

# AAA Platform

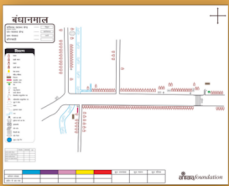
## BACKGROUND

The foundation of India's rural healthcare system is built around the Auxiliary Nurse Midwife (ANM), the Accredited Social Health Activist (ASHA), the Anganwadi Worker (AWW), collectively known as AAA. Under the Ayushman Bharat, a new cadre of non-physician health workers called Community Health Officers (CHOs) have also been introduced, bringing technical expertise to assist the AAA in facilitating efficient healthcare service delivery.

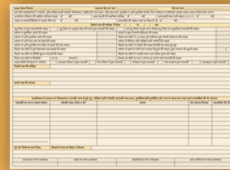
Community Health Workers (CHWs) are providers of critical primary health services in rural areas where approximately 65% of India's population resides.<sup>1</sup> The AWW reports to the Women and Child Development Department under the Integrated Child Development Services (ICDS), and the ASHA, the ANM and the CHO to the Health Department.

This process of recording and reporting the details of the same beneficiaries by different stakeholders leads to unsynchronised record-keeping and a lack of comprehensive data on the population's health status. Additionally, working in silos means that CHWs do not collaboratively plan out services or share information. Studies have shown that a coordinated CHW team has increased accountability and improved service delivery to beneficiaries, particularly in counselling pregnant women and new mothers.<sup>2,3</sup> Clarity among the AAA about their roles and responsibilities along the continuum of care ensures better health for mothers and children.

## INTERVENTION TOOLS



**Village map-** The village map serves as a visual tool for timely identification of beneficiaries for efficient outcomes in maternal and child healthcare.



**Minutes of the meeting (MOM) for AAA meeting-** AAA Minutes of Meeting is a tool created to share, document, review and plan key learnings and activities during the VHND after the AAA meeting.



**Joint reporting tool-** This tool helps AAA synchronize beneficiary data in their respective records. The AAA fill this tool after the AAA Platform meeting and use it to then populate the their individual record-keeping tools.



**AAA monitoring checklist-** The Antara Foundation has provided a AAA checklist tool which supervisors fill after the AAA meeting, recording the activities undertaken and beneficiaries identified to ensure that the quality of the meetings is monitored.

The CHO and the ANM function as a unit to provide immunization and health services.



The ASHA acts as the village health mobiliser.



The Anganwadi Worker provides early childhood education and nutrition in a village.



## INTERVENTION IN NUMBERS

CHWs trained on AAA platform

8000+

AAA meetings conducted regularly

70%

villages mapped

5800+

AAA meetings recorded

7000+

1 "Rural Population (% of Total Population) - India," Data, accessed November 17, 2022, [https://data.worldbank.org/indicator/SP.RUR.TOTL.ZS?locations=IN&most\\_recent\\_year\\_desc=false](https://data.worldbank.org/indicator/SP.RUR.TOTL.ZS?locations=IN&most_recent_year_desc=false).

2 Suzan L Carmichael et al., "Effects of Team-Based Goals and Non-Monetary Incentives on Front-Line Health Worker Performance and Maternal Health Behaviours: A Cluster Randomised Controlled Trial in Bihar, India," *BMJ Global Health* 4, no. 4 (August 2019): e001146, <https://doi.org/10.1136/bmjgh-2018-001146>.

3 Mukesh Hamal et al., "How Does Social Accountability Contribute to Better Maternal Health Outcomes? A Qualitative Study on Perceived Changes with Government and Civil Society Actors in Gujarat, India," *BMC Health Services Research* 18, no. 1 (December 2018): 653, <https://doi.org/10.1186/s12913-018-3453-7>.

## HOW IT WORKS

The AAA Platform builds on the idea that collaboration between multiple service providers is key to better healthcare outcomes. The intervention provides the three CHWs a platform to come together to plan their work and resolve health related issues in the village that are difficult to deal with individually. Planning services collaboratively helps improve the health status of the villages, particularly of mothers and their children, by ensuring that every mother and every child receives comprehensive services. Through this intervention, TAF equips CHWs with the tools and skills needed to meet regularly and plan service delivery to beneficiaries, prioritizing those at highest risk. The goal of these meetings is to motivate the AAA team to better track their work for improved maternal and child health outcomes.

**The intervention begins with a preparatory phase where the CHWs create a common beneficiary database through the following activities:**



### 01 Village Walk and Drawing the Map

The first activity that the CHWs undertake is to create a team of 5-6 influential members of the village like the Sarpanch, Panchayat members, teachers, elders, CHO etc. The AAA along with this team proceed to conduct a village walk, plotting all the households in the area onto a village map. The hand-drawn map is digitized, printed and then wall-mounted at the Anganwadi Centre.

Undertaking the village mapping is often the first time the ANM, the ASHA and the AWW collaborate and build a mutual understanding of the beneficiaries under their care.

### 02 Synchronisation of data

Once village mapping is complete, the ASHA, the ANM and the AWW synchronise their registers to have a common dataset of beneficiaries and households. Synchronisation begins in the form of numbering the houses to ensure a common database and easier identification of beneficiaries. The registers are then regularly updated during AAA platform meetings.

This is important for ensuring that no beneficiaries are left out of any service register.



### 03 Identification of beneficiaries

In the last step of the Preparatory phase, CHWs are encouraged to engage in discussions on the map and mark household numbers on it, identifying those with high-risk beneficiaries. These houses are highlighted with colour coded dots or bindis.

A map with those mothers and children at the highest risk highlighted with bindis, serves as a visual aid to the AAA to prioritize service delivery to these beneficiaries.

**These houses are highlighted with colour coded dots (or bindis) as follows:**

- Blue for pregnant women
- Purple for a high-risk pregnancy
- Pink for new-born (0 to 42 days) and lactating mothers
- Yellow denotes underweight / moderately malnourished children (MAM)
- Red denotes severely underweight / severely malnourished children (SAM)

Following the preparatory phase, the CHWs begin conducting the AAA meetings:

### 01 Review

Prior to the monthly Village Health and Nutrition Day (VHND), where children are immunized and pregnant women receive their check-ups and medication, the AAA make a list of beneficiaries who are due to receive services. These beneficiaries and their needs are addressed on the basis of the due-list and their status on the village map during the VHND. After the VHND is over, the AAA sit together updating the map with new beneficiary information by adding/removing bindis.

This step helps the AAA record and discuss the beneficiaries who were absent and how they can be provided the services they missed.



### 02 Plan

Once the AAA finish reviewing all beneficiaries, they create the beneficiary due list for the next VHND/ Immunization Day. They also use the map to identify prioritized home visits during crucial periods for high-risk beneficiaries.

At the end of this exercise, the AAA will not only have a day-wise list of the houses to visit, but also a detailed plan of what services they need to provide.



### 03 Peer Learning

During the AAA meeting after the VHND, the AAA share their experiences of problem solving and management of difficult cases in service delivery. The CHO and supervisors attending the meeting also upskill the AAA, sharing knowledge on key maternal and child health related themes.

The meeting not only builds the CHWs' confidence and encourages peer learning among AAA, but also helps the CHO and supervisors to build the technical capacities of the AAA.



**The main goal of this intervention is to unleash the potential of the AAA by working together in a collaborative, supportive and coordinated manner to address health of mothers and children in India's villages.**

## LEARNINGS

#### ► The AAA platform enables effective microplanning for high-risk beneficiaries

A regularly updated village map aids the AAA in microplanning and reviewing health service delivery for the village/block through quick identification of beneficiaries and further expanding the reach of the intervention. Absence of systematic tools and comprehensive data, causes delays in the process of identification of high-risk patients and facilitation of healthcare service delivery, compromising the quality of care.

#### ► The AAA meetings during every VHND ensures consistency through joint reporting tools

The AAA meeting held at the end of every VHND/MCHN day ensures consistency through common data reporting tools. Traditionally the AWW makes note of the beneficiary in the respective register (Registers 1-11) and ASHA in her ASHA diary. The ANM uses the RCH Portal and the ANMOL app, designed for early identification of beneficiaries and, providing them support through maternal and child healthcare schemes/programme. As part of the AAA Platform, they now first fill a joint reporting sheet which has been found to reduce data discrepancies and makes it easier to fill individual registers.

#### ► The AAA platform helps in capacity building among the AAA

The AAA Platform is designed as an opportunity to increase knowledge among the four CHWs in their individual domains through peer learning, thereby improving their skill set. ASHAs and AWWs have benefited from gaining technical learnings from ANMs and CHOs. Similarly, the AAA have become better at troubleshooting by learning from each other's experiences.