Read this first

What this file is. A practice copy of a project proposal (synopsis) for MEDSP-071 Project Work, the project elective of IGNOU's Master of Arts (Population and Family Health Studies), MAPFHS. It shows how the seven parts listed in section 6 of the MEDSP-071 Handbook on Project Work (SOEDS, January 2024) can be laid out in about four to five typed pages.

What it is not. It is not a proposal you may post. IGNOU asks for your own original work, signed by you and your supervisor on Annexure II. Do not copy this topic, these objectives or these sentences into your own packet.

Who made it, and how. Prepared by the ignouproject.com editorial desk (Shri Chakradhar Publication Pvt. Ltd., New Delhi) with AI assistance, built part by part on the MEDSP-071 Handbook, and checked against the documents listed under References. It carries no IGNOU logo and is not an IGNOU document. ignouproject.com is independent of IGNOU.

The [brackets]. Every place name, register count, district figure and local study is left in [brackets]. Those facts can only come from your own field area and your own reading. Numbers that look like findings never belong in a proposal: you have not collected data yet.

Spacing. Set in 12 point at 1.5 line spacing, the spacing the Handbook sets for the report. The Handbook asks for a typed proposal of 4 to 5 pages and sets no spacing for it; confirm with your supervisor.

The packet the Handbook asks for (section 6.3 and the notes on the proposal)

- Annexure II, Proforma for Approval of Project Proposal, filled and signed and dated by you and your supervisor.
- Bio-data of the supervisor, about two pages, signed, with date of birth, full office and residential addresses, telephone numbers, e-mail, qualifications with year of passing, work experience, designation and organisation. Without it the proposal "will not be entertained", even when the supervisor is a MAPFHS academic counsellor.
- One typed copy of the proposal. Keep a copy for yourself.
- Envelope marked "Project Proposal-MEDSP-071" at the top right, addressed to the Project Coordinator (MAPFHS), School of Extension and Development Studies (SOEDS), Block 15-F (Swami Vivekanand Bhawan), IGNOU Maidan Garhi, New Delhi 110068.

The Handbook advises posting by 30 April (January admission) or 31 October (July admission), accepts proposals all year, and says a written reply goes out within four weeks of receipt by e-mail and post.

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PROJECT PROPOSAL

MEDSP-071 Project Work (Population and Family Health Studies)

Postnatal Home Visits by ASHAs after Institutional Delivery: A Descriptive Survey of Recently Delivered Mothers in [Block], [District], [State]

Item	Entry
Programme	Master of Arts (Population and Family Health Studies) (MAPFHS)
Course	MEDSP-071 Project Work, 8 credits
Name of the learner	[Name]
Enrolment number	[Enrolment number]
Study Centre code / Regional Centre code	[Code] / [Code]
Name of the supervisor	[Name, designation, organisation]
School	School of Extension and Development Studies (SOEDS), IGNOU
Month and year	[Month Year]

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1. Title

Postnatal Home Visits by ASHAs after Institutional Delivery: A Descriptive Survey of Recently Delivered Mothers in [Block], [District], [State].

The title names the service (home visits under Home Based Newborn Care), the population (mothers who delivered in a health facility), the method (a descriptive survey) and the place. It promises no result.

2. Introduction

The weeks after childbirth carry a large share of maternal and newborn deaths, and the World Health Organization recommends postnatal contacts for the mother and newborn across the first six weeks (WHO, 2013). In a field trial in Gadchiroli, home visits by trained village health workers reduced neonatal mortality (Bang et al., 1999). India took this approach to scale at the community level through Home Based Newborn Care (HBNC), implemented under the National Rural Health Mission since 2011 and revised by the Ministry of Health and Family Welfare in 2014. Under the revised guidelines an Accredited Social Health Activist (ASHA) makes six home visits after an institutional delivery, on days 3, 7, 14, 21, 28 and 42, and seven after a home delivery, with an added visit on day 1 (MoHFW, 2014). The visits are recorded in the Mother and Child Protection (MCP) card and the ASHA home visit form.

Facility births have risen. The fifth National Family Health Survey reports that 88.6 per cent of births in the five years before the survey took place in a health facility, up from 78.9 per cent in NFHS-4, and that 78.0 per cent of mothers received postnatal care from a doctor, nurse, LHV, ANM, midwife or other health personnel within two days of delivery (IIPS and ICF, 2021). These survey indicators stop at the first 48 hours. They say little about whether the later HBNC visits, from the second week to the sixth, reach the mother after she returns home, or what she is told when they do.

In [District] the corresponding NFHS-5 district figures are [figure] per cent institutional births and [figure] per cent postnatal care within two days [cite the district fact sheet]. Local studies [Author, Year; Author, Year] report [what they found, in your words]. The rationale of this study is to describe, for one block, how far the six scheduled visits are made after facility births and what the mothers recall of them. The topic falls within Block 4 (Health Care System and Strategies) of MEDS-073 and Block 5 (Population and Health Programme) of MEDS-072.

3. Objectives

- To study the proportion of recently delivered mothers who received each of the six scheduled HBNC home visits after an institutional delivery.
- To examine the timing of the visits received against the schedule of days 3, 7, 14, 21, 28 and 42.

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- To explore what the mothers recall of the advice given during the visits on breastfeeding, keeping the baby warm, danger signs and family planning.
- To analyse the receipt of visits by the mother's age, education, parity, caste category and distance from the sub-centre.

The objectives are worded neutrally. They state what will be studied, not what the study expects to find.

4. Problem Statement

HBNC sets a visit schedule for the six weeks after a facility birth, and the visits are meant to be recorded on the MCP card. National surveys measure postnatal contact within two days; for a facility birth much of that window passes before discharge, which is why the HBNC schedule for facility births starts on day 3 (MoHFW, 2014). Whether the later visits take place in [Block], on which days, and with what advice, is not known from published district data. The study asks: among mothers who delivered in a health facility between 43 and 90 days before the interview, how many of the six scheduled HBNC visits did they receive, when, and what do they recall of them?

5. Research Methodology

5.1 Design. A descriptive sample survey (a specific, sample survey in the terms of Handbook section 5.4), single round, with a structured interview schedule administered in person. The Handbook notes that a personal survey can be used where literacy is low (section 5.6 c).

5.2 Locale. [Number] villages served by [number] sub-centres of [Block], [District]. Reason for the choice: [your access, language, distance, permission].

5.3 Universe and sampling frame. Mothers who delivered in a public or private health facility 43 to 90 days before the interview, so that all six visits are due and recall is recent. The frame is the list of such deliveries in the ANM's or ASHA's register for the period [dates], used only with written permission from [Medical Officer, PHC] and without copying personal details beyond what the frame needs.

5.4 Sample. Sample size by the standard formula for a proportion, $n = z^2 p (1 - p) / e^2$, with $z = 1.96$ for 95 per cent confidence, p = [expected proportion receiving all six visits, taken from a published local study or a pilot] and e = [margin, for example 0.10]; corrected for a finite universe of N = [frame size] and raised by [ ] per cent for refusals (Cochran, 1977). Mothers are drawn by systematic random sampling from the frame, taking every k-th mother where $k = N / n$ (see MEDS-075, Block 2, on sampling). Final sample: [n].

5.5 Data collection instruments. (a) A structured interview schedule in [local language] with five sections: background of the mother; delivery details; visits received (day, who came); advice recalled; reasons given if a visit was missed. (b) An MCP card record sheet to note the visit entries, filled only with the mother's consent. The schedule will be pre-tested on [10]

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mothers outside the sample, a preliminary survey in the Handbook's terms (section 5.4 vi), and revised.

5.6 Fieldwork and ethics. Interviews at home, without an audience where possible, after explaining the purpose and that participation is voluntary and answers are confidential (Handbook sections 5 and 5.5). No names in the report; records kept under a code number.

5.7 Statistical tools. Percentages and frequency tables for objectives 1 to 3; cross-tabulation with the chi-square test of association for objective 4; responses on advice recalled coded into categories before tabulation. Software: [MS Excel / SPSS / other].

5.8 Period of study and tentative chapters. Fieldwork [month to month, year]. Chapters: 1 Introduction; 2 Review of Literature; 3 Methodology; 4 Results and Discussion; 5 Summary and Conclusion, with limitations and suggestions for further work. (The Handbook does not ask for these two lines in the proposal; they are added because supervisors and evaluators often ask when the work will be done.)

6. Limitations (if any)

- One block only; findings describe [Block] and are not a district estimate.
- Visit days depend partly on the mother's recall and partly on MCP card entries, which may be incomplete.
- Mothers who moved away after delivery, or who delivered at their parents' home in another district, fall outside the frame.
- The study records whether visits took place and what was recalled; it does not observe the quality of care given.

7. References (APA style, as the Handbook asks)

Bang, A. T., Bang, R. A., Baitule, S. B., Reddy, M. H., & Deshmukh, M. D. (1999). Effect of home-based neonatal care and management of sepsis on neonatal mortality: Field trial in rural India. *The Lancet, 354*(9194), 1955-1961.

Cochran, W. G. (1977). *Sampling techniques* (3rd ed.). New York: John Wiley & Sons.

Indira Gandhi National Open University. (2024). *MEDSP-071 Project Work: Handbook on project work for Master of Arts (Population and Family Health Studies)*. New Delhi: School of Extension and Development Studies, IGNOU.

International Institute for Population Sciences (IIPS) and ICF. (2021). *National Family Health Survey (NFHS-5), 2019-21: India fact sheet*. Mumbai: IIPS; Ministry of Health and Family Welfare, Government of India.

SAMPLE FOR STUDY REFERENCE, NOT FOR SUBMISSION

Ministry of Health and Family Welfare. (2014). *Home based newborn care: Operational guidelines (Revised 2014)*. New Delhi: Government of India.

World Health Organization. (2013). *WHO recommendations on postnatal care of the mother and newborn*. Geneva: WHO.

[Author, A. A. (Year). Title of the local study. *Journal*, *volume*(issue), pages.]

[Your district NFHS-5 fact sheet, cited in the same style.]

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Annex to the proposal: outline of the interview schedule

Headings only. Write your own questions with your supervisor, in the language of your respondents, and pre-test them. The completed schedule goes into the report as its appendix (Handbook, Format for Project Report).

Section	What it records	Linked objective
A. Identification	Code number, village, sub-centre, date of interview, consent recorded	all
B. Background of the mother	Age, education, parity, caste category, household size, distance to sub-centre	4
C. Delivery	Date and place of delivery, type of facility, days stayed after birth	1, 2
D. Home visits	For each scheduled day (3, 7, 14, 21, 28, 42): visit received yes or no, day it took place, who came, MCP card entry seen	1, 2
E. Advice recalled	Breastfeeding, warmth, cord care, danger signs, when to seek care, family planning	3
F. Missed visits	Reason given by the mother, if any (open question, coded later)	1

Reminder: this sample shows layout and reasoning only. The topic, wording and every number in your own proposal must be yours, and your supervisor signs Annexure II only for work you did.

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