(YES/NO)
11. Is your ASHA living in your village.? Yes No
12. How many times did she visit you with in 6 weeks of delivery ?
    a. 0
    b. 1
    c. 2
    d. 3
    e. >3
13. Does ASHA belong to your community?. (YES/NO)
14. Where was your delivery?
    a. Institution
    b. Home
15. Do you have bank account ? Yes No
16. Did you get any money from the Government for this delivery? Yes No
17. If yes, how much money did you get?
    < 500
    500-1000

1000-1500
>1500

18. Did anyone tell you about the money available from the Government for Institutional delivery? Yes No
19. If yes, Who told you? ASHA Health worker Relatives
    Friends Others (specify----)

20. Did your ASHA give any advice regarding breast feeding?, (YES/NO)

21. If yes, what was the advice?

    a. Early initiation of breast feeding
    b. Exclusive breast feeding including its duration
    c. Correct positions during breast feeding
    d. Cholostrum
    e. Nothing before breast milk

22. Did you have any of the following problems after delivery (More than one answer possible)
    a. bleeding
    b. foul smelling discharge
    c. pain in legs
    d. sore breasts
    e. fever
    f. No problems

23. If yes, did your ASHA help you solve this problem?.(YES/NO)

24. Do you know your ANM?. (YES/NO)

25. Did your ANM visit you within 6 weeks of your delivery,(YES/NO)

26. Do you know your sub centre? (YES/NO)

27. If yes, have you ever visited the sub centre?.(YES/NO)

28. If yes, for what?
    a. Immunization of the child
    b. Treatment of minor ailments
    c. Nutrition counselling
    d. Mothers meeting

29. Whom do you contact for health problems?
    a. ASHA
    b. ANM
    c. ANAGANWADI WORKER
    d. Doctor
    e. OTHERS (specify ---)

30. Did your register this birth?(YES/NO)

31. If yes, did you get the certificate (YES/NO)

32. Who helped you to get the birth certificate?
    a. ASHA
    b. ANM
    c. ANGANWADI
    d. OTHERS (specify --)

33. What is the ideal interval between two children?
    a. 1 year
    b. 2 years
    c. 3 years
    d. > 3 years

34. From where did you get this information?
    a. ASHA
    b. ANM
    c. ANGANWADI
    d. OTHERS (specify ---)

35. Do you know about any family planning methods ? (YES/NO)

36. If yes, what are the family planning methods that you know?

    a. Oral Pills
    b. IUCD
    c. STERILIZATION
    d. CONDOMS
    e. NSV
    f. Emergency contraceptive pills
    g. Others (specify --)

37. Would you like to use any family planning method? Yes No

38. If No, Why?

    Would like to have more children
    I cannot make that decision
    Fear of side effects

39. Did your ASHA take the temperature of the baby anytime within the 6 weeks of delivery? (YES/NO)

40. Do you have an IMMUNIZATION card for your baby? (YES/NO)

41. Did your ASHA monitor this immunization card? Yes No

पोस्ट नेटाल केयर सेवाओं पर मां के लिए साक्षात्कार कार्यक्रम

तारीख……..

तालुक / ब्लॉक .....

1. माँ का नाम .....

2. माँ की उम्र (पूर्ण वर्ष में) .....

3. बच्चे का लिंग .... (पुरुष / महिला)

4. बच्चे की आयु (पूरा महीने में) .....

5. धर्म –

हिंदू मुस्लिम ईसाई अन्य (निर्दिष्ट -----)

6. जाति अनुसूचित जाति अनुसूचित जनजाति अन्य पिछड़ा वर्ग अन्य (निर्दिष्ट करें ----------)

7. क्या बच्चा जीवित है (हाँ / नहीं)

8. घर का प्रकार

a। कच्चा घर b अर्ध पक्का c। पक्का

9. क्या आप अपनी आशा को जानते हैं? (हाँ / नहीं)

10. क्या आप आशा का नाम जानते हैं। (हाँ / नहीं)

11. क्या आपके आशा आपके गांव में रह रही है? (हाँ / नहीं)

12. कितनी बार उसने आपको 6 सप्ताह के डिलीवरी के भीतर यात्रा की?

a l 0

b 1

c l 2

d l 3

e l > 3

13. आशा क्या आपके समुदाय से संबंधित है? (हाँ / नहीं)

14. आपकी डिलीवरी कहां हुई थी?

1. संस्थान
2. . घर

15. क्या आपके पास बैंक खाता है? (हाँ / नहीं)

16. क्या आपको इस डिलीवरी के लिए सरकार से कोई पैसा मिला है? (हाँ / नहीं)

17. यदि हां, तो आपको कितना पैसा मिला?

1. <500
2. 500-1000
3. 1000-1500
4. > 1500

18. क्या कोई आपको संस्थागत वितरण के लिए सरकार से उपलब्ध धन के बारे में बताती है?

(हाँ / नहीं)

19. यदि हां, तो आपको कौन कहता है?

1. आशा

2. स्वास्थ्य कर्मचारी

3. रिश्तेदार

4. दोस्तों

5. अन्य (निर्दिष्ट करें ----------)

20. क्या आपकी आशा स्तनपान कराने के बारे में कोई सलाह देती है ? (हाँ / नहीं)

21. यदि हां, तो सलाह क्या थी?

a। स्तनपान की प्रारंभिक शुरुआत
b इसकी अवधि सहित विशेष स्तनपान
c। स्तनपान के दौरान सही स्थिति
d। कोलोस्ट्रम
e। स्तन के दूध से पहले कुछ नहीं

22. क्या प्रसव के बाद आपको निम्नलिखित समस्याओं में से कोई समस्या है (एक से अधिक उत्तर संभव है)

a। खून बह रहा है
b बेईमानी महक का निर्वहन
c। पैरों में दर्द
d। पीड़ादायक स्तन
e। बुखार
f। कोई समस्या नहीं

23. यदि हां, तो आपकी आशा ने इस समस्या को हल करने में आपकी सहायता की है। (हाँ / नहीं)

24. क्या आप अपने एएनएम को जानते हैं? (हाँ / नहीं)

25. क्या आपके एएनएम ने आपके डिलीवरी के 6 सप्ताह के भीतर आपका स्वागत किया? (हाँ / नहीं)

26. क्या आप अपने उप केंद्र जानते हैं? (हाँ / नहीं)

27. यदि हां, क्या आपने कभी उप केंद्र का दौरा किया है? (हाँ / नहीं)

28. यदि हां, तो क्या?

a। बच्चे के टीकाकरण

b मामूली बीमारियों का उपचार

c। पोषण परामर्श

d। माताओं की बैठक

28. आप स्वास्थ्य समस्याओं के लिए किससे संपर्क करते हैं?

a। आशा

b एएनएम

c। अनागनवड़ी कार्यकर्ता

d। चिकित्सक

e। अन्य (निर्दिष्ट करें ----------)

30. क्या आपका बचे का जन्म पंजीकरण हुआ था? (हाँ / नहीं)

31. यदि हां, तो क्या आपको प्रमाण पत्र मिला है ? (हाँ / नहीं)

32. जन्म प्रमाण पत्र प्राप्त करने में आपकी सहायता किसने की?

a। आशा

b एएनएम

c। आंगनवाड़ी

d। अन्य (निर्दिष्ट करें ----------)

33. दो बच्चों के बीच आदर्श अंतराल क्या है?

a। 1 साल

b 2 साल

c। 3 साल

d। > 3 साल

34. आपको यह जानकारी कहां से मिली?

a। आशा

b। एएनएम

c। अंगगांव

d। अन्य (निर्दिष्ट करें ----------)

35. क्या आप किसी भी परिवार नियोजन विधियों के बारे में जानते हैं? (हाँ / नहीं)

36. यदि हां, परिवार नियोजन के तरीके क्या हैं जिन्हें आप जानते हैं?

a। ओरल गोलियां

b आईयूसीडी

c। स्टीयरिलाइज़ेशन

d। कंडोम

e। एनएसवी

h। आपातकालीन गर्भनिरोधक गोलियां

g। अन्य (निर्दिष्ट करें ----------)

37. क्या आप किसी भी परिवार नियोजन पद्धति का उपयोग करना चाहेंगे? (हाँ / नहीं)

38. यदि नहीं, तो क्यों?

a. अधिक बच्चे होना चाहते हैं

b. मैं यह निर्णय नहीं कर सकता

c. साइड इफेक्ट्स का डर

39. क्या आपकी आशा डिलीवरी के 6 सप्ताह के भीतर किसी भी समय बच्चे का तापमान लेती है?

(हाँ / नहीं)

40. क्या आपके पास अपने बच्चे के लिए एक इम्युनिज़ेशन कार्ड है? (हाँ / नहीं)

41. क्या आपकी आशा इस प्रतिरक्षण कार्ड की निगरानी करती है? (हाँ / नहीं)

श्री चित्रा तिरुनाल आयुर्विज्ञान और प्रौद्योगिकी संस्थान, त्रिवेन्द्रम
तिरुवनन्तपुरम - ६९५०११, केरल, इंडिया
SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY, TRIVANDRUM
Thiruvananthapuram - 695 011, Kerala, India
(An Institute of National Importance under Govt. of India)
Grams : Chitramet, Phone : +91-471-2443152, Fax : +91-471-2550728 / 2446433, E-mail : sct@sctimst.ac.in, Website : www.sctimst.ac.in

Institutional Ethics Committee
(IEC Regn No. ECR/189/Inst/KL/2013)

SCT/IEC/1051/MAY-2017

13.06.2017

Mr. Swadhin Jena
MPH Student
AMCHSS, SCTIMST, Thiruvananthapuram

Dear Mr. Swadhin Jena,

The Institutional Ethics Committee reviewed and discussed your application to conduct the study entitled "EVALUATION OF ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAS) ON POST NATAL CARE SERVICES, IN SAMASTIPUR DISTRICT, BIHAR" (IEC/1051) on 20th May, 2017.

The following documents were reviewed:

Original submission

1. *Covering Letter addressed to the Chairperson, IEC, SCTIMST dated 12.05.2017 with checklist*
2. *List of Amendments*
3. *IEC Application Form*
4. *Cover Page*
5. *Short Curriculum Vitae of Principal Investigator*
6. *Project Proposal*
7. *Informed Consent Form - English*
8. *Interview Schedule for mothers in English and Hindi*
9. *Interview Schedule for ASHA in English and Hindi*
10. *Informed Consent Form for ASHA – Hindi*
11. *Permission Letter from Civil Surgeon, Samastipur, Bihar*

Revised submission

1. *Covering Letter addressed to the Member Secretary, IEC, SCTIMST dated 02.06.2017 with checklist*
2. *Copy of IEC Recommendation Letter dated 29.05.2017*
3. *List of Amendments*
4. *IEC Application Form*
5. *Short Curriculum Vitae of Principal Investigator*
6. *Project Proposal*
7. *Informed Consent Form - English*
8. *Interview Schedule for mothers in English and Hindi*
9. *Interview Schedule for ASHA in English and Hindi*
10. *Informed Consent Form for ASHA – Hindi*
11. *Permission Letter from Civil Surgeon, Samastipur, Bihar*

The following members of the Ethics Committee were present at the meeting held on 20th May, 2017 at G. Parthasarathi Board Room, AMCHSS, SCTIMST

SL. No.	Member Name	Highest Degree	Gender	Scientific /Non Scientific	Affiliation with Institution(s)
1.	Smt. Sathi Nair	MA (English Literature	Female	Lay Person	No
2.	Dr. Kala Kesavan. P	MBBS, MD	Female	Basic Medical Scientist	No
3.	Dr. Mala Ramanathan	PhD	Female	Social Scientist (Member Secretary)	Yes

IEC Decision

The IEC approved the conduct of the study in the present form.

Remarks:
The Institutional Ethics Committee expects to be informed about the progress of the study, any SAE occurring in the course of the study, any changes in the protocol and patient information/informed consent and asks to be provided a copy of the final report.

There was no member of the study team / Guide who participated in voting / decision making process. The ethics committee is organized and operated according to the requirements of Good Clinical Practice and the requirements of the Indian Council of Medical Research (ICMR).

Sincerely,

Mala Ramanathan
Member Secretary, IEC

बिहार सरकार

DISTRICT HEALTH SOCIETY, SAMASTIPUR

Sadar Hospital Campus, Samastipur - 848101 (Bihar)

जिला स्वास्थ्य समिति, समस्तीपुर

सदर अस्पताल कैम्पस, समस्तीपुर – 848101 (बिहार)

☎ 06274-225140,Fax - 06274-225140 Email :- dhs_smp@rediffmail.com

NATIONAL RURAL HEALTH MISSION

Ref. No. : 763 **Date :** 19/5/17

From,

Civil Surgeon-Cum-Member Secretary,
District Health Society, samastipur

To,

Dr. K.R. Thankappan, MD, FAMS, MPH (Harvard)
Senior Professor and Head,
AMCHSS, SCTIMST, Trivandrum, Kerala.

Sub : Regarding the permission for Study on ASHAs.

Sir,

With reference to your letter dated 25.04.17 I am happy to allow Mr. Swadhin Kumar Jena (MPH Scholar) for the study on ASHAs in the two blocks i.e. Bibhutipur & Rosera with the condition that after completion of the study the scholar will submit a copy of study report in DHS, Samastipur. During the study period DHS, Samastipur will not provide any stipendd or monetary expenditure and also is not responsible for any kind of incidence occur to him during this study.

Thanking you,

Sincerely yours

19/5/17

19/5/17

Civil Surgeon-Cum-Member Secretary,
District Health Society, samastipur