SYNOPSIS

1. Title: A study to assess implementation status of the HBNC program and incentive related data integrity among ASHA workers and supervisors in Jaipur district of Rajasthan.

2. Introduction

The National Health Mission (NHM) in India, launched in 2005, aims to strengthen healthcare services, particularly for maternal, neonatal, and child health. One of its key components is the Accredited Social Health Activist (ASHA) program, which plays a crucial role in linking the healthcare system with rural communities. ASHAs are responsible for promoting maternal and child health, institutional deliveries, immunization, and home-based newborn care (HBNC). To incentivize ASHAs for their work, NHM provides performance-based payments for specific tasks, including home visits under the HBNC program. The HBNC initiative was introduced to reduce neonatal morbidity and mortality by ensuring that trained ASHAs conduct postnatal home visits within the first 42 days after birth. These visits include essential newborn care activities such as breastfeeding counseling, thermal protection, infection prevention, and early identification of danger signs. To ensure accountability, ASHAs must document these visits, which are verified by supervisors before incentives are disbursed. However, concerns have emerged regarding data discrepancies, fraudulent reporting, and inefficiencies in the incentive system, potentially undermining the effectiveness of the program.

Despite a well-structured framework, several challenges persist in the implementation of the ASHA incentive system and the HBNC program. Reports suggest that some ASHAs claim incentives for home visits they did not actually conduct, while in other cases, supervisors fail to verify the accuracy of the reported services, leading to potential misuse of funds. Additionally, there are instances where ASHAs provide services but do not receive their rightful incentives, leading to demotivation and inefficiencies in the system. Moreover, the knowledge and awareness levels of ASHAs regarding HBNC protocols vary, which directly influences the quality of services provided. Therefore, it is imperative to evaluate the current

status of the HBNC program and assess the knowledge levels of ASHAs to identify areas for improvement and strengthen program implementation.

This study aims to analyze the incentive records, verify reported home visits, assess the status of HBNC program implementation, and evaluate ASHAs' knowledge and awareness in selected areas of Rajasthan. The findings will help identify service gaps, improve monitoring mechanisms, and contribute to strengthening the maternal and child health components under NHM.

3. Research Question

- What is the level of integrity in the incentive data reported by ASHA workers and verified by supervisors?
- How frequently are discrepancies or fake entries observed in ASHA incentive records?
- What is the current status of HBNC implementation in selected blocks of Rajasthan?
- What is the level of knowledge and awareness among ASHAs regarding HBNC protocols?
- What is the relationship between ASHA workers' knowledge and the accuracy of reported services?

4. Objectives

1. To evaluate discrepancies between reported HBNC visits and actual service delivery as recorded by supervisors and ASHAs.
2. To analyze the timeliness and transparency of ASHA incentive payments and identify barriers to prompt disbursement.
3. To assess the status of HBNC program implementation in the selected region.
4. To evaluate ASHA workers' knowledge and awareness of HBNC protocols.
5. To explore the association between ASHAs' knowledge and the accuracy of incentive reporting.

5. Material and Methods

Study Design: Mixed-methods cross-sectional study (quantitative + qualitative).

Setting: Selected blocks of Jaipur district, Rajasthan under NHM.

Study Population:

- ASHAs involved in HBNC service delivery
- Supervisors responsible for verifying ASHA data (e.g., ANMs, BPMs)

Inclusion Criteria:

- ASHAs with at least 1 months of field experience
- Supervisors overseeing ASHA incentive disbursement
- Participants willing to provide informed consent

Exclusion Criteria:

- ASHAs on long leave or not actively working during the study period
- Non-consenting individuals

Study Tools:

- Structured questionnaire for ASHAs
- Structured questionnaire for supervisors
- Record review checklist for HBNC service entries and incentive data

Duration of Study: 3 months (March to May 2025)

Sample Size:

- 52 ASHAs and 13 supervisors

Sampling Technique:

- Stratified random sampling for ASHA selection
- Purposive sampling for supervisors
- Convenience sampling for household benefeciaries.

Data Collection Procedure:

- Permissions were secured from UPHC medical officers.
- Face-to-face interviews were conducted using printed tools in Hindi.
- Responses were recorded manually and digitized into Microsoft Excel for analysis.

Operational Definitions:

- Discrepancy: Mismatch between reported and actual services verified in the field.
- Fake Entry: Any recorded HBNC visit not actually conducted.
- Knowledge of HBNC: Awareness of visit schedule, neonatal danger signs, and counseling points assessed through knowledge score.

6. Data Analysis Plan

- Software: Microsoft Excel
- Quantitative Analysis:
    - Descriptive statistics: frequency, percentage, mean
    - Cross-tabulation and chi-square tests to assess associations
- Qualitative Analysis:
    - Thematic analysis of supervisor interviews and feedback
    - Triangulation with field findings

7. Ethical Considerations

- Informed consent will be obtained from all participants before interviews.
- Participation will be voluntary, and participants may withdraw at any time.
- Confidentiality of records and participant information will be strictly maintained.
- Ethical approval will be sought from the Institutional Ethics Committee (IEC) of IIHMR University.

8. Implications of Research

This study will provide evidence-based insights into the reliability of ASHA incentive records and the implementation status of HBNC services in Rajasthan. The findings will support NHM administrators in improving data verification processes, optimizing training for ASHAs, and streamlining incentive disbursement mechanisms. Ultimately, this will contribute to strengthening maternal and newborn care delivery at the grassroots level and ensuring more efficient utilization of health system resources.

9. References

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