



A Survey on Health Workers to Monitor Nutrition among Women and Children

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ABSTRACT

India's Auxiliary Nurse Midwives (ANMs) are village-level female health workers who provide essential primary care services to pregnant women, mothers and newborn children. ANMs cater to populations of 3,000-5,000 people, and their work mainly involves providing primary healthcare services for maternal and child health, family planning, nutrition and immunization programmes. Another extremely important part of the job is collecting healthcare data. ANMs capture around 200 key indicators related to health, nutrition and immunization of pregnant women, mothers and newborn children in their paper registers. Like many other ANMs, it handles more than one village, and on an average day carries 12-15 separate registers to record key data indicators while on the go. The proposed new application is helping them log healthcare data.

1. INTRODUCTION

India's Auxiliary Nurse Midwives (ANMs) are village-level female health workers who provide essential primary care services to pregnant women, mothers and newborn children. ANMs cater to populations of 3,000-5,000 people, and their work mainly involves providing primary healthcare services for maternal and child health, family planning, nutrition and immunization programmes. Another extremely important part of the job is collecting healthcare data. ANMs capture around 200 key indicators related to health, nutrition and immunization of pregnant women, mothers and newborn children in their paper registers. Like many other ANMs, it handles more than one village, and on an average day carries 12-15 separate registers to record key data indicators while on the go. The

proposed new application is helping them log healthcare data.

2. LITERATURE SURVEY

Title: Impact of Maternal Education about Complementary Feeding on Their Infants' Nutritional Outcomes in Low- and Middle-income Households:

Author Names: Ali Faisal Saleem, Sadia Mahmud, Naila Baig-Ansari, and Anita K.M. Zaidi

Description: This cluster-randomized interventional trial at peri-urban settings of Karachi was conducted to evaluate the impact of maternal educational messages regarding appropriate complementary feeding (CF) on the nutritional status of their infants after 30 weeks of educational interventions delivered by trained community health workers. Mothers in the

intervention group received three education modules about breastfeeding (BF) and appropriate CF at a baseline visit and two subsequent visits 10 weeks apart. The control group received advice about BF according to national guidelines. Infants' growth [weight, length, and mid-upper arm-circumference (MUAC), stunting, wasting, and underweight] were measured at four time points.

Title: Nutrition education training of health workers and other field staff to support chronically deprived communities

Author Names: T A Calderon

Description: This paper focuses on the provision of adequate training in nutrition education to health and other community development workers for their improved performance and achievement. The difficulties encountered and special care needed when dealing with low-income, chronically deprived communities are raised. A brief analysis of past and present trends in nutrition education is presented to show the progress made from restricted, authoritative and not very successful proposals to more comprehensive and participatory approaches. The need to train and update regional and field-level personnel on the new approaches, theories and models offered by nutrition education is highlighted, but the scant availability of resources for training activities may be a great limitation for this undertaking. The contribution of educational, social, psychological and communication sciences, as well as marketing, in improving and broadening the performance of health and nutrition education is recognised. Some successful nutrition education projects, implemented in different regions, using various approaches

3. PROBLEM STATEMENT

In the Existing System ANM's have to carry many registers while working in the field and we end up doing double the work that is required once — the entry in registers and then finally, entry in the central server. "The work of manually copying the data from one register to another also takes up a lot of time. The amount of time they spend in maintaining these registries could be used more judiciously. Manually updating the data carries the additional risk of

information being entered incorrectly and getting corrupted

3.1 DRAWBACKS

The work of manually copying the data from one register to another also takes up a lot of time. The amount of time they spend in maintaining these registries could be used more judiciously. Manually updating the data carries the additional risk of information being entered incorrectly and getting corrupted

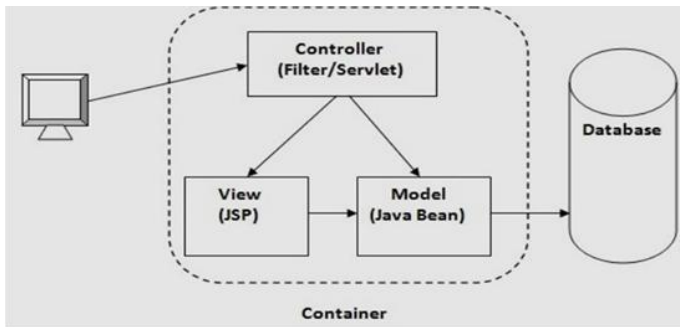
4. PROPOSED SYSTEM

Bringing ANMs online In an effort to improve data collection and the overall standards of child and maternal health service provision in India, the Ministry of Health and Family Welfare, we are introducing an web-based application to help ANMs. ANMOL or ANM Online is a solution that aims to bring better healthcare services to millions of pregnant women, mothers and newborns in India. The application ends drudgery and repetitive processes for ANMs by making their work paperless. They are able to use the tablets to enter and update the service records of beneficiaries on a real time basis, ensuring prompt data entry and updates. Since it is a completely digitized process, the high quality of the data and accountability is maintained.

All of the data that ANMs put into the application gets updated automatically in the central server. ANMOL is aimed at improving the quality, effectiveness and timeliness of the delivery of quality services, specifically to rural populations, to ensure better healthcare for women and children. The application aims at bringing awareness to the remotest populations, underserved communities and urban slums and through images and videos, and educating them about initiatives on health, maintenance of good hygiene, basic health care and precautions." In addition to data collection, the applications have a number of other key functions. They complement ANMs' roles as counselors by providing readily available information about newborns, pregnant women and mothers in their areas. ANMs can also use pre-loaded audio and video files on ANMOL to counsel women and couples on subjects like high-risk pregnancies, immunization and family planning. The

tablets maintain an auto-generated list of pending tasks as well.

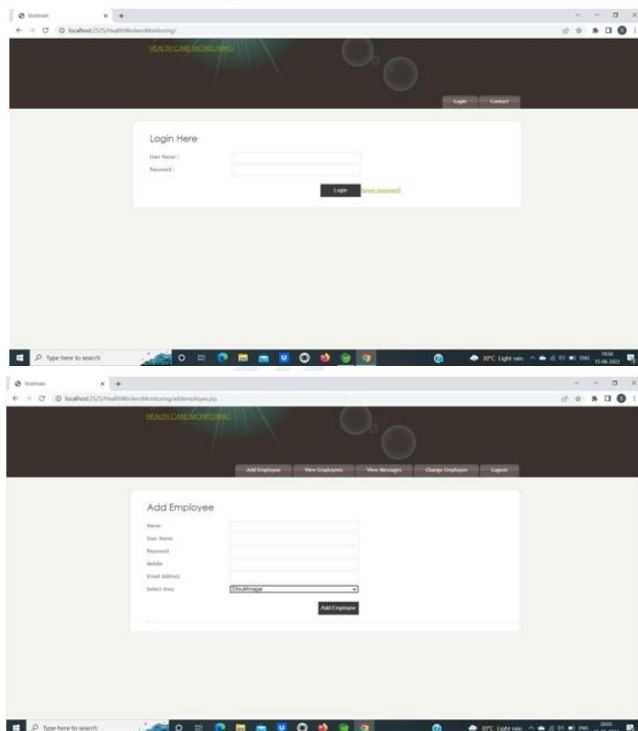
5. ARCHITECTURE



6. IMPLEMENTATION

MVC stands for Model View and Controller. It is a design pattern that separates the business logic, presentation logic and data.

- MVC Structure has the following three parts:
- Controller acts as an interface between View and Model. Controller intercepts all the incoming requests.
- Model represents the state of the application i.e. data. It can also have business logic.
- View represents the presentation i.e. UI (User Interface).



7. CONCLUSION

It saves a lot of time. Job has become very easy since I started using it. Now it can solve the entire problem. Use ANMOL to make better connections with the people in the village and understand their problems better by talking to them. A constant guiding support that helps to overcome day-to-day issues. The application will help implement health programmes successfully at the grassroots level. The application ends drudgery and repetitive processes for ANMs by making their work paperless.

Conflict of interest statement

Authors declare that they do not have any conflict of interest.

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