

# **A study for Assessment of health services provided by ANMs in rural and urban Bilaspur district of Chhattisgarh**



**Presented By-Dr.Prafull Singh Kushwah**

**PG /10/087**

# Introduction

- In rural health care delivery system ANM is a key person which works on ground level and functions with close co-ordination with the community. Role of ANM is to provide basic services to fulfill the needs of mother and child. While in urban areas ANM there has not been given any planned work like rural ANM.

# Objectives-

To explore the present functioning of ANM in urban and rural set up of Bilaspur district

# METHODOLOGY

- Study Design: It is observational cross sectional study conducted in the Bilaspur District of Chhattisgarh.
- 
- Sampling:
- Total Number of ANM presently functional in Bilaspur District is 454 in rural and 27 in urban areas.
- Statistical tool for Sample Calculation:
- Here sample size  $n$  and margin of error  $E$  are given
- $x$
- =
- $Z(c/100)^2 r(100-r)$
- $n$
- =
- $Nx / ((N-1)E^2 + x)$
- $E$
- =
- Square Root  $[(N-n)x / n(N-1)]$
- 

Where  $N$  is the population size,  $r$  is the fraction of responses that you are interested in, and  $Z(c/100)$  is the critical value for the confidence level  $c$ .

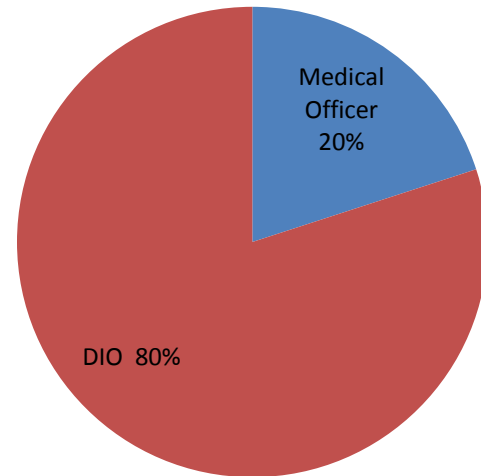
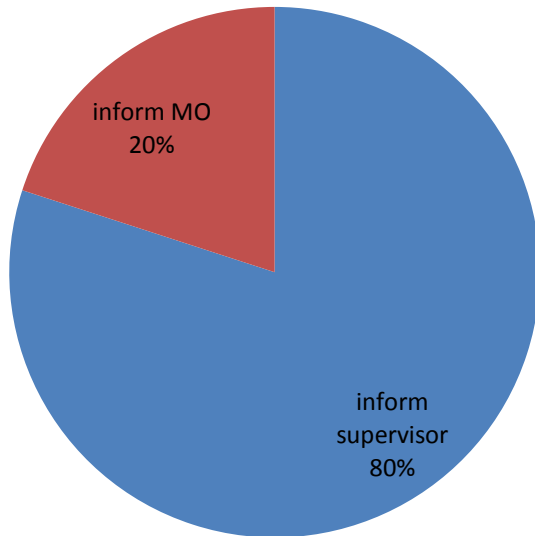
# Limitations

- Few ANGAN WADI CENTERS were not covered.
- constrain time
- Inability to reach out to ANM through mobile network

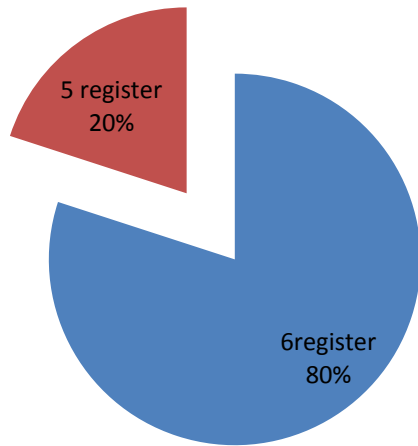
# Results and Findings

## Whom they report

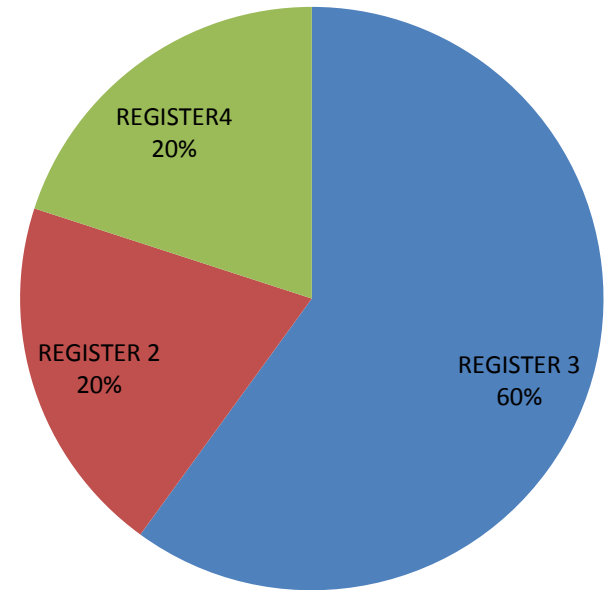
### In rural area



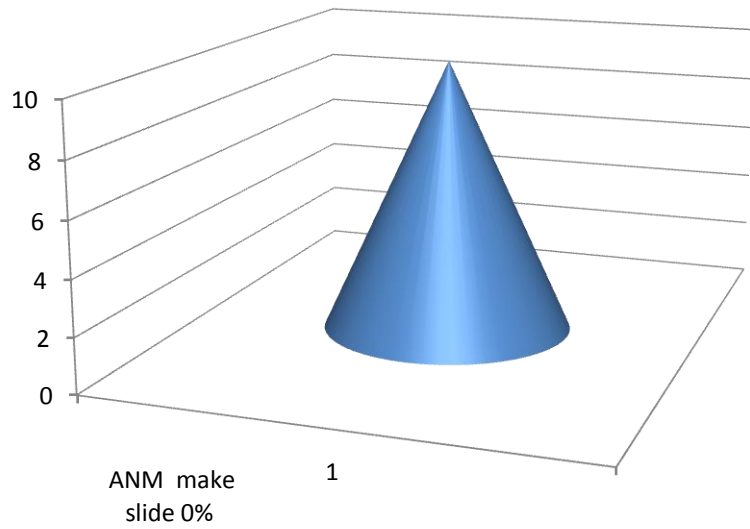
### Maintain register in Rural



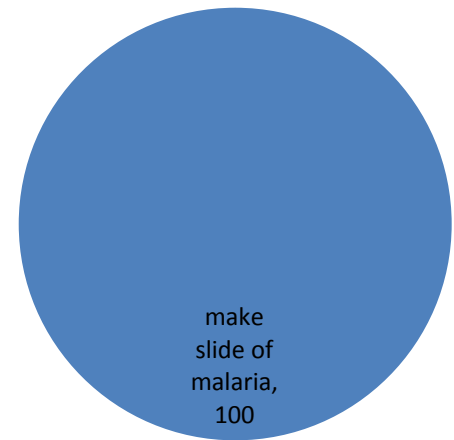
### Maintain Register in urban



### In urban



### In Rural





# findings

- In rural areas 20% ANM maintain only 5 register while 80% ANM maintain only 6 register.
- In urban area 60% ANM maintain 4 register while 20% ANM maintain 5 register and 20% ANM maintain 3 register only.
- 60% ANM reports monthly while 40% ANM report weekly in rural areas in urban areas 20% ANM report to weekly while 80% ANM monthly..
- In rural 20% ANM said that they refer to PHC while 80% ANM refer to CHC.
- In rural area 20% ANM inform to MO regarding case of patch while 80% ANM inform supervisor. in urban area 40% ANM don't do anything while 60% ANM inform MO of their area.

# Conclusion

- ANM are the main contact point between the health care service users and health care delivery system. The work done by ANM is essential for future changes in the services provided by the facility and also for making change in the policy level. So the plan for the strengthen the capacity of the ANM in Urban Areas should be done because there is gap in reporting pattern of ANM from urban area and ANM from Rural area. In urban area they are not having proper command from their higher authority which is reflecting in their reporting pattern.

# Reporting format of urban

Weekly Report 31/3/12

Date	B/S	DPT/poli					Hep B			Tuberc		ST		V, var		
		F	II	III	B	Q	I	II	III	I	II	B	10y	16y	1	2
2) 3/12/11		1	1	2	3	2	1	1	2	1	1	1	2	2	2	3

Home visit - 20  
 AHC Regish - 4  
 ANC III checkup - 5  
 High Risk Reffer - 1  
 Op - 3  
 Ce - 3  
 CUT - 1

# Recommendation

- Training of ANM especially in urban areas for proper reporting and encourage them for timely reporting to their respective facility members.
- 
- Develop user friendly reporting format which will be easily understandable to them.
- 
- Number of functional ANM is also low in urban area which is leading work load over them.
- 
- Timely meeting should be done for developing the repo and coordination between permanent ANM and contractual ANM.
- 
- Higher authority should have proper command on work and reporting of ANM to avoid misreporting and underreporting in their reports.

# References

- 
- [http://mohfw.nic.in/NRHM/Documents/IPHS for SUBCENTRES.pdf](http://mohfw.nic.in/NRHM/Documents/IPHS_for_SUBCENTRES.pdf) for ANM job description
- Prakasamma M., Analysis of Factors Influencing Performance of ANMs in Nizamabad District. Unpublished PhD thesis, Jawaharlal Nehru University, New Delhi, 1989.
- Adranvala T. K., "Nursing in India-1908-1968", Nursing Journal of India, Vol. LIX, No. 11, November-1968, Page 369-71.
- Iyer A., Jesai A. et al, Women in Health Care: Auxiliary Nurse Midwives. The Foundation for Research in Community Health, 1995. Page-15.
- Introduction, Chapter-1, NFHS-2 Report, IIPS, Mumbai, Accessed from website:<http://www.nfhsindia.org/data/india/indch1.pdf>, on 6<sup>th</sup> September,2012.
- D & E cell, commissionerate of Health and Family Welfare. Government of Gujarat, Gandhinagar.
- Visaria L. Quality of reproductive health care in Gujarat: Perspective of female health workers and their clients. Ch 10. in volume on Quality of Care in Family Welfare. Ford Foundation. Forthcoming.
- Multi Indicator Cluster Survey. Summary of six districts. UNICEF, Gandhinagar, CORT Baroda. P. 16.
- <http://www.nfhsindia.org> accessed on 7<sup>th</sup> September, 2007
- <http://www.nfhsindia.org> accessed on 7<sup>th</sup> September, 2007.
- Multi Indicator Cluster Survey. Summary of six districts in Gujarat. UNICEF, Gandhinagar & CORT Baroda.
- Key Indicators, India, Facility Survey, 2003, [http://www.rchindia.org/sr/ki\\_india.pdf](http://www.rchindia.org/sr/ki_india.pdf); Accessed on 5<sup>th</sup> September,2007.
- Sub centre workplan. sec. 12, Activities at the village. sec. 13., Activities at the sub-centre. sec. 14. In. Module for health workers. National Child Survival and Safer Motherhood Programme. Ministry of Health and Family Welfare. Government of India. New Delhi. 1992. P.141-162.
- Key Indicators, India, Facility Survey, 2003, [http://www.rchindia.org/sr/ki\\_india.pdf](http://www.rchindia.org/sr/ki_india.pdf); Accessed on 5<sup>th</sup> September,2007