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LAST MILE SERVICE  
Delivery Strengthened  
by

# ANM Rationalization at Sub-Centres

## Introduction

Auxiliary Nurse Midwives (ANMs) form the backbone of primary healthcare delivery in Uttar Pradesh, providing critical services such as maternal and child health, immunization, family planning, health education, and basic curative care at the community level. In 2023–24, around 34,000 ANMs were posted across nearly 25,500 sub-centres. To ensure equitable distribution of ANMs and improve the accessibility of health services at Sub Centres, the Government of Uttar Pradesh (GoUP), with technical support from the Uttar Pradesh Technical Support Unit (UP-TSU), undertook a rationalization of ANM deployment. Leveraging Manav Sampada, the state's electronic Human Resource Management System (e-HRMS), workforce data was systematically tracked and analyzed to guide redeployment and fill vacancies. This exercise aimed to ensure fair and efficient deployment of both regular and contractual ANMs at Sub Centres, thereby strengthening maternal and child health services, particularly in underserved areas.

## Deployment Inequities Affecting Primary Healthcare

In 2023, analysis of e-HRMS data highlighted critical workforce challenges, with more than 10,000 sub-centres shown as vacant on the platform. While this data offered crucial insight into workforce gaps, such a high vacancy rate posed major obstacles to programmatic planning and the effective delivery of essential health services. Several patterns of irrational deployment were observed:





### Unequal distribution across sub-centres

3,540 sub-centres had more than one ANM, resulting in inequitable access to primary healthcare services.



### Overstaffing at higher-level facilities

749 Primary Health Centres (PHCs) and 462 Community Health Centres (CHCs) had more than one ANM posted.



### Posting at non-sanctioned administrative offices

In some districts, up to 36 ANMs were assigned to administrative offices instead of health facilities, creating gaps in service delivery.



### Overlapping deployment under NHM

16,892 regular ANMs and 11,361 contractual ANMs were simultaneously posted at SCs, leading to underutilization of trained human resources.

Inequities in ANM Deployment Across Sub Centres in Uttar Pradesh

## Objectives

The ANM rationalization process aimed to optimize the deployment of Auxiliary Nurse Midwives across Uttar Pradesh, ensuring that skilled personnel were strategically aligned with service delivery needs to improve access and quality of care.

## Key objectives included:



### Ensuring Equitable Distribution of ANMs

Promote balanced deployment of regular and contractual ANMs across all operational sub-centres based on population needs and service delivery priorities.



### Reducing Vacancies at Health Facilities

To address sub-centres without any posted ANM and fill these gaps through rational redistribution



### Maximizing Availability at Priority Locations

To redeploy ANMs from overstaffed or non-service delivery points (such as administrative offices) to priority sub-centres, particularly those offering maternal and child health services.



### Improving System-wide Efficiency and Accountability

Enhance workforce record accuracy in e-HRMS to support better planning, monitoring, and decision-making for human resources management

## ANM Deployment Rationalization Process

### 1. Data Collection and Gap Analysis

The ANM rationalization process began with systematic data collection and analysis to assess the existing workforce landscape. A master list of sub-centres was sourced from the UPKSK portal, and updated ANM posting data was extracted from the e-HRMS platform. This information was used to create a comprehensive district and block-wise dataset, mapping ANM availability across all sub-centres. The mapping facilitated the identification of vacant or understaffed sub-centres and comparison with sanctioned positions and classifying sub-centre as surplus, deficit, or vacant.

## 2. Scenario-Based Rationalization Strategy

Based on the gap analysis, a set of redeployment scenarios was developed to address uneven ANM distribution, guided by the deployment norm that mandates at least one ANM (regular or contractual) per functional sub-centre. Key scenarios included:

<p><b>a. Sub-centres with multiple Regular ANMs:</b> One Regular ANM was retained, and surplus regular ANMs were redeployed to vacant or understaffed sub-centres.</p>	<p><b>b. Sub-centres with one Regular and one Contractual ANM:</b> The Regular ANM was considered for redeployment, while the Contractual ANM remained at the sub-centre.</p>
<p><b>c. Sub-centres with multiple Contractual ANMs and no Regular ANM:</b> Only one Contractual ANM was retained; the others were redeployed to high-priority areas.</p>	<p><b>d. ANMs at non-service delivery points (e.g., CMO offices):</b> These ANMs were prioritized for redeployment to sub-centres, especially in blocks with significant service gaps.</p>

## 3. Implementation and Monitoring

Preliminary redeployment lists, based on the above scenarios, were shared with district Chief Medical Officers (CMOs) for ground-level validation and necessary feedback. Once verified, the final rationalization orders were issued by Directorate General of Family Welfare (DGFW). To institutionalize the process and ensure long-term compliance, a monthly review mechanism under DGFW was introduced, accompanied by a six-month tracking system to monitor the performance of redeployed ANMs. In parallel, districts were instructed to regularly update e-HRMS entries, ensuring that staffing data remained accurate and decisions could be made in real time.

# Outcomes: Impact of ANM Deployment Rationalization

## 1. Strengthening Service Delivery through ANM Deployment

The rationalization of ANMs across Sub Centres in Uttar Pradesh significantly improved ANM availability thereby strengthening maternal and child health services at the last mile.



**A) Workforce Availability:** The total number of ANMs at functional Sub-Centres increased from 19,630 in October 2023 to 28,253 in December 2024 (a 44% rise). This expansion ensured that nearly all operational Sub Centres were staffed with at least one ANM, correcting long-standing workforce gaps.

**B) Maternal and Child Health Services:** With ANMs deployed in previously vacant Sub Centres, access to essential services improved substantially.

**Antenatal Care (ANC):** ANC services increased from 93,267 in October 2023 to 1,08,836 in December 2024, with average ANC per Sub Centre ranging between 15 to 30.

**Immunization:** Monthly immunizations increased from 87,851 in October 2023 to 1,10,216 in December 2024 reflecting stronger outreach, community mobilization, and regular session holding by ANMs.

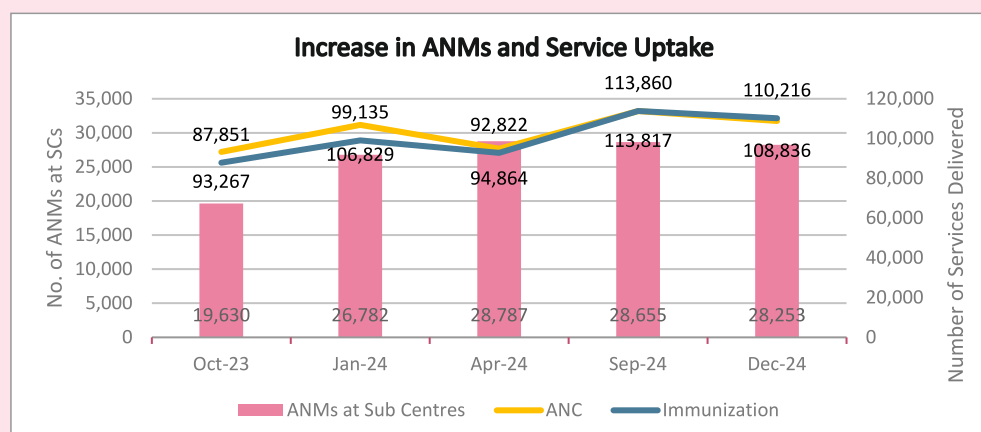


Figure 1. Impact of ANM Availability on Service Delivery at Sub Centres

**2. Reduction in Vacant Sub Centres:** Vacant Sub Centres reduced by over 90 percent, from 10,152 in October 2023 to just 926 in December 2024. With nearly all operational Sub Centres now staffed with at least one ANM, last-mile service delivery has become more effective.

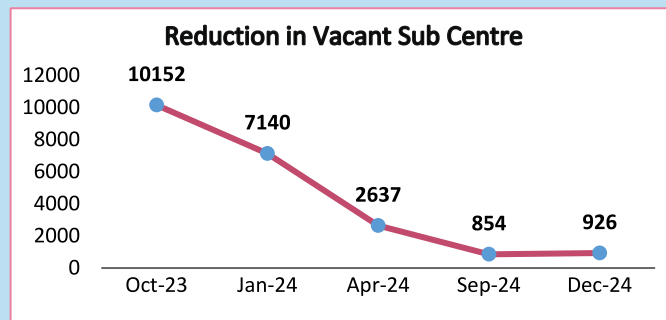


Figure 2. Reduction in Vacant Sub Centres

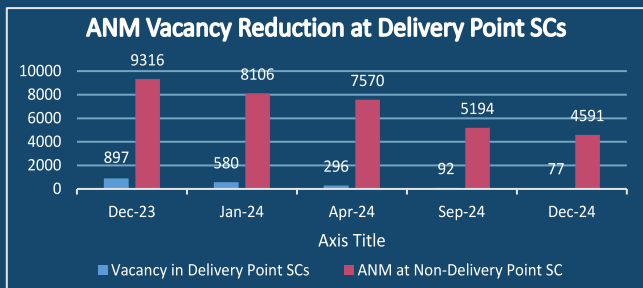


Figure 3: Delivery Point SC vacancies decreased by reallocating ANMs from Non-Delivery Point SCs

**3. Delivery Point Sub Centres Vacancy Reduced Subsequently:** Through reallocation of ANMs from overstuffed Non-Delivery Point Sub Centres to critical Delivery Point Sub Centres, vacancies Delivery Point Sub Centres were brought down by 91%, from 897 in Dec-23 to just 77 in Dec-24.

**4. Reduction in ANMs Posted at Administrative Offices -**

The number of ANMs posted at non-service delivery points such as CMO and DHS offices was cut by 93%, from 1,976 to 144. This realignment ensured that skilled health workers are actively deployed in point-of-care facilities.

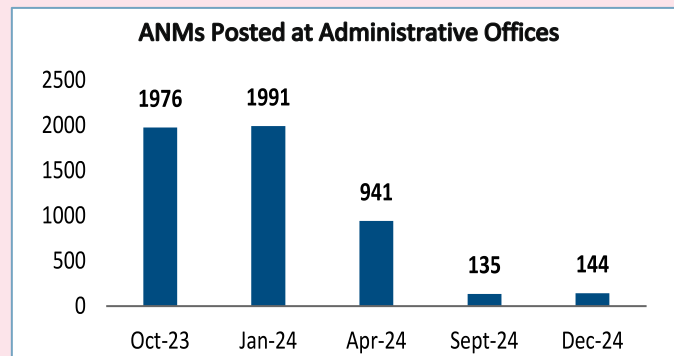


Figure 4: Number of ANMs posted at other offices (it includes CMO and DHS)

**5. Identification of Districts with Vacancies and ANM Adequacy:** The rationalization exercise conducted using e-HRMS data provided a granular view of ANM availability across all 75 districts. It revealed that vacant SCs in 47 districts could be effectively filled through optimal redeployment of existing ANMs, indicating that workforce distribution imbalances rather than absolute shortages were a key barrier in these areas. However, in 22 districts, vacant SCs could not be filled due to an actual deficit of ANMs, underscoring the need for recruitment.

Furthermore, this district-level insight supports evidence-based workforce planning, budgeting, and prioritization for future ANM recruitment cycle.

## Conclusion

The ANM rationalization in Uttar Pradesh shows that workforce distribution challenges can be effectively addressed through systematic use of digital HR data and redeployment strategies. By prioritizing equity in staffing, the state not only reduced vacancies but also established a sustainable framework for evidence-based workforce planning. This approach demonstrates that improving service delivery does not always require new recruitment, but can often be achieved by optimizing existing resources.