



# Situational Analysis of the Action to Improve Public Scheme Access and Delivery (AIPAD) Project

November 5, 2014

Sambodhi Research & Communications Pvt. Ltd.

## Acronyms

---

AIPAD	Action to Improve Public Scheme Access and Delivery
ANM	Auxiliary Nurse-cum-Midwife
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWW	Anganwadi Worker
CDPO	Child Development Project Officer
CMO	Chief Medical Officer
DHAP	District Health Action Plan
DPO	District Project Officer
FGD	Focus Group Discussion
FLW	Front Line Worker
HMIS	Health Management Information System
ICDS	Integrated Child Development Scheme
IDI	In-depth Interview
MDM	Mid-day Meal
NGO	Non-Government Organization
PHC	Primary Health Centre
PRI	Panchayat Raj Institution
RSBY	Rashtriya Swasthya Bima Yojana
SSA	Sarva Shiksha Abhiyan

## Executive Summary

---

The Action to Improve Public Scheme Access and Delivery (AIPAD) Project aims at improving the access of marginalized communities to health/sanitation, social security and education and strengthening the service delivery and accountability mechanisms related to public schemes and services in a sustainable manner and enhance utility of data management systems.

The AIPAD project is being implemented by the Nand and Jeet Khemka Foundation in partnership with the Nabha foundation and NIDAN. The project is funded by the European Union and targets 5 blocks of the district that have poor social, economic and infrastructural indicators.

A situation analysis was conducted provide an overview of the prevailing situation in the project catchment area. A purposive sampling technique was adopted for the study. A survey was conducted with the various stakeholders involved namely, the Government functionaries, PRI members and the beneficiaries (women, children, SC/ST, BPL, religious minorities) as part of the study employing a structured interview schedule and focus group discussions as the research instruments. Government functionaries, PRI members and beneficiaries were selected from all the blocks of the project area and the district to have an understanding of the overall situation prevailing in the project area. In all, 24 in-depth interviews and 3 focus group discussions were covered investigating status of the health, education and social security indicators in the various blocks of the project area. Several target groups were covered under the study depending upon the various schemes being studied.

The findings have been categorized as supply side and demand side findings. The impact on access to public schemes have been found to be an interplay of the five main challenges identified and discussed namely, systemic gaps, knowledge and capacity building gaps, inter-department coordination and coordination with panchayats and corruption and pilferage of resources. The demand side challenges have also been identified in knowledge and capacity building gaps, strength of the community based institutions, social and political challenges and organizing the community.

A cause-effect relationship have been established after a brainstorming session. The core problem identified is that of low uptake of public schemes by the socially vulnerable communities. The main causes for the same from the community perspective have been delineated as lack of capacity and awareness of the communities resultant of there low education and social exclusion, lack of interest/initiative because of complex government procedures, opportunity cost and negative past experiences, lack of decision-making and cultural and social issues. Top-down approaches of the government and exploitation by the middlemen have also been identified as key causes for this low uptake. The problem of low uptake leads to lower levels of sanitation, education, health with malnutrition, low immunization and high IMR and MMR; and vicious poverty.

The result chain of the project has been reviewed and the project impact pathways were studied. The described impact pathways sufficiently articulated the means to end causality of the project. Also, improving on providing information and education, coordination between FLWs, strengthening HMIS, trainings, organizing the community, phasing out

implementation have been proposed to be the key considerations whole implementing the project.

# Contents

I.	Acronyms .....	i
II.	Executive Summary.....	ii
III.	Introduction.....	7
	Objectives of the Situational Analysis.....	7
	Methodology .....	8
	Stakeholders covered under the study .....	10
IV.	The Project Area .....	11
	Physical and Administrative Infrastructure.....	13
	Land Utilisation (Ha).....	13
	Cultivators .....	14
	Households .....	14
	Distribution of Land Holding .....	14
	Population .....	14
	Caste composition .....	15
	Literacy Rate.....	15
	Health Infrastructure .....	17
	School infrastructure .....	17
	Nutritional status of children (0-6 year) .....	18
	Land Use Pattern.....	18
	Agriculture Land Use .....	19
	Major Field Crops Cultivated .....	19
V.	Stakeholders Perspectives.....	20
	Discussion with the CMO, Bhagalpur.....	20
	Discussion with the CDPO, Bhagalpur .....	21
	Discussion with the Health Manager, PHC, Pirpainti .....	22
	Discussion with BEO, Kahalgaon.....	23

Discussion with Chamaklall Singh, Block Resource Person, Kahalgaon .....	24
Discussion with Mr. Shivchandra Yadav, BEO, Jagdishpur .....	24
Panchayati Raj Institution (PRI) Representatives .....	26
Discussion with Mrs. Rubi Devi, Block Pramukh, Jagdishpur .....	26
Discussions with Mrs. Rajo Devi, Mukhiya, Baijanai, Jagdishpur .....	28
Discussions with Mr. Mohammad Kalamuddin, Mukhiya, Sanhoulla.....	28
Discussions with Mr. Manoj Mandal, Block Pramukh, .....	29
Discussions with Mrs. Nilima Devi, Mukhiya, Taradh, Sanhoulla .....	30
Service Delivery Facility/ Members.....	31
Discussions with Headmistress, Madhyamik Vidyalaya, Rasalpur .....	31
Discussion with the AWW .....	31
Discussion with ASHA.....	35
Discussion with Usha Devi, AWW, Baijnathpur Village, Shahkund .....	36
Discussion with Devta Mishra, ASHA, Baijnath Village, Shahkund.....	37
Discussion with Mrs. Pinki Kumari, ASHA, Pannuchak Mushahri Village .....	38
Discussion with Mrs. Savita Kumari Gupta, AWW, Pannuchak Mushahri Village, Kahalgaonn .....	39
Discussion with Ambuj, ASHA, Mahiyarna .....	41
Discussion with Maryu Devi, ASHA, Mahiyarna .....	41
Discussion with the Community, Channo village .....	43
Discussion with Community, Maksaspur, Baijani Gram Panchayat .....	46
Discussion with Community, Chandrapur Muslim Tola, Shahkund .....	47
Civil society organizations.....	48
Roles and Responsibilities of ASHA .....	49
Roles and Responsibilities of AWW .....	50
Role and responsibilities of Anganwadi Helpers.....	51
<b>VI. Situation Analysis: Findings.....</b>	<b>52</b>
Supply Side Challenges .....	52
Systemic Gaps .....	52
Knowledge and Capacity Building Gaps .....	53

Inter-department coordination and coordination with Panchayats.....	54
Corruption and pilferage of Resources .....	54
Social and Political Challenges in Delivery .....	55
Demand Side Challenges .....	56
Knowledge and Capacity Building Gaps .....	56
Strength of the Community Based Institutions.....	56
Social and Political Challenges.....	57
Organizing the Community .....	57
Cause-effect relationship .....	57
VII. Review of the Project Result Chain .....	59
VIII. Considerations for Implementation.....	62
SECTION A: GENERAL INFORMATION .....	74
SECTION B: PROVISIONS AND ENTITLEMENTS.....	74

---

## Introduction

---

The Action to Improve Public Scheme Access and Delivery (AIPAD) project aims at improving the access of marginalized communities to provisions and entitlements under government schemes in five blocks of Bhagalpur district, Bihar. The overarching objective of the intervention is to ensure equitable access to public schemes and services to enhance the wellbeing of citizens, especially the disadvantaged groups by using a participatory community based advocacy, monitoring and accountability models. Towards achievement of the overall objective, the project would strive for increasing uptake by eligible persons of public schemes, particularly disadvantaged communities, in health/sanitation, social security and education and strengthening the service delivery and accountability mechanisms related to public schemes and services in a sustainable manner and enhance the utility of data management systems.

The AIPAD project is being implemented by the Nand and Jeet Khemka Foundation in partnership with the Nabha foundation and NIDAN. The project is funded by the European Union and targets Jagdishpur, Sanhaulla, Kahalgaon, Pirpanti and Shahkund blocks of the district that have poor social, economic and infrastructural indicators. The project aims at the socially vulnerable groups especially women, girl children, religious minority communities, Scheduled Caste (SC), Scheduled Tribes (ST) and the financially weaker sections of the society (BPL). It also aims at working with the Government and supporting organizations to counter the challenges and bridge the gaps in access to the public schemes by these socially vulnerable groups.

Sambodhi Research and Communications Private Limited has been engaged by the Nand and Jeet Khemka Foundation to provide support to the project implementation. One of the objectives of this support was to conduct a rapid review of the Situation Analysis conducted during the project design phase. This report details the methodology adopted to undertake this exercise and the key findings of the situation analysis exercise.

### Objectives of the Situational Analysis

The broad objective of the study was to conduct a rapid situation analysis for the project so as to revisit the intervention logic. Specifically, the situational assessment aimed at:

- Ascertain stakeholder perspectives on the key issues in access to public schemes on health/sanitation, education and social security by the disadvantaged communities
- Conduct a situation analysis in view of the stakeholder consultations
- Review the project result-chain and suggest amendments, if any

## Methodology

A qualitative data collection approach was employed to conduct the situation analysis. The study was conducted with an aim to engage the key stakeholders and develop an understanding of the supply and demand side issues. Maximum variation sampling, also known as heterogeneous sampling, a purposive sampling technique was used to capture a wide range of perspectives from the various stakeholders. The basic principle behind using maximum variation sampling was to gain greater insights into a phenomenon by looking at it from all angles. This helped us to identify common themes that are evident across the sample. Two specific tools were developed to collate information from these key respondents, these were as follows:

- In depth interviews
- Focus group discussions

Initially, these tools were developed in English and later translated to Hindi so that the questions become easier for the respondent to understand. Special emphasis was laid on involving the key stakeholders (women, children, SC/ST, BPL and religious minority communities) in the study while conducting the focus group discussions.

Also, the key considerations while conducting the situational analysis were:

- The core problem identified during the design phase at this stage could only be revised or modified to a limited extent. The review of situation analysis therefore had to focus more on assessing, if the inputs, activities, outputs and outcomes would contribute to addressing the core problem
- It was critical to identify the key stakeholders and collate both supply and demand side issues/gaps that enable/inhibit the access to government schemes and entitlements of the target community
- Provide inputs on the appropriateness of the design and allocation of inputs

Six investigators were deployed in the field to collect the data for the situation analysis. In order to contain the researcher bias, a team of investigators with one from the Khemka Foundation, two from Sambodhi Research and Communications Pvt. Ltd and 3 from NIDAN were deployed in the field. The field work for data collection stretched for a span of 10 days (15th April to 19th April, 2014 and 10th September to 14th September, 2014).

The steps followed for the situational analysis are as follows:

### **Step I. Identification of the core problem:**

The core problem addressed by the project was discussed and finalized through a group exercise with the project implementation team. The core problem identified was 'that marginalized and the poor (SCs, STs, Minorities, Muslims and BPL) were not able to access government schemes and entitlements leading to differential levels of development.

### **Step II. Capturing stakeholder perspectives on key issues in access:**

To gather stakeholder perspective, key actors were first identified. The stakeholders identified encompassed supply side stakeholders, demand side stakeholders and dual role stakeholders. In depth discussions were held with these key stakeholders to develop understanding of their perspectives on supply and demand side challenges in access to services by the disadvantaged communities.

In-Depth Interview (IDI) guidelines were developed for anchoring these stakeholder consultations. These guidelines are presented in annex A. A Focus Group Discussion (FGD) was also conducted with the community, the same being anchored by a discussion guideline.

**Step III. Analyzing supply and demand side challenges:**

Based on the discussions with the key stakeholders, supply and demand side gaps and issues were delineated. Content analysis of the discussions was done so as to arrive at the critical challenges in access to services.

**Step IV. Reviewing the proposed results chain:**

The proposed results chain was then reviewed so as to reflect of the intervention logic. Further, the findings were synthesized as key considerations for project implementation.

## Stakeholders covered under the study

The situational analysis was undertaken in the selected blocks of the study district. The purpose of the interactions was to understand the prevailing situation through the eyes of these stakeholders, who at some point or other were the part of the implementation system. In addition to the interaction with the service delivery personnel, people from the community were also covered. The table below details the key stakeholders identified at the level of district and interviewed while conducting the situation analysis.

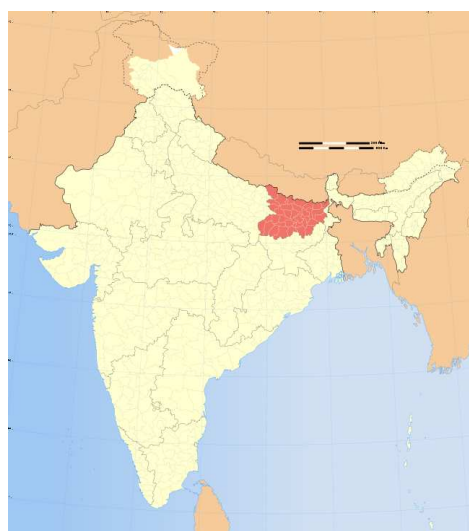
Table 1: Stakeholders covered in the study

Stakeholders	Name	Tool Administered
<b>Government Functionaries</b>		
Chief Medical Officer (CMO), Bhagalpur	Mr. Uday Shankar Choudhary	IDI
District Project Officer (DPO), Bhagalpur	Mrs. Sudha Gupta	IDI
Child Development Project Officer (CDPO), Bhagalpur	Mrs. Jyoti Kumari	IDI
Health Manager, Primary Health Centre (PHC), Pirpainti	Mr. Pranav Ranjan	IDI
Block Education Officer, Kahalgaon	Mr. Prabhunath Chaurasiya	IDI
Block Education Officer, Jagdishpur	Mr. Shivchandra Yadav	IDI
Block Resource Person, Kahalgaon	Mr. Chamaklall Singh	IDI
<b>Panchayat Functionaries</b>		
Block Pramukh, Jagdishpur	Mrs. Rubi Devi	IDI
Block Pramukh, Kahalgaon	Mr. Manoj Mandal	IDI
Mukhiya, Sanhoulla	Mrs. Rajjo Devi	IDI
Mukhiya, Taradh, Sanhoulla	Mrs. Nilima Devi	IDI
Mukhiya, Pirpainti	Ramdayal Pasi	IDI
<b>Service Delivery Facilities/Members</b>		
Head Mistress of Middle School	Mrs. Shakuntala Devi, Headmistress Madhyamik Vidyalaya, Rasalpur	IDI
Anganwadi Worker (AWW)– Rasalpur Anganwadi Worker Anganwadi Centre No. 120, Sunderpur, Muslim Tola, Pirpainti	Ruby Raj, Jagdishpur Block, Bhagalpur  Rafiya Gazala, Sahayika Asgari Khatun	IDI

Stakeholders	Name	Tool Administered
		IDI
Accredited Social Health Activist (ASHA)	Mrs. Mala Devi, Bindu Kumari	IDI
AWW, Baijnathpur	Mrs. Usha Devi	IDI
ASHA, Baijnathpur	Mrs. Devta Mishra	IDI
ASHA, Pannuchak Mushahri	Mrs. Pinki Kumari	IDI
AWW, Pannuchak Mushahri	Mrs. Savita Kumari Gupta	IDI
ASHA, Mahiyarna	Mrs. Ambuj	IDI
ASHA, Mahiyarna	Mrs. Maryu Devi	IDI
Community members, Chhano village, Kahalgaon		FGD
Community members, Maksaspur village		FGD
Community members, Chandrapur Muslim tola,		FGD
<b>Civil Society Organizations</b>		
Utkrishta	Mr. Chandan Shukla, Baijani	IDI
Disha Gramin Vikas Manch	Mr. Manoj Pandey, Baijani	IDI

## The Project Area

Bhagalpur is one of the oldest districts of Bihar and is situated in the Ganga basin at 141 ft. above the sea level. The total geographical area of the district is spread on an area of 2569.50 sq. km. The district lies between 25°07'-25°30' North Latitude and between 86°37' and 87°30' East longitude. The district is surrounded by Munger, Khagaria, Madhepura, Purnia, Kathiari and Banka districts of Bihar and Godda and Sahebganj districts of Jharkhand. The AIPAD project target area comprises of 105 Gram Panchayats (GP) in five blocks of the districts, namely Jagdishpur, Sanhaulla, Kahalgaon, Pirpainti and Shahkund. The following sections provide a brief profile of the project area with respect to key



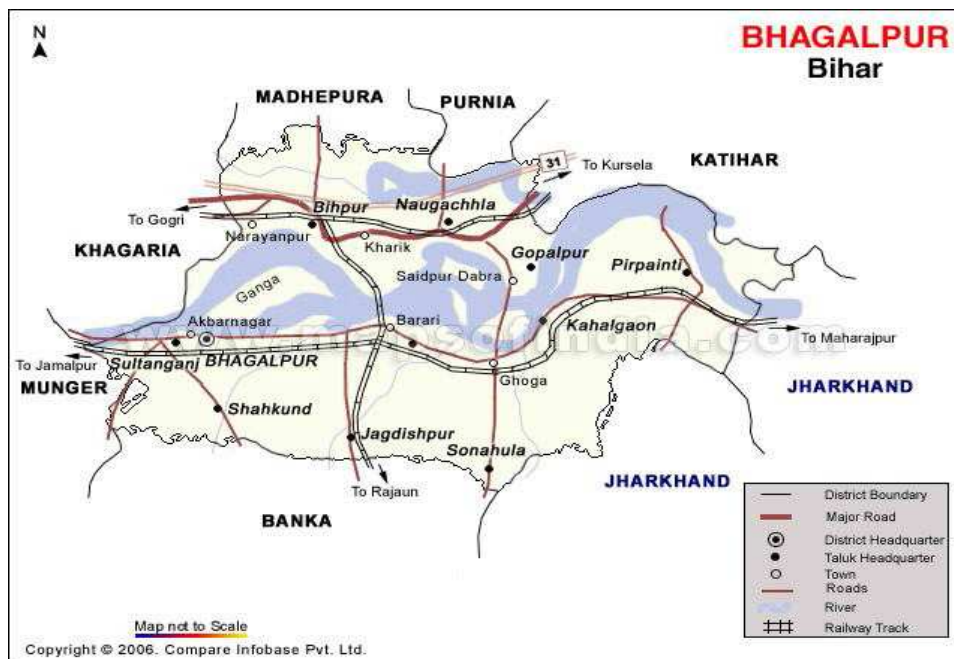
demographic, socio-economic and infrastructure indicators.

With a predominantly agrarian economy and few job opportunities, Bhagalpur reflects the overall situation of Bihar. Employment opportunities are few as the region has undergone very little industrialisation to accommodate the vast labour force. The scale and extent of poverty is reflected by the fact that more than 50% of the households are being categorised by the State Government as being Below Poverty Line.



The economy of Bhagalpur is dependent mainly on agriculture, small businesses and petty entrepreneurship. Paddy, Maize and lentils are the main agricultural crops. Agricultural practice itself is quiet backward, and mostly vulnerable to routine devastation by floods.

Bhagalpur is acclaimed the world over for its silk products and it is known in as the "Silk City". It has a thermal power plant at Kahalgaon that supplies electricity to the district.



## Physical and Administrative Infrastructure

Table 1 shows the physical and the administrative infrastructure of the Bhagalpur district.

Table 1: Total geographical area (sq. km.)

<b>Total Geographical Area (Sq.km)</b>	<b>2570</b>
<b>No. of Sub Divisions</b>	<b>3</b>
<b>No. of Blocks</b>	<b>16</b>
<b>No. of Villages (Inhabited)</b>	<b>1536</b>
<b>No. of Panchayats</b>	<b>242</b>

*Agriculture Contingency Plan for District: Bhagalpur 2013-14*

## Land Utilisation (Ha)

Table 2 describes the land utilization in Bhagalpur district under the various heads.

Table 2: Land utilization (Ha)

<b>Total Area Reported</b>	<b>248328</b>
<b>Forest Land</b>	<b>240</b>
<b>Area Not Available for Cultivation</b>	<b>45492</b>
<b>Permanent Pasture and Grazing Land</b>	<b>2221</b>
<b>Land under Miscellaneous Tree Crops</b>	<b>3841</b>
<b>Cultivable Wasteland</b>	<b>8190</b>
<b>Current Fallow</b>	<b>51820</b>
<b>Other Fallow</b>	<b>11840</b>
<b>Net Sown Area</b>	<b>153652</b>
<b>Total or Gross Cropped Area</b>	<b>191174</b>
<b>Area Cultivated More than Once</b>	<b>NA</b>
<b>Cropping Intensity [GCA/NSA]</b>	<b>125</b>

*Agriculture Contingency Plan for District: Bhagalpur 2013-14*

## Cultivators

Table 3: Cultivators

Cultivators	170019
Of the above, Small/Marginal Farmers	132448
Agricultural Labourers	412459
Workers engaged in Household Industries	53243
Workers engaged in Allied Agro-activities	6688
Other workers	209577

Agriculture Contingency Plan for District: Bhagalpur 2013-14

## Households

Table 4: Households

Total Households	412080
Rural Households	342359
% of Rural Households	83.08

Source: Census of India, 2011

## Distribution of Land Holding

Table 5 describes the land holding in hectares in Bhagalpur district. As is evident from the table, majority of the land holdings are less than a hectare in the region.

Table 5: Distribution of land holding

Classification of Holding	Holding		Area	
	Nos.	% to Total	Ha.	% to Total
<= 1 Ha	277309	83	83374	42
>1 to <=2 Ha	38688	12	50115	26
>2 Ha	17775	5	62891	32
Total	333772		196380	

Source: Distribution of Land holding

## Population

The total population covered by the project is approximately 13 lakhs. Kahalgaon and Jagdishpur are the biggest blocks in the Bhagalpur district both in terms of the population and the number of households. Also, it has the largest population under 6 years of age. The block-wise population details are given in Table below.

Table 6: Population statistics of the project area

Blocks	Total no. of households	Total Population	Total no. of males	Total no. of females	Population under 6 years
Jagdishpur	101815	572253	303437	268816	86911
Sanhaulla	35972	192397	101262	91135	37792
Kahalgaon	185501	834754	445758	388996	128040
Pirpainti	53103	285357	152550	132807	51845
Shahkund	35689	188078	100033	88045	34244
Total	412080	2072839	1103040	969799	338832
Percentage (%)			53.21	46.79	16.34

Source: Census of India, 2011

## Caste composition

The block-wise details of the caste composition are given in Table below.

Table 7: Caste composition of the project area

Blocks	Total SC population	Total ST population
Jagdishpur	49031 (8.57%)	1116 (.020%)
Sanhaulla	37792 (19.64%)	3728 (1.94%)
Kahalgaon	108685 (13.02%)	53340 (6.39%)
Pirpainti	29971 (10.50)	40869 (14.32%)
Shahkund	25127 (13.36%)	29 (0.02%)
Total	250606 (12.09%)	99082 (4.78%)

Source: Census of India, 2011

Almost 12 percent of the population of the project area belongs to the Schedules Castes (SC) while almost 5 percent belong to the Scheduled Tribes (ST). Shahkund and Pirpainti blocks have the maximum number of SC and ST population respectively. Pirpanti and Kahalgaon have significant ST population.

## Literacy Rate

The overall literacy rate of the project area is on the lower side. The literacy rate of females at 40 percent is lesser as compared that of males at almost 60 percent. Jagdishpur and Pirpainti blocks have the highest literacy rate in the project area.

Table 8: Literacy rates in the project area

Blocks	Total literate population	Males literate	Females literate
Jagdishpur	358868	203359	155509
Sonhaulla	84884	52641	32243
Kahalgaon	531738	334463	197275
Pirpainti	132328	81080	51028

Blocks	Total literate population	Males literate	Females literate
Shahkund	96409	57993	38416
Total	1204227	729536	474471
Percentage (%)	58.10	60.58	39.42

*Source: Census of India, 2011*

## Health Infrastructure

A snapshot of the overall health infrastructure of the district is given in Table below.

Table 9: Health infrastructure of the district

Type	No. of Facilities/Institutions
District Hospital	1 (At Bhagalpur)
Sub Divisional Hospital	2 (At Naugachhia, Kahalgaon)
Referral Hospital	3 (At Pirpaiti Sultanganj Nathnagar)
Primary Health Centres	12 (Bihpur, Gopalpur, Goradih Jagdishpur, Sabour, Sanhoulla, Shahkund, Naugachhia, Kharik, Narayanpur, Rangra, and Ismailpur)
Additional PHC	54
Health Sub-Centres	362
Private Hospitals	15

Source: District Health Action Plan (DHAP) 2012-13, Bhagalpur district

## School infrastructure

The education infrastructure of the project area is described in the Table below. As is seen, presence of toilet facilities is a key issue in Jagdishpur and Sanhoulla block. Kitchen for Mid-Day Meal (MDM) is another key issue in schools of the project area.

Table 10: School infrastructure in the project area

Block	Total No. of schools	Schools without own building (%)	Schools without drinking water facility (%)	Schools without toilet facility (%)	Schools without kitchen facility for mid day meal scheme (%)
Jagdishpur	108	12.96	16.67	36.11	67.59
Kahalgaon	186	11.83	13.98	24.19	62.37
Pirpaiti	184	8.15	9.24	20.65	52.72
Sanhoulla	144	13.19	15.97	36.81	43.06
Shahkund	153	3.27	4.58	13.73	49.02

Source: Sarva Shiksha Abhiyan (SSA), BEP Bhagalpur

## Nutritional status of children (0-6 year)

Bhagalpur has 2215 Anganwadi Centers (AWC) which is much lower compared to the mandated norm of one Anganwadi Center for every 40 children in 0-6 year age group. As per the data available, Jagdishpur and Kahalgaon have the highest percentage of severely malnourished children followed by Pispainti. The block-wise status is detailed in the table below.

Table 11: Nutritional status of children (0-6 years)

Block	Total no. of AWC	Total no. of children (0-6 years)	Percentage of children weighed	Normal grade children (%)	Grade 1 Children (%)	Grade 2 children (%)	Percentage of severely malnourished children (%)
Jagdishpur	121	9600	44.14	38	22	14	25.82
Kahalgaon	301	58483	38.44	19	32.4	23.4	25.2
Pirpainti	219	17520	27.83	31	28	26.33	14.67
Sanhoulla	151	12080	94.7	40.5	28.75	22.75	8
Shahkund	153	12000	100	42.75	27.25	20.84	9.16

Source: DHAP 2012-13, Bhagalpur

## Land Use Pattern

Table 12: Land use pattern

Land use pattern	Area ( '000 ha)
Geographical Area	248.20
Cultivable Area	153.60
Forest Area	0.78
Land under non-agricultural use	51.50
Permanent pastures	0.63
Cultivable wateland	2.30
Land under misc. tree crops and groves	6.57
Barren and uncultivable land	22.60
Current fallows	7.20
Other fallows	3.20

Agriculture Contingency Plan for District: Bhagalpur 2013-14

## Agriculture Land Use

Table 13: Agriculture land use

Agricultural Land Use	Area ( '000 ha)	Cropping intensity (%)
Net sown area	153.6	125
Area sown more than once	39.0	
Gross cropped area	191.1	

Agriculture Contingency Plan for District: Bhagalpur 2013-14

## Major Field Crops Cultivated

Table 14: Major field crops cultivated

Major Field Crops Cultivated	Area ( '000 ha)		
	Kharif	Rabi	Grand Total
	Total	Total	
Rice	55.1		55.1
Wheat		49.8	49.8
Maize	64.9	51.3	116.2
Lentil		3.5	3.5
Blackgram	1.3		1.3
Mustard		2.8	2.8
Barley		0.4	0.4

Agriculture Contingency Plan for District: Bhagalpur 2013-14

## Self-help groups:

Table 15: Self-help groups

Particulars	Number
No. of groups	56
No. of members in the group	930

Source: Sewa Bharat 2011

## Stakeholders Perspectives

---

For capturing stakeholder perspectives on access to services related with health/sanitation, education and social security, discussions were held with key stakeholders. The chapter details the findings of the stakeholder consultations. Summary of the discussions with select stakeholders presented in the following sub-sections.

### Discussion with the CMO, Bhagalpur

In CMO considered lack of awareness as the major gap in the community about the Government schemes. He was of the opinion that if any organization is willing to work in creating awareness about the best health practices and day-to-day hygiene in the community than almost half of the major diseases spread in the district can be dealt with. Highlighting Malaria, Kala Azar, Typhoid, Cholera and Diarrhea as some of the major diseases in the district, the CMO accentuated the need for creating awareness about proper health and sanitation that has a wide scope as an area of intervention.

On ICDS program, the CMO was of the view that the frontline workers are doing a fine job by reaching out to the people in the respective areas assigned to them and spreading awareness. However, there are still some gaps particularly in backward and densely populated areas such as those of the Muslim and the SC community in the district. Many of the families do not undergo vaccination immediately after child-birth and efforts are being made to clear off these superstitions. The CMO underscored the fact that there are government functionaries and schemes in place but the onus is on the community that has to take the lead and to come to the government for making this system work.

*“We try our best to supply the medicines more than required in the PHCs and CHCs. For example, the BCG vaccines which were supplied more than the demand. If the medicines go waste it is not an issue but if someone dies because of the shortage then we are the ones responsible.”*

On data for monitoring and decision-making, an immediate requirement of a Health Management Information System (HMIS) with a dashboard was highlighted. The CMO was of the opinion that people with higher responsibilities need to monitor only a few parameters and not merely read numbers. Also there is paucity of time so as to do the number crunching themselves in order to make sense out of the HMIS data. Acknowledging the different needs of officials at different levels, need for a more customized HMIS was underlined. There is an urgent requirement for such a dashboard so that the officials at each level can get the required data catering to their requirements and area. This timely monitoring will help to increase the efficiency at all levels in the hierarchy and shall also make the system more accountable to the beneficiaries, checking corruption and hence increasing the faith of the people in the system.

About the use health cards, he revealed that due to corruption charges, a case is pending in the court of law and hence the health card (BIMA card) is not in use. It was considered unfortunate that the scheme as good as Rashtriya Swasthya Bima Yojana (RSBY) cannot be in function due to corruption charges.

He also suggested that the government schemes need attention by the people and this is where the Non –Government Organizations (NGO) and other organizations can pitch in to help. If they show the success story of one to the other beneficiaries then they will get motivated to avail the same. Not only this, it can also act as a means to create awareness amongst the people.

On asking about how to go on with the project, the CMO suggested that the work should in in collaboration with the Panchayat because they have the local support from the people and in order to bring about a change, building trust with the community is very essential. Expressing his concern over the lack of monitoring at various levels in the implementation of the government schemes that results in a handicap to correct and boost the existing structure, the CMO suggested that Khemka Foundation should working on a small area in coordination with the government and then transfer the findings to the Government and other agencies. The CMO was of the view that if an MIS can be made in order to monitor the changes at various levels it will be a big contribution on the part of the Foundation.

## **Discussion with the CDPO, Bhagalpur**

Discussion with the CDPO, brought out the key issue of reporting and documentation by the front line workers. While the monthly progress reports (MPR) are submitted by the frontline workers, the quality of these reports is not satisfactory. The need for supportive supervision of the ASHAs and the AWWs in preparation of reports was accentuated. The CDPO also highlighted the burden of documentation on the Front Line Workers (FLW). There are a total of 36 registers to be maintained by the AWW which is beyond her capacity and thus registers are mostly incomplete. The CDPO also described the case found during a routine visit to one of the AWC, where the growth charts were filled merely on recall.

*“I do not require a detailed and grammatically correct piece of writing but something that conveyed the underlying message correctly”*

While underscoring the need for trainings at regular intervals, the quality issues in the training programmes was accentuated. Significant changes have not been observed in the capacities of the FLWs participating in these programmes. There is a need to monitor that the skills acquired by the FLWs in the training are put to use effectively otherwise the training programmes would be rendered useless.

On the issue of quality of trainings imparted, the CDPO apprised of the mechanism for receiving feedback from the trainee AWWs and the feedback. The feedback mostly concluded that the content of these training were irrelevant with the trainings being unstructured. This results in most of the AWWs taking the training as vacation and no learning. Further, the trainers were also not proficient enough to train and had limited knowledge about the working conditions, roles and responsibilities of the AWW. The CDPO stressed upon the need for customizing the training modules and aligning them with the work of the AWWs.

## Discussion with the Health Manager, PHC, Pirpainti

The Manager was of the opinion that the existing health sector has many gaps and if targeted interventions are carried out in these areas, many of the government run schemes can bear fruitful results. During the discussion, the Manager informed that both the ambulances at the centre were not functional and therefore incapable of providing timely service for delivery of pregnant women. They were in the condition since last three months. In spite of regular follow-up with the senior authorities, the matter is still unresolved and this has had affected the Janani Suraksha Yojana.

On probing for views on the existing gaps in the Integrated Child Development Scheme (ICDS), the Manager opined that *“the personnel involved in Routine Immunization programme work half-heartedly”* and hence the programme is failing in its objective. On availability of vaccines for immunization, it was reported that the number of BCG vaccines wasted were more as compared to numbers consumed. This was because of the logistics involved in keeping these medicines. These have to be kept in a temperature below 22 degrees which is very difficult to find in most areas in Bihar due to frequent power cuts and high temperature during the summers. Also, there exists a shortage in supply of the DPT vaccines. To overcome these issues, the need of designing appropriate training modules and trainings at regular intervals was stressed. The tacit tussle between the ANM and the ASHA was also highlighted emphasizing the needs for collaboration and close coordination between the two functionaries.

The Manager also apprised of the conditions when there exists a shortage of medicines at the AWC because of the request not being raised in time.

Tracking the medicine requirement could also be a part of the HMIS. On the polio vaccination, the Manager was of the opinion that drive is becoming successful but this pace needs to be maintained to eradicate polio completely. There are still some communities, mostly the backward class and the Muslim dominated pockets in the district where the entire village boycotts the polio vaccination. The same was exemplified by the recent case where the entire village boycotted the drive so that the government could accept their demand.

*I don't understand why people don't understand that by doing so they will be harming themselves and spoiling their children's life”.*

On the issue of HMIS, the Manager underscored the issue of faulty data entry in the HMIS. The record keeping system of ASHA is most of the data is recall data. Similarly, there exists a weekly reporting system for the Auxiliary Nurse-cum-Midwives (ANM), however the same are poorly reported. Also, there exists only an upward flow of data with absolutely no feedback to the frontline workers. There is a need for making the frontline workers aware of purpose, rationale, use and value of data as well impacts of this erroneous data. Feedbacks should be taken from every segment involved in the hierarchy to ensure the system remains robust and timely changes/faults are monitored in a better way. There are also instances when the data sent by the frontline workers is correct but the data entry operator at the centre feeds it incorrectly into the system. Besides, there is no analysis of the data. The data should

*“We all know how data is fed in the HMIS”*

speak about the prevailing scenario and be of use to different people. On-job training should be provided to the people in order to make them skilled about their work.

Village Health and Nutrition days are being organised on Wednesdays and Saturdays. Village Health and Sanitation committees exist only on paper. If these committees are formed, it will help improve the health conditions in the area. The actual utilization of the Rogi Kalyan Samiti fund is only 30-40%. It needs to be increased and channelized in proper areas. It needs a lot of management and a check on the corruption aspect as well.

## **Discussion with BEO, Kahalgaon**

In discussion with the BEO, Khalagaon, he said that his prime aim is to improve the quality of education in the block and make the necessarily supplies readily available at all instances so that the education of the future of the country is not compromised at any cost. He said that he has a dedicated staff that looks after the timely delivery and proper functioning of all the schools in the block. He added, that the quality of education has increased considerably over the years. With the introduction of Sarva Shiksha Abhiyan and related Government programmes, the education campaign has moved to the remotest villages in the block.

He stressed that he considered punctuality to be an important indicator in determining the quality of education imparted in the school. He was of the opinion that education helps to groom the overall personality of the student and hence makes him a better human being and a loyal citizen to the nation. He stressed that the various students were made to do several activities, such as prayers, inspirational stories, music and other extra-curricular activities to boost the overall personality.

However, he was not very much satisfied with the quality of teaching in the schools. In comparison to most private-owned schools, a long way had to be covered but he was confident that with best possible efforts, he shall be able to change the situation.

He said that the education infrastructure needs to be improved in the block. Some of the schools had a shortage of furniture and the absence of basic amenities such as pure drinking water. He said that when the student attend the school, their health is also the responsibility of the Government.

He said that he was very satisfied with the Mid-day Meal scheme being implemented in his block. He said though the quality has a lot of scope of improvement, however he believed that with the given resources, the best efforts were put in to prepare the best quality food to the students.

He suggested that if the non-government organisation help in the cause of spreading education and checking its quality, then a lot of changes can be brought in the existing scenario. Innovative methods of teaching and ensuring the attendance of the students is a big challenge and can be brought about by the NGOs.

### **Discussion with Chamaklal Singh, Block Resource Person, Kahalgaon**

He informed that the students are entitled to avail the various scholarship schemes only if the attendance is equal to or more than 75 percent. However, most students complain that they are being deprived of the benefits of the scholarship schemes and coin it as an act of discrimination. However, the teachers contest their attendance. It is noteworthy that most of the students belong to the weaker sections of the society and hence work as child labourers at various places during the school timings and hence fail to secure the required attendance. He also reported that a stark drop-out of the students is observed from 6<sup>th</sup> to 8<sup>th</sup> standard.

Maximum dropouts are observed during the primary to middle and middle to higher schools. There are a total of 196 schools in the block out of which 97 are primary, 77 middle and 22 high schools. Last year 8 schools were upgraded to high school. He informed that there were 1150 teachers on 66433 students in the block. Hence the teacher to student ratio is 1:58 which is very poor with respect to 1:35 as per the standards.

He considered the quality of education comprises of many factors such as punctuality, extra curricular activities, cleanliness and prayer in the school. 45 seats are vacant in the block for the post of teacher. He reported that seasonal occupation is the major reason for low attendance in the school. The scholarships are distributed to the students in the presence of the Vidyalaya Shiksha Samiti (VSS). He suggested that for the endeavours to succeed it is important for the parents to acknowledge education as a basic necessity.

### **Discussion with Mr. Shivchandra Yadav, BEO, Jagdishpur**

Mr. Shivchandra Yadav gave the basic details about the education structure in the block. He said that there were 9 Cluster Resource Centres (CRC) and 9 block Resource Centres (BRC) under his command. He added that there were a total of 57 primary, 55 middle and 4 high schools in the block.

Sharing his comments on the implementation of the Mid-day meal scheme in this block, he expressed satisfaction on the quality and quantity of food provided to the students. Though he added that preparation of food at the school is the major source of distraction to the children. Some of the students also bunk the classes after having the mid-day meal.

He accepted that the quality of education is not at par with the private schools as the teachers in the Government schools are not competitive. Some of the teachers have good qualifications, but that doesn't suffice the criterion to be a good teacher. Punctuality is another issue in the block. He said that some of the teachers do not attend the school on

time and normally take longer leaves. However, strict instructions have been given to all the teachers to not repeat the same.

He said that the teachers in the Government schools lack experience and innovative methods of engaging the students. They take teaching as any other normal occupation and teach for the sake of it. There is a need for behavioural changes in the teachers and the entire setup.

He said that regular training programmes are organized for the teachers to improve their skills but none of it actually helps. He said that many '3-divasiya', '5-divasiya', 'awasi', 'non-awasi' training programmes are held but all in vain. He questioned the very structure of the training programmes as well.

*"Hindi samjhne wala  
angrezi me training  
module kaise samjhega.  
Samjah bhi jayega to kya  
batayega bachho ko".*

He pointed the weak financial condition of the students to be one major reason for the drop outs. But he expressed his contentment on the issue of reduction in the dropouts of the number of female candidates in the block.

He also questioned the effectiveness of the Vidyalaya Shiksha Samiti. He said that the committee has failed terribly to achieve its objectives. He said that there were a total of 242 permanent teachers and 370 adhoc teachers over 26734 students in the block. The teacher to student ratio is hence 1:44. However, a major portion of the teachers are involved in the Government –run activities, thus deteriorating the teacher to student ratio.

He said that if the NGOs intervene in the education system, then the situation can improve a bit because the Government structure are a bit old-fashioned and lack innovation. Though, if the NGOs come up with good practices, then it shall be adopted by the rest of the Government setup as well.

## Panchayati Raj Institution (PRI) Representatives

The Mukhiya of the Channo village belonged to the *Paswan* community which was the most dominant caste in the village. In order to demonstrate that people of the village do get their benefits regularly, he asked the people to come with the old age pension cards in order

On probing for major issues and challenges in the village, the Mukhiya underlined health and sanitation was a major concerns. Last year a lot of people fell prey to cholera and diarrhea and also after the rainfall malaria spreads like wildfire. Appreciative of the efforts of the government in helping the community the

*“Jadhav, Shankhal, harijan, bahariya and Mukhiya are communities in the village. There are minor misunderstanding but “wo kahan nahi hota”.*

Mukhiya was of the opinion that it is the community is not helping itself. Most of the people are unaware of their rights and entitlements. Even the people who are aware are not willing to spread this knowledge to others people in the community due to caste issues. The Mukhiya however, underscored the success of polio vaccination drive and the consequent reduction in number of cases.

During the conversation with Block Pramukh, coordination with the panchayat for the successful implementation of the various Government schemes is highlighted as the critical element. There existed a capacity building gap in the system. On-job trainings should be provided to the various arms of the PRIs as they have very little or no knowledge about the various Government run schemes in the region. In the absence of knowledge, the system becomes dependent on the Secretary. Now if the Secretary is hardworking and honest then the system works well but in the absence of the same, it gets worse. Besides, people who come to this positions, have higher aspirations of contesting the legislative assembly elections and focus less on their own roles and responsibilities. This problem increases when the panchayat enters the blocks. So the political ambitions create hindrance to the functioning of the system.

Coordination with the line department is another key of issues. Since the panchayat lacks awareness, they are not able to coordinate with the various line departments. Monitoring the roles and responsibilities of the various functionaries is possible only if the people monitoring others are aware about the various schemes and the roles and responsibilities of the people they are monitoring.

*“Sirf training se kaam nahi chalega, check karna padega ki training se kuch sikh ke apply ho raha hai ya nahi zameen”*

Training and awareness are the two fronts where the organisation should be working in the area.

## Discussion with Mrs. Rubi Devi, Block Pramukh, Jagdishpur

Mrs. Rubi Devi reported that she had been serving as the Block Pramukh since 24<sup>th</sup> June, 2011. She said that she was aware about her roles and responsibilities as the Block Panchayat. She explained her various roles in construction of the reinforced concrete roads,

monitoring the various developments in the education sector, selection of the eligible candidates from the Gram Panchayat for widow and old-age pension benefits, selection of the eligible candidates for the availing the monthly ration, providing eligible candidates with the benefits of the Indira Awas Yojana.

She said that it is the responsibility of the panchayat to shape the various development schemes in the area. The meetings are conducted at the Gram Panchayat level which includes the Mukhiya, Sachiva and other members of the panchayat. The schemes are selected and then a report is submitted to the Zila panchayat.

Mrs. Rubi Devi pointed out that the poor state of development in the block is due to the inavailability of the safe drinking water, insufficient infrastructural amenities such as public transport and pucca roads, absence of industry, out-migration in search of jobs or labour, absence of periodic updations in the various government run policies.

She explained her knowledge about the various Government schemes such as Janani Suraksha Yojana. She said that if a beneficiary is able to produce a residence proof then he received Rs.1400 conveniently.

She said that according to the Sarva Shiksha Abhiyan, it is mandatory for students to attend classes till 8<sup>th</sup> standard. It is the responsibility of the panchayat members to ensure monitors the working of the school. She added that it is also the responsibility of the panchayat members to monitor the ration and fuel arrangements for the beneficiaries of mid day meal scheme.

She said it is also her responsibility to monitor the timely disbursement of a cheque of Rs.2500 to ensure the bicycle entitlement to the female students studying in 9<sup>th</sup> standard. She added that ensuring a timely delivery of a cheque of Rs.600 to the female students studying in standard 6<sup>th</sup> to 9<sup>th</sup> for school uniform is also her responsibility.

She said that according to the Rashtriya Swastha Bima Yojana, five members of the BPL family are covered for Rs.35000 in case of a fatal disease or if they are admitted in the hospital. They are hence treated for free in such a situation. She expressed her concern about this scheme being rarely used in her panchayat.

She pointed out that lack of education, awareness and infratrusture facilities, migration in search of jobs are some of the major causes for the marginal communities to be unable to access the government schemes. For timely dissemination of information to the marginal communities, it is important to organise the marginal communities at the Panchayat level. She accepted that the Government employees indulge in bribery while implementing these schemes. She added that the panchayat is trying their best that these benefits reach the people but the number of people employed in such departments is less.

She said that lack of infrastructure and transport is one of the major issue in accessing the benefits of Janani Suraksha Yojana. She said that she was satisfied with the implementation of the Sarva Shiksha Abhiyan. She added that the Mid-day meal scheme was also being implemented well in the area. She also said that the amount given to the

students to buy bicycles is less. She said that atleast Rs.4000 should be given to the children according to the prices in the market. She was convinced with the implementation of the Mukhyamantri balika poshak Yojana.

She expressed her concern over the implementation of the Rashtriya Swastha Bima Yojana in the area. She said that many people have not been able to get these cards.

She mentioned that she had undergone many training programmes on government schemes and the related disposal of services. She suggested that the changes in the government schemes should be informed in the various training programmes to the Panchayat functionaries. She added that most of the challenges are being faced in old-age and physically challenged pension schemes.

### **Discussions with Mrs. Rajo Devi, Mukhiya, Baijani, Jagdishpur**

She reported that she had been serving as a Mukhiya since 2012. She explained that looking after the working of the Gram Panchayat, implanting the Government schemes, striving for the overall development of the village and monitoring the various schemes running in the village are some her prime responsibilities. She also said that forming the basic structure of the various schemes and then submitting a report to the superiors also forms a part of her responsibilities.

She said that absence of the ration cards, sources of income, lack of education and awareness and migration are some of the major reasons for the less development of the block.

She said that disseminating information about the various schemes such as Janani Suraksha yojana, Sarva Shiksha Abhiyan, Mid-day meals, Mukhyamantri Balika Cycle Yojana, mukhyamantri Balika Poshak Yojana, Rashtriya Swastha Bima Yojana is her responsibility.

She said that the benefits of most of these schemes do not percolate to the socially marginalised communities as they are unable to produce a BPL card. She said that she was satisfied with the implementation of all the schemes running in the village.

### **Discussions with Mr. Mohammad Kalamuddin, Mukhiya, Imamudinapur, Sanhoulla**

He reported that he has been serving as a Mukhiya for 3 years. He explained that conducting the meeting of the Gram Sabha timely, spreading awareness about the various government schemes to the marginalised communities and building the various infrastructure such as roads, schools in the village are some of his responsibilities. He added that lack of awareness is the main reason for the poor people not being able to access the various schemes. He said that monitoring the implementation of the various schemes is one of his responsibilities. She said that the cheques for the school uniform and the bicycles

have been distributed timely to the various beneficiaries. He stated that lack of awareness is one of the major reasons for the marginalised people to not being able to avail the benefits of the various Government schemes. He stressed that the rashtriya Swastha Bima Yojana is not in function in the area.

He said that no trainings have been given to him and the other panchayat functionaries about the various Government schemes. He said there is a lot of mistrust between the people for the Government schemes because of the delay in the employment opportunities under the MNREGA scheme. He suggested that the Government should make such a provision that instead of disbursing the amount in the individual's account, employment should be provided by the Panchayat because according to them, "Paseena sookhne se pehle kaam mil jana chahiye".

### **Discussions with Mr. Manoj Mandal, Block Pramukh, Kahalgaon**

He said that he has been in office since June, 2008. He reported that spreading awareness about the Government schemes, monitoring the development of infrastructure such as roads, sewage disposal and providing pension to the eligible (old age, widow and handicapped) are some of his responsibilities. He said that it is his responsibility to monitor the implementation of the various Government schemes at the block level.

He said that improper distribution of ration, inaccessibility to safe drinking water, proper infrastructural facilities and absence of the various sources of income are some of the major reasons for the under-development of the block.

He reported that the women are given rs.1400 after delivery and almost all the women in the village are willing to avail the facilities of institutional delivery. The children go to the school and most of them study till 8<sup>th</sup> standard. They are also provide mid-day meals so that their physical growth is not compromised. Cheques of Rs.600 and Rs.2500 are also being timely disbursed under the mukhyamantri Balika Poshak and Mukhyamantri Balika Cycle Yojana respectively. The BPL families receive Bima cards at Rs.30. It makes five members of their family eligible for Rs.35000 medical insurance cover in case of admitting in the hospital.

Bribery, lack of awareness and too many processes involved in availing the various services are some of the reasons for the poor and the marginalised for not being able to avail the benefits of the Government schemes. Lack of human resources to monitor the implementation of the various schemes at the ground level, migration and malnutrition are some of the major reasons for the worsening of the situation of the marginalised communities.

He expressed his concern over the quality of the food being served under the Mid-day Meal scheme. He added that the rice and wheat being served at the schools is not of proper quality and quantity.

He said that there exists a discrimination on the basis of caste while distributing the benefits of the Mukhyamantri cycle yojana. He also reported that the Mukhyamantri Balika yojana is not in function in the area.

He reported that there exists a lot of corruption in the Rashtriya Swastha Bima Yojana. The private hospitals do not give receipts to the patients. Further, the patients are asked to buy the medicines from outside.

Training should be provided to the panchayat members so that they can have a better knowledge about the various government schemes.

### **Discussions with Mrs. Nilima Devi, Mukhiya, Taradh, Sanhoulla**

She had been serving as the Mukhiya for 3 years. She said that the overall development of the villages and ensuring timely delivery of the pension under the various schemes are some of the major responsibilities of a panchayat member.

She said that migration of the people in search of work is one of the major reasons for the under-development of the area. He said that the panchayat has no role in monitoring the implementation of the Janani Suraksha Yojana. He also said that it is the responsibility of the mukhiya and the ward member to create awareness about the various schemes of the Government. He said that he timely monitors the food being served under the mid-day meal scheme. He also said that he ensured timely delivery of pension to the widow, old and the handicapped people. He also said that the panchayat is not involved in the implementation of the Rashtriya Swastha Bima Yojana.

He added that due to corruption in the system there is a lack of trust and cooperation amongst the people about the Government schemes.

He said that he is satisfied with the implementation of the Janani Suraksha Yojana. He said that better quality of food should be served at the schools. He also added that the cheques to the female students should be distributed timely. He said that he has not faced any difficulty in rendering his services till date.

## Service Delivery Facility/ Members

### Discussions with Headmistress, Madhyamik Vidyalaya, Rasalpur, Pirpanti

During the discussion, the Headmistress informed of the new session starting in April and the requirement of forms and photographs for admissions. Underscoring the Right to Education, she informed that no student is denied of the admission in the schools. Highlighting the smooth functioning of MDM, she underlined the timely delivery of the raw materials for food. She also informed that students from the other areas also come to have lunch at the school but no one is denied of food. However, it was observed that the conditions in which the food was cooked and served were not hygienic.

The headmistress stressed upon the need for imparting more training given to the teachers. Though there are many training programmes currently in place, an “Avratti prashikshan” (attitudinal training) should also be designed and implemented. Summer camps should also be organized for the students.

The Headmistress however was critical of the MDM and was of the opinion that the government should stop the programme. Because of the MDM, the children get t distracted and are not able to concentrate on studies. Besides, this also leads to a decrease in the discipline in the school. Money should be instead be provided for the meals. Further, this adds unnecessarily to the responsibilities of the teachers at the school.

*“Ab hum kya kya dekhe, khana bhi padhayi bhi?”*

### Discussion with the AWW, Channo Village, Kahalgaon

The AWW worker has been working completely aware about her roles and responsibilities. However, it was observed that the centre was not fully equipped. The weighing machine was missing at the centre and the weight of the children was recorded on the basis of approximate estimation leading to erroneous estimates of the children’s health and growth. On discussing the issue, the AWW accepted the same and assured taking up the matter in the next meeting with the CDPO.

*“Nai thakur are the most backward caste in the region. Most of the malnourished and undernourished children are Nai Thakur”*

The growth chart available with the AWW was seen and it was found that the AWW has not been maintaining the records. It was also observed that the quantity and quality of the food served to the children was not meeting the standards. The quantity of food provided to children was less than standard.

The AWW was of the opinion that the AWC has not been very successful in taking care of the nutritional requirement as most of the children are left out due to their limitation of accepting

<i>Estimated food quantity required at an AWC by Mrs. Ruby Raj, AWW</i>		
<b>Food</b>	<b>Quantity in per child/mother (kg)</b>	<b>Total quantity per month (kg)</b>
<i>Quantity of 28 malnourished children</i>		
<b>Rice</b>	2.5	70
<b>Dal</b>	1.25	35
<i>Quantity for 12 undernourished children</i>		
<b>Rice</b>	4	48.000
<b>Dal</b>	2	24.000
<i>Quantity for 16 pregnant /lactating mothers</i>		
<b>Rice</b>	3	48
<b>Dal</b>	1.5	24

only 40 children at the centre. The AWW also opined that there is no caste discrimination and children of all caste groups in the area were availing the benefits of the AWC.

Upon probing for timely delivery of medicines, the AWW informed that there has never been a shortage of medicines. The PHC was almost 300 meter from the AWC and hence the issues of timely delivery of medicines and reporting of the emergency cases were taken care of. The AWW also informed that almost 70% of the deliveries in the catchment area were at institutions. The AWW also considered migration and inability to produce the immunization card as key issues affecting immunization while highlighting Pneumonia and Diarrhea as common observance in infants.

The AWW underlined the need for raising awareness about the various government schemes as one of the key area that the Government or other development organization should focus. Though the AWW do not have a major role in mobilization, if engaged they AWWs can also be of help in awareness building interventions. The same reflects that the AWW does not acknowledge her role as a mobilizer in the society.

<i>Daily per head consumption of 40 children (28 malnourished and 12 undernourished) and 3 adolescent girls as per AWC noticeboard, Rasalpur</i>					
<b>Days</b>	<b>Nutritious food served</b>	<b>Ingredients</b>	<b>Rate per kg.</b>	<b>Quantity per child (gms)</b>	<b>Quantity per adolescent girl (gms)</b>
Monday/ Wednesday/Saturday	Khichdi	Rice	15	90	110
		Dal	40	40	55
		Spinach/ Green leafy vegetables	8	25	25
		Oil	80	5	5

*Daily per head consumption of 40 children (28 malnourished and 12 undernourished) and 3 adolescent girls as per AWC noticeboard, Rasalpur*

		Salt & Spices		To taste	To taste
		Total		160	195
Tuesday	Rasiyav	Rice	15	75	110
		Peanuts	50	30	45
		Gurh	32	35	45
		Total		140	200
Thursday	Halwa	Wheat Flour	15	60	80
		Besan		25	40
		Gurh	32	40	25
		Refined Oil		5	10
		Total		130	155
Friday	Pulaw	Rice	15	90	110
		Peanuts	50	10	15
		Chana	27	25	40
		Seasonal vegetables	8	25	25
		Oil	80	5	5
		Salt & Spices		To taste	To taste
		Total		155	195

**Perspective: Rafiya Gazala and Azgari Khatun, Muslim Tola, Rasalpur, Pirpainti**

The AWW reported that there were 24 pregnant women in the village but she was forced to select only 8 at a time. There were no selection criteria per se, but she selected the most marginalised ones. It was also a major reason for the conflict in the region as the Anganwadi worker was alleged of being bias. She said that the Government should create more Anganwadi centres especially in the Muslim areas where the population is generally more. She also said that the children needed toys keeping in mind the pre-schooling activities that should be performed at the Anganwadi centre. She said the present facilities of the Anganwadi are only able to cater to 40-50% of the present population. Being a Muslim populated area, she said that the state of immunisation is pathetic in the region but it has improved over the years. She said that people have a misconception that the child should not be treated by others soon after the birth. Hence vaccination was not possible earlier in most of the regions. But due to the Government interventions and the various NGOs creating awareness about the benefits of immunisation, the instances of very deadly diseases have reduced in the village.”She said, “The village needs more of such awareness camps and we need people working on the field otherwise most people feel that it is just a 2-3 days gimmick and then the people go back from where they came to never return again”. She reported that a pregnant / lactating women gets the following for a month:

Food	Quantity per month per mother (kg)
Rice	3
Dal	1.5
Soyabean	0.350

She also described the average quantity of consumption of the children at the Anganwadi centre (12 malnourished) as follows:

Food	Quantity per month per child (kg)
Rice	4
Dal	2
Soyabean	0.5

*The procurement of these food items and other ingredients are usually made on the 15<sup>th</sup> day of the month.*

*She also described the average quantity of consumption of the children at the Anganwadi centre (12 undernourished) as follows:*

*She also mentioned that the maximum consumption of sugar (650 g) takes place on Tuesday when Rasiya is prepared for the children. It is prepared from chawal. Hence the consumption of chawal on this day increases to 3.330 kg per child.*

*She also reported that Rs.10-Rs.15 is spent on the vegetable consumption per day.*

*Some of the challenges that she reported were related to the unavailability of mat and cooking utensils at the centre. She also said that the toys for the pre-schooling were not available in sufficient numbers. She also said that the CDPO makes surprise visits to the centre to check the functioning. Meeting are also organised with the CDPO once a month.*

## Discussion with ASHA, Pirpainti

As part of the stakeholder interviews, two ASHAs were interviewed. The summary of the discussions is presented below.

One of the ASHA was just selected just a year back and was new to the system. However, she was aware about her roles and responsibilities. One of the key observations has been of the ASHA being subservient to the ANM. The ASHA had the information about the total population of the village and the number of pregnant women in the village. The ASHA was of the opinion that she gets good response from people when advised on institutional delivery. There are some families who because of social taboos still existing in the society, hesitate to go to the PHCs for delivery. The ASHA also considered migration is one of the major issues for lower proportion of institutional delivery. Underscoring the linkages with the AWC, she opined that migration also results in the pregnant women not getting “*poshalk ahar*” provided at the AWC. The ASHA highlighted that immunization had been largely successful in the village at the same time making a mention of the fact that the Muslim community in the region were still hesitant about immunization.

*“I also ask people to send their children to the Anganwadi centre for improvement in health and for pre-schooling”*

On asking her the suggestions for improvement in the existing system, she replied that if the senior government officials visit the place more often, then the people realize that the Government is doing something good for them and it also helps to maintain a trust between the community and the Government.

The other ASHA interviewed also was well informed of her role and functions and mentioned home visits, immunization and facilitation of institutional delivery as key tasks. The ASHA also stated that she delivers the medicines to the pregnant ladies on time and teaches them the various practices of living a healthy life.

The ASHA was appreciative of the trainings provided by the government sensitizing about the intentions of the various programmes. She also underlined the success of immunization programme. The ASHA could also describe the incentive to her and the beneficiary of JSY and informed of the ambulance coming to the village to escort the pregnant ladies to the facilities however mentioning that the ambulance does not come at night that leads for difficulty to reach the PHC during night.

*“Cholera and typhoid are the common diseases in the village. People still do not understand the importance of health and hygiene. Open defecation and not washing the hands after that are some of the causes. Besides, when the people fall ill, they mostly wait for the disease to go critical and then report to me or go to the nearest hospital”*

The ASHA underscored the issue of record keeping as a major challenge due to the number of records to be maintained at the same time mentioning caste discrimination as one of the factors in lack of awareness in the community. On probing on ICDS, the ASHA informed that the CDPO visits the village are rare as well the meeting organized with the CDPO are of not much use.

## Discussion with Usha Devi, AWW, Baijnathpur Village, Shahkund

Mrs. Usha Devi, AWW at Baijnathpur shared her 10 years of service to the community and work with ICDS. She reported that the doctors were mostly present during the delivery of the infant and that the community was satisfied by the availability of the doctors at the nearest health centre.

She added, but she seemed to be overall satisfied by the working and presence of the doctors at the health centre.

She also reported that the additional events following immunisation is one of the major areas of focus. Also, she tracks the availability of drugs at the Anganwadi centre and makes necessary requisitions to the nearest PHC whenever required. She said that an ample stock of the frequently used drugs is constantly maintained at the Anganwadi centre. She confirmed that she issues proper counselling to the beneficiaries in the community on health and nutrition related issues by reaching out to the people. She mentioned that the work at the Anganwadi centre is acknowledged by the community. Also, she understands that the onus is on her to mobilise the people to send the children to the Anganwadi centre and arrange the necessary setup.

*“kuch doctors ko dubara bulana padta hai, lekin bhagwan bharose aa hi jate hain”*

One of the major concerns pointed by her was that she was unable to cater to all the beneficiaries in the society. She explained that the population in the village was high and that the number of beneficiaries increased in the same proportion. However, there was only one Anganwadi centre on a larger population and hence most of the eligible beneficiaries were deprived of the benefits of the Anganwadi centre. She added that this lacunae in the system of implementation, was a cause of mistrust in the society and thus makes the Anganwadi centre redundant to the masses.

On enquiring about the quality of supplementary nutrition provided in AWC, she replied that even if the children are served with lesser quantity of food, it won't make much of a difference; however, quality should never be compromised. On probing into this matter, she replied that she never questioned these issues. She considered her job was confined to distribute the food delivered at the AWC to the beneficiaries. She was concerned that not all eligible pregnant and lactation women were able to reap the benefits at the AWC. However, she put forth a contradicting statement that even after the selection of only a few beneficiaries from the society, she never received any complaints regarding her being biased or favouritism in her period of service. She stressed that no incidences of discrimination on the grounds of provision of supplementary ration, health services, counselling etc. were reported in the society.

*“kam khana do par achha hone chahiye”. Rashi ke anusaar samagri kam milti hai to kaise acha khana banega?”*

During the conversation she raised a counter-question. She pointed out that there is a social discomfort regarding the reverse caste discrimination by all the development agencies in the region. She was of the opinion that the benefits should reach the needy despite of his/her caste or religion.

*“aap harijan ke bacho ko suvidha de rahe hain lekin brahman ke bacho ko nahi de rahe; kyu?”*

She also described the population of the village as follows:

Gender/ Caste	Harijan	Other	Total
Male	361	151	512
Female	322	138	460
Total	683	289	972

Age/Gender	General		Harijan		Other	
	Male	Female	Male	Female	Male	Female
0-6 months	7	5	5	4	2	1
6 months- 1 year	10	7	8	5	2	2
1-3 years	32	32	23	29	9	3
3-6 years	44	43	30	25	14	18

## Discussion with Devta Mishra, ASHA, Baijnath Village, Shahkund

Mrs. Devta Mishra shared her 9 years of experience of working as the ASHA in this village. She informed that there were 170 families in the village, out of which 60-80 families belonged to the SC community. The major occupation of the Harijans were mainly employed as daily wage labourers. She informed that she has been successfully able to deliver the roles and responsibilities assigned to her but there were still some lacunae remaining. Due to unawareness, mode of occupation and religious beliefs, it becomes difficult for the people to participate in immunisation and regular check-ups. She reported that the non-consumption of the IFA tablets by the women is also a major issue in the growth of the infant and also a major cause for anaemia and other related deficiencies in the expecting mothers.

No major challenges were faced by her in reaching out to the masses including the people belonging to SC/ST and Muslim communities. She was of the opinion that one of the major issues was the lack of infrastructure in the health set-up available. Insufficient number of beds was a major concern as some of the eligible mothers were unable to deliver at the

nearest health centres. She accepted that the amount were not disbursed soon after the delivery to the JSY beneficiaries. However, it was made sure that the same be disbursed to them later.

She reported that she neither witnessed any complaint regarding any form of discrimination in the delivery of services nor any concerns regarding favouritism from the community. In fact, she stressed on the fact that there has been a considerable improvement in the number of institutional delivery in her village since she took charge. She also mentioned that she received the required support from her seniors and the community to succeed in her endeavours.

She said that CSOs conducted the awareness programmes about the provisions of the JSY which helped the women understand the important and effectiveness of the institutional deliveries. It proved to be instrumental in the increase in the number of institutional deliveries in the village.

### **Discussion with Mrs. Pinki Kumari, ASHA, Pannuchak Mushahri Village, Kahalgaon**

She reported that she has been serving as the ASHA in the village since 2007. She reported that 155 families were present in the village with a total population of 1261. With 20-30 households, the SC comprised of an approximate population of 1000.

She confirmed that she had been able to disburse her roles and responsibilities as an ASHA in the village to the best of her ability. However, she mentioned that some of the inefficiencies in the infrastructure prove to be a major hindrance in the effective delivery of the benefits of the JSY. Ambulance were never reported to be on time and hence most of the beneficiaries were reported to resort to arrangement of local conveyance on their own expenses. She also complained about the roads and the connectivity of the village with the nearest PHC. She said that the roads need to be improved so as to make the conveyance easier. Lack of education and awareness in the community is also one of the major issues for the people to not reap the benefits of the JSy and the other related Government programmes.

The migration of women during pregnancy is one of the major reasons for not being able to track the immunisation. She adds that the pregnant women who immigrate into the village also face a similar issue. They do not possess the immunisation cards and hence are not able to avail the benefits.

*“1 Teeka lene ke baad nehra chali jati hai, to hume bhi dikkat or unhe bhi”*

She adds that even after organising the various awareness camps for the pregnant women, little behavioural changes are observed in the women. The poor financial condition and the inability to bribe also results in the decrease in the number of institutional deliveries in the village. The officials at the PHC demand for a bribe of Rs.400-500 in order to get the delivery done. A part of it is waived off only after the intervention of the ANM.

She cited an example where the patients are advised to take medicines available only at chemist shops outside the premises of the PHC, where the medicines are not available for free and if the patient fails to do so, he is advised to move to the other private centres.

If the women do not possess the immunisation cards then it becomes difficult for them to get the name of the infant registered and to get the immunisation on time. Also, most women move to their paternal village and hence are not able to avail the benefits of the related Government schemes. No form of discrimination was reported by her in her entire period of service. However, the Total Health Nutrition (THR) supplement provided to the selected beneficiaries instead of providing it to all the eligible ones, creates a trust deficit. She stressed that hence it should be provided to all the eligible beneficiaries in the village without any form of discrimination.

She boasted that in her tenure, there has been a significant improvement in the number of cases of institutional deliveries in the village. She also reported that she had played an instrumental role in spreading awareness about the JSY and the entitlements of the women and the children in the village.

She stressed that the AHSA should not be made to shift to the other villages as this shakes the very ground of trust with the community. The community generally prefers to seek advice from an ASHA who has been in service in the village for years.

*“Jis kshetra me kaam karte hain use lagav ho jata hai aur kshetra badalne pe kshetra ko protsahit krne me 6 mahine se 1 saal tak lag jata hai”*

She suggested that if the institutional delivery set up is made available in the HSC at Dhoga Panchuk then a significant improvement can be reported in the number of institutional deliveries. Also, this shall serve as a cheaper alternative to the beneficiaries in the village.

She pointed out the lacunae in the implementation of the JSY. She said that the pregnant women have to toil hard in order to receive the cheque after delivery. The pregnant women face a major issue in opening an account in the bank as most do not have an identity proof. She also said that most people in the village are daily wage labourers and if in such a case the beneficiaries receive the entitlements after 3-4 months, then it becomes very difficult for them to run the family and survival is endangered.

### **Discussion with Mrs. Savita Kumari Gupta, AWW, Pannuchak Mushahri Village, Kahalgaon**

Mrs. Savita Kumari reported that she has been in service as an Anganwadi worker since 1984 in the village. She reported that the AWC caters to 80 households and 99 beneficiaries are registered in the AWC under ICDS. She reported that the SC

*“yahan teekakaran, poshahar, swasthya sambandhi shiksha, poshan sambhandhi jankari aur balwadi ki suvidhayein pradaan ki jati hain”*

comprised 90% of the total population of the village. She reported that she has to motivate the people to attend the village Health and Nutrition days (VHND). She said that it requires a lot of patience to listen to the doubts of the community regarding the motive of these campaigns and mostly are completely unaware about the entitlements in the various Government schemes.

She pointed that no concrete measures have been taken towards effective delivery of supplementary nutrition to the beneficiaries. She said that insufficient ration is received against the demand of the community. The food is distributed amongst the masses with the help of the ward member and a few from the community as well. However, the beneficiaries have to be pushed out of their homes for the growth monitoring and promotion activities carried out at regular intervals. Proper counselling is being provided to the beneficiaries especially in order to combat the major air and water borne disease such as diarrhoea. The people are also counselled on cleanliness, consumption of pure drinking water. She also said that she was satisfied by the response from the community. She has worked for almost 30 years and doesn't face any major issue in convincing the people.

*“50 kilo ke bore me 30 se 32 kilo anaj hi diya jata hai. Lekin aur maukhik shikayat bhi ki gayi par letter padhe nahi jate hain aur na iske upar koi karyawahi hi hoti hai”*

She was dissatisfied by the quality of food being supplied at the AWC. However she confirmed that the supplementary nutrition was provided regularly at the AWC.

*“chawal bahot ganda supply kiya jata hai, bahot chunne ke baad khana pakana padta hai”.*

She said that the norms related to the coverage of the beneficiaries is strictly followed but fail to follow the same in terms of quantity. She said that the consumption demand is more than the quantity supplied at the AWC. However, the same is distributed equally amongst the beneficiaries.

*“Somwar- Khichdi, Mangalwar- Raseela, Budhwar- Khichdi, Brihaspatiwar- Halwa, Shukrawar- Pulaw, Shaniwaar- Khichdi”*

She also expressed her concern over the inability to provide the benefits of the Government-run programmes to all the pregnant women in the village. Some were generally left out due to the selection process. She said that this discrimination should be removed and all the beneficiaries should be able to avail the benefits of the Government programmes. Sometimes, this discrimination leads to chaos in the

village as well.

She was satisfied with the increase in the number of beneficiaries in the village. She believes that the awareness camps in the village have brought about a turnaround. However, the benefits from the SC/ST communities still do not go to the hospitals for delivery.

### **Discussion with Ambuj, ASHA, Mahiyarna, Sanhoula**

Mrs. Ambuj has been serving as an ASHA for 8 years in the village. She caters to nearly 100 households. She pointed out the major issues in implementation of the health services. The mother generally opens an account at her paternal place in order to get the entitled payment. The entitlements in the JSy is usually received 1-2 months after the delivery. The payment for the immunisation has also not been disbursed since 13<sup>th</sup> August, 2014. She said that there are no proper mechanisms in place in situations when disbursement is not done to the eligible members.

She accepted that has improved her counselling skills in convincing the beneficiaries for institutional delivery. She complained that there are no arrangements for her stay in the PHC in case of a delivery at night. Ambulance has been reported to be always not-in-use or unavailable. Thus the people are forced to take the help of the local transport in order to get the delivery done at the nearest PHC. However, this expense is not reimbursed after the delivery at the PHC.

She did not report any form of discrimination on the basis of caste or religion in her village. She said that inspite of so many hurdles, there has been a significant improvement in the number of cases of institutional delivery in the village. She suggested that Government programmes should also focus on the development of the various field level workers as well so that they would be able to disburse their roles and responsibilities in a better way.

She said that the community needs to be more aware about the various Government schemes/programmes in the village. Also, that there should be a proper structure to track the delivery of entitlements to the beneficiaries. She said that the women and children are the most vulnerable of all the groups and that the community should be united as a whole in order to make all these programmes successful.

### **Discussion with Maryu Devi, ASHA, Mahiyarna, Sanhoula**

Mrs. Maryu Devi had been serving as an ASHA in the village since June, 2004. She described the population of the village as follows:

Caste/Particulars	Number of households
Nai	2
Paswan	2
Dhobi	3
Muslim	1
Kanu	12

Yadav	4
Dhanuk	75

Selection of the beneficiaries were made from 80 families. 28 malnourished and 12 undernourished were selected from these families. Pre-school activities, referral services, immunization, health checkup, providing nutrition and health related information, supplementary nutrition is being provided at the AWC to all the concerned beneficiaries.

Particulars	Number
Pregnant Women	35
Lactating women	22
Adolescent	166
Age 3-6 years	145
Age 6 months- 3 years	65

She reported that the vaccines and all the required medicines are readily made available the AWC and any form of shortage is rarely observed. ASHA has been reported to be regular. The ANM arrives monthly for immunisation. Also, the growth monitoring and promotion is being carried out at regular intervals. She reported that she provides proper counselling to the beneficiaries on health and nutrition related issues.

She raised a critical issue on untimely distribution of entitlements to the beneficiaries. However, these matters were reported to be sorted after the meeting with the rest of the beneficiaries. She also rated the quality of the food served at the AWC to be good. She said that proper care is taken while preparing the food. Also, supplementary nutrition is being provided regularly. She stressed that at the AWC, the focus is laid on good quality food. She said that children of all age groups avail the benefits at the AWC and hence the quantity is managed according to the needs of each age group. Also, similar health related services are provided to the pregnant and lactating women.

. “kabhi kabhi samay pe paisa na aane ke karan, labharti dwara bar-bar pucha jata hai or pese na milne par hungama bhi kiya jata hai”

She was very satisfied with the working of the AWC and reported no discrimination on the basis of caste/religion during the distribution of the entitlements. She said that people who are successful at availing the benefits at AWC, are easily motivated than the others.

## Discussion with the Community, Channo village, Kahalgaon

FGD was conducted with the community in order to understand the perspectives of all the sections of the society. It started with 17 members (9 women, 2 girls and 6 men). More people joined during the course of the discussion.

The community members had difficulty in recalling the names the schemes running in their region but were aware of the various benefits from these schemes primarily those of the Janani Aiwam Bal Suraksha Yojana. While unable to name the programme, the community members could describe the various services such as those provided by the ASHA and the AWW. While the name of ASHA was known to all, it was mentioned that ASHA does not visits all the areas in the village, visiting one particular area and neglecting the other areas with caste being the criterion for the visits. The members also informed that BIMA cards are not working in the area. When they take the BIMA card, the doctor refuses to attend them for free and charges as usual.

During the discussions it also came out that most needy children are not sent to the AWC. However, their parents are also to be blamed for the same as they either prefer to engage the children in other works or don't find the AWC of any worth. Probing on education, the community members informed that the children are being provided mid-day meals properly. However, during the discussion, one respondent reported that her ward's application form was torn by the headmistress at the school alleging that the same was because of her belonging to the minority in the area.

Some of the respondents were carrying the pension cards with them. It was observed that the pension was not paid on the stipulated time. To some, the pension was paid quarterly, semi annually and annually also. Some people were paid Rs.600 semi-annually and Rs.400 quarterly also. Only two respondents were paid Rs.1200 annually. The members delineated identified lack of awareness as one of the major reasons for inability to access the government schemes. Besides this, they also accepted that though the government is doing a lot the people however this is not in cognizance of the ground realities of service delivery. Negligence on the part of the government functionaries in the past created mistrust between the communities and the functionaries.

### **A student's perspective: Reena, standard 7**

*During the discussion, Reena informed that she didn't receive her entitlement for the school uniform by the class teacher. The teacher said that she belonged to the higher caste and the higher caste doesn't need any Government aid. She was asked to buy the dress on her own. Later while talking to one of her guardians it was found that the explanation given by the teacher was that she allegedly did not qualify the 75% attendance criteria. This was in fact true as she had been suffering from jaundice. She took 25 days to recover and that lead to her low attendance in the school. The guardian also said that this was reported to the teacher but he was adamant and didn't provide her the uniform. He accused the child of making-up stories.*

*On asking about the quality of education in the school she reported that no attention is paid to the quality of education. She added that most of the teachers remain absent for weeks. She said that there are private schools in the region which are better-off. The private schools have better facilities and teachers. But she couldn't afford to study in such a school. She raised the issue of caste discrimination in the area and said that almost all the students are unaware of their entitlements. She said that if she revealed everything about the village then the Mukhiya and the other people will bully her. It was*

observed that the girl faced a severe resistance from the Mukhiya when she was putting her point across.

**Perspectives: A recently delivered mother, Mrs. Susheila Devi**

Sushila said that she was satisfied with the food made available to her before the pregnancy. She also said that through she has no intention of getting her delivery at the PHC but due to frequent visits made by the ASHA, she realized the benefits of an institutionalized delivery. She accepted that most families face troubles due to the social taboos prevailing in the society. There is also a cultural aspect that the birth of the child should take place at the grandparent's residence. Due to this, most pregnant woman are deprived of the benefits of the government schemes.

She was not satisfied with the amount she received after delivering the child. She said that she received Rs. 400 instead of Rs.1400. She cited the example of another pregnant lady in her neighborhood, who received Rs. 1400 after delivery. She said that she heard that the ambulance was not working so most people make their own arrangements or leave it to the ASHA to arrange for the same. Besides, we know that AHSA also gets Rs.400 for the same.

She opined that there should also be some other facilities provided by the government in order to take care of the child and the mother. Water borne diseases are very common in our village and the Government does absolutely nothing in order to counter malaria or diarrhea.

On asking her about the various schemes, she said that she has never heard of any of these schemes but still she believed that the Government is doing a lot for the people but lack of awareness in the community about these schemes is an issue and the caste issues in the same. "Apne hi apno ka nuksaan karte hain. Ab jaat paat ke bare me aap bhi jante hi honge".

**Perspectives: A differently-abled, Mr. Mukesh Pasi**

Mr. Mukesh Pasi, 46 informed that though he has the disability card but the officials said that some of the papers were missing so he had to make a new one to avail the benefits. He said that at first, he had a tough time getting the disability card and now he is having to go through another one as he is unable to reap the benefits of the same. He was illiterate and was not sure of his entitlements. He said that one of his friend who is also a disabled gets Rs.1200 per month from the Government. He also mentioned that he was asked for Rs.500 to make the card. He also suggested that the Government should send people to the various villages in order to get the card made and at the same time get cleared off the discrepancies if any. "Hum jesa log sab kab tak idhar udhar ja payega is dhoop me".

**Perspectives: A Muslim Family, Mrs. Shabina Pathan**

Mrs. Shabina informed that her husband was a teacher at a Government school in the nearby district. She had three daughters' two were studying in the nearby district and one in the village. She said that her family is aware about all the Government schemes as her husband is a government employee. Her youngest daughter reported that she was refused of her entitlement of Rs. 600. On resisting the teacher told her that she will get only Rs.500. She also apprised that said this is the case with most of the students. None of the students get their entitlements completely and part of the cash is always kept by the teachers. She also reported that she

"itna brastachaar hai ki sahi kaam bhi galat tareeke sey karna padta hai"

*was given a choice between the uniform and the cycle. She was told that only one of the two will be given to her.*

*According to Mrs. Shabina, health and awareness are the major issues in the area. Most people do not know what are they eligible for and hence the middlemen involved take the commission even to get the forms and card done for the people. There is corruption at every stage.*

## **Discussion with Community, Maksaspur, Baijani Gram Panchayat**

The participants in the focus group discussion started with the accusations that none of the Government officials or political leaders ever visited their village. They said that the government may be doing a lot on paper but unfortunately the people responsible for implementing the same are not doing their job properly. They felt neglected by the Government officials and the concerned politicians.

On probing about the various front line workers in the village, the participants could remember their names. They said that the ASHA in the village had been working fine and regularly visiting all the households in order to spread awareness and influence the families of the pregnant women to resort to institutional deliveries at the nearest PHC. They said that they were not very satisfied with the working of the AWW in the village. She did not provide the required amount of food to the beneficiaries in the village. Also, no pre-schooling activities were provided to the children at the AWC. Also, the adolescent, pregnant and lactating women were not receiving proper quantity of food from the Anganwadi centre. However, most of the people could not recall the name of the ANM and had a lot of complains against her. She said that she was not available on most of the immunization campaign drives.

The participants also complained about the health cards being issued to them. Most of the participants accepted that they received the health cards last year but fail to recognise the benefits of the same. They said that they had no knowledge of the use of these health cards. However, in state of a medical emergency, when some people tried to use the health cards, they were denied of any help as the doctors at both the private and Government health centres rejected to treat them without charging money.

The participants listed the major issues in the village as- unavailability of roads, insufficient supply of electricity, insufficient source of pure drinking water, inability to access the entitlements under ration cards, difficulty in making the voter IDs; in the order of their occurrence.

They were also not satisfied with the treatment provided at the nearest PHC. They said that the same medicine is given to all the patients suffering from different diseases.

The women complained that they were not provided sufficient quantity of food from the AWC. The old age pension was regularly disbursed to all the eligible members in the community. Also, they complained that the scholarship to be given to the eligible students were yet to be distributed this year. The widow pension was not disbursed to the eligible members as the same could not provide the proof of the same. However, they reported that the disabled received their entitlements on time of Rs.3600 per annum.

A high rate of drop-out was observed in the community especially in the female child on switching from primary to medium school and also from medium to higher secondary school. They suggested that if the NGOs worked in acknowledging the gaps in the village

and present the same to the various Government bodies then it might result in the improvement in the system.

### **Discussion with Community, Chandrapur Muslim Tola, Shahkund**

This focus group discussion was conducted in a Muslim-dominant region. Most of the people were daily-wage earners or labourers in the village. 10 people were selected for the discussion out of which 4 were males and the rest females.

On probing about the education imparted in the schools, they said that all the male children were sent to the school. The girl child was also sent to the school but more emphasis was laid on learning the indoor routine work. Also, the girl candidates were reported to have a high drop-out rate as most of the parents didn't consider it very essential for the girl child to study. It was also observed that it was the parents were not in favour of making the girl child more educated than the male child.

On enquiring about the quality of food being served under the Mid-day meal scheme, the participants seemed dissatisfied. The food was not being served as listed. They accused the cook of preparing good food for herself and her family and provide the worst to the children. She adds water to the vegetables and daal after separating out her part and this results in the deterioration of the quality of food.

They added that there is only one teacher in the school who opens it for an hour or two on some days. It remains closed on some days. The toilet in the school is kept locked and never reopened for the use of the children. Children have complained to the Mukhiya, but no action has ever been taken against him.

ANM visits the AWC regularly and carries out the process of immunisation regularly too. One of the female participants shared her experience of her delivery. She said that she had to buy 13 vaccines for Rs.400 for the delivery. She said that at the Sadar Hospital, she was asked to pay the money or else carry the same on the outside. Also, the women who try to avail the benefits of the JSY reported that ASHA's travel and food allowance had to be borne by themselves. Also, they were able to receive the money only after 2-3 month so delivery. The contact number for ambulance is not in function and the people had no clue whom to complain for the same. Besides, the ambulance is also reported to be non-functional. Most people are hence forced to arrange for a local conveyance on their own expense.

*"Pesa nahi degi to bahar ja ke ilaj karwa lo".*

On probing about the RSBY scheme it was reported that cards were distributed 2 years ago but none knew the benefits of the same. Also, it was reported that Rs.100 had to be paid in order to get the registration done for a new born.

The participants reported that there was one Anganwadi centre in the village. They complained that the children were not provided any pre-school activities at the AWC. 2kg rice, 1kg daal, 100g soyabean were reported to be given monthly to the children, but the

same was not distributed to all. They added that the children are rarely weighed. It is only done in case of an inspection. The weighing machine remains non-functional on the rest of the days.

*“Kishori ko kuch nahi deti hai”*

The Gram Panchayat also doesn't hold any meeting on the community was unable to raise most of the issues on a public podium.

The old age pension was not disbursed regularly to the eligible candidates. The last years' pension was still pending. They usually buy ration from the money received in pension.

They complained that none of the Government representatives reached out to them and listen to their grievances.

## Civil society organizations

To capture civil society perspective, IDI was conducted with representative of the Non-Government Organization Utkrishta working with artisans in the Jagdishpur block.

The representative of Utkrishta was of the opinion that a handful of individuals have captured the government schemes for the artisans and are the only ones reaping the benefits of the schemes. These individuals are not artisan anymore, in fact have become businessmen or contractors.

One of the key instruments to avail benefits of government schemes is the Artisan Card, making of which is also facilitated by Utkrishta. One of the major benefits of the card was that the can use the stalls in the crafts mela organized by the Government. Most of the artisans are not even aware of the benefits of the card. As an artisan is defined, every household in an area has an artisan. Only a selected number of people who have the cards have flourished while the rest of the artisans now serve as their employees.

*” Rs.4000-5000 tak ke reimbursement ke liye Rs.700-800 kharcha ho jata hai aur pareshani alag aur din bhi gaya”.*

BIMA Cards issued to the artisans are not working as expected, both for corruption and systemic flaws. With the expenses incurred to be reimbursed, the process of getting the reimbursement is very cumbersome. Payment of commission is also one major issue in the issuance of health cards to the artisans.

It was underscored that if the Government wants to help the artisans, the focus should be on creating awareness; not only about the use of these cards but also about the exploitation involved in the process. Further, the artisans also need to be informed of the Do's and Don'ts in the use of these cards.

Similarly, the key input for the artisans, the silk thread was to be provided by the government, however the same is not happening. Due to this, silk threads made in China are being used by the artisans. Most of this silk thread is sold in the black market and therefore it is illegal and artisans are arrested if found with these. A lot of corruption thus takes place in the transportation of this silk thread to this side of the border and hence the prices shoot up. The quality of the Chinese silk thread is also poor and hence the overall quality deteriorates.

It was also highlighted that, there are only a small number of SHGs in the area and therefore the collective voice is limited. Hence, it is important to organize the community first and then carry out the interventions and activities to achieve the desired outcomes.

## **Roles and Responsibilities of ASHA**

ASHA will be a health activist in the community who will create awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services. She would be a promoter of good health practices. She will also provide a minimum package of curative care as appropriate and feasible for that level and make timely referrals. Her roles and responsibilities would be as follows:

- ASHA will take steps to create awareness and provide information to the community on determinants of health such as nutrition, basic sanitation & hygienic practices, healthy living and working conditions, information on existing health services and the need for timely utilization of health & family welfare services.
- She will counsel women on birth preparedness, importance of safe delivery, breastfeeding and complementary feeding, immunization, contraception and prevention of common infections including Reproductive Tract Infection/Sexually Transmitted Infection (RTIs/STIs) and care of the young child.
- ASHA will mobilize the community and facilitate them in accessing health and health related services available at the village/sub-center/primary health centers, such as Immunization, Ante Natal Check-up (ANC), Post Natal Check-up (PNC), ICDS, sanitation and other services being provided by the government.
- She will work with the Village Health & Sanitation Committee of the Gram Panchayat to develop a comprehensive village health plan.
- She will arrange escort/accompany pregnant women & children requiring treatment/admission to the nearest pre- identified health facility i.e. Primary Health Centre/ Community Health Centre/ First Referral Unit (PHC/CHC /FRU).
- ASHA will provide primary medical care for minor ailments such as diarrhoea, fevers, and first aid for minor injuries. She will be a provider of Directly Observed Treatment Short-course (DOTS) under Revised National Tuberculosis Control Programme.
- She will also act as a depot holder for essential provisions being made available to every habitation like Oral Rehydration Therapy (ORS), Iron Folic Acid Tablet (IFA), chloroquine, Disposable Delivery Kits (DDK), Oral Pills & Condoms, etc. A Drug Kit will be provided to each ASHA. Contents of the kit will be based on the recommendations of the expert/technical advisory group set up by the Government of India.
- Her role as a provider can be enhanced subsequently. States can explore the possibility of graded training to her for providing newborn care and management of a range of common ailments particularly childhood illnesses.

- She will inform about the births and deaths in her village and any unusual health problems/disease outbreaks in the community to the Sub-Centres/Primary Health Centre.
- She will promote construction of household toilets under Total Sanitation Campaign.
- Fulfillment of all the roles by ASHA is envisaged through continuous training and upgradation of her skills, spread over two years or more.

## **Roles and Responsibilities of AWW**

- To elicit community support and participation in running the programme.
- To weigh each child every month, record the weight graphically on the growth card, use referral card for referring cases of mothers/children to the sub-centres/PHC etc., and maintain child cards for children below 6 years and produce these cards before visiting medical and para-medical personnel.
- To carry out a quick survey of all the families, especially mothers and children in those families in their respective area of work once in a year.
- To organise non-formal pre-school activities in the anganwadi of children in the age group 3-6 years of age and to help in designing and making of toys and play equipment of indigenous origin for use in anganwadi.
- To organise supplementary nutrition feeding for children (0-6 years) and expectant and nursing mothers by planning the menu based on locally available food and local recipes.
- To provide health and nutrition education and counseling on breastfeeding/ Infant & young feeding practices to mothers. Anganwadi Workers, being close to the local community, can motivate married women to adopt family planning/birth control measures.
- AWWs shall share the information relating to births that took place during the month with the Panchayat Secretary/Gram Sabha Sewak/ANM whoever has been notified as Registrar/Sub Registrar of Births & Deaths in her village.
- To make home visits for educating parents to enable mothers to plan an effective role in the child's growth and development with special emphasis on new born child.
- To maintain files and records as prescribed.
- To assist the PHC staff in the implementation of health component of the programme viz. immunisation, health check-up, ante natal and post natal check etc.
- To assist ANM in the administration of IFA and Vitamin A by keeping stock of the two medicines in the Centre without maintaining stock register as it would add to her administrative work which would effect her main functions under the Scheme.
- To share information collected under ICDS Scheme with the ANM. However, ANM will not solely rely upon the information obtained from the records of AWW.

- To bring to the notice of the Supervisors/ CDPO any development in the village which requires their attention and intervention, particularly in regard to the work of the coordinating arrangements with different departments.
- To maintain liaison with other institutions (Mahila Mandals) and involve lady school teachers and girls of the primary/middle schools in the village which have relevance to her functions.
- To guide Accredited Social Health Activists (ASHA) engaged under National Rural Health Mission in the delivery of health care services and maintenance of records under the ICDS Scheme.
- To assist in implementation of Kishori Shakti Yojana (KSY) and motivate and educate the adolescent girls and their parents and community in general by organizing social awareness programmes/ campaigns etc.
- AWW would also assist in implementation of Nutrition Programme for Adolescent Girls (NPAG) as per the guidelines of the Scheme and maintain such record as prescribed under the NPAG.
- Anganwadi Worker can function as depot holder for RCH Kit/ contraceptives and disposable delivery kits. However, actual distribution of delivery kits or administration of drugs, other than OTC (Over the Counter) drugs would actually be carried out by the ANM or ASHA as decided by the Ministry of Health & Family Welfare.
- To identify the disability among children during her home visits and refer the case immediately to the nearest PHC or District Disability Rehabilitation Centre.
- To support in organizing Pulse Polio Immunization (PPI) drives.
- To inform the ANM in case of emergency cases like diarrhoea, cholera etc.

### **Role and responsibilities of Anganwadi Helpers**

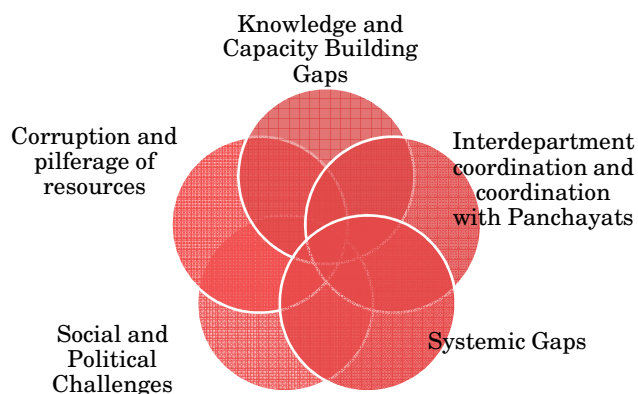
- To cook and serve the food to children and mothers
- To clean the Anganwadi premises daily and fetching water.
- Cleanliness of small children.
- To bring small children collecting from the village to the Anganwadi.

## Situation Analysis: Findings

After conducting the stakeholder consultation, situation analyses was conducted. This chapter details the analyses of the situational analysis findings. The findings have been categorized as supply side and demand side findings.

### Supply Side Challenges

Our findings in this section have been based on our interaction with key government functionaries and the service providers engaged in delivering services to the last mile. The supply side challenges identified in improving access of public schemes by the poor can broadly be categorized under the five categories. The impact on access to public schemes is often interplay of the five main challenges identified and discussed in the following sub-sections.



### Systemic Gaps

By systemic gaps we refer to gaps that have emerged due to policies or implementation and interpretation of policies as programmes. Two such instances were, which could be categorized under this head are:

- **Aspects related to Coverage:** In the AWC visits made by our team it was observed that this was not enough to cover all potential beneficiaries in the catchment area of the AWC. The nutritional supplement support was not reaching all the potential beneficiaries. This challenge has been included as a systemic issue, since this practice was being used uniformly across all AWCs that were visited in the districts and were known to government officials as well. This problem was further compounded in case of a Muslim dominated community, where the number of potential beneficiaries were more and it was reported that almost half of them were refused nutritional support provisions from the AWC. The AAWC workers are also alleged of partiality in selecting the potential beneficiaries from the community as there are no set criteria for the same.

Since AWCs under this arrangement are being selective with potential beneficiaries, experience from other development interventions suggest that the poorest of poor and the marginalized are the most likely to lose out on the benefits. It is important to further investigate this issue and develop a strategy to work towards ensuring that children and women are not refused nutritional supplements in the AWC. It was observed that *Training and Learning Material* were as not in place and *Pre-School*

*Education* services were not being offered as desired. Interest at the level of parents / guardians was also reported as a problem in addition to the identified issues. The quality and quantity of food served to the children at the AWC was not strictly as per guidelines. During our discussion with the community in Pirpainti block, some parents argued that if the children were to be served such a quality of food at the AWC, then they see no point in sending them there. Besides, the Anganwadi workers and the parents, separately, suggested that there should be changes in the operation timings of the AWC during the summers due to the rise in temperature.

It was also observed that the ASHA workers were not properly maintaining the records and the growth charts were also incomplete. There was no mechanism to track the timely requirement of medicines from the nearest PHC/CHC. It is due to the same reason that some people responded that they were declined of the medical help as the ASHA had a shortage of medicines.

It was also reported in discussions with PRI functionaries that some of the reasons for backwardness of the selected blocks were in-appropriate public transportation facilities, lack of infrastructure and employment opportunities in vicinity and poor monitoring support to the ongoing government schemes. Un-availability due to out-migration was also cited as a major reason for poor access to such schemes.

- **Delays in provision of benefits:** One of the major issues that was found in all public sector services was the delay in provision of benefits. The pension schemes for the elderly and the disabled in the villages visited were delayed by 3 to 6 months. Apart from this, the supply of free books, scholarships and the cycles under the Mukhya Mantri Cycle scheme are delayed to reach the beneficiaries. The books reach the students almost 4 to 8 months after the session has initiated. Many respondents shared the past negative experiences in availing the benefits of the Government schemes as a major reason for lack of interest in availing the same in future. Some women reported that they had to undergo childbirth at home because of delay in ambulance reaching their village. In conversation with the Medical Officer at PHC, Pirpainti it was found that the ambulance that were to be deployed to cater to the pregnant women in the rural areas were not in function. Late immunization in pregnant women were also reported by the AWWs due to their migration. Mukhyamantri Poshak Yojana was mostly recognized by the respondents but delays and corruption involved in the availing the benefits of the same was an issue. Some of the respondents also mentioned that their BPL cards were not in function.

### ***Knowledge and Capacity Building Gaps***

It has been found that capacity building is one of the most critical gap on the supply side. It was found that capacity building was a need across different levels of service providers. This was quite evident during our interaction with the district lead of the ICDS programme, whose understanding about the programme was very limited. More specifically, it was also found that:

- As per district and block level officials the standard training provided to the front line health and ICDS workers such as ANM, ASHA and Anganwadi workers was not of good quality and needed to be reviewed both in context of content and quality.
- There existed no provisions to monitor if the skills acquired in the training were put to practice.
- The PRI functionaries, especially at the block and panchayat level, are not trained about the provisions and the role under schemes that they help in implementation. As per the Mukhiya's that were interviewed during the visit, they gained knowledge about their roles in implementation of the schemes once they started taking care of the duties assigned to them. They had not undergone any structured training on implementation of schemes.

### ***Inter-department coordination and coordination with Panchayats***

Another important gap in delivery of the services and improving access to public schemes was the limited inter-department coordination and coordination between panchayats and departments at different levels.

- This is clearly highlighted in the defunct Village Health Sanitation & Nutrition Committees. It was found that VHSNCs were not operational across the district and there was no coordination between the health, ICDS, PHED departments and the panchayats on this. The Village Health Sanitation and Nutrition days were being organized by the ANM and the AWW without the participation of other departments and panchayat members and were not achieving the desired objective of bringing together three interlinked departments on a single platform to address the health, sanitation and nutrition issues at the village level.
- The CDPOs met only once a month with the frontline health workers to review their progress. There was no other mechanism to monitor the same.
- In conversation with the CDPO, an urgent requirement for a supportive supervision was raised. It was pointed out that the functionaries going for monitoring primarily aim at picking out the mistakes. It was suggested that they should try to make the frontline workers aware about the corrective measures and the best practices. This would also help in up-scaling the accountability quotient of the ground-level staff, at the same point making the implementations more effective from the community perspective.
- In discussion with the CMO, a need for a dashboard for HMIS was reported so people would have a ready access for tracking the improvements without getting into the details and nuances. This would also help the diverse audience in comprehending the need for improvement in areas that are either slowly moving or not showing any improvement at all.

### ***Corruption and pilferage of Resources***

This is one of the cross cutting challenge that plagues service delivery across sectors. Corruption and wastage/misuse of resources takes place across sectors. During our visits evidence of corruption was available in the functioning of the AWC's, the implementation of the mid-day meal scheme in schools, the disbursement of pensions and scholarships etc. Corruption is manifested in the delivery system in many forms, this includes

- ***Compromising on the quality & quantity of the services offered:*** This is clearly evident from the quality of the nutritional supplement offered at the AWC and the mid meal provided in the schools. It was also reported by the Panchayat functionaries that this is an area of concern and needs to be addressed by active monitoring and supervision. Both the quantity and quality offered were less than the provisions made. It was also clear that the numbers of beneficiaries in AWC were less than the one provisioned/reported. Similarly, it was observed that in some cases of pension disbursement, the entries made in the passbooks and those reported to be received by the beneficiaries. RSBY implementation was reportedly struggling and a serious need for intervention was observed.
- ***Denying benefits to those eligible or favoring someone who is not:*** This is also a case that needs to be investigated further. During community interaction and meetings with some of the key officials it was evident that certain sections of the community were being denied the benefits. The tribal population, which is a relatively small percentage of the overall population, was one such section. Similarly, it was found that in many cases some of the benefits are passed on to individuals who are not eligible for them. This was clearly evident in case of the benefits of Mukhyamantri Poshak Yojana and the Mukhyamantri Balika Cycle Yojana. It was shared by respondents that such schemes are often passed on to individuals who do not otherwise qualify. It was also suggested that the amount of assistance provided is less and needs to be revised in order to provide benefit in real terms and ensure utilization of the money for the purpose that it targets.
- ***Commissions or facilitation money:*** One of the most rampant forms of corruption in the project area is the demand for commissions and facilitation money. This was particularly evident in accessing JSY and RSBY schemes in the district. The commission or facilitation money was being demanded by both the service providers (doctors/health service providers) and the facilitator (ASHA/ANM). The benefits actually received under JSY ranged from Rs 800 to Rs 1400. The RSBY scheme was in fact discontinued in the district due to rampant corruption in its implementation.

In some of the cases, especially in schemes to promote education, it was found that any preference or corrupt practice in providing benefits under one scheme had a spiral effect. Since eligibility for schemes are similar, often this means that any discrepancy has to be carried across all schemes thereby having a multiplier effect. Similarly this holds true for schemes provided through the Anganwadi and the health delivery system.

### ***Social and Political Challenges in Delivery***

Bhagalpur like other districts of Bihar witnesses a social mix that poses a number of challenges in delivering development services without biases. It was observed that in Bhagalpur, due to the political and social mix, the dominant caste is not necessarily uniform across the district. This varies from panchayat to panchayat. One finds that a particular caste based on its proportion of the population may emerge as dominant. Apart from this, sub-castes in the villages can also play a role in determining who can access benefits relatively easily. From the discussion it emerged that the dominant caste in terms of population would be the strongest in the panchayat and most likely to dominate the services. It has been observed that in certain villages it was reported that some of the sections of the community were not provided with services by the ASHA worker since they belonged to a different caste. Similarly, it was also reported that in some villages the ANM ignored houses of a certain community.

## Demand Side Challenges

The demand side challenges have also been identified based on our interaction with the community and the government representatives. These are discussed in the following sub-sections.



Figure 1 Demand side challenges

### ***Knowledge and Capacity Building Gaps***

One of major gaps on the demand side is the lack of knowledge about the schemes and provisions made by the government. The areas that we need to focus on are

- Provisions and entitlements under the schemes
- Eligibility criteria for schemes
- Procedures for accessing schemes
- Awareness about complaint redressal mechanisms under schemes
- Accessing information in government set-up

Our assessment of the field situation suggests that in the existing scenario the community is not aware about the provisions and the process of accessing the benefits under these schemes. The lack of knowledge and the capacities among the community creates a situation that leads to emergence of gate keepers to benefits, such as Panchayat secretaries, Mukhiyas and government functionaries. It is important for the success of AIPAD project that knowledge sharing and capacity building of the community is taken up on priority.

### ***Strength of the Community Based Institutions***

Another observation that was made during the situation analysis visit was that community structures such as panchayat institutions were not strong and had limited participation from the community. Apart from this, the team of consultants also could not find the community organized into community based organizations such as SHGs. The team also interacted with a couple of civil Society organizations and found that the district did not have a very strong network of CSOs, which can be leveraged for implementing the project interventions. Thus, a major challenge for the implementation of the IPAD project will be to identify community based institutions and strengthening them to create demand for services and accountability in their provision. Apart from this, institutions such as VHSNCs are non-existent.

We believe that the project implementation team will have to

- Identify existing CSO and strengthen their capacities and
- Improve the participation of community members in PRIs and strengthen them.
- Work towards development and strengthening of VHSNCs.

### ***Social and Political Challenges***

The social and political aspects are also a challenge on the demand side. The social challenges of caste and class based differentials will also act as barriers in mobilizing the community into institutions with common interests. It was observed that though in general it is the SCs, STs and minorities that are excluded and marginalized, often it was found that it was the sub castes in a village scenario that decided who remains excluded.

It was observed that the Mukhiya mostly belongs to the dominant caste in the area and hence the needs and grievances of the socially vulnerable groups are overlooked and avoided. However, considering the importance of the Mukhiya and the Panchayati Raj institutions in service delivery and decision making, a collaborative approach should be taken with them. Thus, the project implementation team will have to take into consideration these local issues while working together with the community. In an in-depth interview with a woman from the community, it was found that ASHA does not pay visit to the vulnerable sections of the community. It was also reported that some people due to their cultural beliefs stray away from immunization after childbirth. Also, the AWW reported that the cases of malnourishment were mostly reported in female child. Sometimes, the new ASHA in the area is not easily accepted by the people and hence a sudden fall in health and nutrition status is observed in the area.

### ***Organizing the Community***

Considering the complex social structures and weak community based institutions it will be a challenge to organize the community. It is important to note this as a critical gap, since all capacity building and demand generation activities can only be rolled out after mobilizing the community.

### ***Cause-effect relationship***

A brainstorming session was held with the key personnel of implementing partners to delineate the cause-effect relationship with respect to the identified core problem- 'low access of public schemes by the vulnerable communities'.

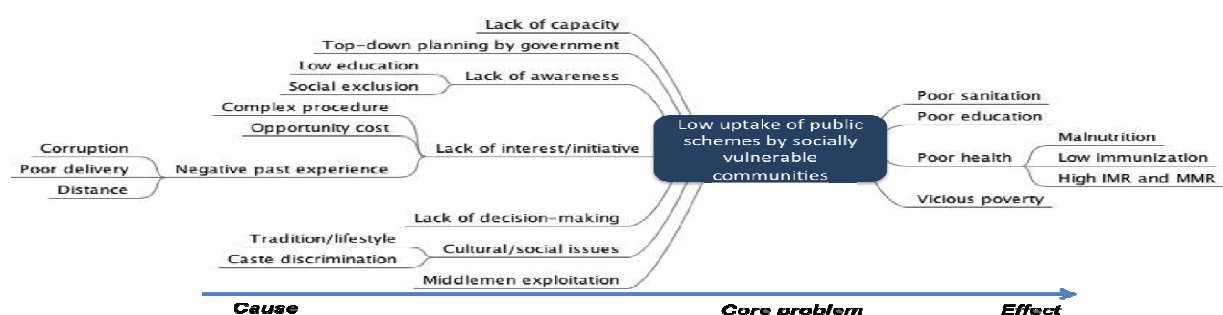


Figure 2 Cause effect relationship

The core problem identified is that of low uptake of public schemes by the socially vulnerable communities. The main causes for the same from the community perspective have been delineated as lack of capacity and awareness of the communities resultant of there low education and social exclusion, lack of interest/initiative because of complex government procedures, opportunity cost and negative past experiences, lack of decision-making and cultural and social issues. Top-down approaches of the government and exploitation by the middlemen have also been identified as key causes for this low uptake. The problem of low uptake leads to lower levels of sanitation, education, health with malnutrition, low immunization and high IMR and MMR; and vicious poverty. The causality as summarized during the session is given in the figure below.

# Review of the Project Result Chain

One of the objectives of the situation analyses was to review the intervention logic in terms of the result chain in light of the findings of the situation analyses. The result chain of the project as described in the project logframe is schematically illustrated in the figure below.

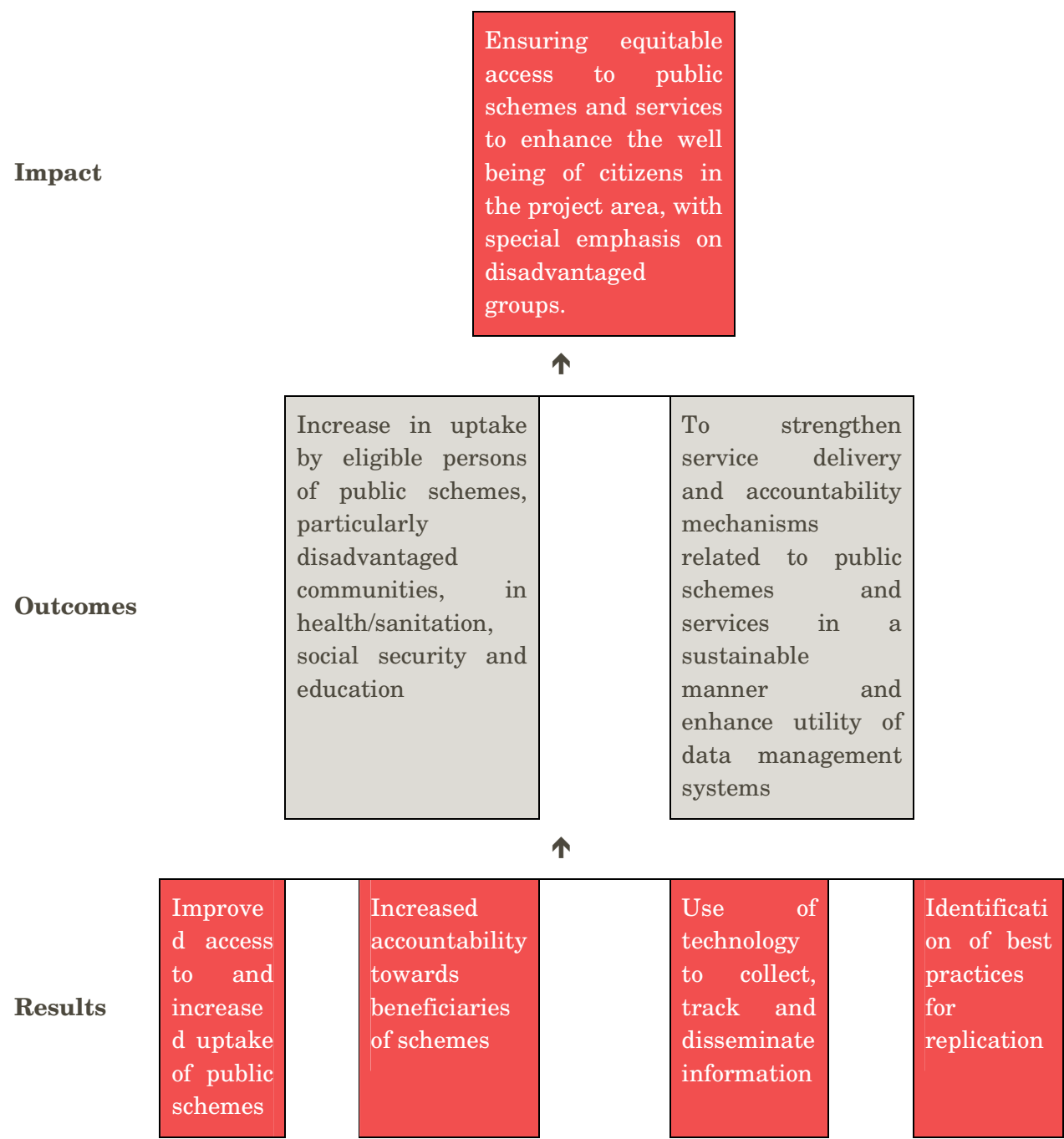


Figure 3 Project result chain

The causal pathways of the proposed result chain were reviewed to logically reflect the hierarchical linkages and suggest changes if any. Key considerations shaping the review are discussed here:

**Impact statement:** The envisioned impact of project is stated as “Ensuring equitable access to public schemes and services to enhance the well being of citizens in the project area, with special emphasis on disadvantaged groups”. The condition that is being achieved here is ‘enhanced wellbeing’ with ‘equitable accesses as means to achieving the same. Enhanced access particularly by the disadvantaged groups is also an envisaged outcome and therefore should not feature in the impact statement.

**Outcomes statements:** There are two outcomes envisioned, these being:

1. Increase in uptake by eligible persons of public schemes, particularly disadvantaged communities, in health/sanitation, social security and education
2. To strengthen service delivery and accountability mechanisms related to public schemes and services in a sustainable manner and enhance utility of data management systems

Statement 1 is essentially the inverted image of the core problem (Figure 3) and therefore the outcome. However, statement 2 essentially is a mean to achieve the outcome (statement 1). Further, strengthening of the service delivery system is a strategy for improved access to and uptake of public sector schemes- the same detailed as a result. Similarly, strengthening accountability is a means for ‘increased accountability towards beneficiaries of the scheme’, an envisaged result. Same is the case for ‘enhanced utility of data management system’ it being a means for achieving the results. Thus, there should only be one outcome for the project, the same stated as statement 1.

**Result Statements:** There are four result areas described in the logframe, these being:

1. Improved access to and increased uptake of public schemes
2. Increased accountability towards beneficiaries of schemes
3. Use of technology to collect, track and disseminate information
4. Identification of best practices for replication

These being the deliverables for the project, it is envisioned that once these results have been delivered, the outcome (s) would be achieved.

In result 1 describes ‘improved access to and uptake of’; however the outcome statement is also described as ‘increase in uptake’. It is assumed that here ‘access’ refers to outreach of the service delivery system and uptake is the utilization of the services by clients. In this regard, ‘improved access’ is a means for the increased uptake, access being defined as enhanced outreach of the service delivery system. Similarly, result 3 is more of strategy/activity that would contribute to the aid strengthening accountability, service delivery, while the information dissemination may result in “improved access to information by the clients”. Same are the consideration of result 4, essentially an activity.

Based on the discussion with the project implementation teams the impact pathways were delineated. The same are presented in the figure 3 below.

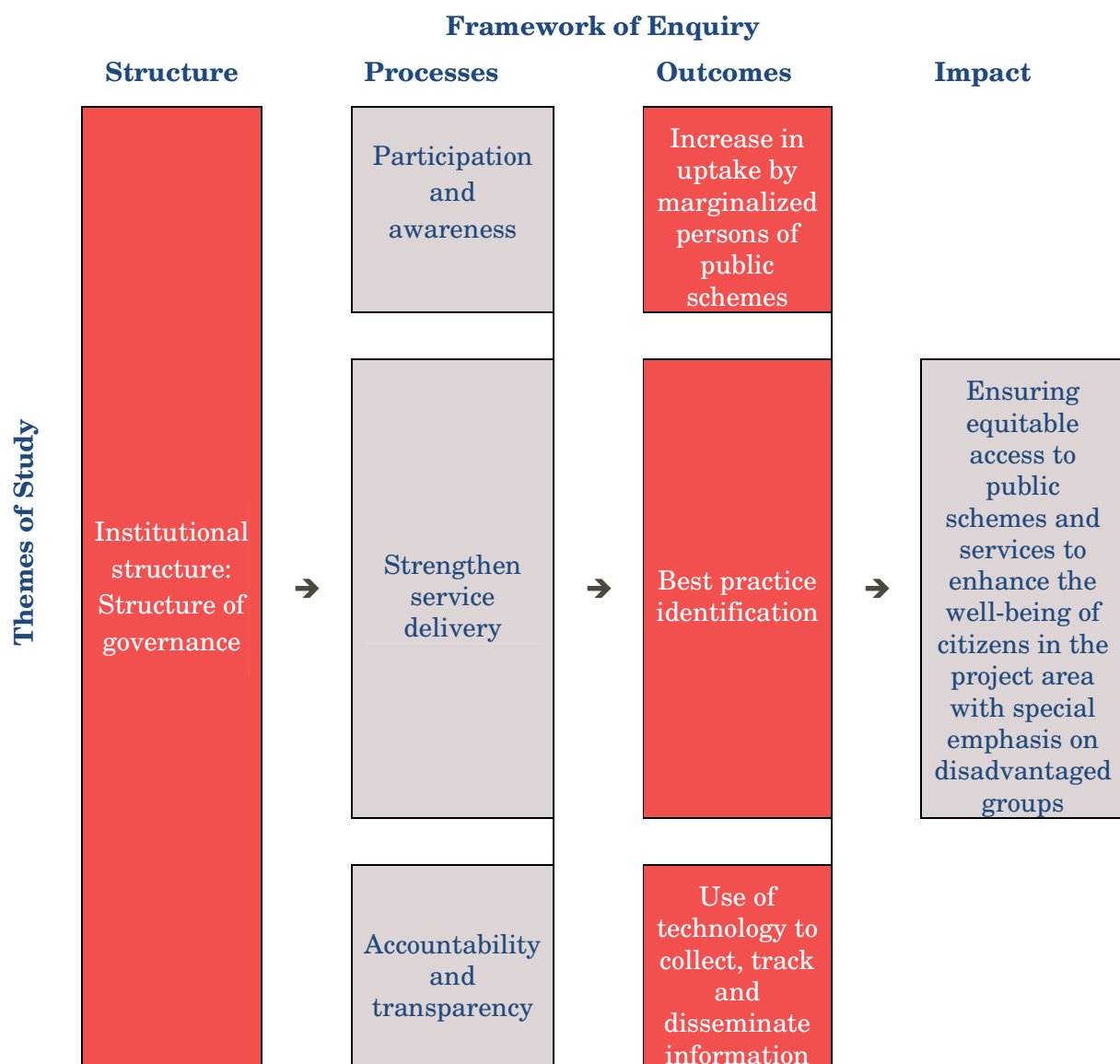


Figure 4 Project impact pathways

The project intends to use the existing structure of governance to further processes that enhance participation and awareness of the target communities, strengthen the existing service delivery mechanisms and enhance accountability and transparency. These processes are envisioned to translate into intended outcomes in terms of increase in uptake of public schemes by the marginalized persons, identification of best-practices and use of technology to collect, track and disseminate information. Attainment of these outcomes is envisioned to contribute towards the intended impact of Ensuring equitable access to public schemes and services to enhance the well-being of citizens in the project area with special emphasis on disadvantaged groups. The described impact pathways sufficiently articulates the means to end causality of the project.

## Considerations for Implementation

---

Based on the findings of the situation analyses, the key considerations for implementation have been identified. The same are described in the following sections.

### **Information and education**

Across the stakeholders, insufficient information of the schemes gets underscored as a key hindrance in access to services. And therefore raising awareness becomes quintessential in access enhancement imperatives. The same needs to be brought at the loci of interventions across actors and sectors. Devising effective communication strategies and innovative solutions for providing information that facilitate easy recall are needed for the same. Given the case dynamics and bottlenecks of transfer in information from one community to another, peer educators targeting specific communities could be an alternative.

### **Coordination between FLWs**

Coordination between the three FLWs for enhancing access to health services delivery also emerges as a key challenge. Given that the three FLWs at the village level belong to three different departments, health, ICDS and Panchayat; coordination at higher levels is needed for the same as a prerequisite. The same needs to be considered in the implementation designs. Dialogue with the departments for inter-departmental coordination augmented by village level facilitation of information exchange and sharing between the three FLWs would be a key action towards the same.

### **Strengthening HMIS**

The need and rationale of a robust management information system to support decisions enhancing access and assuring accountability has been accentuated during the stakeholder consultations. System strengthening so as to provide for timely, accurate and complete data is highlighted. This also thus becomes a key area of intervention with significant bearing on the envisioned results. Trainings, especially of the FLWs and the data operators, in these regard have been considered critical.

### **Trainings**

Relevant, customized and structured trainings for improving skills and knowledge of the service providers also gets flagged as a key concern. Also, the quality of trainings also gets earmarked as a key concern and at the same time regular and on-the job trainings have been considered necessary. The intervention imperative therefor is for designing and executing need-based customized training programmes at the same time assuring quality delivery and follow-up so that the learned knowledge and skills are translated into improved performance and service delivery.

### **Organizing the community**

One of the most important considerations is the need to identify mediums of reaching out to the community for mobilizing and organizing. We understand from the structure of the project implementation team, that it might not be able to develop organize or mobilize the community in groups. Thus, it will be critical that they identify existing community based institutions and strengthen them to act as a base for their interventions.

At the next-level, the project needs to monitor the participation of the community in meetings of the Panchayati Raj Institutions and other community institutions such as the VHSNCs, since participation in these will help them exercise their rights and demand for entitlements. This, it is suggested that indicators measuring the participation of the target group in panchayat meetings and other community based institutions is monitored on a regular basis.

### **Phasing out implementation**

Another important aspect that needs to be considered while implementing the project is of utilizing a phased approach to implementation. We believe that starting the interventions in all the villages simultaneously might not be practically possible with the existing team structure. It is suggested that project implementation team takes a phase approach since that would allow them to concentrate on a smaller area and also learn from experience initially and use the experience gained to scale-up operations.

## Annex A: Study Tools

### IN-DEPTH INTERVIEW – GOVERNMENT FUNCTIONARIES

Start Time					End Time				
				Hrs					Hrs

#### IDENTIFICATION DETAILS

<b>NAME OF THE RESPONDENT</b>	
<b>DESIGNATION</b>	
<b>DEPARTMENT</b>	
<b>EDUCATIONAL QUALIFICATION</b>	
<b>BLOCK</b>	
<b>DISTRICT</b>	
<b>STATE</b>	
<b>DATE OF INTERVIEW</b>	
<b>NAME OF INTERVIEWER</b>	

Instructions:

Begin with a round of introductions, and spend 5-10 minutes providing the brief background of the project. Please inform that the team is conducting a situational analysis and identifying both supply side and demand side issues in service delivery. Inform that the inputs provided by the officials will be used in designing the interventions under the project.

1. Since how many years/months are you working on this position?
2. What are your key roles and responsibilities as \_\_\_\_\_?
3. Can you please explain the organizational structure of you department?

4. Which are the main schemes being implemented by your department? How do you plan their coverage?
5. Can you please explain the planning and the delivery system in place for delivering the schemes implemented by your department?
6. Some blocks of Bhagalpur are considered to be less developed in comparison to the other blocks of the state. The incidence of poverty is higher with cases of severe and acute malnourishment as well among SCs, STs and other marginalized communities. What according to you are the main reasons for this?
7. What according to you are the challenges in ensuring that the marginalized communities such as SCs, STs, and minorities are able to access the development schemes being implemented?
8. What is the impact on the marginalized communities of not being able to access to these development schemes?
9. According to you what can be done to improve the access of SCs and STs to these development schemes?
10. Which is the line departments/PRIIs associated with your department in delivering these schemes? What is the coordination/planning mechanism?  
What are the challenges in coordination with these line departments/PRIIs? How do you think these issues can be addressed?
11. What are the efforts undertaken to improve access and quality of the services offered?
12. Have there been any training and capacity building programmes held for the functionaries of your department? If yes, who conducted the programmes and what were the topics covered?
13. Do you think that there is a need of further building capacities of your department's functionaries, to ensure that these schemes can be accessed better and services under them are of improved quality? If yes, can you suggest some specific areas of capacity building?
14. Have you faced any problems or challenges while discharging your responsibilities in planning/implementation/monitoring of these development schemes? If yes, Please elaborate. In your opinion what can be done to take care of the problems and challenges?

15. Apart from changes in departments, what do you suggest should be done to improve access and quality of the services under these schemes?

**IN-DEPTH INTERVIEW – PANCHAYAT FUNCTIONARIES**

Start Time					End Time				
				Hrs					Hrs

**IDENTIFICATION DETAILS**

<b>NAME OF THE PANCHAYAT REPRESENTATIVE</b>		
<b>ELECTED POSITION</b>		
<b>PRI INSTITUTION ASSOCIATED WITH</b>	<b>Zilla Panchayat</b>	<b>1</b>
	<b>Panchayat Samiti</b>	<b>2</b>
	<b>Gram Panchayat</b>	<b>3</b>
<b>EDUCATIONAL QUALIFICATION</b>		
<b>VILLAGE</b>		
<b>GRAM PANCHAYAT</b>		
<b>BLOCK</b>		
<b>DISTRICT</b>		
<b>STATE</b>		
<b>DATE OF INTERVIEW</b>		
<b>NAME OF INTERVIEWER</b>		

**Instructions:**

Begin with a round of introductions, and spend 5-10 minutes discussing issues of general interest to respondents such as the up-coming Lok Sabha election (without a bias to any party) and what is keeping them busy these days – what pressing tasks they have on hand, and what roles do they play as Panchayat members in development works in the villages, how much funds they get to manage, etc. Enquire about how long they have been Panchayat members, and what their decision making forums and processes are. Gradually move on to issues in accessing development schemes and their delivery. The reasons for these problems and their implications on the development scenarios.

1. Since when have you been serving the community as the panchayat member in Bhagalpur district?
2. What are your key roles and responsibilities as a Panchayat member?
3. What is the role played by Panchayat Institutions (District, Block and village level) in planning and implementation of various development schemes?
4. Some blocks of Bhagalpur are considered to be less developed in comparison to the other blocks of the state. The incidence of poverty is higher with cases of severe and acute malnourishment as well among SCs, STs and other marginalized communities. What according to you are the main reasons for this?
5. Kindly share if you are aware of the following schemes being implemented in the state? If yes, what role does the panchayat play in implementation of the following specific schemes?
  - a. Janani Suraksha Yojna
  - b. Sarva Sikhsha Abhiyaan
  - c. Mid-day Meal Scheme
  - d. Mukhyamantri Balika Cycle Yojna
  - e. Mukhyamantri Balika Poshak Yojna
  - f. Rastriya Swastha Bima Yojna
6. Why do you think the marginalized communities, especially the SCs and STs are not able to access the above mentioned schemes?
7. What is the impact on the marginalized communities of not being able to access to these development schemes?
8. According to you what can be done to improve the access of SCs and STs to these development schemes?
9. Do you think that the Panchayati Raj Institutions can play a role in improving access of these marginalized communities to development schemes? If yes, what roles can the Panchayati Raj Institutions Play?
10. Are you satisfied with the quality of services offered under these schemes? If no, do you have any specific concerns on the quality of services/gaps in quality of the following schemes?
  - a. Janani Suraksha Yojna

- b. Sarva Sikhsha Abhiyaan
- c. Mid-day Meal Scheme
- d. Mukhyamantri Balika Cycle Yojna
- e. Mukhyamantri Balika Poshak Yojna
- f. Rastriya Swastha Bima Yojna

11. What role does the Zilla Panchayat, Panchayat Samiti and Gram Panchayat Play in the delivery of the following schemes?

Scheme	Role played by different tiers of Panchayats in Planning, Implementation and Delivery		
	Zilla Panchayat	Panchayat Samiti	Gram Panchayat
JSY			
Mid-Day Meal			
RSBY			
Mukhyamantri Balika Cycle Yojna			
Mukhyamantri Balika Poshak Yojna			
Vridha Pension Scheme			
Disability Pension Scheme			

12. Have there been any training and capacity building programmes held for Panchayat Functionaries on development schemes? If yes, who conducted the programmes and what were the topics covered?

13. Do you think that there is a need of further building capacities of PRI functionaries, to ensure that these schemes can be accessed better and services under them are of improved quality? If yes, can you suggest some specific areas of capacity building?

Zilla Panachayat

Panchayat Samiti

Gram Panchayat

14. Have you faced any problems or challenges while discharging your responsibilities in planning/implementation/monitoring of these development schemes? If yes, Please elaborate. In your opinion what can be done to take care of the problems and challenges?
15. Apart from changes in PRIs, what do you suggest should be done to improve access and quality of the services under these schemes?

**IN-DEPTH INTERVIEW – PROJECT COORDINATOR PATNA**

Start Time					End Time				
				Hrs					Hrs

**IDENTIFICATION DETAILS**

<b>NAME OF THE RESPONDENT</b>	
<b>POSITION IN THE PROJECT</b>	
<b>HIGHEST EDUCATIONAL QUALIFICATION</b>	
<b>NAME OF THE ORGANISATION</b>	
<b>NUMBER OF YEARS WITH THE ORGANISATION</b>	
<b>DATE OF INTERVIEW</b>	
<b>NAME OF INTERVIEWER</b>	

Instructions to the Interviewer:

Introduce yourself to the respondent. Please share the objective of your visit and seek permission for initiating the interview. Please inform that the discussion would take almost 30-45 minutes.

1. Since when have you been associated with Nidaan?
2. Have you worked on other projects implemented in Bihar or in some other similar place on similar issues as IPAD? Please share which projects and what was the objective?
3. What are your key roles and responsibilities as the Project Manager of the Project?
4. Why was Bhagalpur selected as the project intervention area? What was the criteria developed for identifying
5. Some blocks of Bhagalpur are considered to be less developed in comparison to the other blocks of the state. The incidence of poverty is higher with cases of severe and acute malnourishment as well among SCs, STs and other marginalized communities. What according to you are the main reasons for this?
6. Can you please explain the central problem/gap that the project aims to address through interventions planed under IPAD?

7. In your view, what are reasons for this problem (Marginalized communities not being able to access provisions and entitlements)?
8. What do you think is the effect of the above mentioned problems on the marginalized communities?
9. What broad result areas/objectives for the project have you identified to address the core problem identified in the project?
10. What activities do you think will be critical in achieving the project result areas?
11. Who according to you are the key stakeholders of the project? Please briefly explain how you plan to engage them in delivering the project?

Name of the Stakeholder	Brief Stakeholder Engagement Plan

12. What challenges do you foresee in implementing the interventions in field?
13. What risks do you foresee in implementation of the interventions?
14. What in your view will be the capacity building needs of the project functionaries?
15. What will be your approach to monitor the project activities?

### Guidelines for Focus Group Discussion with Community/Beneficiaries

Start Time					End Time				
				Hrs					Hrs

**Objectives:** To understand the issues in accessing rights and entitlements provided by the government.

**Name of the Village/Gram Panchayat:**

**Date:**

**Procedure of Selecting Participants:** The researcher will along with the project implementation team develop a village map identifying the location which has a denser population of the target group. Potential beneficiaries (SCs, STs and other marginalized communities) will be mobilized for FGDs from these households with the help of existing project resources, existing SHGs, panchayat functionaries or other stakeholders such as anganwadi worker or an existing SHG group operational in the village.

#### Profile of Participants

	Name of the Participant	Age	Social Group
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Name of Facilitator:**

**Signature of Facilitator:**

## **Introduction:**

Namaste. My name is \_\_\_\_\_ and I am working with Sambodhi Research & Communications Pvt. Ltd., Delhi. Nidaan and its partners have implemented a programme to support uptake of government schemes and entitlements by the marginalized communities. We are supporting them in conducting a situation analysis in the project area. We would like to ask you some questions about the challenges/difficulties in accessing these entitlements and provisions by the government. This information will help understand the present situation to evaluate the program activities. The amount of time needed will be about 45 to 60 minutes. Participation in this survey is voluntary. Whatever, information you provide, will be **kept strictly confidential** and will not be shown to other persons and used only for research purposes.

We hope that you will participate in the discussion since your views are important. Do you want to ask me anything about the discussion at this time?

## **SECTION A: GENERAL INFORMATION**

1. Let's introduce ourselves. My name is ..... (Probe: Name, occupation, and husband's occupation, number of family members and their occupations?)
2. How many of you have a new born or a pregnant woman in your families?
3. How many of you have children going to the school?
4. How many of you have person with disability in your family?
5. Are you aware of a CSO working on development issues in your village or nearby villages? (Probe: what do they do? Which domains do they work in etc.)
6. Who is *Mukhiya* of the village and are you aware of the committees formulates under the Panchayat Act? Can you name them and explain the roles of these committees?

## **SECTION B: PROVISIONS AND ENTITLEMENTS**

Now I would like to have some information on the provisions and entitlements provided by government and your experience in availing them

1. Which are the provisions/schemes that you are aware of that the government is implementing in your region? (Probe by )
  - a. Mother and Child Care
  - b. Health Care/free hospitalization
  - c. Education and schooling
  - d. Employment
  - e. Social Security(Help by prompting, so that the community can identify the main schemes being covered under the project. Also develop an understanding of the level of awareness about the schemes being targeted by the project)
2. Have you or any of your family members tried to access any of these schemes in the past? If yes, were there any challenges faced by you in accessing them? Why is it difficult to access these provisions?  
Those who have not, why have you not them? (Discuss using specific schemes as example)

3. Are you satisfied with the quality of services offered under these schemes? Are you satisfied with the quality and delivery? If no, what are the areas of improvement?
4. What are the effects of unavailability/poor quality of these services?
5. What are the alternative options of such services available to you? What are the challenges and problems with accessing these alternatives (money, effort and accessibility)?
6. Have you faced/experienced any discrimination while accessing these schemes (Caste, religion or based on any other social and economic aspects)? If so, share instances.
7. What according to you should be done to improve access and quality of services of these schemes? What role do you think the Panchayats can play in improving access?
8. Do you think there are any capacities building needs for the community? If so, what could be the possible capacity building areas?
9. What are the two most critical issues that a civil society organization should address to improve accessibility and quality of these services?

## In-Depth Interview- Anganwadi Worker (AWW)

Namaskar ! My name is \_\_\_\_\_ and I come from Sambodhi Research & Communication Pvt Ltd. Sambodhi has been contracted to conduct a Midline survey in your area by PACs programme. Your participation in this exercise will be appreciated. We value your opinion and are keen to understand your experience, expectations and perceptions regarding the work being done for the poor vulnerable communities in your area. The interview will take about 30-45 minutes. Please feel free to give any feedback. Participation in this survey is completely voluntary. However, we hope that you will participate fully in this survey since your views are important. I assure you that the confidentiality about the information provided by you would be maintained. The information provided by you in this questionnaire will be used for research purposes. It will not be used in a manner which allows identification of your individual responses

ueLdkj! esjk uke &&&&&&& gS vkSj eSa lacks/kh fjlPZ ,.M dE;wfuds'ku izkbZosV fyfeVsM dh vksj ls vk;k gWwA lacks/kh dks vkids {ks= esa losZ djus ds fy, fu;qDr fd;k x;k gSA vkids }kjk bl losZ esa Hkkx fy;k tkuk iz'kaluh; gksxkA ge vkidh jk; dks egRoiw.kZ ekurs gSa vkSj vkids {ks= esa vfr laosnu'khy@detksj leqnk;ksa ds fy, fd;s tkus okys dke ds laca/k esa vkidh vuqHko] vis{kkvksa vkSj n`f"Vdks.kksa ds ckjs esa tkuuk pkgrs gSaA bUVjO;w dks iwjk djus esa yxHkx 30&45 feuV dk le; yxsxkA bl losZ esa vkidh lgHkkfxrk iwjh rjg ls vkidh bPNk ij fuHkZj gSA gkykafd ge vk'kk djrs gSa fd vki bl iwjh rjg ls bl losZ esa Hkkx ysaxs D;ksafd vkids fopkj gekjs fy, egRoiw.kZ gSaA eSa vkidsk Hkjkslk fnykrk gWw fd vkids }kjk nh x;h tkudkjh dh xksiuh;rk dks cuk;s j[kk tk;sxkA vkids }kjk bl DoS'puj esa iznku dh x;h tkudkjh dks fjlPZ ds mn~ns'; ls bLrseky fd;k tk;sxkA bls bl izdkj ls bLrseky ugha fd;k tk;sxk fd ftlls fd vkidks O;kfDrxr :i ls igpkuk tk ldsA

Start Time 'kq: gkssus dk le;		End Time [kRe gksus dk le;	
Respondent's details fjLikW.MsUV dh tkudkj			
Name uke		Age mez	
Village xkjo		Gram Panchayat xzke iapk;r	
Block CykWd		District ftyk	
Organisation/Department laLFkk@foHkkx		Position in	
Experience vuqHko			

## 1. ICDS

1.1 How long have you been working in this village? Please let me know for how long have you been working at your current position?

d`i;k crk,a fd vki bl xkWo esa fdrus le; ls dke dj jgs gSa\ d`i;k crk,a fd vki orZEKKU in ij fdrus le; ls dke dj jgs gSa

1.2 Which community mainly inhabits the surrounding of your AWC? How many households does this AWC cater to? How many beneficiaries have registered in the AWC under ICDS?

vkids vkaxuokM+h dsUnz ds vkl&ikl eq[; :i ls dkSu lk leqnk; gS\ ;s vkaxuokM+h dsUnz fdrus ifjokjksa dks Isok,a iznku djrk gS\ vkbZlHmH,l ds varxZr fdrus ykHkkFkhZ vkaxuokM+h dsUnz esa iathd`r gSa

1.3 What are the different kind of services being provided at AWC? What are the different segments of population you cater to?

vkaxuokM+h dsUnz ij कितने प्रकार कि Isok,a iznku dh tkrh gSa\ vki tula[;k fd कौनसे fofHkUu oxksZ dsk Isok,a iznku djrs gS\

1.4 We understand that you play a very critical role in implementation of ICDS Services. I would like to learn about your experience in implementation of services with respect to the last three years :

ge tkurs gSa fd vki vkbZlHmH,l dh Isokvksa ds dk;kZUo;u esa cgqr egRoiw.kZ Hkwfedk fuHkkrs gSa\ eSa fiNys 3 o`kksZ esa Isokvksa ds dk;kZUo;u ds laca/k esa vkids vuqHko ds ckjs esa tkuuk pkgSaxs\

- Access of Anganwari centers by SC, ST, Muslim communities?

vuqlwfp tkfr@vuqlwfp tutkfr vkSj eqfLye laeqnk;ksa dh vkaxuokM+h dsUnz rd igqWp

- Coverage of population – enumeration of all eligible, enrolment and delivering services ?(Ask specifically for children 6 months to 3yrs, 3-6 yrs, pregnant women, lactating mothers)  
tula;k dk dojst & IHkh ;ksX; ykxksa ds nkf[kys] vkSj Isok,a iznku djus dh x.kuk\  $\frac{1}{4}$ [kkLrkSj ij 6 eghuksa ls ysdj 3 o"KZ ds cPpksa] 3&6 o"KZ ds cPpksa xHkZorh efgykvs] Lruiku djkus okys ekrkvksa ds fy, iwNsa $\frac{1}{2}$
- Have there been any steps taken towards effective delivery of health services? Has there been convergence with health department? What about organisation of Village health and Nutrition Day/ Immunisation day (Immunization services, health checkups)? Are people participative in these activities?  
LokLF; Isokvksa ds izHkko'kkyh <ax ls iznku fd;s tkus ds fy, D;k&D;k dne mBk;s x;s gSa\ D;k LokLF; foHkkx ds lkFk dksbZ lekurk gS\ xzke LokLF; dh laLFkk vkSj iks"k.k fnol@Vhdkdj.k fnol  $\frac{1}{4}$ Vhdkdj.k Isok,a] LokLF; tkap $\frac{1}{2}$  ds ckjs esa D;k dgsaxs\ D;k ykx bu xfrfof/k;ksa esa Hkkx ysrs gS\
- Have there been any steps taken towards effective delivery of supplementary nutrition? In your opinion, how is the quality and quantity of supplementary nutrition provided? Is it as per the norms?  
iwjd iks"k.k vkkgj ds vljnkj <ax ls forj.k ds fy, D;k dksbZ dne mBk;s x;s gSa\ vkidh jk; esa] iznku fd;s tkus okys iwjd iks"k.k vkkgj dh ek=k vkSj xq.koRrk dSlh gS\ D;k ;s ekunaMksa ds vuqlkj gS\
- Is the growth monitoring and promotion carried out at regular intervals? Do all women bring their children to the AWC? If not, who all don't come and why?  
D;k fu;fer varjky ij c<+r ds fujh{k.k vkSj izkseks'ku fd;k tkrk gS\ D;k IHkh efgyk,a vius cPpksa dks vkaxuokM+h dsUnz ykrh gS\ ;fn ugha rks dkSu&dkSu lh ugha vkrh gsa vkSj D;ksa\
- Is proper counselling on health and nutrition related issues provided to the beneficiaries?  
D;k ykHkkfFkZ;ksa dks LokLF; vkSj iks"k.k laca/kh eqn~nksa ij mfpr ijke'kZ iznku fd;k tkrk gS\

3.1 We would like to know how have you contributed towards implementation of ICDS scheme through Anganwadi. We shall appreciate if you could share with us the problems or issues that you have faced during the last three years with respect to implementation of ICDS (Probe for issues both at the communities and implementor's end). What are the specific problems faced by communities?

ge tkuuk pkgsaxs fd vkus vkaxuokM+h ds }kjk vkbZlhMh,l dh ;kstuk ds fØ;kUo;u esa fdl izdkj ls ;ksxnku fn;kA fiNys 3 o"kksZ esa vkbZlhMh,l ds fØ;kUo;u esa vkus ftu&ftu leL;kvksa ;k eqn~nksa dk lkeuk fd;k Fkk ;fn vki eq>s muds ckjs eas crkrs gSa rks ge vkids cgqr vkHkkjh gksaxsA  $\frac{1}{4}$ leqnk;ksa vkSj bElyhesUVIZ nksuksa dh leL;kvksa ds fy, izksc djsa $\frac{1}{2}$  leqnk;ksa ds }kjk [kkLrkSj i fdru&fdu leL;kvksa dk lkeuk fd;k tkrk gS $\frac{1}{2}$

3.2 We would like to know your opinion on the issues listed below. Please let me know in case there are any issues/problems faced in any of these? If so how often and with whom?

ge uhps fn;s x;s eqn~nksa ds ckjs esa vkidh jk; tkuuk pkgrs gSaA d`i;k eq>s crk,a fd D;k fdlh ekeys esa D;k vkidsk buesa ls fdlh leL;k dk lkeuk djuk iMk Fkk\ ;fn gkW rks dc&dc vkSj fdlds lkFk\

- How is the quality of supplementary nutrition provided in AWC? (Probe on take home ration and hot cooked meal)  
vkaxuokM+h dsUnz esa iznku fd;s tkus okys iwjd iks”kd vkgkj dh DokfyVh dSIh gksrh gS\ ¼?kjj jk’ku yksu vkSj ids gq, xeZ [kkus ds fy, izksc djsa½
- Is the supplementary nutrition provided regularly in AWC?  
D;k vkaxuokM+h dsUnz esa iwjd iks”kd vkgkj iznku fd;k tkrk gS\
- Are norms related to coverage of beneficiaries and quantity norms followed in AWC? (Probe on universalisation norms, quantity of SN for different target groups)  
D;k vkaxuokM+h dsUnz esa ykHkkfFkZ;ksa dh dojst ls lacaf/kr ekunaMks vkSj ek=k ds ekunaMksa dk ikyu fd;k tkrk gS\ ¼ekunaMksa dks lkoZHkkSfed cukus] fofHkUu yf{:r lewgksa ds fy, ,l,u dh ek=k ds fy, izksc djsa½
- How about the health services to pregnant and lactating women? Are all eligible women provided with these services?  
xHkZorh efgykvksa vkSj Lruiku djkus okyh efgykvksa ds fy, LokLF; Isokvksa ds ckjs esa D;k dgsaxs\ D;k lHkh ;ksX; efgykvksa dks ;s Isok,a fseyrh gsSa\

- 3.3 Have you ever witnessed any kind of complaints from the community regarding issues of discrimination? Has someone ever come to you with some complains on favouritism? What was that and how did you sort that out.  
 क्या आपने अपने समुदाय में कभी भेदभाव सम्बन्धित शिकायतों का सामना किया है? D;k dHkh Hkh dksbZ vkids ikl i{kikr djus dh f'kdk;rsa ysdj vk;k gS\ oks D;k f'kdk;rs Fkh vkSj vkus mudk lek/kku dSls fd;k Fkk\
- 3.4 In the recent times have you heard of any incidences where women or children have been discriminated against on the grounds of provision of supplementary ration, health services, counselling etc. What do you think are the reasons for these incidences?  
 D;k vkus gky gh esa fdlh ,slh ?kVuk ds ckjs esa lqk gS ftlesa iwjd jk'ku] LokLF; Isokvkas]] ijke'kZ vkfn ds izko/kku ds vk/kkj ij efgykvksa ls HksnHkko fd;k x;k gksaA vkidks D;k yxrk gS fd bu ?kVukvksa ds D;k&D;k dkj.k Fksa\
- 3.5 What in your opinion needs be done to avoid similar incidences in the future? Kindly let us know the probable role of community and the civil society on the same. Also, how do you think anganwadi is positioned to tackle an issue like this.  
 vkidh jk; esa Hkfo"; esa bl izdkj dh ?kVukvksa ls cpus ds fy, D;k&D;k fd;s tkus dh t:jr gSa\ d'i;k eq>s leqnk; vkSj yksd&lekt dh laHkkfor Hkwfedk ds ckjs eas crk,aA d'i;k ;g Hkh crka, fd bl izdkj ds eq~n~nksa ls fuiVus ds fy, vki fdl gn rd rS;kj gSa\
- 3.6 During your tenure have you observed any increased interest among people towards availing the benefits provided by the ICDS?  
 क्या आपके कार्यकाल में आपने लोगों में ICDS के तहत जो सुविधाएं होती हैं उनके प्रति बढ़ता उत्साह देखा ?
- 3.7 Are you aware of any CSOs operating in your village on supplementary nutrition? If yes, how do you perceive their role in creating awareness among the households regarding the benefits of ICDS?  
 क्या आप आपके गाओं में कार्यरत किसी भी CSO के बारे में जानते हैं ? अगर हाँ, फिर क्या आप जनसाधारण में जागरूकता कि वृद्धि का श्रेय इस CSO को देंगे?

## In-depth Interview- ASHA

Namaskar ! My name is \_\_\_\_\_ and I come from Sambodhi Research & Communication Pvt Ltd. Sambodhi has been contracted to conduct a survey in your area by PACS Programme. Your participation in this exercise will be

