A Study on Implementation and Gap Analysis of AAA Model (ANM, Aganwadi Worker, ASHA) of District Farrukhabad (U.P)

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Introduction

- A comprehensive and integrated approach to strengthen primary health care has been the major thrust of the National Rural Health Mission (NRHM) for that launched RMNCH+A in 2005 to revamp India's rural public health system.
- Empirical evidence on how such integration operates is rare. There is a need to coordinate front-line workers at the village level. The AAA platform provides this opportunity of coordination.
- This study discusses community health workers' integrated service delivery through village level outreach sessions within the NRHM. It shows that for health workers, the notion of integration goes well beyond a technical lens of mixing different health services.
- Crucially, they perceive 'teamwork' and 'building trust with the community' (beyond trust in health services) to be critical components of their practice. constant tension with the limitations of narrow indicators of health system performance.
- Our study shows how effectively this platform performs to improve the health and nutrition issues in the community. ANM, ASHA and AWW are three pillars of health and nutrition and are at the core of the AAA platform. This is an important effort towards the establishment of a sustainable and integrated health system

Research Question

- What are the gaps at the AAA platform at SC level of 4 block of farrukhabad district?

Research Objective

- To identify the gaps at the AAA platform at SC level of 4 block of farrukhabad district.

Research Methodology

- Study Type- Descriptive, Cross Sectional study, Quantitative study design
- Study Area- The study is conducted 4 administrative blocks(Badhpur, Kaimganj, Kamalganj, Shamashabad) Farrukhabad district (Uttar Pradesh) with a sample size of 50 respondents through a Structural questionnaire
- Study Period- 3 month(Feb-2016 to April-2016)
- Study Respondents-The respondents for the following were front line workers ANM at the various AAA site.
- Data Collection Technique- Face to face interview and direct observation.
- Data Collection Tool- Structured questionnaire.

Results

AAA-Staff availability in 4 block of Farrukhabad

Block	N	AAA meeting held as per micro plan	% AAA meeting held as per micro plan	Structured agenda is available	%Structured agenda is available	No. of ASHAs supposed to be present	No. of ASHAs actually present	%No. of ASHAs actually present	No. of AWWs supposed to be present	No. of AWWs actually present	% No. of AWWs actually present	Supervisory staff present	% Supervisory staff present
Badpur	7	3	43	7	100	52	43	83	42	31	74	2	29
Kaimganj	21	16	76	20	95	74	56	76	145	82	57	12	57
Kamalganj	10	8	80	10	100	94	77	82	88	57	65	8	80
Sharmshabad	12	7	58	12	100	63	52	83	85	43	51	2	17
Farrukhabad	**50**	**34**	**68**	**49**	**98**	**283**	**228**	**81**	**360**	**213**	**59**	**24**	**48**

Data source-Compilation of Questionnaire

AAA-VHND wise due list prepared and updated in 4 block of farrukhabad

Block	N	VHND wise due lists are prepared and updated for the following - Routine immunization (OPV, BCG, DPT, measles, JE)	VHND wise due lists are prepared and updated for the following - Antenatal care (TT, IFA)	VHND wise due lists are prepared and updated for the following - Antenatal check-up (BP, HB, urine albumin)	VHND wise due lists are prepared and updated for the following - Postnatal care (counselling, check-up of mother & baby)	VHND wise due lists are prepared and updated for the following - Nutrition support (counselling, services- THR, weighing)	VHND wise due lists are prepared and updated for the following - Family planning (counselling, services)	Average of VHND Services due list prepared	% Average of VHND Service due list prepared
Badpur	7	6	6	6	7	6	6	6	88
Kaimganj	21	20	20	20	20	16	21	20	93
Kamalganj	10	10	10	10	10	9	9	10	97
Sharmshabad	12	12	12	11	9	10	9	11	88
Farrukhabad	**50**	**48**	**48**	**47**	**46**	**41**	**45**	**46**	**92**

AAA-Activity related to strengthening in 4 block of farrukhabad.

Block	N	Discussed about maternal and infant deaths (if any)	% Discussed about maternal and infant deaths (if any)	Next AAA meeting date communicated to participants	% Next AAA meeting date communicated to participants	Meeting minutes documented after the meeting	% Meeting minutes documented after the meeting	Achievements of last VHND discussed	% Achievements of last VHND discussed
Badpur	7	5	71	6	86	6	86	6	86
Kaimganj	21	19	90	20	95	21	100	21	100
Kamalganj	10	9	90	10	100	10	100	10	100
Sharmshabad	12	10	83	12	100	12	100	12	100
Farrukhabad	**50**	**43**	**86**	**48**	**96**	**49**	**98**	**49**	**98**

Data source-Compilation of Questionnaire

AAA-Activity to make Action plan in 4 Block of Farrukhabad

Block	N	Action plan discussed to address difficulties of last VHND	Action plan discussed to motivate resistant families	Action plan discussed to cover hard to reach population	Action plan discussed to address absentees	Average of AAA were Action Plan to discussed	% of Work done for Action Plan
Badpur	7	6	7	5	7	6	89
Kaimganj	21	21	21	21	21	21	100
Kamalganj	10	10	9	6	9	9	85
Sharmshabad	12	12	10	11	11	11	92
Farrukhabad	**50**	**49**	**47**	**43**	**48**	**47**	**94**

Data source-Compilation of Questionnaire

AAA-Activity related to VHIR in 4 block of Farrukhabad

Block	N	(VHIR) reviewed and updated	Poor performing indicators were discussed based on (VHIR) summary	Poor performing ASHA areas were discussed based on (VHIR) summary	Average of AAA were VHIR related work done	% Average work done for VHIR
Badpur	7	7	7	7	7	100
Kaimganj	21	18	19	19	19	89
Kamalganj	10	10	10	10	10	100
Sharmshabad	12	10	12	12	11	94
Farrukhabad	**50**	**45**	**48**	**48**	**47**	**94**

Data source-Compilation of Questionnaire

Findings

- In the AAA platform, out of four meetings that were planned, three meeting were conducted.
- Half of the AWW were present in the platform.
- Supportive supervision visits were done only in half of the Platform.
- Ninety percent of AAA done Village Health and Nutrition Day (VHND) activities of due list for Routine immunization, Antenatal Care, Antenatal Check-up, Postnatal Care, Nutrition support, Family planning Services were prepared.
- Ninety five percent of AAA prepared the action plan to motivate resistant families, population hard to reach and address absentees in AAA platform was achieved.
- Nearby Ninety five percent AAA done Activity for the Village Health Index Register like reviewing and updating, poor performing indicator discussion, poor performing ASHA area were done.
- For AAA strengthening, it was observed that activities like next meeting date was communicated and meeting minutes was documented in all the platform.

Conclusion:-

- AAA should be conduct as per micro plan, Block level manager should focus to prepared micro plan shared in advanced.
- Block level MO/IC should coordinate with CDPO and ensure that every meeting can be supervised by MO, HV, ICDS supervisor, BCPM etc.
- ANM should take the responsibility for capacity building of ASHA and AWW, for that they can use Mobile kunji and ASHA academe facility.
- AAA meeting platform should be properly utilize, it will help to develop the coordination between ASHA, Anganwadi worker and ANM. So main moto behind VHND and VHSNC will be fulfilled.

Thank You