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A PERFORMANCE INNOVATION FRAMEWORK FOR THE NRHM MANDATED 2ND ANMs IN ANDHRA PRADESH

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Abstract

Introduction

Human resources are crucial assets in the public health domain. The additional or 2nd Auxiliary Nurse & Midwife (ANM) is one such asset, a contractual employee mandated by the National Rural Health Mission (NRHM). Emphasis on performance of public health personnel like the 2nd ANMs is essential to improve the public healthcare delivery in the NRHM. This study undertook an exploratory analysis of factors that positively & negatively affect performance of 2nd ANMs in Andhra Pradesh.

Purpose of study

Develop a performance management framework that would enable the 2nd ANMs to perform their assigned roles and responsibilities to their satisfaction as well as satisfaction of local community and their superiors.

Research methodology

The study adopted a quantitative research approach with the aid of an explorative descriptive design. A random sampling method was used. The target population was 2nd ANMs, working in three districts of Andhra Pradesh, namely Medak, East Godavari and Anantapur. The sample size was 300 respondents.

Results

The 2nd ANM is indeed a crucial cog along with 1st ANM in the NRHM wheel. The results revealed the factors affecting the performance of 2nd ANMs. An innovation framework is presented wherein it proposes broad areas to be addressed with possible strategies that could be implemented or adapted. The framework consists of activities related to advocacy; strengthening of knowledge and expertise; development of leadership and management skills; development of mechanisms for enhancing and

improving performance including skills for performance management; generation of information and knowledge through information systems; and research on the nursing profession.

RESEARCH PAPER

Introduction

A major challenge for the healthcare domain in Andhra Pradesh is to improve the performance of assigned role and responsibilities for the health workers so that the health interventions are implemented in an efficient and effective manner. Human resources for health, consisting of both clinical staff and non-clinical staff, are the most valuable assets of health systems. The knowledge, skills and motivation of individuals shape organisational performance in even the healthcare sector. Hence, it is essential on the part of employers to arrange suitable working conditions in order to ensure that employees perform their assigned role and responsibilities.

Theoretical framework

Bennett and Franco (1999) proposed a conceptual framework of factors that influence work motivation. The model shows a complex web of links and interaction between work motivation, performance, and organisational factors in the healthcare environment.

Workers' individual needs factors- such as goals, self-concepts, expectation, worker capability and worker experience of outcomes tend to influence individual motivation.

Organisational factors and systems- in which the worker is operating with inputs such as drugs, supplies, support and feedback will influence performance outcome.

The broader social and cultural factors inclusive of issues such as the interaction between health worker and the client and the

community expectations regarding delivery of healthcare services may influence work motivation.

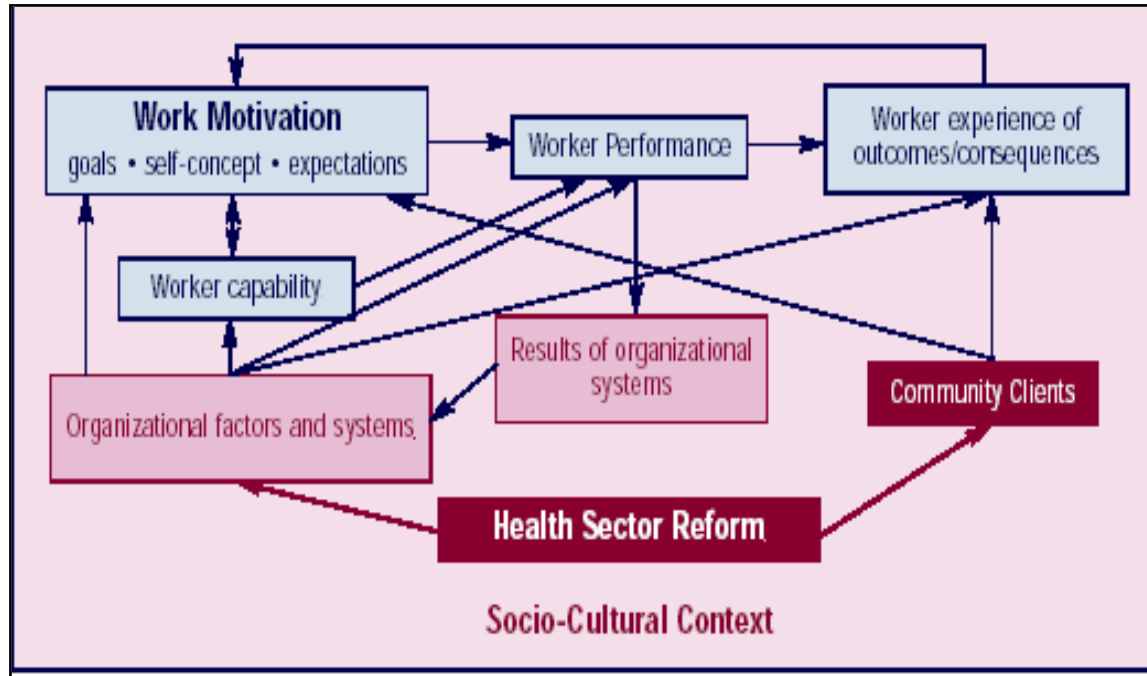


Figure: Work motivation in larger societal healthcare context. Source: Bennett and Franco (1999).

One dimension of performance has been recognised as the link between social, individual and organisational factors. Bennett and Franco (1999) state that the role of the organisation is to communicate its goals, as well as the processes and resources for achieving these goals. The organisation also sets 2nd goals of institutionalising a system of feedback and developing staff knowledge and

skills.

Bennett, Franco, Kanfer and Stubblebine (2001) cautioned that low employee motivation in developing countries results in lack of courtesy to patients, high level of absenteeism and poor quality of healthcare such as poor patient examination and failure to provide timely treatment to patients.

Research questions

- As a response to the aforementioned concerns, a study is proposed to answer the questions as follows:
- Are 2nd ANMs performing their assigned role and responsibilities to their own satisfaction?
- Which factors affect the performance of 2nd ANMs in positive or negative manners?
- Which strategies could be recommended to enhance the performance of 2nd ANMs?

Purpose of study

The purpose of this study is to develop a performance management framework that would enable 2nd ANMs to perform their assigned role and responsibilities to their satisfaction as well as the satisfaction of the local community and their superiors.

Objectives of study

- ✓ Analyse the roles & responsibilities of the 2nd ANMs
- ✓ Determine factors which positively and negatively affect the ability of 2nd ANMs to perform their assigned role and responsibilities
- ✓ Propose strategies that could improve performance of 2nd ANMs

Area of study

The performance of assigned role and responsibilities of 2nd ANMs was determined by assessing the performance of select 2nd ANMs in Medak, East Godavari and Anantapur districts of Andhra Pradesh state. The selection of these three districts is based on overall perception of core stakeholders that 2nd ANMs are relatively more efficient and effective in these districts from their respective three regions as gleaned from informal consultations with the former.

According to the 2011 national census, Andhra Pradesh has a population of 8,46,65,533 with males numbering 4,25,09,881 & females numbering 4,21,55,652. The population of East Godavari district is 51,51,549 while the males number 25,69,419 &

females number 25,82,130. Coming to the population of Anantapur district, it is 40,83,315 with males coming to 20,64,928 & females coming to 20,18,387. Medak district has a population of 30,31,877 with males numbering 15,24,187 & females numbering 15,07,690. The percentage-wise shares of Medak, East Godavari & Anantapur districts in the state population stand at 6.08%, 4.82% & 3.58% respectively.

Role of 2nd ANM

The NRHM emphasised the result-based management approach in order to attain different health goals: MDG 2000, NHP 2002 and Tenth Plan Goals (last two years of plan period) and Eleventh Plan (2007-12) through provision of right number of service providers with right skills at right place and at right time beginning from village to state level (Satpathy and Venkatesh, 2006). The 2nd ANM is one such key service provider to help fulfil these crucial health goals.

The NRHM has perceived that the health facilities at primary health centre (PHC) and community health centre (CHC) have fallen short of people's needs both in quantitative and qualitative terms. Hence, the NRHM strives for an architectural correction in seeking optimum utilisation of available fund, higher accountability and better utilisation of resources. The 2nd ANM is a key resource person in such sincere endeavours of the NRHM. The availability of an appropriately trained 2nd ANM in every village reduces loss of human days for the village community due to absence of timely first contact care.

Deepak Grover et al (2006) note that since ICPD, Cairo 1994 and Beijing (1995) the workload of the ANM has increased significantly. India is a signatory to the Cairo declaration and hence adopted the charter and plan of action announced at the end of Cairo World Population Conference. In 1998, the RCH programme commenced in India. Deepak et al (2006) summarise the role of RCH as one that focuses on women and children, particularly reproductive health of women, healthcare of children in the 0-4 ages, improvement of status of women, healthcare of children in the 0-4 ages, improvement of status of women – social, economic/work,

promotion of female autonomy in decision making, etc. In the second phase of RCH, better known as RCH II, the 2nd ANM is indeed a crucial cog in the wheel and forms a primary flag bearer of RCH II along with the 1st ANM.

Deepak Grover et al (2006) affirm that in the governmental rural health set up the auxiliary nurse midwife (ANM) is the health functionary closest to the community. According to them, malaria, sanitation and family welfare are her focal areas with half a dozen villages being her territory of operation. Services to clients at the sub centre, visits to villages and homes for distribution of medicines and counselling, rapport with the primary health centre, community health centre and even district hospital, attending meetings, procuring essential supplies and performing thankless odd jobs, catering to the needs of visiting superior health functionaries and survey/research teams, record keeping, population survey constitute her core functions.

The 2nd ANMs roles & responsibilities

An essential part of the study is a thorough assessment of the 2nd ANMs prescribed roles & responsibilities through the survey method. The terms of reference that were adopted to assess the 2nd ANMs job profile as adapted from the NRHM prescription by the state government are as follows:

- ❖ The nature of guidance from the female health supervisor.
- ❖ The reporting relationship between PHC MO and 2nd ANM.
- ❖ Her availability at official headquarters as well as her round-the-clock accessibility.
- ❖ Her record-keeping of births and deaths; pre-natal care including simple diagnostic tests like urine test, VDRL test and high blood pressure check-up; and procurement-cum-supply of contraceptives, IUD insertions, vaccines, drugs and other consumables.
- ❖ Number of referral cases of pregnant ladies with high risk to her superiors and or higher level healthcare centres.

- ❖ Counselling and motivational styles adopted by her to facilitate institutional deliveries and support of trained birth attendants in home deliveries.
- ❖ Health education methods implemented by her to promote maternal and child care with focus on key messages related to breastfeeding, family health, family planning, nutrition, immunisation and personal and environment hygiene.
- ❖ Her average number of monthly ANC and PNC visits.
- ❖ Her role in conduct of MCH clinic.
- ❖ Her level of distribution of conventional contraceptives.
- ❖ Her engagement in family planning follow-up services.
- ❖ Her inter-sectoral convergence initiatives in coordination with anganwadi workers and gram sewaks.
- ❖ Her involvement in immunisation for pregnant women, infants and children.
- ❖ Her preparation of local health action plans.
- ❖ Her level of participation in monthly staff meetings at PHCs.
- ❖ Her curative treatment skills with regard to minor ailments and first aid.
- ❖ Her report-writing skills.
- ❖ Her adeptness at identifying women in need of MTP.
- ❖ Her disease surveillance activities including monitoring and evaluation.
- ❖ Her escort services to visiting public health officials.

In short, the 2nd ANMs are entrusted with preventive, promotive, diagnostic, curative and supportive grassroots healthcare which makes a critical difference to the village public health scenario. So it is all the more essential to assess her day-to-day performance.

Research design

The study adopted a quantitative research approach with the aid of an explorative descriptive design. Interview schedules were used to collect data in order to adopt the survey method.

Population and sampling

A simple random sampling method was used in this study wherein the population comprised 2nd ANMs. In this study, the target population was all 2nd ANMs, working in the three districts of Medak, East Godavari and Anantapur. The accessible population make up around 40% of recruited 2nd ANMs working in select sub-centres across the three aforementioned districts. The Cochlea's sampling formula suggests that 40% is the optimum sampling size.

Around 40% of respondents were selected on a random basis from both groups of respondents in each of the three districts. Medak district is selected from Telangana region while Anantapur district is identified from Rayalaseema region and East Godavari district is selected from Coastal Andhra region. The break-down details of respondents is as follows:

Particulars	Medak	Anantapur	East Godavari	Total
No. of ANMs interviewed	150	192	320	662
No. of mandals	28	19	13	60
<i>Population served by ANMs</i>				
Male	244573 (N=120)	192600 (N=98)	154515 (N=78)	591688
Female	212572 (N=120)	166069 (N=98)	147675 (N=82)	526316
Children<=5	51751 (N=119)	37770 (N=93)	20474 (N=45)	109995

The sample survey covered a total of 662 respondents.

Data collection - interview schedule

The interview schedule design is based on study objectives and literature research. A structured interview schedule for 2nd ANMs was designed for collecting and recording data. The interview schedule took approximately 15 to 25 minutes to complete. The interview schedule comprised both open-ended and closed questions. The sectional content of interview schedule is focused on personal information, role and responsibilities, knowledge base, human resource management issues, and organisational processes. The interview schedule is based on the performance model, which is a combination of Bennett and Franco's (1999) model of motivation and Sharpley's (2002) model on perception, motivation, performances, and the human resources management practices of health personnel. In this study, the content validity of the instruments was ensured by including all the key concepts related to the research topic. The questions were formulated in accordance with aspects of the performance model. The Cronbach's alpha test is an excellent means to test the internal consistency of instruments. Hence, the same was deployed for the research instruments in this study.

The focus of the research tool is to evaluate the 2nd ANMs current role and responsibilities; analyse support of health system to second ANMs; and study the job satisfaction of second ANMs.

Data analysis

The SPSS statistical package was used to analyse the results. Descriptive statistics including percentages and figures were used.

Findings and recommendations

Profile of respondents

A total of 662 second ANMs were covered, 320 of them being from East Godavari district, 192 from Anantapur district and 150 from Medak district. A total of 60 mandals were covered in the surveys, 28 of them being in Medak District, 19 in Anantapur District and 13 in East Godavari District. As much as 96% of the surveyed second ANMs belonged to an age-band of 20-40 years. Nearly three fourths of these 2nd ANMs have passed 10th class. Nearly two-thirds of these surveyed 2nd ANMs are married. Over four-fifths of them earn above Rs 20,000 as family income per month. Over three-fifths belong to SCs. A virtually equal distribution of nuclear and joint families is noted with regard to the type of family in which these 2nd ANMs spend their lives.

More than 90% of the respondents cited rendering of health services as the largest reason why they chose to become an ANM. Over three-fifths had prior experience in healthcare before joining as 2nd ANMs. A good 47% of these 2nd ANMs enjoy 3-5 years of experience as ANM. A huge 97% of them work seven hours and above daily in their current job. As many as 55 activities were enumerated by the 2nd ANMs with regard to their job profile. A surprising 70% have reported that they did not undergo induction training. For those who underwent induction training, the duration happened to be either 3 or 7 days. Almost one-fifth of them have been earlier associated with 104 or fixed day health services.

Maternal care

As much as 88% of the respondents visit all or almost all houses in their allocated areas. The time interval between the house visits for each 2nd ANM is usually 15 days for almost all of them. Almost all are able to determine TT status and vaccinate according to national guidelines in all the districts. It is found that 95% of 2nd ANMs are regularly checking warning/danger signs like vaginal bleeding, high temperature and severe abdominal pain during ANC. An average four deliveries were performed by the 2nd ANMs at sub centre or PHC. The average number of high risk pregnancies referred monthly by the 2nd ANMs comes to two cases. It is noted that 89% of 2nd ANMs reported that their doctors/staff nurses use a partograph during labour to chart progress. Almost all the 2nd ANMs assist mothers with breast feeding or assess mother's knowledge of ability to breastfeed. The 2nd ANMs discuss thoroughly about personal hygiene, nutrition, family support, family planning and benefits of exclusive breast feeding with the mothers in a huge majority of cases. Over one-thirds of 2nd ANMs replied that skilled birth attendance (SBA) of their areas come to the clinic or outreach session either frequently or occasionally. More than two-thirds of the 2nd ANMs reported that obstetric emergencies like excessive bleeding were handled during deliveries.

Child care

Nearly half of 2nd ANMs confirmed that children underwent one immunisation session at the sub centre in a four-week period. Similarly, 45% of 2nd ANMs confirmed that one outreach immunisation session was conducted by the sub centre in a four-week period. Almost all 2nd ANMs affirmed that they did do assessment and monitoring of weight among low birth weight and pre-term babies. Almost all confirmed that they made home visits to assess breast feeding problems. Though 92% of 2nd ANMs looked for pneumonia signs and symptoms in newborn, the corresponding figures were less at 81% with reference to sepsis and much lesser at 54% with regard to hypothermia. Almost all 2nd ANMs counsel the mothers and family members about newborn care. Almost all advice the mothers on exclusive breast feeding, malnutrition, anaemia, diarrhoea, malaria and measles which are assessed in the children by the 2nd ANMs to an extent of around four-fifths.

Family welfare

All 2nd ANMs discuss with the client on family planning services. Almost all of them confirmed that they explained on benefits, risks, side effects and other consequences of chosen contraceptive methods. As much as 94% of 2nd ANMs encourage males to participate in family welfare programme. All the 2nd ANMs provide follow-up services to the female family planning acceptors. Almost all 2nd ANMs provide spot treatment for minor complaints or side effects to the female acceptors of family planning. All the 2nd ANMs motivate couples in the village to adopt family planning measures and provide option to choose.

Disease control

As many as 97% of 2nd ANMs discuss about prevention of malaria during pregnancy through the use of bed nets and integrated preventive treatment. All the 2nd ANMs encourage the pregnant women and her partners to come for HIV counselling and testing. Almost all the 2nd ANMs discuss regarding local or traditional practices that might be harmful to the mothers or newborn. As much as 97% of 2nd ANMs provide information about any health problems and the appropriate treatment. Almost all educate mothers regarding home management of diarrhoea with ORS. Demonstration of ORS preparation at home is done by almost all ANMs. An average of five diarrhoea cases, one malaria case and six respiratory infection cases are reported on a monthly basis by the 2nd ANMs.

Regarding utilisation of IEC tools and activities to prevent and control malaria, over two-fifths of 2nd ANMs reported low use of radio while more than half reported moderate use of TV. Cinema was moderately used as reported by over two-fifths of 2nd ANMs while over half of the 2nd ANMs reported moderate use of the newspapers.

Health education

More than four-fifths of the 2nd ANMs discussed with people between two immunisation sessions or check up of two ante-natal cases at the subcentres on the topics of general hygiene, facilities for healthcare, minor ailments of the people present there, next date of immunisation session and next date of ANC check-up. More than 90% of the 2nd ANMs conducted some major activities as preparation towards holding an outreach session. A very high 94% of ANMs regularly supplied educational material on different topics including safe motherhood, infant care, STIs, HIV and immunisation for the clients. A good 84% of 2nd ANMs pasted health education materials on the wall in good condition and saw to it that clients saw them. All the 2nd ANMs discussed on needs and benefits of full immunisation with the clients. All of them also discussed on the need for at least three antenatal visits. Almost all even provided information about the due date and a high 91% of 2nd ANMs informed clients about the type of reproductive health available at subcentre/PHCs.

Intersectoral convergence

It was found that 87% of 2nd ANMs set an interval of once a week to meet ASHAs and AWW. A fine 77% of ANMs conducted seven and above monthly meets during this year and 65% of 2nd ANMs reported that seven and above monthly meets were held by the Gram Panchayat health committee between January and August this year. Only 40% of 2nd ANMs reported that the panchayat head or the deputy head attended their needs seven and above times. It was noted that 65% of 2nd ANMs obtained the active help of panchayat functionaries to motivate or catch up on the defaulters.

Supportive supervision

Almost all the 2nd ANMs reported that their health supervisor corrects or monitors field performance and activities. Almost all the 2nd ANMs confirmed that the health supervisor checks the reports prepared by the 2nd ANMs. Also, almost all 2nd ANMs reported that the health supervisor does help the health assistants to solve problems in work or clarify any point. More than half of the 2nd ANMs

said that the supervisor visits the field or clinic on an average of more than once a week. Almost all the 2nd ANMs agreed that the supervisors appreciated their good work in front of others while monitoring performance of 2nd ANMs. Also, almost all of them agreed that the supervisors inspire them to do the best. A high 86% of 2nd ANMs felt that constructive feedback on performance appraisal results is provided on regular basis.

Infrastructure, facilities and access to subcentres

It is found that 70% of 2nd ANMs reported the availability of enclosed space that can be used for case examination in subcentre and 4/5th of 2nd ANMs felt that the things can be securely kept in the subcentre room. More than half of the 2nd ANMs reported the toilet facility to the female clients. Coming to the subcentre, access to potable water is confirmed by 64% of 2nd ANMs. More than 4/5th of 2nd ANMs reported the availability of washing facility at the subcentre. Almost all affirmed that vaccine supplies to immunise clients are adequate. All ANMs felt that vaccines are stored according to cold chain standards.

Regarding the subcentres' location, 83% of 2nd ANMs said that the subcentre is more than one km from nearest bus stop or railway station, but connected with regular local transport. The average distance between the subcentre and PHC is more than one km according to 89% of the 2nd ANMs.

Human resource

About 2/3rd of 2nd ANMs said that the male health assistant is available in the subcentre. More than half of the 2nd ANMs felt that the remuneration of the male health assistant is in accordance with the job responsibilities.

Documentation

Around 4/5th of 2nd ANMs reported that ANC registers are updated at an interval of less than one week. A high 84% of 2nd ANMs confirmed the supply of MCH card. Almost all 2nd ANMs also confirmed the supply of free service registers which are updated on a weekly basis. Almost all the 2nd ANMs agreed that births and deaths are recorded in the prescribed formats in the field service registers and the eligible couple register is well updated.

Suggestions

- ❖ Each subcentre need to have an arrangement of privacy for case examination. A separate examination room or an enclosure within the clinic room would serve the purpose.
- ❖ Overall, the subcentre building needs to have an adequate floor space. The NRHM norm of subcentre building satisfies the requirements of privacy and floor area.
- ❖ However, the initiative to make subcentre buildings all over the districts is a long term affair. For the time being, the subcentres which are functioning in rented accommodation may be supported to hire a larger and better space where necessary. At the policy level, a fund may be apportioned for this purpose.
- ❖ The data management system needs to be revised to do away with any duplication of records or registers.
- ❖ The reporting system and the prevailing formats need to be analysed so as to identify redundant and/or time-consuming areas, if any, and to optimise accordingly.
- ❖ Programme managers can arrange to develop basic planning and management skills among the 2nd ANMs so that they can prioritise activities, handle multiple tasks and utilize existing opportunities.
- ❖ Superiors need to ensure the use of attained skill by the workers.

- ❖ Health managers and supervisors should monitor individual performances at frequent intervals (at least monthly) and recognise good work done by the 2nd ANMs.
- ❖ Induction training must be made mandatory for all 2nd ANMs.
- ❖ Periodical / refresher training need to be imparted on core skills.

Recommendations

The results revealed the factors affecting the performance of 2nd ANMs. These factors need to be addressed over a period of time (5-10 years) to ensure gradual sustainable progress in improving the performance of 2nd ANMs within a changing health environment. The table presents a framework for developing and improving performance of 2nd ANMs. The framework proposes broad areas to be addressed with possible strategies that could be implemented or adapted according to needs of the region and healthcare centres.

The framework consists of activities related to advocacy: strengthening of knowledge and expertise, development of leadership and management skills, development of mechanisms for enhancing and improving performance, including skills for performance management; generation of information and knowledge through information systems and research on the nursing profession.

The following are important issues when considering implementation of the proposed strategies listed in the framework:

- What strategies and activities are most likely to succeed or have an impact?
- Are the human and financial resources available for implementation?
- What should be implemented in the immediate term (1 year), medium term (2-5 years) and long term (5+ years)?
- How can other partners be mobilised to contribute?

Following is the performance management strategic framework for developing and improving performance of 2nd ANMs.

Key Result Area (KRA)	Strategies
Enhancement and development of the nursing profession	Advocacy and awareness campaigns for recognition of ANM profession Development of tools and marketing materials for advocacy and marketing of the nursing profession Strengthening relationships with relevant professional bodies, unions or associations
Building knowledge and expertise	Enhancing continuous professional development of 2nd ANMs Strengthening in-service training programmes Development of skills development programme Development of short courses to address the skill gap.
Development of mechanisms for enhancing the performance of health workers.	Development of nursing care indicators Development of nursing skills for performance appraisal Development of supervisory and feedback skills Development of motivation strategy (include aspects such as recognition, incentives, career path development, working conditions) Advocate for increasing the number of 2nd ANMs
Development of leadership and management capacity	Developing a plan for leadership and management capacity Management competencies and skills development courses Improvement of communication processes
Research, information and evaluation	Development of a comprehensive research agenda Strengthening of research capacity and skills building courses Mobilisation of financial resources for conducting research by 2nd ANMs within their sub centres Definition of indicators for monitoring progress of nursing development in AP

A performance innovation framework for the NRHM mandated 2nd ANMs in Andhra Pradesh

Serial#	Strategies	Activities	Expected outcome
1	Job orientation training for three to five days	<p>A series of one-day training of trainers (ToT) program shall be conducted for CHNC SPHOs at IIHFW.</p> <p>All recruited 2nd ANMs shall be imparted a three-day job orientation training in their respective cluster areas.</p> <p>An impact assessment exercise shall be undertaken by IIHFW</p>	<p>Every 2nd ANM shall clearly know about her primary and secondary roles, duties and responsibilities.</p> <p>She shall attempt to link her performance with the NRHM targets.</p> <p>She shall enjoy an enriched, focused and target-oriented job profile.</p>
2	Strict enforcement of her availability at headquarters	<p>An informative circular shall be disseminated to every 2nd ANM wherein research-based evidence and professional logic shall be delineated in favour of the 2nd ANMs availability at headquarters.</p> <p>Any PHC MO or 1st ANM who notices the unavailability of the 2nd ANM at headquarters should immediately report the same to the DM&HO followed by prompt disciplinary action as specified in the relevant GO.</p>	<p>The 2nd ANM shall be available round-the-clock and immediately accessible, especially to her superiors and visiting authorities.</p> <p>The 2nd ANM shall save a lot of time, money, energy and commuting hassles.</p>
3	A performance-based appraisal system (PBAS) including nursing performance indicators	<p>A specially constituted working group shall be formed with diverse representation from relevant stakeholders including state nursing council and CHFV with the express purpose of formulating a performance-based appraisal</p>	<p>The 2nd ANM shall be motivated to pick-up as many NPI points as possible for the year through focus on the PBAS.</p> <p>A strategic PBAS shall directly align the daily work</p>

Serial#	Strategies	Activities	Expected outcome
	(NPI)	<p>system.</p> <p>Quantifiable nursing performance indicators (NPI) shall be prepared as the nucleus of PBAS in order to set an objective performance score for every 2nd ANM in her annual performance appraisal.</p> <p>Both PBAS and NPI shall be finalized after due consultations with 2nd ANMs and her superiors before being executed.</p>	<p>of the 2nd ANMs with departmental objectives and NRHM goals.</p> <p>NPI points shall introduce an element of competitiveness among the 2nd ANMs in their respective CHNCs.</p>
4	Standardisation of a monthly subcentre situational assessment report (SAR) at sub centre level	<p>All existing data-compilation formats shall be reviewed and merged into a consolidated but summarized situational assessment report at the sub centre.</p> <p>A pilot project shall be conducted in one high focus district, one plains district and one tribal district to ascertain its value.</p> <p>The findings of the pilot project shall help to upgrade the sub centre situational assessment report which can be rendered mandatory throughout the state through a circular.</p>	<p>The 2nd ANM shall be saved of data-compilation troubles, resulting in a lot of time becoming available for diagnostic and curative healthcare activities.</p> <p>The 2nd ANM shall gradually improve her data-compilation and report-submission skills with the aid of a simplified and standardized SAR.</p> <p>Such a SAR shall help the 2nd ANM supervisors, especially PHC MO, CHNC SPHO and DMHO, to make a quick reading of the latest progress in the concerned sub centre.</p>
5	Submission of annual village health action plans	A set of guidelines shall be devised for the preparation of annual village health action plan by the 2 nd ANM.	The 2 nd ANM shall be sure about expectations from her for the year and be able to accordingly

Serial#	Strategies	Activities	Expected outcome
		<p>The CHNC community health officer (CHO) shall be formally anointed as her guide to prepare the plan.</p> <p>Such a plan shall be reviewed, corrected and endorsed by both the DMHO and the CHNC SPHO.</p>	<p>focus on execution of the plan.</p> <p>The 2nd ANM shall herself be able to check her progress on the job.</p> <p>The 2nd ANM shall be enabled to proactively identify issues negatively affecting the execution of the plan and discuss and sort out the same with the aid of her superiors.</p>
6	Review of her job chart	<p>A revised job chart shall be prepared with clear-cut demarcation of her roles, duties and responsibilities well-defined on paper.</p> <p>The revised job chart shall be thoroughly explained to her immediate superiors.</p> <p>These superiors shall in turn personally brief every 2nd ANM about the revised job chart.</p>	<p>The 2nd ANM shall not suffer from role stress and role conflict.</p> <p>The 2nd ANM shall prioritize her tasks and commitments.</p>
7	Facilitation of village-level intersectoral convergence	<p>A new set of working guidelines shall be devised exclusively for village-level intersectoral convergence wherein the duties and responsibilities will be shared between the ANM, AWW and ASHA.</p> <p>An exclusive monthly performance format shall be prepared to explain the ongoing progress on this front.</p> <p>The CHNC SPHO shall conduct a monthly review meet</p>	<p>The core areas of village-level intersectoral convergence shall be focused on by the 2nd ANM in a concerted and meticulous manner.</p> <p>There shall be rich scope for energetic and frequent exchange of views and information on various concerns and issues related to intersectoral convergence between the ANM,</p>

Serial#	Strategies	Activities	Expected outcome
		<p>on intersectoral convergence in the presence of a few representatives from the village-level MCH committees and offer fresh direction and suggestions for the improved working of these MCH committees in the concerned CHNC.</p>	<p>AWW and ASHA. There shall be no duplication of efforts, time and energy with regard to village public health.</p>
8	Focus on specific health intervention programs	<p>A booklet shall be published in Telugu to raise the awareness of the 2nd ANMs about all NRHM mandated health intervention programs. A special briefing session shall be arranged by every CHNC SPHO on the NRHM agenda for the 2nd ANMs. Every 2nd ANM shall be instructed to include her work alignment with the NRHM goals and targets with the aid of a specially prepared framework.</p>	<p>The 2nd ANM shall be a flagship bearer of the NRHM agenda. The 2nd ANM shall be in a position to disseminate to the wider village community about the NRHM benefits and expectations. The 2nd ANM shall be able to offer data on the NRHM implementation progress in both quantitative and qualitative terms.</p>
9	Training program on supportive supervision and constructive feedback for her Supervisors	<p>A special one-day training program on supportive supervision and constructive feedback shall be conceptualized for the benefit of PHC MOs, MPHA (M) and 1st ANM. This training program shall be organized by every CHNC SPHO. A quarterly feedback collection format shall be distributed to every 2nd ANM to know in detail about the quality and</p>	<p>The 2nd ANM shall heavily benefit from enhanced feedback and facilitative supervision done by her superiors in terms of encouragement, counselling, coaching and mentoring. The 2nd ANM shall be motivated to undertake more self appraisal of her performance while reporting to her superiors. The 2nd ANM shall herself learn these aspects</p>

Serial#	Strategies	Activities	Expected outcome
		tenor of supervision and feedback offered by her superiors who have been trained on the same.	from her superiors in action and be able to offer similar support and guidance to the AWW and ASHA in her jurisdiction.
10	Provision of essential infrastructural facilities	<p>Provision of partition for privacy of visiting patients shall be made urgently across the whole state.</p> <p>Cupboards to keep equipments, records and reports in lock and key shall be immediately supplied to all the sub centres.</p> <p>Every sub centre shall be requisitioned to furnish the latest inventory position and also provide an indent for immediately required infrastructural facilities.</p>	<p>The 2nd ANM shall be able to treat every visiting patient with an air of privacy and confidentiality.</p> <p>The 2nd ANM shall herself enjoy her own small private work space while dealing with the visiting patients.</p> <p>The 2nd ANM shall be able to assess her infrastructural requirements.</p>
11	Availability of civic amenities	<p>Potable water along with hand-washing facility shall be arranged for both the employees and the visiting patients at the sub centre.</p> <p>Provision of a toilet with sufficient water shall be constructed close to the sub centre or arranged at a nearby house.</p> <p>Minimal provision of electric supply, garbage disposal, sewerage and drainage amenities shall be arranged for every sub centre.</p>	<p>The 2nd ANM shall be able to smoothly discharge all her daily duties.</p> <p>The 2nd ANM shall be able to enjoy basic dignity and human freedom while at work.</p> <p>The 2nd ANM shall work without fear or tension about routine hindrances to her duty.</p>
12	Regular supply of pre-	Every IEC resource supplied to sub centre shall be	The 2 nd ANM shall be in a position to undertake

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	tested IEC resources to every subcentre	<p>assessed by the 2nd ANM before she decides about when & how to display or disseminate the same at her work place or in the village.</p> <p>The local opinion makers & decision makers shall be consulted by the 2nd ANM regarding their IEC resource requirements so that she can convey the same to her higher ups.</p> <p>The 2nd ANMs shall offer their own suggestions and comments about decentralized and customized supply of IEC resources.</p>	<p>focused NRHM-related dissemination with the help of amply available and community-friendly IEC resources.</p> <p>The 2nd ANM shall be able to understand the expectations regarding health education & behaviour change communication from the prominent local aids.</p> <p>The 2nd ANM shall enjoy a sense of ownership over the utilized IEC resources.</p>
13	Refresher training on clinical subjects	<p>All the 2nd ANMs shall be provided refresher training of one-day each at her CHNC on the core clinical subjects of routine immunization, skilled birth attendance and IMNCI</p> <p>Condensed Telugu booklets on these clinical subjects shall be supplied to every 2nd ANM for her ready reference.</p> <p>The updated developments relevant to her core clinical areas shall be shared with the 2nd ANMs by the PHC MOs in their monthly review meets.</p>	<p>The 2nd ANMs shall be able to make informed decisions while treating her patients.</p> <p>The 2nd ANMs diagnostic healthcare skills shall be boosted.</p> <p>The 2nd ANMs shall share the latest trends with regard to healthy habits with her visiting patients.</p>
14	Review of data- compilation formats	<p>All the existing data-compilation formats supplied by the DM&HO, the CHFW and the PHC shall be critically relooked at.</p>	<p>The 2nd ANM shall save a lot of time, effort and energy.</p> <p>The 2nd ANM shall be herself able to make</p>

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		<p>Some cumbersome, time-consuming and incomprehensible formats shall be done away with.</p> <p>A single, reader-friendly and comprehensible data-compilation format shall be conceptualized and tested in a pilot intervention before finalizing the same and adopting it as a substitute to all the existing formats.</p>	<p>revisions to this single format in the pilot intervention.</p> <p>The 2nd ANM shall be motivated to fill-up the single format with accurate and well-compiled data.</p>
15	Motivational incentives	<p>The existing non-financial incentives shall be offered promptly.</p> <p>Every DM&HO shall be authorized to devise a flexible set of non-financial incentives based on the ground realities and situational requirements.</p> <p>A set of merit-based performance criteria shall be devised for the DM&HO and CHNC to determine those 2nd ANMs who are eligible for motivational incentives.</p>	<p>A sense of competition shall be injected into every working 2nd ANM.</p> <p>The sense of discrimination and bias that many 2nd ANMs tend to suffer from shall be substantially reduced.</p> <p>Those 2nd ANMs who are higher beneficiaries of incentives shall serve as positive role models to others in their fraternity.</p>
16	Strict monitoring of every private ANM training school	<p>A district-level monitoring and inspection committee shall be constituted by the DM&HO in consultation with the state nursing council in order to undertake surprise and random inspections on the running private ANM training schools.</p> <p>Performance grades shall be assigned to all the ANM training schools in the state.</p> <p>Those private ANM training schools which offer miserable</p>	<p>The ANM pass outs shall show minimal confidence in her conceptual learning and clinical training.</p> <p>Every under-performing private ANM training school shall seek to improve its overall state of affairs due to the fear of potential de-recognition.</p> <p>All the private ANM training schools shall work</p>

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		standards of training shall be forced to shut down by the state nursing council through de-recognition of the same.	hard on their teaching, learning, infrastructure and governance to enhance their existing performance grade.
17	A clear reporting relationship with male health assistant	<p>A code of collaborative conduct shall be framed to govern the nature of cooperation and collaboration between the 2nd ANM and the male health assistant.</p> <p>A mechanism shall be devised by which both the 2nd ANM and the male health assistant are together responsible for particular healthcare interventions and outcomes.</p> <p>The CHNC SPHO shall utilize the monthly review meets to collect more feedback about the challenges inherent in collaborative work between both.</p>	<p>The 2nd ANMs performance graph shall be dramatically boosted once the terms of her reporting relationship with the male health assistant become well defined.</p> <p>The 2nd ANMs role stress, role conflict and role ambiguity shall be substantially reduced.</p> <p>Many pinpricks in the working relationship between the 2nd ANM and the male health assistant shall be resolved.</p>
18	An exclusive professional development course (PDC)	<p>A search for a suitable sponsor, be it UNICEF or WHO or any other multi-lateral organization, shall be conducted in order to sponsor a short-term PDC for first and 2nd ANMs.</p> <p>This exclusive PDC can focus on public health, health sector reforms and management akin to the European Commission launched PDC for medical officers.</p>	<p>The 2nd ANM shall inculcate basic leadership, communication and administrative skills.</p> <p>The 2nd ANM shall realize the significance of soft skills and work hard on the same at her work place.</p> <p>The 2nd ANM shall be motivated to undertake</p>

Serial#	Strategies	Activities	Expected outcome
		Such a PDC should be rendered mandatory for further promotion to the ANM.	continuous professional and skill development.
19	A 360 ⁰ feedback collection mechanism	<p>The DM&HO shall keep in touch with the micro issues affecting 2nd ANMs through an information technology tool facilitated instant feedback collection from the 2nd ANMs.</p> <p>The periodical gram panchayat meet shall be utilised as a forum to obtain detailed comments, suggestions, ideas and opinions from the wider village community in relation to the quality of work done by the 2nd ANM.</p> <p>The monthly review meets conducted by the DM&HO with CHNC SPHOs and PHC MOs shall be depended upon as a valuable feedback collection forum to know more about the monthly progress in the target fulfilment of the 2nd ANMs</p>	<p>The 2nd ANM shall obtain a wide spectrum of feedback, be it appreciative or constructive or destructive, from her superiors, her visiting patients and their kith and kin.</p> <p>The 2nd ANM shall respond promptly to the meticulous feedback and thereby provide higher quality of healthcare to her patients.</p> <p>The 2nd ANM shall always be on her toes as she shall be apprehensive of negative comments forthcoming from various feedback channels.</p>
20	Timely payment of salary	<p>An exclusive salary account shall be opened by every 2nd ANM for her consolidated monthly salary to be directly credited by the concerned authority.</p> <p>All her salary arrears shall be immediately disbursed through the CHNC SPHO who can draw the same from his/her common CHNC budget since it is easier to connect to the much less strength of the SPHOs.</p>	<p>The 2nd ANM shall no longer suffer from uncertainty regarding her monthly salary payment.</p> <p>The 2nd ANMs salary account shall be beneficial in several other ways.</p>

Conclusion

Adequate floor area in the sub centre was a facilitating factor for immunisation, antenatal check-up and family planning. Where a confidentiality element was attached with the service, adequate floor area alone was not enough to influence the coverage. Availability of private space for case examination supported good coverage of those services. However, adequate floor area is also required to be there to make private space available. Spending much time in data keeping and reporting was a constraint for the 2nd ANMs. Maintenance of registers did not facilitate better performance; rather it increased the burden of data keeping. Multiplicity and lengthiness of reporting formats were also contributory to the load of paper-work. Planning and management strategies, based on utilisation of existing opportunities and techniques to cope with multi-tasking, were positive determinants of 2nd ANMs performance. Management skill at the sub centre level can be a useful area for intervention to improve performance. Monitoring by individual performance and recognition of good work also helped to get better service coverage from the 2nd ANMs.

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