

**ASSESSMENT OF IMPLEMENTATION OF POLIO
IMMUNIZATION PROGRAM AT SIRSI COMMUNITY
HEALTH CENTRE, JAIPUR, RAJASTHAN**



**A Capstone project submitted to
IIHMR University
in partial fulfillment of the requirements for
the award of the degree of
Master of Public Health (Implementation Science)**

**by
Dr Navneet Bichha
Roll no: 10.
MPH (IS) - Cohort 01 (2022-24)**

**Under the guidance of
Prof Dr. Arindam Das**

June 2023

ACKNOWLEDGMENT

I hereby express my gratitude to all individuals and organizations, starting from SD Gupta School of Public Health, IIHMR University, WHO TDR, distinguished faculties, my supervisor Prof Dr. Arindam Das, my teammates, to SIRSI COMMUNITY HEALTH CENTER who have contributed to the successful completion of this capstone project.



Sirsi Community Health Center and Team

TABLE OF CONTENT

- INTRODUCTION
- SCHEMATIC DIAGRAM ILLUSTRATING ROUTINE IMMUNIZATION PROGRAM IN SIRSI COMMUNITY HEALTH CENTRE.
- CAPSTONE WORK AREA
- FIELD VISIT DOCUMENTATION
- RESULTS
- RECOMMENDATION AND CONCLUSION
- REFERENCES
- ANNEXES

INTRODUCTION

Polio (poliomyelitis) is mainly affected in children under 5 years of age, leading to irreversible paralysis in 1 out of 200 infected children with polio and nearly 5% of which die due to respiratory muscles paralysis.[1]

India was certified with the polio-free status on 27th March 2014 with South-east Asia region. The last case of polio was reported on 13th January 2011 from Howrah, West Bengal.

In India, vaccination against polio was initiated in 1972 with Expanded Program on Immunization. The Universal Immunization Program (UIP) was started to cover all the districts of the country in 1985 which became a part of the child survival and safe motherhood program (CSSM) in 1992 and Reproductive and Child Health Program (RCH) in 1997. This program had significantly increased the coverage uptake by 5%.[2]

India rolled out its Pulse Polio Immunization Program on 2 October 1994, when the country contributed to 60% of the global polio cases with a mission of providing polio drops through booth centers, household-to-household, mobile and transit team.[4]

Afghanistan and Pakistan are still endemic to Polio and India has been certified “polio-free” which means that the risk of wild poliovirus entry or the emergence of vaccine-derived polioviruses persists, which highlights that the needs to maintain high population immunity and active surveillance system. Countries remain at risk of contracting polio even if one child is infected with polio.

India continues to hold one national immunization day and two sub-national immunization days for polio vaccination every year below five years of child as a part of Mission Indra Dhanush scheme which was launched in November 2014 to drive national immunization coverage above 90% in hard-to-reach districts of Rajasthan, Uttar Pradesh, Madhya Pradesh and Bihar as well as maintain population immunity against wild poliovirus and to sustain its polio free status. The Injectable Inactivated Polio Vaccine into its routine immunization program in 2017 by the government of India. According to the National Immunization Schedule for Routine Immunization under the Universal Immunization Program of India, oral polio vaccines are administered on birth, 6th weeks, 10th weeks, and 14th weeks with Fractional Injectable Inactivated Polio Vaccine (FIPV) at 6th weeks and 10th weeks.

Under the current intervention of **Intensified Mission Indra Dhanush 4.0** scheme to ensure reaching the unreached with all available vaccines and accelerate the coverage of children under two years of age in districts and blocks with intensified focus on:

- High-risk areas including urban slums with return migration, nomadic population, brick kilns areas, construction sites, other migrant settlements.[3]
- Head count survey for identifying children who may be missed out or left out in forth coming National Immunization Day for Polio in disrupted routine immunization areas due to COVID -19 pandemic, hard to reach areas etc. [3]
- Flexible vaccination timing sessions.[3]

Based on the National Family Health Survey 5 (2020-2021) vaccine coverage for children ranging from age between twelve to twenty-three months receiving three doses of polio vaccine excluding the zero dose was 84.6 % compared to National Family Health Survey 4 (2015-2016) which accounted about 65% in Rajasthan state.[6] Therefore, we want to assess the implementation fidelity of polio vaccination program in Sirsi Community Health Centre.

Research Objectives:

To assess

- Parents and staff's responsiveness towards polio vaccination program.
- Facilitation strategies and quality of delivery.
- Intervention complexity.

SCHEMATIC DIAGRAM ILLUSTRATING THE WORKFLOW FOR ROUTINE IMMUNIZATION AT SIRSI CHC

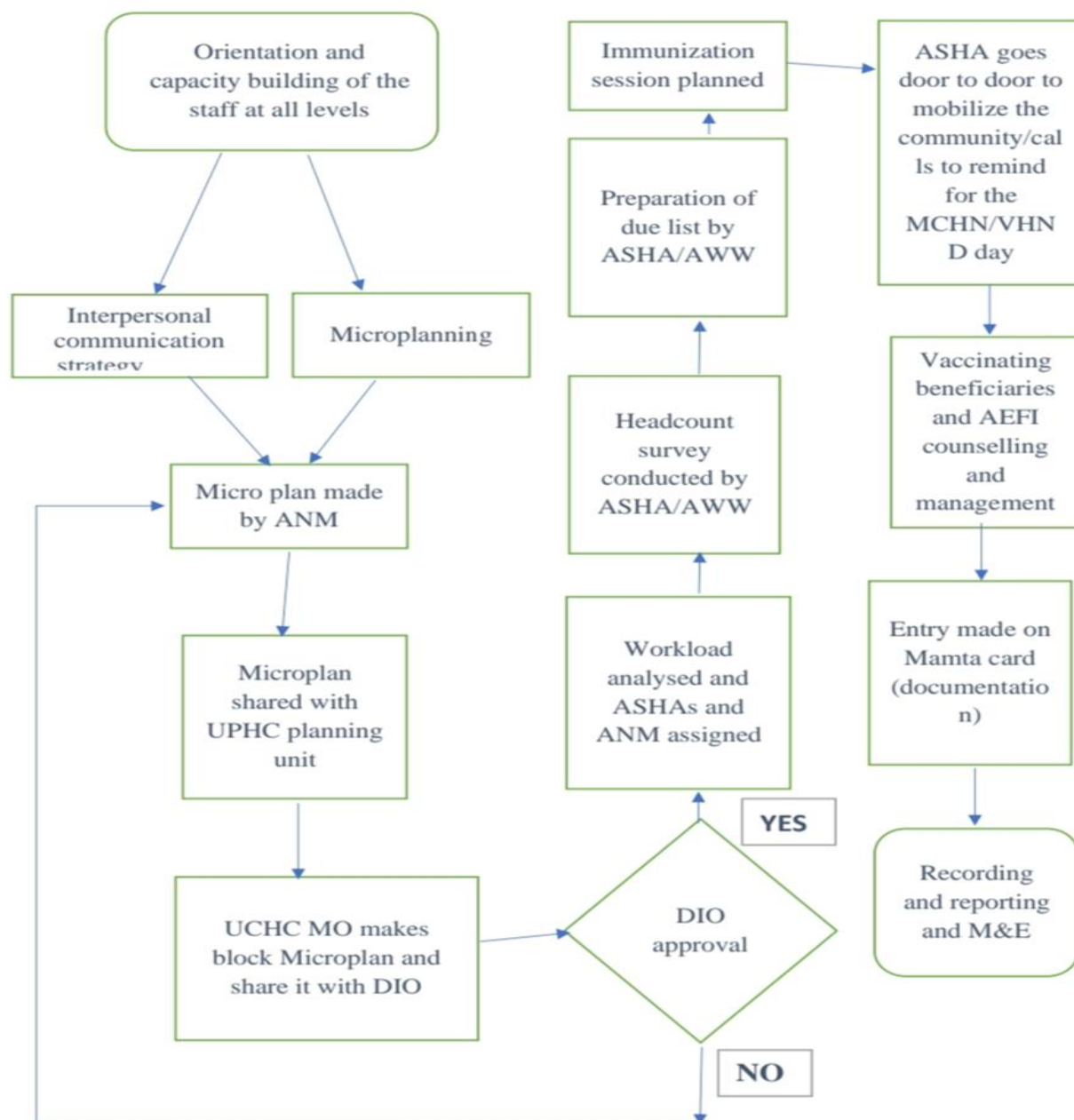


Diagram1: Workflow for Routine Immunization at Sirsi Community Health Centre

CAPSTONE WORK AREA

The present capstone project aimed to assess the implementation fidelity of polio vaccination program among children's below two years at Sirsi village, located in Jaipur district. The study was a facility-based model, conducted at Sirsi health center and employed a mixed methods design including both quantitative and qualitative research approaches.

The quantitative component of the study involved using observation checklists to assess the system related challenges including, the routine immunization program management, quality control, cold chain system, and the supply and stocks of the vaccine. The quantitative component also engaged survey questions for three mothers with children under two years. The questions were designed to assess the knowledge and awareness about the polio vaccine, perceptions of its safety and efficacy, and attitudes towards immunizations in children. Sociodemographic information such as age, occupation, relation, distant from the center was also collected to identify any potential associations related with the vaccine uptake. The data were analyzed using Microsoft Excel software.

The qualitative part of the study utilized in-depth interviews with the chief medical officer and auxiliary nurse midwives and ASHA to explore their attitudes and experiences related to polio vaccination, the system related and the sociocultural barriers of the program.

The interviews were conducted in a semi-structured manner, allowing for open-ended exploration of the participant's viewpoints. Detailed field notes were taken during the interviews to capture the participant's responses. These field notes were then transcribed for thematic analysis.



Figure 1: Sirsi Community Health Centre

FIELD VISIT DOCUMENTATION

The field visit from this study was conducted at Sirsi community Health Center, Jaipur district, from the period between 20th March to 1st April 2023. The visit was involved by the author with the guidance of a research officer. The aim of the field visit was to assess the routine immunization program performance, identify barriers and enablers and ultimately provide recommendations for improvement.

Staffs and Services Available:

Staff	14 staffs including 1 Medical Officer, 2 ANM, 3 ASHA'S
Population coverage	50,000 to 1lakh
Services	OPD & emergency service, Immunization, Delivery services, and Minor surgery services, MCN Day.
Timing and schedule	8AM to 2PM (6 hours a day).
Immunization services	BCG, OPV, Hep B, PENTA, ROTA, IPV, MR, DPT, TD, COVAXIN

Table 1: Staffs and Services Available at the facility

Field activities conducted during the field visit:

Activities	Participants involved
In-depth interviews	• Healthcare providers including the chief medical officer, ASHA and ANM who are involved in the immunization program. • Parents of children under 2 years who attended the health center for ANC consultation.
Observations	• Observations on immunization sessions and cold chain system in the center to assess the workflow and overall quality of service delivery.
Record reviews	• Immunization records and information on the vaccination coverage.

Table 2: Field activities conducted during the field visit.

RESULTS

Observations:

The number of children taking the birth dose for oral polio vaccines were relatively low from 2019 -2022 due to no institutional delivery with increasing number of the OPV1, OPV2, OPV3 FIPV1, FIPV 2 doses as suggested in Table 3 and Figure 2 and 3 with no adverse event following immunization.

It is observed from Table 3 that no of children immunized against polio has reduced by almost one third (33%) for almost all the indicator other than OPV birth dose.

When the researcher tried to look at the reason for the same, it was found the same has happened due to return migration of the community during the COVID 19 pandemic.

Service Statistics	2019-2020	2020-2021	2021-2022
<u>Types of Polio Vaccines</u>	<u>No of Children</u>	<u>No of Children</u>	<u>No of Children</u>
OPV BIRTH	120	204	213
OPV 1(6 weeks)	467	569	383
OPV2 (10 weeks)	457	525	390
OPV3 (14 weeks)	445	528	395
FIPV1 (6 weeks)	367	507	334
FIPV2 (10 weeks)	384	462	398
<u>No of Immunization Sessions</u>			
Immunization sessions planned.	7	8	16
Immunization sessions held.	7	8	8
Immunization sessions where ANM/ASHA were present	7	6	7
No of Adverse Event following Immunization due to polio vaccine	0	0	0

Table 3: Services statistics on Polio vaccination program at Sirsi CHC from 2019-2022

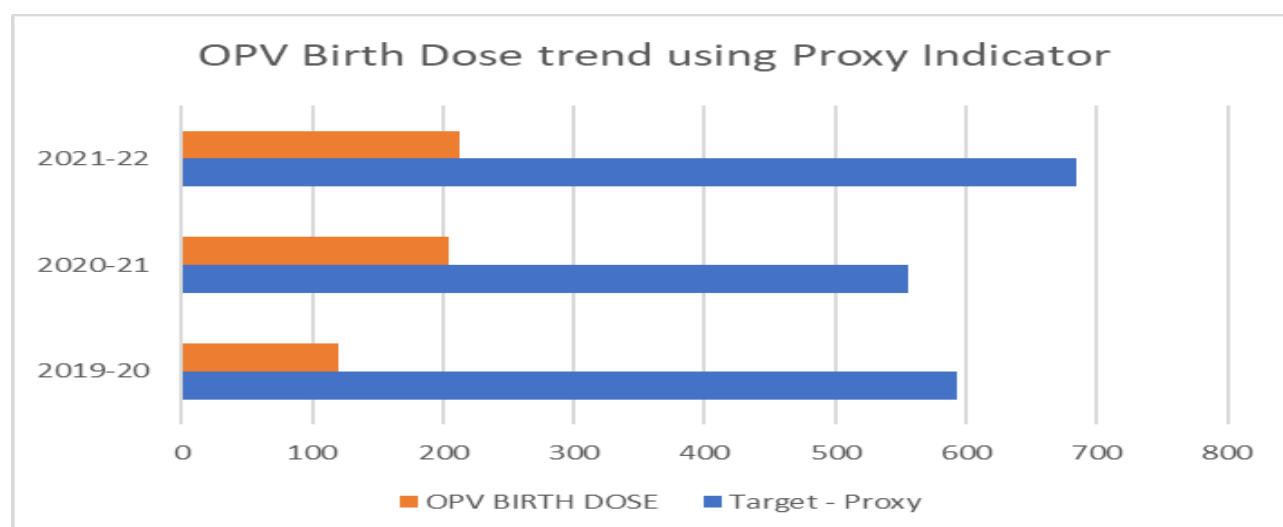


Figure 2: OPV Birth Dose trend using a proxy indicator (institutional delivery at Jaipur of 98%).

Observation from program management

It was observed that vaccine schedule was planned appropriately with no barriers reported in executing the plan from the center to the sub centers with the information gathered in Table 4.

Program Management	Status
Contents of RI Micro plan (for dependent sub-centers) available	
a) Catchment area mapping (indicating subcenters and distances from the storage point of vaccines)	Yes
b) Beneficiaries (village/area wise) estimation for current year	Yes
c) Logistics (Vaccine, syringes, immunization cards etc.) estimation,	Yes
d) Roster or Immunization Calendar for ANM	Present
e) Supervisor visits plan	Yes
Any roster immunization calendar displayed at facility	Yes
Coverage Monitoring chart/Drop out chart	Yes
In the last calendar month was there any supervisory visit by district officer	Yes

Table 4: Program Management at Sirsi Community Health Centre

Observations on Cold chain and Logistic supply

It was observed that the ILR and deep freezers were set and placed in the standard protocol. The OPV AND IPV were placed in the bottom and middle section of the ILR respectively at an optimal temperature ranging between (2 deg and 8 deg C) There were temperature monitors and logbooks in the cold chain room and the supply stocks was sufficient to supply the center and distribute sub centers Table 5.

Cold Chain	Status
ILR and Deep Freezers	
• Wooden blocks placement and at least 10 cm away from walls and surrounding equipment.	Yes
• Dedicated voltage stabilizer for each equipment	Present

• ILR and DF thermometer placed	Present
• Lack of frost inside walls of every ILR	Yes
Temperature and Logbooks	
• Monitoring of temperature in logbooks	Yes
• Periodic checks of logbooks by facility in charge (signature)	Yes
Ice Lined Refrigerators	
• cabinet temp ranging between +2 - +8c	Yes
• All the vaccine vials stored correct order (batch no, expiry date)	Yes
• T-series vaccine kept placed on the bottom of ILR	no
Deep Freezer	
• Cabinet temperature between - 15c – 25c	Yes
• Placement of ice packs inside the DF in right order (in cross manner)	Yes
• Routine vaccines stored inside deep freezer	No
Supply chains	
• Available sufficient TD vaccine in the stock with no supply issues	Yes
• Sessions conducted in the last month which issued at least one vial each of the vaccine due to supply issues	Yes

Table 5: Cold Chain Management and Supply Chain Management at Sirsi CHC

Challenges/Barriers identified and suggestive actions to be adopted:

- Limited work force and heavy workload among the ASHA'S/ANM.
- Inadequate services providers ASHA, ANM, medical doctors etc. recommendations
- Inadequate salary and poor incentives to ANM and ASHA's.
- Lack of awareness on polio vaccination among the beneficiaries in the community.
- Poor data quality system.
- Lack of institutional delivery facility.

Problems	Suggestive Actions	Feasibility	Priority
Limited work force and heavy workload among the ASHA'S/ANM	• Recruit volunteers to assist the ANM in high demand settings. • Increase the work shifts by introducing casual healthcare providers	Challenging	
Inadequate salary and poor incentives to ANM and ASHA's	• Introduce regular monthly payment for ASHA workers. • Upgrade the existing incentive mechanisms on a performance basis. • Motivate healthcare staff by introducing rewards and recognition practices for their achievements	SWIFT	
Inadequate services providers ASHA, ANM, medical doctors' recommendation	• Form a monthly schedule for community awareness events including culture of accountability. • Establish a community led provider health information mechanism	Challenging	

Lack of awareness on polio vaccination among the beneficiaries in the community.	• Frequent outreach campaigns and making awareness activities through posters dramas. • Education of parents specially mothers religious and community leaders regarding the importance of polio vaccination	Swift	
Poor data quality system.	• Regular supervision of data • Establishment trained workforce on data system management. • Allow auditing of data to improve on the performance of data entry	Challenging	
Lack of institutional delivery facility.	• Establishing better infrastructure such as labor room facilities, gynecologist, pediatrician	Challenging	

Table 6: Challenges and Barriers identified, and suggestive action adopted.

Best Practices adopted:

<u>Best Practices</u>	<u>Actions required to sustain the practices</u>
• Sufficient vaccine logistics and cold chain management	1) Timely procurement of vaccine logistics to avoid stock-outs with a buffer stock of at least a month. 2) Established EVIN System. 3) Time-to-time checking VVM to understand the need for discarding and indenting. 4) Cross-examine the quality of the vaccines and the syringes
• Sustained funding and political will for program implementation	1) Yearly budget allocation particularly for immunization. 2) Optimally utilizing allocated budget and resources
• Free of cost services	1) Optimal utilization of resources to minimize waste. 2) Yearly budget allocation particularly for immunization 3) Free of cost services.
• Strong trust and good faith with the ASHA/ANM and the center	1) Performance based incentivization scheme for ANMs 2) Regular training and capacity building to be done

Table 7: Best Practices to be adopted.

RECOMMENDATIONS AND CONCLUSIONS

We recommend and conclude.

- To improve access to provider information: This can be achieved by targeting developed educational campaigns and materials to raise awareness among parents about paralytic polio and the importance of polio vaccines. This role can be done by ASHA and other assigned volunteers.
- To address issues related with vaccine logistics and transportation mechanisms: This can be done by establishing a vigorous vaccine inventory systems and enhancing the coordination between established collaborators to avoid any delay or vaccine damage.
- Addressing issues related to financial concerns particularly from ASHA workers: This can be achieved by improving and upgrading the existing incentive schemes designed for ASHA workers. This may improve their self-esteem and motivation and increase their performance.
- Reinstate on the job, periodic trainings, and capacity building for the healthcare providers, particularly for ANM and ASHA workers: This can be achieved by developing a new and/or upgrading early existing web/mobile based application for training of healthcare providers in health centers.
- Promote staff rotation and recruit new staff to decrease the burden of work activities and develop a sustainable integrated surveillance system.
- Improvement of infrastructure (staffs, institutional delivery, data management system).

References:

- 1) WHO Southeast Asia Polio Mission in India
<https://www.who.int/india/news/feature-stories/detail/a-push-to-vaccinate-every-child-everywhere-ended-polio-in-india>.
- 2) Ministry of Health and Family Welfare, India
<https://pib.gov.in/PressReleaseIframePage.aspx?PRID=1835006>
- 3) Intensified Mission Indradhanush 4.0 Operational Guidelines
https://imi4.mohfw.gov.in/assets/document/operational/IMI4.0_operational_guidelines.pdf
- 4) Pulse Polio Programme: Eradication Efforts
https://main.mohfw.gov.in/sites/default/files/Pulse%20Polio%20Programme_0.pdf
- 5) Global Polio Eradication Initiative Endgame Strategy
<https://polioeradication.org/wp-content/uploads/2019/06/english-polio-endgame-strategy.pdf>
- 6) National Family Health Survey NFHS-5 (2019-2021)
https://main.mohfw.gov.in/sites/default/files/NFHS-5_Phase-II_0.pdf
- 7) Handbook for Vaccine & Cold Chain Handlers 2nd Edition (2018)
<https://www.who.int/docs/defaultsource/searo/india/publications/immunization-handbook-107-198-part2.pdf>
- 8) Techno-Economic Assessment of Electronic Vaccine Intelligence Network, December 2018.
<https://www.undp.org/sites/g/files/zskgke326/files/migration/in/eVIN-Assessment-Report.pdf>
- 9) Sokhey J. National program for the control of poliomyelitis. Indian Journal of Public Health. 1985 Jul-Sep;29(3):168-74. PMID: 3835134.
- 10) <https://timesofindia.indiatimes.com/entertainment/hindi/bollywood/news/amitabh-bachchan-happy-with-polio-eradication-from-india/articleshow/38745401.cms>

Annexes

RI

ROUTINE IMMUNIZATION

Group No:

Student Name:

Facility Visited:

Number of Visits in total:

Dates of Visits (in dd/mm/yyyy):

Capstone Work Area:

Routine Immunization Program (RI)

PART I- Service Statistics (This needs to be filled in by the concerned facility)

Name of the Institution : _____

	2020	2021	2022	Remarks
I. CHILD Immunization (0-9 Months)				
Number of infants 0-11 months who received				
a. BCG				
b. OPV 0 (Birth Dose)				
c. Hepatitis B 0 (Birth Dose)				
d. DPT1/Pentavalent 1				
e. DPT3/Pentavalent 3				
f. Rotavirus – 1				
g. Rotavirus – 3				
II. CHILD Immunization (9-11 Months)				
a. Measles and Rubella (MR) - First Dose				
b. Number of children aged between 9-11 months fully immunized (BCG+DPT123/pentavalent 123+OPV123+Measles /MR) – Male				
c. Number of children aged between 9-11 months fully immunized (BCG+DPT123/pentavalent 123+OPV123+Measles /MR) – Female				
III. CHILD Immunization (after 12 Months)				
Number of infants more than 12 months who received				
a. Measles and Rubella (MR) - First Dose				
b. Measles and Rubella (MR) - Second Dose				
IV. Number of Immunization Sessions				
a. Immunization Sessions Planned				
b. Immunization Sessions Held				
c. Number of Immunization Sessions where ASHAs were present				
V. Adverse Event Following Immunization (AEFI)				
a. Number of cases of AEFI – Abscess				

PART II

Provisions & Organization of Services (Observation and Assessment Checklist)

A	Programme Management	Consult Facility Incharge and Records
1	Contents of RI Microplan (for dependent sub-centres) available	Yes ☐ No ☐
	a. Map of Catchment Area (Indicating SCs and distances from vaccine storage point)	Yes ☐ No ☐
	b. Estimation of beneficiaries (village / area wise) for current year	Yes ☐ No ☐
	c. Estimation of Logistics – Vaccines, syringes, Immunization Cards etc (Village wise)	Yes ☐ No ☐
	d. ANM Roster / Immunization Calendar	Yes ☐ No ☐
	e. Day wise plan for supervisor Visits	Yes ☐ No ☐
2	ANM Roster / Immunization Calendar displayed at Facility	Yes ☐ No ☐
3	Coverage Monitoring Chart / Drop out Chart (BCG-Measles or DPT 1-3) displayed at facility	Yes ☐ No ☐
4	Supervisory visits by District Level Govt Health Officials in the last calendar month	Yes ☐ No ☐
B	COLD CHAIN (Observe)	Consult SN/ MO and Records
1	ILR and Deep Freezers	
	a. Placed on wooden blocks and at least 10 cm away from walls and surrounding equipment	Yes ☐ No ☐
	b. Dedicated Voltage Stabilizer for each equipment	Yes ☐ No ☐
	c. Functional Thermometer inside every ILR and DF	Yes ☐ No ☐
	d. No frost or Frost less than 5 mm inside walls of every ILR	Yes ☐ No ☐
2	Temperature and Log Books	
	a. Twice daily monitoring of temperature in respective log books	Yes ☐ No ☐
	b. Periodic checks of log books by facility incharge (Signatures)	Yes ☐ No ☐
3	ILRs	
	a. Cabinet Temperature between +2 - +8°C	Yes ☐ No ☐
	b. All Vaccine vials stored correctly inside cartons (Expiry date, batch)	Yes ☐ No ☐
	c. No T – series or Hepatitis vaccines are kept in the bottom of ILR	Yes ☐ No ☐
4	DF	
	a. Cabinet Temperature between +2 - +8°C	Yes ☐ No ☐
	b. Correct placement of ice packs inside the DF (in cross cross manner, while freezing)	Yes ☐ No ☐
	c. No RI vaccines stored inside DF (including reconstituted vaccines)	Yes ☐ No ☐

Synthesis Sheet

ed on the field service statistics, field interactions with providers, frontline workers and community members /
ents and observations related to the service provision and resource availability, discuss among the groups to
itify the major challenges & enablers and list them here.

Challenges
•
•
•
•
•
•
•
•
•
•
•
•
•
•
Enablers
•
•
•
•
•
•
•
•
•
•
•
•
•
•

Part III.A – Provider Interaction

A. Provider Interaction – Medical Officer

I. Demographics

1. Age: Yrs

2. Gender:

3. Current affiliation and designation: _____

4. What kind of responsibilities you have under the RI program

5. Tell me a little about RI

6. Have you undergone any specific training related to RI, under the program? If yes, when was it and what was the duration?

II Context and Challenges

1. Were there any major factors (political, social, economic, technical, legal) that affected the implementation of RI?

Political: Lack of governance, political structure non-conducive to coordinated action

Social: Communities are non-accepting and/or resistant to the intervention

Economic: Insufficient revenue sources

Technical: Slow or limited advances of technologies used in implementing program activities, Technological and infrastructural challenges affecting vaccine supply and surveillance

Geographical: Inability to reach population due to difficult terrain, hard to reach population

Any Other:

2. How did these changes hinder implementation? Did you use any strategies to address the challenge?

3. Were there any health system factors that affected implementation of RI? For example, changes to service delivery, health workforce shortages, heavy Workload? How did these factors affect implementation? Did you use any strategies to address the challenge?

4. Were there any Operational challenges that affected implementation of RI Program? For example? Logistical challenge? Did you use any strategies to address the challenge?

5. Were there any challenges related to process of Program Implementation that affected implementation of RI?

Planning: Implementation schemes/methods not planned in advance

Execution: Failing to carry out activities according to plan due to accountability mechanism, environment disruption, geographical challenges

Engaging: Difficulty identifying appropriate stakeholders to engage given diverse administrative structures, cultural norms • Community mistrust

Reflecting & Evaluating: Difficulty monitoring program progress and quality, including lack of regular debriefing about progress and experience

PART III B. Provider Interaction – ASHA / ANM

I. Demographics

1. Age: Yrs

2. Current affiliation and designation: _____

3. आप राष्ट्रीय टीकाकरण कार्यक्रम के अंतर्गत क्या कार्य कर रहे हैं? / What work are you doing under the National Immunization Program?

4. इस कार्यक्रम के बारे में आप क्या जानती हैं? कुछ बताएं। / What do you know about this program? Tell me something

5. इस कार्यक्रम के अंतर्गत क्या सहयोग प्रदान करती हैं? (MCHN/VHND गतिविधियाँ, इयू लिस्ट, टीकाकरण के प्रति जागरूकता आदि पर चर्चा करें।) / What support do you provide under this program? (Discuss MCHN/VHND activities, due list, immunization awareness, etc.)

6. आप का इस कार्यक्रम में और क्या योगदान रहता है? / What is your contribution to this program?

7. इस कार्यक्रम के कार्य में आपको कभी कोई कठिनाई महसूस होती है? अगर हाँ तो ज्यादा विस्तार में बताएं। / Do you ever find any difficulty in working with this program? If yes, then tell in more detail.

8. इस कार्यक्रम को और बेहतर करने के लिए आप क्या सुझाव देंगे? / What suggestions would you give to improve this program?

Part IV

Community Interaction – Mothers of children reporting to immunization clinic/ OPD

	1	2	3
Age of child (Months)			
Gender	M ☐ F ☐	M ☐ F ☐	M ☐ F ☐
क्या आपके बच्चे को अब तक के सभी टीके लगे हैं? / Is your child immunized with all the vaccines up to date?			
आपका घर यहाँ से कितना दूर पड़ता है? / How far is your house from here?			
आपके विचार में टीकों को लगाने के क्या फायदे हैं? / What are the benefits of getting vaccinated in your opinion?			
क्या टीकाकरण के फायदों के बारे में आपको किसी ने समझाया? यदि हाँ तो किस तरह? जरा विस्तार में बताये। / Did anyone explain to you about the benefits of			

CAPSTONE PROJECT

Interview With ASHA/ANM/AWW Working In the Community/ समुदाय में कार्यरत आशा/एएनएम/आगनवाड़ी कार्यकर्ता के साथ साक्षात्कार

CONSENT FORM/ सहमति पत्र

Introduction: I am _____, a student of IIHMR University, Jaipur. This is a university where I am currently enrolled as a Master of Public Health (Implementation Science) student. This interview is a part of my Capstone project which is needed to be completed for course curriculum. My capstone topic is _____. The purpose of this interview is to determine the work done by the ASHA/ANM/AWW working in this community on the health program _____. I am going to ask you a few questions. Your participation in this interview is completely voluntary. You may choose to not answer a question at any point during the interview. You can ask me to repeat the question if you come across anything which may be confusing. There is no to minimal risk for you if you decide to participate in the study. Your name and personal information will be kept confidential and will not be revealed to anyone else other than the person conducting this interview. In case of any query, you may reach me at _____.

परिचय: उम्मीद। मेरा नाम _____ है, और मैं आईआईएचएमआर यूनिवर्सिटी, जयपुर का छात्र हूँ। मैं इस विश्वविद्यालय में मास्टर ऑफ पब्लिक हेल्थ (इम्प्लीमेंटेशन साइंस) का छात्र हूँ। यह साक्षात्कार मेरी कैपस्टोन प्रोजेक्ट का एक हिस्सा है जिसे पाठ्यक्रम के लिए पूरा करने की आवश्यकता है। मेरा कैपस्टोन विषय _____ है। इस साक्षात्कार का उद्देश्य इस समुदाय में स्वास्थ्य कार्यक्रम _____ पर काम करने वाली आशा/एएनएम/आगनवाड़ी कार्यकर्ता के काम को समझना है। मैं आपसे कुछ सवाल पूछने जा रहा हूँ। इस साक्षात्कार में आपकी भागीदारी पूरी तरह से वैश्विक है। आप साक्षात्कार के दौरान किसी भी समय किसी प्रश्न का उत्तर नहीं देना चुन सकते हैं। यदि कोई ऐसा सवाल हो जो आपको समझ ना आये, तो आप मुझसे प्रश्न दोहराने के लिए कह सकते हैं। यदि आप अध्ययन में भाग लेने का निर्णय लेते हैं तो आपके लिए कोई जोखिम नहीं है। आपका नाम और व्यक्तिगत जानकारी गोपनीय रखी जाएगी और इस साक्षात्कार को आयोजित करने वाले व्यक्ति के अलावा किसी और के सामने प्रकट नहीं की जाएगी। किसी भी प्रश्न के मामले में, आप मुझसे _____ पर संपर्क कर सकते हैं।

I _____ (agree/disagree) to take part in this study.

मैं इस अध्ययन में भाग लेने के लिए _____ (सहमत/असहमत) हूँ।