SITUATION ANALYSIS OF HEALTH SCHEMESAND EXISTING INTER-SECTORAL CONVERGENCE IN PALI DISTRICT, RAJASTHAN

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Contents

Acronyms used in the Report

ANC	:	Angan wadi Centre
ASHA	:	Accredited social health activist
BPL	:	Below Poverty Line
CMOH	:	Chief Medical Officer Health
GoI	:	Government of India
ICDS	:	Integrated Child Development Service
RCH	:	Reproductive and Child Health
AWW	:	Anganwadi worker
ANM	:	Auxillary Nurse Midwife
PHC	:	Primary health Centre
NRHM	:	National Rural Health Mission
GP	:	Gram Panchyat
VHSNC	:	Village Health Sanitation and Nutrition Committee
VC	:	Village Coordinator
PRI	:	Panchayati Raj Institution
SC	:	Sub- Centre
CHC	:	Community Health Centre
VHSND	:	Village Health Sanitation & Nutrition Day
MCHN	:	Maternal and Child health and nutrition day
PHED	:	Public Health &Engineering Department
TSC	:	Total Sanitation Campaign
IEC	:	Information Education and Communication
PWDVA	:	Prevention of women from domestic violence act
OPD	:	Out Patient Department

EXECUTIVE SUMMARY

Introduction

National Mission for Empowerment of Women (NMEW) aims to strengthen the overall processes that promote all-round development of women. In order to address women empowerment, a holistic approach by way of strengthening the inter-sectoral convergence of health and nutritional schemes at macro and micro level needs to be focused. The situational analysis of convergence of different departments in the district for improvement of health and nutrition will help to improve the odds for successful convergence. The study will also help to identify the constraints if any in the convergence of different sectors in the effective implementation of health and nutrition schemes at district level.

The present study will help to understand the existing gaps in inter-sectoral convergence and introducing the innovative strategies based on identified constraints at local level. The preliminary aim of the study was to understand the specific area that needs to be strengthened in order to adopt a holistic approach to enhance the status of women's health and nutritional level.

Methodology

The qualitative research method was adopted to conduct the situation analysis of Health and Nutrition schemes and existing inter-sectoral convergence in district Pali. Qualitative research techniques including Focus Group Discussion, In-depth Interviews and observation checklists were used to generate knowledge from primary and secondary stakeholders. The observation guidelines were also used to observe the Gram Sabha meeting and Village Health Sanitation and Nutrition day at village level.

Findings

The study findings have been analyzed with reference to study objectives and presented in following sections:

- Review of exiting health and nutrition schemes in Pali district
- Understanding infrastructure support and access of health and nutrition schemes
- Awareness about health and nutrition schemes among services providers and community
- Inter-sectoral convergence practices

- Existing gaps and barriers

It was revealed that about 32 schemes were available to address the health and nutrition in district Pali. The study findings related with infrastructure enumerates the variance of various bottlenecks at village and block levels. Moreover, social, economic and cultural barriers, prevalent in the community also resulted in low utilization of services by the community. Study findings help to understand the awareness about prevention of women from domestic violence Act (PWDVA) and related existing causal relationship in the community. The findings highlight the inter-sectoral convergence practices and its salient features. The existing inter-sectoral convergence gaps and barriers display the potential areas need to be strengthen.

Recommendations

Eventually, study suggested recommendations that emerged out and could be useful while designing the intervention strategy for strengthening the inter-sectoral convergence for improvement of health and nutrition. The recommendations classified into four sections as mention below:

Development of comprehensive guidelines for services providers across departments

- A detailed and comprehensive guidelines need to be framed for convergence of various departments for improvement of health and nutrition schemes for service providers. A sample of brief description of health and nutrition schemes along with detail explanation about identification of potential client and guidelines to avail the services is enclosed in *annexure A*. The guidance will help to execute the services.

- At district level one senior officer should be designated as nodal officer who will look after the convergence and functioning of all the health and other departments for improvement of health. The district nodal officer will be responsible for devising the policy for the convergence and point of convergence like at planning, implementation and monitoring. The officer will be responsible for regular meetings and joint planning between relevant departments. The nodal officer will work under the guidance of District Collector. A sample checklist that can be used by nodal officer to monitor the convergence activity is enclosed in *annexure B*.

- ASHA, AWW and ANM need to be provide basic IEC materials that can be use with the community meetings. Surpanch could initiate awareness campaign at regular intervals to maximise the coverage among community. It is recommended the awareness about health and benefits of health and nutrition schemes Information Education Communication materials should be displayed at various public places like Panchayat Bhawan, School building, Village entry, exit and central points in local language.

Strengthening Infrastructure

- The location of Anganwadi centres should be accessible to all the village settlements. In order to reach the unreached habitation an appropriate location in terms of school and community building can be utilised. Provision of functional child friendly toilets need to be ensured in all the AWCs.

- It is recommended that provision of necessary equipments and materials like digital weighing machine and early childcare education needs to be ensure in all the AWCs.

Capacity enhancement of service providers

- An annual joint training calendar for AWW, ASHA, ANM, Primary school teachers, village health sanitation and nutrition committee members would be prepared by district nodal officer in consultation with various departments and nodal officer will be responsible for its monitoring and execution at block level.

- There is a need to organize separate session for PRI members under Total Sanitation Campaign programme and convergence issues would be discussed in monthly coordination committee and gram sabha meetings. There is a need to train the ANMs on how to maintain the cash registers.

- It is recommended that step-by-step progress of interpersonal communication followed by uptake of services would be graphically displayed at beneficiary doorstep. The culturally accepted illustrate would help services providers to focus specific services to the beneficiary and family. A sample illustrate is mention in *annexure D*.

Strengthening Communication between community and service providers

- Addressing importance of interpersonal communication village health sanitation and nutrition committee should initiate dialogue among service providers, community and stakeholders.

- It is recommended that PRI members should initiate community based extra curriculum programme by way of organising special day/activities for kids as "Vaccination Day" and appreciation rewards would be given for those who avail the services happily. Celebrating sports day on quarterly basis would improve access of information and utilization of services among community.

- In order to improve the women's participation, women centric issues related activity can be organised at regular interval with the use of local resources. Information for all the service and schemes should be given to women. Awareness generation campaign should be carried out among women about the legal rights and women entitlements.

- Convergence issue needs to be discussed monthly in coordination committee meeting at Block level and District level. There is a need to train the PRI members regarding the convergence issues and how to monitor the convergence in implementation of health plans. PRI members have important role of monitoring the schemes but presently PRI member and sarpanch's role is limited to signing of cheques. Therefore PRI should be given training on how to monitor the inter-sectoral convergence at village level.

- Revenue and Agriculture department should also be involved for promotion of health and nutrition schemes. It is recommended that Patwari can suggest the benefits of family planning, health and nutrition schemes at the time of registration of land by farmers.

CHAPTER ONE

1.1 Introduction

The goal of the national policy for the empowerment of women (2001) is to bring about the advancement, development and empowerment of women while creating an enabling environment at national, regional and local level. Adopting a holistic approach to women's health that includes both nutrition and health services with special attention would be given to the needs of women and the girl at all stages of the life cycle. Women should have access to comprehensive, affordable and quality health care. In view of the high risk of malnutrition and disease that women face at all the three critical stages viz., infancy and childhood, adolescent and reproductive phase, focused attention needed to meet the nutritional needs of women at all stages of the life cycle. This is also important in view of the critical link between the health of adolescent girls, pregnant and lactating women with the health of infant and young children. In order to improve the health indicators, women need to be empowered.

National Mission for Empowerment of Women (NMEW) aims to strengthen the overall processes that promote all-round development of women. In order to address women empowerment, a holistic approach by way of strengthening the inter-sectoral convergence of health and nutritional schemes at district, block and village level needs to be focused. It is expected that by understanding the best practices and existing gaps in existing inter-sectoral convergence would rejuvenate the mission's efforts towards women empowerment.

In order to address the health and nutrition issues various determinants for example water, sanitation, hygiene, nutrition, breastfeeding, gender, education and woman empowerment are essential, given their overall impact on health. Convergence with stakeholders including Ministry of Women and Child Development, Health & Family Welfare, Rural Development, Panchayati Raj, Human Resource Development and Water & Sanitation will act as catalysts in making existing health interventions more effective implementation of schemes and reducing the burden of morbidity and mortality.

The *Inter-sectoral convergence model*, an initiative of National Mission for Empowerment of Women, Government of India has been launched in 30 districts on pilot basis covering 640 villages for convergent implementation

of various programmes. The model includes introduction of convergence cum facilitation centres at the district (few urban agglomerations), tehsil/ward and village/area levels. The existing structural arrangements of participating departments wherever available shall be used. Under the model POORNA SHAKTI KENDRA (PSK) is the first point of contact for women at village level. The first pilot convergence project was launched in District Pali of Rajasthan on 16th September 2011 with the opening of 150 village convergence and facilitation centres.

1.2 About Pali

Pali is the administrative headquarters of Pali District located in the Marwar region of Rajasthan. It is situated on the bank of the river Bandi and is 72 km south-east of Jodhpur. The Pali is known as 'The Industrial City'.

As of 2011 Census of India, Pali had a population of 229,956. Males constitute 52 percent of the population and females 48 percent. Pali has an average literacy rate of 68 percent, lower than the national average of 74 percent: male literacy in Pali is 77 percent and female literacy is 59 percent. In district Pali, 13 percent of the population is under 6 years of age.

1.3 Need for the Study

A situational analysis of convergence of different departments in the district for improvement of health and nutrition will help to improve the odds for successful convergence. The study will also help to identify the constraints if any in the convergence of different sectors in the effective implementation of health and nutrition schemes in the district.

The study was planned to understand the health and nutritional schemes to address the issue of women empowerment by strengthening the existing inter-sectoral convergence of health and nutritional schemes at district-block-village level. This present study attempts in understanding the existing gaps in inter-sectoral convergence and introducing the innovative strategies at local level. The study will also help in identifying best practices and existing gaps in inter-sectoral convergence that would rejuvenate the efforts towards women empowerment. The findings of the study would further support in understanding the structural and socio-cultural factors that influence the utilization of health and nutrition schemes.

While working in this direction, HLFPPT was given the responsibility to conduct the study entitle '*Situation Analysis of Health and Nutritional schemes and existing Inter-sectoral Convergence of in Pali district Rajasthan*' with the support of National Mission for Empowerment of Women by involving all stakeholders at beneficiary end as well as at service providers end.

1.4 Objectives of the Study

The preliminary aim of the study was to understand the specific area that needs to be strengthened in order to adopt a holistic approach to enhance the status of women's health and nutritional level.

The specific objectives of the study were:

1. To review the existing Government schemes which are addressing the health needs of women and children
2. To study the infrastructure that addresses the women and children health needs
3. To identify socio-cultural factors that influence accessibility and utilization of health schemes and its services
4. To identify inter-sectoral convergence gaps in health schemes at district, community development block and village level
5. To capture the awareness about PWDVA and abortion /MTP the women undergo, in the context of child sex ratio
6. To propose the innovative strategies to enhance the inter-sectoral convergence

CHAPTER TWO

Methodology

This chapter broadly outlines the research strategy adopted for this study. It is important to note here that; this assignment was essentially focused and dependent on findings of qualitative research methods. The nature of various qualitative survey tools used during the study is provided in this chapter.

2.1 Research Tools and Collection of Data

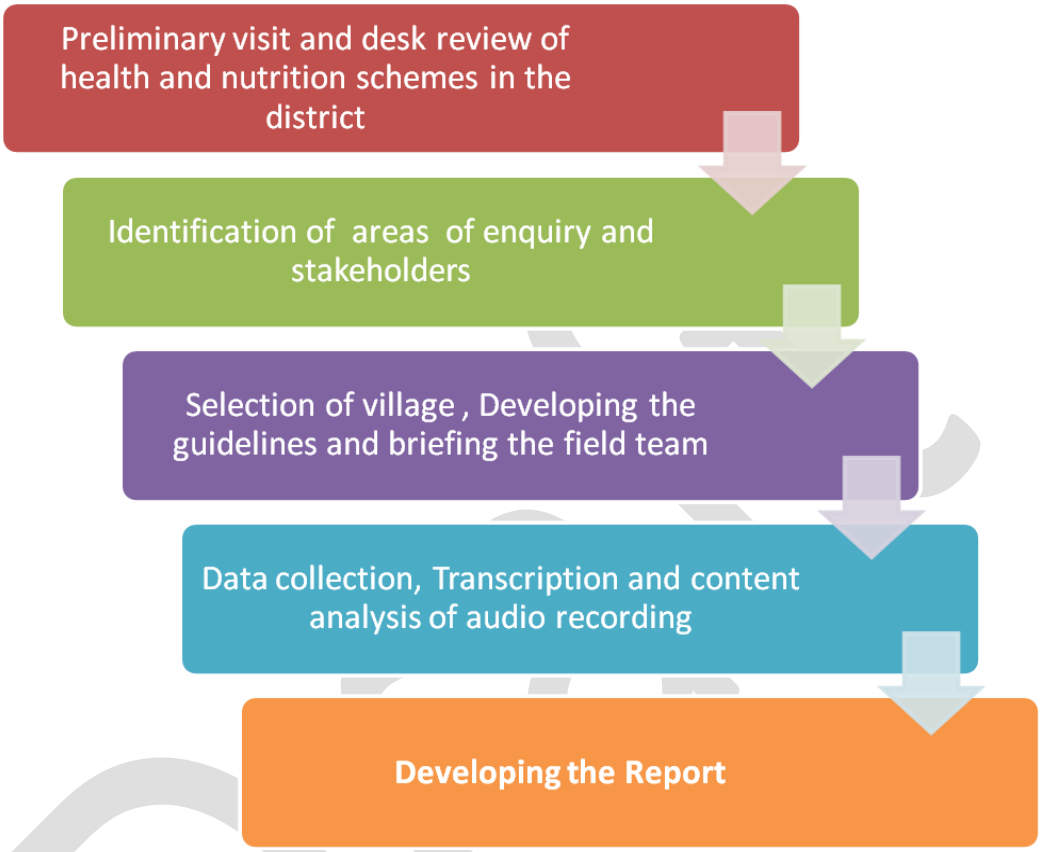
The strategy adopted for the study was purely qualitative in nature. A combination of qualitative research techniques likes Focus Group Discussion and In depth Interviews were used to collect the relevant data for the study. The *Focus Group Discussions* were conducted with an optimal group size of 9 to 10 members and the group was homogeneous from the point of view of intervention. This implies the category of respondents within a group was similar in nature. The discussions were moderated by experienced moderators who ensured maximum participation from every group member. Due care was taken to minimize the effect of *Gatekeepers* who tend to deter the quality of participation during the discussion.

The In depth interviews were conducted mainly for the service providers including the anganwadi worker, Auxillary Nurse Midwife, ASHA, CDPOs and other Health department officials. These interviews were conducted by experienced interviewers who ensured maximum response from the respondent for relevant enquiry areas. The respondent groups/ respondents for the study were as follows:

- Focus Group Discussion with head of the households mainly decision makers
- Focus Group Discussion with women those who reported of availing benefit of health and nutrition schemes
- Focus Group Discussion with women those who reported of partial or merely not availing of benefit from any health and nutrition scheme.

2.2 The Procedure

The sequence of activities for the execution of the present study were as follows



2.3 Sample Coverage and Research Tools

Study village

The method adopted for the present study was qualitative. The universe of study was Service providers, other stakeholders and beneficiaries of health and nutrition scheme. The village were selected in consultation with the district level health officials and district statistical officer. Village with PHC or sub centre facility were identified in two blocks Pali and Sumerpur. Four villages in each of the block were selected by simple random sampling for the detail survey. After selection of the study villages experienced moderators and interviewers were visited to collect the information. The data collection strategy involved a two pronged method wherein the full discussion was recorded in tape and simultaneously the moderators noted down the major viewpoints of respondents in short. These notes written while the data collection, served as additional source of information while

analyzing the information. The list of study villages and facilities are mention below:

Table 2.1: List of Village

Sl. No.	Block	Village and Health Facility	Health Facility
1.	Pali	1. Khairwa (PHC)	
		2. Lambiya (PHC)	
		3. Thakurla (Sub Centre)	Gundoj PHC
		4. Endlawas (Sub Centre)	Guda Endla PHC
2.	Sumerpur	1. Banklee (PHC)	
		2. Sanderao (PHC)	
		3. Pichawa (Sub Centre)	Sanderao PHC
		4. Bhachunda (Sub Centre)	Chanod PHC

In order to meet the study objectives, fieldwork was carried out during 26th November to 6th December 2012. A total 16 FGDs were conducted in the 8 selected villages by the experienced moderators. Focus Group discussions were generally conducted with Beneficiaries while the in depth Interviews were conducted with service providers.

The three groups with whom the Focus Group Discussions were conducted were the *women beneficiaries, women non beneficiaries and decision makers in the family* .Experienced moderators conducted the discussions. They conducted the proceedings of the group by suitably steering the discussion to our area of interest that was relevant to the points of study.

The moderator was proficient in local language. All the AWCs and PHCs were covered for the detailed survey and check list. Table 2.2 shows the respondent groups and number of interviews conducted for each of the respondent groups.

Table 2.2: Sample Coverage

Type of Tools	Number	Respondents
FGDs	18	Women beneficiaries & decision makers in the family
Check list /IDI	16	AWC and PHC
IDIs	12	PRI Member
IDIs	50	Line Departments

Focus group discussions were conducted with three different sub-groups in the study villages. Total 164 village persons were consulted through focus group discussion. Despite direct interaction with village community and service delivery providers. Observation technique in terms of Village Health Sanitation and Nutrition Day VHSN Day and was observed by study team in village Banklee Village, Sumerpur Block on 6th December 2012. One *Graam Panchayat* meeting was also observed by the study team at Khairwa Panchayat in Pali Block on 5th December 2012.

Detail of Focus group discussion

Date	Name of village where FGD conducted	No. of participants		
		Women*	Women	Men
26.11.2012	Lambiya, Block Pali	8	9	8
27.11.2012	Banklee, Block Sumerpur	8	9	9
28.11.2012	Pichawa, Block Sumerpur	9	9	10
29.11.2012	Khairwa, Block Pali	8	-	9
30.11.2012	Sanderao, Block Sumerpur	8	-	11
01.12.2012	Bhachunda, Block Sumerpur	10	-	9
02.12.2012	Thakurla, Block Pali	-	-	-
02.12.2012	Endlawas Block Pali	-	7	10
03.12.2012	Thakurla Block Pali	-	-	-
03.12.2012	Endlawas Block Pali	13	-	-
	Total	64	34	66
Note *: Women received benefits from any of the health or nutrition schemes				

In-depth Interviews

The In depth Interviews were conducted with the various *service providers* like ICDS functionaries at district block and village level, health department officials ,and officials of other line departments. These interviews were also conducted by able interviewers who tried to get as much information as possible from the respondents by asking them specific and probing questions.

In order to enhance and standardize the quality of discussion, various discussion guidelines were prepared in consultation with NMEW officials. These guidelines provided the general points of discussion with various respondents. Following table shows the list of respondents with whom the in-depth interviews have been carried out for the study.

Table 2.3: List of Officials

Sl. No.	District: Pali	Number of respondents
1.	Health Services providers (RCH officer, ACHMO)	4
2.	Women and Child	2
3.	Social welfare	1
4.	Panchyat Raj Institution	1
5.	Education	1
	Block: Pali and Sumerpur	
1.	Health	6
2.	Women and child	6
3.	Panchyat Raj	2
4.	Education	2
5.	Key Informants (Total sanitation campaign in-charge, PHED)	2
	Study villages	
1.	Health	15
2.	Women and child	13
3.	Panchyat Raj	6
4.	Education	8
5.	Key Informants	8
	Total	**77**

Moreover health facility centres were also visited to assess the infrastructure facilities at these centres in the study village and block.

2.4 Data Processing

After the initial collection of the data from the field on voice recorder and schedules the data was transcribed and analyzed.

During the field work most of the study villages required the translator to communicate with the villagers who have their own language and dialect. It was also noticed that while the *beneficiaries and community member* – were very enthusiastic in participating in the Focused Group Discussion, most *service providers* like –representatives of various department at block level lacked the same enthusiasm. Moreover the *community members* were more elaborate and spontaneous in their responses while the *service providers* wished to keep their responses as brief as possible.

After the completion of the transcription and editing data analysis was performed. Responses from each respondent category was scrutinized and analyzed. The study findings were categorized according to the respondent categories. In other words, all the findings across the 8 villages for a particular respondent category have been clubbed together and presented in this report. This makes the comparison across villages for each of the respondent category very easy. Moreover we also get a better picture of the views of each respondent category on our 'issue of focus'.

Editing and Correction of the Processed Data

After processing of data and before going into analysis of the data it was necessary that we did some editing/ correction of data collected from the field. As mentioned earlier all the interviews and discussions were recorded in the tape (apart from the schedules). In order to add value to the existing recorded tapes, all the filled up guidelines schedule were consulted. This helped to enrich the transcript in terms of added information. The final transcriptions were made to be free of any ambiguity so that the analysis could be started straight away.

Data Analysis

The data analysis was an important part, efforts were made to extract as much information as possible from the gathered data. Various specific words and phrases used by each of the respondent categories were carefully documented. However, it was a critical task that had to be done carefully with every single response.

As mentioned earlier some respondent category was more co-operative than the others. That means we got more information from certain respondents and less from others. In our research findings we have enumerated all the necessary information and tried to quote the local words and phrases wherever possible. The inclusion of the quotations not only provides a direct insight to the respondents' views but also enables us to clearly understand the existing pattern.

It enabled us to report the existing cultural variation among different villages of the district. Based on the data analysis we infer the barriers for convergence of health and nutrition schemes. We have identified all the possible barriers because of which the women are unable to access the services. We have also suggested recommendations based on these possible barriers towards the end of this report. Some case studies and observations also have been documented and appended with this reports.

CHAPTER THREE

3.1. Health and Nutrition Schemes

One of the objectives of this situational analysis was to review health and nutrition schemes that are addressing the health needs of community in Pali district. Various line departments at the district level were contacted to compile the list of health and nutrition schemes and policies in the health sector. There are about 32 health and nutrition schemes which are being implemented in the district. Schemes have been classified as central scheme and state supported in the following table 1. The details of the schemes are as follows.

Table1: Name of Health and Nutrition Schemes in

Sl. No.	Name	Supported by	Sector	Target population
1	Integrated Child Development Scheme	Govt. of India	Health & Nutrition	Children, Pregnant women and Lactating mothers
2	Reproductive & Child Health Programme, Ph.II (RCH II)	Govt. of India	Health	
3	National Rural Health Mission	Govt. of India	Health	Women
4	Janani Suraksha Yojana	Govt. of India	Health	Pregnant women
5	Indira Gandhi Matritva Sahyog Yojana (IGMSY)	Govt. of India	Maternal Health	Pregnant women
6	Integrated Child Protection Scheme	Govt. of India	Child Health	Children
8	Total Sanitation Campaign (TSC)	Govt. of India	Health	Rural Population
9	National Rural Drinking Water Programme	Govt. of India	Water & Sanitation	Safe drinking water for all in rural India.
10	Mid Day Meal	Govt. of India	Nutrition	School going children

11	Sabla	Govt. of India	Nutrition	Adolescent Girls
12	Kishori Shakti Yogana	Govt. of India	Health&Nutrition	Adolescent Girls
13	Mukhya Mantry Jeevan Raksha Kosh	Govt. of Raj	Health	BPL families
14	BPL Desi Ghi yojna	Govt. of Raj	Nutrition	BPL families
15	Jan Mangal Programme	Govt. of Raj	Health	
16	Prerna Yojna	Govt. of Raj	Family Planning	
17	Jiyoti Yojna	Govt. of Raj	Family Planning	
18	Sumangla Yojna		Family Planning	
19	Dati sankat mochak Yojna-Pali	District	Pregnant Women	
20	Matra Raksha Dal	Govt. of Raj	Family Welfare	
21	Kishori Dal sangathan	Govt. of Raj	Family Welfare	
22	Gargi puruskaar	Govt. of Raj	Female Education	
23	Protsahan Yojna	Govt. of Raj	Female Education	
24	Protsahan Yojna	Govt. of Raj	Female Education	
25	Indra pryadarshni Puruskar	Govt. of Raj	Female Education	
26	Aapki Beti Yojna	Govt. of Raj	Female Education	
27	Cycle Vitran Yojna	Govt. of Raj	Female Education	
28	Transport voucher	Govt. of Raj	Female Education	
29	Nishulk and anivarya bal shiksha Adhikaar	Govt. of Raj	Female Education	
30	Balika chatravaas	Govt. of Raj	Female Education	
31	MukhyaMantri Balika Sambal Yojana	Govt. of Raj	Girl Child	Girls
32	Swasthya Sandesh Sewa	Govt. of Raj		Family

3.2 Classification of Health and Nutrition schemes

All the health and nutrition schemes have been further classified according to the target population and life cycle approach. Here it is important to note in this classification only health and nutrition schemes were included. Schemes which are not directly address the health are excluded from this classification table.

Table 2: Classification of Health and Nutrition Schemes

Children			
Age Group	Feature	Scheme	Service Provider
0-30 Days	Regular community level follow up by ASHA and ANM ensure timely intervention	Janani Shishu Suraksha Yojna	ASHA,
Up to 6 Years	Supplementary nutrition, Immunization, Preschool	ICDS	AWW
5- 14 Years (School going)	Mid-Day-Meal at school Program (Classes I-V) and (Classes VI-VIII)	Mid-Day-Meal	School teacher
Adolescent Girls			
11-18 Years	Educational activities through non-formal & functioned literacy pattern.General Health Check ups,Awareness about general ailment	Kishori Shakti Yojna, Sabla	AWW, ANM
Pregnant & Lactating mothers			
	Cash benefit	JSY	ASHA, CHC, NRHM
	Awareness Generation	Dati Sumangal Yojna	
19-49 years	Free transportation at the time of delivery	Janani Express	
19-49 Years	First Delivery - Govt. hospital (BPL family)	Desi Ghee Uphaar Yojna	PHC

19-49 Years	Free warm and nutritious food for 2 days to women who had delivered at CHC	Kalewa Yojna	SHG
19-49 Years		National Iodine Deficiency Disorders Control Programme (NIDDCP)	
BPL Families			
BPL Families	Free private hospital service up to 30.000 annually.	RSBY	
	Free medicine provided from CHC, PHC, SC.	Mukhya mantry nishulk dawa yojna	Doctor, ANM,
	All investigations, treatment, Medicines are provided free from Rajasthan Govt.	Mukhya Mantry Jeevan Raksha kosh	Doctor, ANM,

CHAPTER FOUR

4.1 Infrastructure support to access the health and nutrition schemes

Health infrastructure is fundamental to the provision and execution of health services. A strong infrastructure provides the capacity to prepare for and respond to health problems of community. Infrastructure is the foundation for planning and delivering the services. Public health infrastructure includes mainly three components that enable a public health system to deliver better health services to the community.

- Well equipped health facility Centre: Sub Centre – PHC- CHC- District Hospital
- Qualified workforce to provide health service; and
- Data information system

Keeping in view the role of infrastructure in the health services, efforts have been made to assess the health infrastructure at the selected villages of the Pali district for the present study.

4.2 Physical Infrastructure in the study villages

The healthcare in rural areas in India has been developed as a three tier structure based on predetermined population norms. The sub centre is the lowest structure of the three tier health structure and the first contact point of health care system and community. Each sub centre is supposed to manage by one Auxiliary Nurse Midwife and one male multipurpose worker. A lady health worker is in charge of 6 sub centres. Primary Health Centres (PHCs) comprise the second tier in rural health care structure envisaged to provide curative and preventive health care services to the rural people. The PHCs are managed by a Medical officer with the support of paramedical and medical staff. Community Health Centres are the upper most structure of the health care system and are the first referral point to cater the health needs of the community.

Apart from health department ICDS, a primary government program is also providing health and nutrition services to children under 6 years of age, pregnant and lactating mothers and adolescent girls. These services are provided through community based Anganwadi centres at the village level. AWCs are providing health and nutrition services and during the study efforts have also been made to study the facilities at the AWCs in the

selected villages of the district. Overall, 21 health facility centres, PHC, Sub centres, AWCs, CHC and district Hospital were visited to know the status of health infrastructure facilities.

Table 4.1: Health Facility Centres Covered for the study

Facility Centre	Number
PHC	4
Sub Centre	4
AWC	8
CHC/District Hospital	5
Total	21

PHC & Sub-centres

Outpatient department services were reported to be provided in all the PHCs as well as at Subcentres. Provision of emergency service was reported only in 3 PHCs while infrastructure for delivery services was available only in 2 PHCs. Permanent display boards about the service availability was found in 2 PHCs only. Pharmacy and Drug storage was found available in all the PHCs Permanent Doctor was posted only in 3 PHCs among all the visited PHCs. Post of MPV and Pharmacist was vacant in almost all the PHCs. The shortage of manpower was reported as a major problem in implementation of health services by the district health officials also during the in-depth discussions. Rogi Kalyan Samity was constituted for only 1 PHC in Bankhlee village among all the study villages.

AWCs

There were 8 AWCs visited by study team, out of them only 2 AWCs are operating from own building rest of the AWCs visited were operating either from the Panchayat building , rented accommodation or from the school building .Rented accommodations are very congested and it is very difficult to perform day to day activity for the AWW.

Drinking water and toilet facilities were found to be available only in 6 and 2 AWCs respectively out of the total eight study villages. IFA tablets were not available in all the Anganwadi centers visited for the study. Growth monitoring was reported to be conducted by 7 AWCs. Counseling of pregnant women and distribution of supplementary food was reported to be conducted by almost all the AWWs. Maintenance of growth register was also found updated by 6 AWCs only out of eight AWCs. Referral services were provided by 50 % of the AWWs. Weighing scale was not available in all the

AWCs. In some of the AWCs though it was available but not functional .Growth chart was also not found in one of the AWC. Regarding the service delivery supplementary nutrition was provided by all the AWCs.

As far as ASHA &ANM coordination is concerned, almost all the AWWs reported that they were getting support from the ASHA and ANM on the day of Village health sanitation and nutrition day. As for the support from the other almost all the AWW said that they were getting support from the health department, whereas a few of them reported support from PHED and education department also. None of the AWW reported of a support from TSC.

Cooked food is supplied by the women SHG in some of the AWCs and therefore these AWWs are also coordinating with the SHG and banks for implementation of health programs. Only few of the AWWs reported that they were aware about the Mission Purna Shakti. AWWs reported that they were getting support from health department, school education and PRI in their day to day functioning.

4.3 Resources in the study villages

Following sub section details out the resources available for the health and nutrition in the study villages. With respect to resources, unavailability of MPV and lady health educators and other health staffs emerges to be widespread. Table 4.2 shows the infrastructure facilities at the Anganwadi centres in the selected village.

Table 4.2: Infrastructure facilities at AWCs in the selected village

Sl. No	Anganwadi Centre	Available (N)	Not Available (N)	Total (N)
1	**Anganwadi Helper**	8	0	8
2	**Building**			
A	Rented			3
B	School			1
C	Govt.building			4
3	**Facilities at Anganwadi**			
A	Drinking Water	6	2	8
B	Toilet	2	6	8
C	Kitchen	3	5	8
D	Electricity	1	7	8

4	**Weighing Scale Available**			
A	Baby	7	1	8
B	Adult	7	1	8
C	Neonat	6	2	8
5	**Working condition of weighing Scale**			
A	Baby	6	2	8
B	Adult	5	3	8
C	Neonat	4	4	8
6	**Growth chart**	7	1	8
7	**Pre- school kit**	7	1	8
8	**Medicine Kit**	7	1	8
9	**Immunization Register**	3	5	8
10	**Household Register**	8	0	8
11	**Function of AWW**			
A	**Supplementary food distribution**	8	0	8
B	**Growth Monitoring**	5	3	8
C	**Referral Service**	4	4	8
12	**Village have VHND and AWW Participate**	8	0	8
13	**AWW refer children to PHC**	8	0	8
14	**Type of support from ASHA and ANM**			
A	**Immunization**	5	3	8
B	**Mobilization of children for immunization**	6	2	8
15	**Type of Support from PRI**			
A	**No Support**	3	5	8
B	**Help in day to day functioning of AWC**	5	3	8
C	**Help on the day of VHND**	5	3	8
16	**Support from other department**			
	HealthDepartment	8	0	8
	Education	4	4	8
	PHED	3	5	8
	TSC	2	6	8

Here it is important to note that the data should be interpreted cautiously as the information is based on the information provided by the AWWs.

Some of the PHCs are not manned by the sufficient staffs. Post of MPV was found to be vacant in most of the PHCs. The post of ANM is vacant in Thakurla village since last one year. In one of the village of Sumerpur block the post of PHC doctor is vacant since one and half year according villagers.

Shortage of health staffs and paramedical staffs is a major impediment in provision of services to the community according to villagers.

CHAPTER FIVE

Awareness about Health and Nutrition schemes

This chapter and subsequent chapters detail out the findings based on the in-depth discussion with the officials of line departments for existing convergence of health and nutrition schemes.

As outlined earlier inputs for the present study was sought from all the stakeholders secondary as well as primary. Primary stakeholders i.e. community and service providers from different departments were secondary stakeholders involved in implementation of health and nutrition schemes. The secondary stakeholders of the health and nutrition schemes are different departments and officials of the Government departments at District, Block and Village levels. Inter-sectoral convergence implies integration of sectors in planning, implementation and monitoring. Keeping this in view, officials from various departments were consulted to know the existing awareness and practices about inter-sectoral planning, monitoring and implementation of health programs in Pali district.

5.1 Awareness among service providers

- During the field visit the study team could manage to contact the Chief Medical & Health Officer, Deputy Chief Medical & Health Officer, Block Medical and Health Officer and PHC In-charge of study district. However, other departments were also contacted under the study were ICDS officials, Education departments, Revenue officials and representatives from PRI institution at block and village level.

- Guidelines: In-depth discussion with service providers revealed that there are no clear guidelines in terms of inter-sectoral convergence of health and nutrition schemes. However, some guide lines with regard to the disbursement of fund is available. The officials of ICDS and Health are working in coordination at village level. Block level PRI has the role of monitoring the grass root functionaries and therefore these two departments also interact with PRI. PRI is responsible to monitor the execution of five departments , Primary health , Social Justice , Agriculture and women and child development. Monitoring the progress of Health and nutrition is responsibility of PRI.PRI monitors the functioning of PHCs, ANM and GNM. In addition to it PRI also monitors the working of AWW and ASHA . A guideline was published

by Indira Gandhi Panchayati Raj and Rural development institute Jaipur about the role of PRI in monitoring the health and Nutrition schemes. This is a joint publication of UN women and UNICEF about the role of Panchayat.

- Guidelines were developed by Government of India and available at AWC level as reported by CDPO and ICDS supervisors. These guidelines suggest coordination steps about how to implement immunization and other services in coordination with the staff of health departments. However, it is important to note that the written guidelines were not available with CDPO and ICDS supervisor. However there is no clear guidelines available for coordination in implementation of health and nutrition schemes for he grassroot functionaries at down the block level .
- According to CDPO Sumerpur, there are some guidelines on inter-sectoral convergence prepared by Govt of India and Unicef, but it was not available to him at the time of field visit. None of the other officials contacted reported about any guideline in place for inter-sectoral convergence.

- According to PHC In-charge Lambiya, role of ASHA is very helpful and she is instrumental in making community aware about the health and nutrition schemes at village level. He also suggested that involving school teachers through Education department in generating awareness program on health will help to accelerate the current efforts. It is suggested that a special day/activities should be arranged for kids on "Vaccination Day", Family welfare camps should also provide some incentive to potential couple to make the family program effective.

- ICDS and health personnel in the district were aware about the convergence of different departments in terms of implementation of health and nutrition scheme.

- PRI members were found unaware about the Village health plan. However, all of the PRI members were aware about the Rs 10,000/- fund allocated under the VHSN scheme.

- During the in-depth discussion it was revealed by majority of the Anganwadi Workers and ANMs that they were aware about the recently launched wage compensation scheme for the attendants in

case of hospitalization of malnourished children. There are MTC (Malnourished Treatment Centres) where malnourished children are being treated. These malnourished children are referred to the MTC centres by PHC in charge and, ANM. The attendant of the malnourished child is paid at the rate of Rs.124 perday during the period of hospitalization of child . These children are referred by AWW , ANM and PHC incharge to the MTC .

- The main source of information about health and nutrition schemes reported by respondents were Departmental meeting and training. Panchyat meeting. However, block level official receive circular and letter to get information.

5.2 Awareness among community

- During focus group discussion with community, respondents reported that most of the community members were aware about the Village Health Sanitation and Nutrition Day and activities undertaken. Majority of the respondents reported about child immunization at the AWC on VHND. The information about VHND was communicated by Anganwadi worker, ASHA & ANM to the mothers to send their children for vaccination and distribution of nutritional food (*Poshahar*) at AWC.

- Community recognises health and nutrition schemes by its direct benefits and understand its features. Merely, name of any health and nutrition scheme would not consider as important unless its direct benefits are not explained properly. One of the popular schemes like JSY was easily recognised and understands by the community due to its cash benefits. Most of the respondents were aware about the financial benefit of Rs 1400 under the JSY for institutional delivery. ANM and ASHA worker were reported to be the main source of information for this scheme. '*JSY ki jaankaari hai ki kitne Rs. milte hai delivery ke baad or Hospital se Doctor log dete bhi hai*'. .....

- Community shows general awareness about distribution of supplementary nutrition to children and lactating mothers and recently introduced Kaleva Yojna for maternal health. However, access to information is very limited about the details of the health and nutrition schemes.

- It is evident from the discussion during focus group discussions among community, that Gram Panchayat is the main source of

information dissemination at community level. ASHA and Anganwadi workers also provide information about health and nutrition schemes while making door-to-door visits. Mostly, women were aware about the VHND and services provided under selected health schemes on that day. According to Sarpanch of Khairwa village of Pali block 'Panchayat Samity is the source of information for health and nutrition schemes'. Almost in all the study villages Anganwadi workers and ASHA were reported to be the main source of information for the health related schemes.

- Gram Sabha and *ratri choupal* were reported as the source of information for the Government schemes in Bachunda village. However, it is also revealed that officials of health, education and PRI members were effective in information dissemination about the government schemes.

- Recently introduced service providers under the *Project Mission Poornashakti* at Gram Panchyat level, Village Coordinators play an important role to generate awareness about health and nutrition schemes among community. Mostly Village Coordinators are women and from the same village and it is easy for them to interact with the community particularly with the women of the village freely. Community particularly women also feel comfortable in interacting with village coordinators.

5.3 Awareness about Prevention of Women from Domestic Violence Act

One of the study objectives was to capture awareness about prevention of Women from domestic violence Act (PWDVA) in the context of Child sex ratio. In order to generate information about PWDVA, general discussion and group discussion was performed with the service providers and community.

- Across all the study villages, it was found that respondents were aware about some of the Act regarding the domestic violence. Although, the actual provision of the law and who should be contacted in case of domestic violence was not known to women clearly, not even to their male counterparts.

- Women generally do not discuss it with the ANM or ASHA worker whereas, often seek help from Panchayat member and local influencing person when the violence becomes life threatening. The

causes of violence reported were, liquor addiction, poverty and repeated pregnancy for a male child. Another reason reported by the respondents was unemployment of husband or husbands do not want to engage in income generation. Domestic violence due to alcoholic husbands is one of the major problems. Unemployed husband demands money from their wife as she earned which leads to domestic violence.

'They beat us when we don't go out to earn. They want us to earn so that we can survive. Husbands themselves sit idle, unemployed at home and expect from us to earn for them'. One FGD respondent

- According to male and Panchyat members, Illiteracy among women leads lack of awareness or merely no awareness about the Act. Respondents in Pali block reported awareness about the Act and the source of information *Radio jingle and TV*.

- Awareness about sex-selected abortion is almost universal and community knows the ban on sex selected abortion nevertheless they prefer to move out of the district or state boundary if they want to undergo sex selected abortion.

- It is reported during the group discussion with the community that still community believes that having a boy is an integral part of life. Although community believes that there is no gender difference in upbringing the son and daughter but definitely aspire to have at least one son.

- During the field visit, it was noticed that villagers usually approach a particular health providers or Traditional Birth Attendant for illegal/sex selected abortion service. It is a general practices to provide a pill to abort the fetus. Most of such practices performed at home only and kept under the carpet.

- It is noticed during the visit of health facility centre, for Medical Termination of Pregnancy (MTP) were not provided at PHC level. However, according to Medical Officer, Pali there are accredited health facility centre which provides MTP services.

- Doubt and suspicion of extra marital affairs were also reported as reasons of domestic violence and as a result women were less interested to move out from their home.

CHAPTER SIX

6.1 Inter-sectoral Convergence Practices

- *Village Health Sanitation and Nutrition Committee* was in place in almost all the study villages. As per the guidelines, committee should take development of village related decisions and related expenditure. It was evident that no documented records of meetings were available at Gram Panchayat level. According to Panchyat members, the fund is for creating the sanitation facilities at village. According to CDPO Pali block, at block level, *Jan Samuday Committee* meetings were held regularly where the issues related to health and role of various stakeholders in implementation of health schemes were discussed. The representatives of all the departments participate in these meeting.

- Inter-sectoral convergence is functional at village level where service providers particularly for health and nutrition related schemes organized activities at village level. For example, list of beneficiaries were prepared by ANM and AWW in close coordination. The list of children need to be immunized are prepared by ANM and Anganwadi worker mobilizes children and motivate parents to send their children for vaccination. The staff organizes jointly regular Village Health Sanitation & Nutrition Day to meet the target population.

- The convergence between health services providers ANM and ASHA and AWW is visible at all level. The village service providers are working in close coordination while implementing some of the activities like routine immunization, maternal health and promotion of institutional deliveries. However, it is very difficult for ANM to maintain the register for CASH transaction account for VHSNC according to health department officials.

- The referral services are in place for malnourished children and wage compensation for the parents of malnourished children. There is no conflict of roles and responsibilities among ASHA and AWW according to medical department officials.

- Although the meetings are held at Block and district level but convergence issues or a joint plan of implementation for the health and nutrition schemes are not discussed in the meeting. Only some problems are raised and answers are sought from the respective

Government officials about the problem. Coordination committee meetings are held at district and at block level in which officials from different department like ICDS, Education, and Health participate. Convergence decisions about specific actions are taken by state as well as district level officials and block and village level department representative only executes the program.

- Four dates 5,12,20,27 of every month were fixed for meetings at Gram Panchyat level where representatives from, Panchyat, Education, ICDS and Health could met to discuss the various priority issues of development including health. Documentation of such meeting was available in most of the study villages. These fixed date meetings were reported to be very regular and documented properly. It was revealed during the discussion with the Panchayat representatives. Most of the agenda according to them were related to requirement of water for irrigation, electricity, road connectivity and livelihood. Health related topics were found to be very limited in the minutes of the meetings. Health related agenda was recorded with availability of human resource however, no evidence observed focused on health or nutrition schemes.

- According to health officials, due to close coordination among ASHA, ANM and AWWs at village, the coverage of immunization and institutional deliveries were increased. The grass root service providers lead group discussions during Village Health Sanitation and Nutrition Day on various health topics, mobilize children for immunization and also meet pregnant women for registration and antenatal checkups. This interaction can be further improved for better health outcome. At present it is limited to planning of VHND and implementation of limited services only. Almost all the study villages, ANMs were well aware about their responsibility as far as VHND is concerned. They have distinct responsibilities on this day of antenatal check up of pregnant women. It was reported by most all the department officials that ASHA, ANM and Anaganwadi Workers are working efficiently and jointly for implementation of health and nutrition schemes at village level particularly on VHND.

- According to PHC Medical officer, ANMs & ASHAs are instrumental in identifying the malnourished children and motivating parents to hospitalize the malnourished children and also to referring them to the nearest PHC. Anganwadi Workers refer the cases of malnourished children and pregnant women to the PHC. These secondary stakeholders

are also motivating the parents to hospitalize their malnourished children by convincing them about the benefits and the scheme. It has a positive impact and parents are coming forward in case of malnourished children as they are now being paid or compensated for wage loss according to PHC incharge and ANM of Lambia village.

'Mukhya mantry ke anusar 'PRI ko nominate kiya gya hai ki gaon ke sabhi kuposhit baccho ke pahachan kare or unko ASHA/AWW/ANM ke sath milkar hospital tak pahuchane me madad kare'; 'Agar koi baccha kuposhit paya gya or use hospital bheja jata hai or uske sath jaane wale vyaktei ko Rs 135/- prati din diya jayega C.M. ki taraf se'. ICDS official

- According to education department, now people are becoming more aware about health. School health program is organized with the support from health staff and Anganwadi workers. The health activity conducted by education and supported by health & ICDS staff and monitored by the BDO. Some of the health related activities were De-worming day.

'Agar Mahila avam bal vikas mntralaya ki bhagidari ho to School Health Programme ko or accha bnaya ja sakta hai'. Headmaster, Lambiya village

- Almost all the AWWs reported that they were getting support from the health department. However, some of the anganwadi workers reported that they were getting support from the education department also for preschool education.

- The other activities performed by the AWW were counselling of pregnant women, adolescent girl meeting and weighing of all the children in their area.

- Maternal Child Health and Nutrition Day (MCHND) is organized jointly by both the department health and ICDS. According to GNM, Lambiya village - on MCHN Day we get support from the ASHA and Anganwadi workers. Growth charts are filled with the help of ASHA , it is impossible without the help of ASHA according to one AWW.

- Now people become aware about the health services and they go to Government hospital. Earlier people were not aware about the free medical facilities. According to one villagers of Lambiya village, as

ASHA makes door-to-door survey and make community aware about the health facilities. *'Log ab sarkari hospital mein jane lage hain'.*

In order to understand the coordination among departments the study team visited one of the study village to observe the practice of inter-sectoral convergence at village level. During the field visit, one of the Village Health Sanitation and Nutrition Day was observed in one of the study village Bakhlee in Sumerpur block by the study team.

About village Banklee:

Banklee is a village situated in the Sumerpur block of the Pali district of Rajasthan. It is located at a distance of 20 kilometer from the Sumerpur block. Banklee is Panchyat and has one PHC, four AWC and one school till 10th class. Banklee has one PHC but the post of doctor is vacant last one and half years . Travel facility like, Magic, Van, comes after one to two hour. That's why people are not interested to study especially girl education they feel unsafe because Sumerpur is located far from the Banklee. We did not find any role which is effective to village from Panchayat. Sarpanch is lady who is illiterate and 65 years old.

Village Health & Nutrition Day

Date: 6 December 2012 **Village:** Banklee, block Sumerpur.

Day: Thursday **Venue:** AWC-II

Facilitators	Arrival Time	Departure time
• AWW	9:00 AM	2:00 PM
• AWH	9:00 AM	2:00 PM
• ANM	10:00 AM	1:00 PM
• ASHA	on leave	

Instruments in place: Disposable Syringes, Injections, sprit and cotton

Drugs available: Iron Folic Acid tablets (Expiry Jan 2014)

IEC material: Posters on JSY benefits of institutional delivery and pictures of vegetables with names were displayed on the Day. The message display about JSSY-"30 *din tak shishu ki dekhbhal ki zimmedari sarkar ki"* and information about benefit of IFA tablets in pregnancy. However, there was not any display poster found about the event or VHND.

Following documents available on the venue:

- List of household especially SC/ST families, but none of the members attend the event.
- List of pregnant women but none of the pregnant women visited on the day.

Observations:

- After enquiry, Anganwadi worker informed that due to ASHA (residence of the same village) was on leave, as none of the pregnant women were able to mobilise to attend the event. However, about 10 to 12 lactating mothers with their infants and children visited the venue.
- Infant and Child Immunization services were provided by ANM with the help of Anganwadi worker.
- The supplementary nutritional food for pregnant women was not distributed as it was distributed once in a month and none of the pregnant women attend the venue.
- Daily supplementary food for children was distributed by Anganwadi Helper and prepared by Self help group
- Consultation on Family Planning and TB was not done
- MCH card at the venue was updated by ANM like, Registration, ANC, PNC, Vaccination, lab test etc.
- AWW doing counseling on breast feeding to lactating mothers and food intake among infant and children like green vegetables, egg, Soya been, etc

6.2 Best practices

6.2.1 Presence of Village coordinator

- At Gram Panchayat, two village coordinators have been appointed by NMEW to make the women aware about the various schemes which leads women empowerment. The presence of village coordinator helps to maximize the coverage of community to get the benefit of health and Nutrition schemes. Village coordinator is aware about most of the schemes and support in effective implementation of schemes. She is aware about source of service points, approval channel, and identification of beneficiary and interacts with different departments to take support including Health, Women and Child and Panchayat. However, she often depends on Panchayat Secretary to follow the procedure.

- Village Coordinator identifies beneficiaries with respect to eligibility criteria and connect them to the respective department through Gram Panchyat like ANM/AWW/Education or Panchyat. Village Coordinators are supposed to make the rural women aware about the government schemes and its legal provisions. The Village Coordinators help the women to fight against the domestic violence and to assert their rights. The village coordinators, as a representative from Mission Purna Shakti under the guidance of Panchyat Secretary counsel the women. It is reported by village coordinators that counsel as an individual and with group of service providers make a difference to change the mindset of the villagers. *'akele samjhane se acha milkar samjhana acha hota hai'*. As it has a more positive effect if the same thing about a health and nutrition scheme and its benefit is repeated by all the service providers like doctors, ANM, ASHA, AWW etc.

6.2.2 Inter-sectoral convergence among departments

- Convergence of health and education department was found in place under school health program. Various programs related to health and nutrition is being implemented in schools with the support from health department like de-worming day and hand wash day. District education officials through formal letter informed primary and secondary schools authority about the event. The head of the schools usually receives letter with guidelines when-to-conduct, reporting

structure, whom-to-call, who-will-monitor, was made available prior the event.

- Public Health Engeeniring Department and Panchayati Raj department official were implementing Nirmal Bharat Abhiyan and provision of safe drinking water scheme in collaboration with each other.

- NRHM schemes were implemented by the joint efforts of health and Panchayat. Health service providers engage in generating awareness about various health benefits and Panchayat provided support in selection of beneficiaries and monitor the work of ASHA. ANM, AWW and ASHA are providing counselling to the community regarding the importance of institutional deliveries. Moreover ASHA and AWW are also making aware the community about the various health and nutrition schemes.

- ASHA, ANM and AWW are working closely for VHND at village level. At the grassroots level these functionaries are working in collaboration for immunization of children and health checkups of pregnant women. This integration can be improved further for better health outcome. Village Health Sanitation and Nutrition Day (VHSND), intended to be a collaborative event with the ASHA, AWW, and ANM. Co-ordination between the ICDS and the RCH programmes is by far the most significant attempt by the Government for promoting inter sectoral co-ordination in the RCH programme. The AWWs are providing services to children by immunization , diarrhoea management and vitamin A deficiency control, AWWs are also supposed to detect the severely malnourished children at an early stage by growth monitoring. In addition to it AWWs are also providing safe motherhood services. The ANMs are responsible for providing primary health care services. The field work suggests a strong coordination between AWW, ASHA and ANM particularly for immunization program and this coordination can be made more effective for implementation of other health related programs.

6.2.3 Community Festivals

- The present study observed that awareness about immunization services and institutional deliveries has increased among villagers and coordination between ASHA and AWW is visible. This also revealed during the In-depth discussion with the various line departments and

health department officials. The awareness about health among community has improved due to counselling by ASHA. One of the village level community level inter-sectoral participatory initiative by way of organising festival called '*Beti Janmotsav*' is equally recognised by service providers and community.

- *Beti Janmotsav*, a festival to celebrate the birth of girl child is organized in the village by the health department and Panchayat. Sweets are distributed on this occasion and mother of girl child is honoured. In a state where birth of a girl child is greeted with dismay and mother is socially ostracised this is a very good step to end the biases against the girl child and towards gender equallity. The occasion is jointly organized by education department, Panchayat members, ANMs, anganwadi workers and other women groups.

In order to understand the coordination among departments in planning and execution of villages development issues, study team attend one of the fixed day meeting in one the study Gram panchyat village. The study team attend one of the study village Khaairwa in Pali block.

About village Khairwa

Village Khairwa is located approximately at a distance of one hour journey from the district Pali. Khairwa is village situated in the Pali block of the Pali district of Rajasthan. It is located at a distance of 18 kilometer from the Pali block. Khairwa is gram Panchyat and having number of villages 10. Khairwa has one PHC, four AWC and one school till 10th class. The strength of the school is about 200-250 enrolled student. The student sex ratio is about 1000/850. The total population of this village is approximately 10,000 and about 1800 households, according to the Panchayat Khairwa. Main occupation of the villagers are Cultivation, Helper, local kirana shops, quacks, small chemists, youngsters have been migrated to employment in deferent cities like, Jodhpur, Jaipur, Ahmadabad, Bombay etc due to lack of employment opportunity among they prefer to move out from the village to other places. Sarpanch is very active in terms of regular monitoring visits of AWC, PHC, PHED, Mid Day Meal scheme in school, MNREGA etc. He is taking initiative for prevention of female foeticide like, celebrating

Initiative towards Female Foeticide, at Gram panchyat level beneficiary will get 5000 rupees who will report about the female Foeticide in Khairwa Panchayat according to Sarpanch and his name will kept confidential.

Graam Sabah Meeting

Date: 5 December 2012 **Village:** Khairwa, Block Pali.
Day: Wednesday **Venue:** Panchyat Bhawan

Member participated in the meeting:

Sl.No.	Designation/Dept	Arrival Time	Departure Time
1.	V.C, GP	09:30 AM	10:50 AM
2.	Graam Sevak	09:30 AM	03:00 PM
3.	LHV	10:00 AM	10:50 AM
4.	Sarpanch	10:00 AM	02:00 PM
5.	MO(IC) PHC	11:00 AM	11:50 AM
6.	PHED	11:00 AM	11:20 AM
7.	ANM	11:00 AM	12:15 PM
8.	Member P Samiti	11:20 AM	12:15 PM
9.	IHW	11:20 AM	12:15 PM
10.	ANM	11:20 AM	12:15 PM
11.	AWW	11:20 AM	12:15 PM
12.	AWW	11:20 AM	12:15 PM
13.	ASHA Sehyogini	11:20 AM	12:15 PM
14.	ASHA Sehyogini	11:20 AM	12:15 PM
15.	Sathin	11:20 AM	12:15 PM
16.	Sathin	11:20 AM	12:15 PM
17.	HM (School)	11:45 AM	01:00 PM
18.	Teacher	11:45 PM	01:00 PM

Observations:

- There was not any development related topic discussion at Panchayat Bhawan during meeting of different departments on fixed day i.e. 5 December 2012. There was not any communication of discussion on IEC material of Education, Health, Panchayat, ICDS, PHED.
- Everyone was talking to each other on general topics like; house meter etc more on personal problems no one was talking on health and nutrition issues and role of departments and functionaries.
- Representatives of different department were coming for approval or getting the sign of sarpanch and stayed there for 15 to 30 minutes. That there was not a common time period when all the department representatives were in the panchayat and discussing the development issues or else. It has been observed that the purpose of the meeting is only to get the approval from the sarpanch for expenditure register by different department like ANM for VHNSC fund , School teacher for mid day meal scheme fund etc.

CHAPTER SEVEN

Gaps and barriers

In order to strengthen the health care delivery program, the identification of structural and community level gaps and barriers need be study. This section highlights the existing inter-sectoral convergence related gaps in terms of structural and socio-cultural in study villages.

7.1 Structural Barriers

- Despite of the health care facilities many of the women do not seek medical care. The most important reason is the lack of knowledge about the health schemes and unawareness about the service facilities. The study findings suggest that families who are residing far from the centre of the village or reside in *dhanis* (*mahipal ke dhani and bhato to dhani)* village Edlawas, are not visited by the service providers regularly. It could be one of the causes of low service utilization by some of the families.

- Lack of information is an important reason of low access of health and nutrition schemes. IEC materials were not found displayed at public places regarding health and nutrition schemes. Many women do not avail health care schemes because of lack of proper information about the scheme. Apart from this, geographical location of health care centres is also a reason of low access to health and nutrition scheme in some of the village. Distance from the AWCs and hospitals works as barrier to access the health schemes and which cannot be overcome due to lack of transportation facilities.

- Information about schemes confined within AWC and Panchayat. Awareness generation practices confined through verbal communication only. '*muh se kahane se nahi manti per yadi hum unke pas kagaj ke sath jajenge to jaroor hamari sunege'.* Anganwadi Worker

- Village coordinators were update about the health and nutrition schemes but they do not have any control over execution. The role of village coordinators was limited to only identification of beneficiary, support in filling the application form and submission. As they are the front face for the community and it is uneasy for them if benefits do not reaches timely to the beneficiary.

- Village coordinator got direct orientation at district about schemes but face difficult to convince the mid level officers from implementation department about modification in the rules like age cateria of the beneficiaries. It is difficult to convince the line department officials about modification/changes in the rules. *'jankari upar se aani chayae'* Village coordinator

- Improving health and nutrition outcomes is very much dependent on human resources and therefore role of grass root level functionaries is very important. AWWs are grass root level functionaries of ICDS who are very much involved in implementation of ICDS scheme at village level .AWWs are also educating the mothers about the Infant and child feeding practices. The Anganwadi workers are the basic functionaries of the ICDS who run the anganwadi centre and implement the ICDS scheme in coordination with the functionaries of the health, education, rural development and other departments. Their services also include the health and nutrition of pregnant women, nursing mothers, and adolescent girls.

- Likewise the grass root functionaries of health department ANMs are also involved in Primary health care of people at village level. ASHA who are the grass root functionaries of NRHM are responsible for counselling of pregnant women for safe mother hood and institutional deliveries. Therefore role of these grassroots functionaries are very important as they are in direct contact of the community. In addition to it these grass root functionaries are also involved in awareness generation of community about the various health related issues. Immunization coverage has increased due to coordinated efforts of the grassroot level functionaries in various parts of India. Since these grass root level functionaries are from the community it is easy for the community also to mix with them.

7.2 Bottlenecks in the existing convergence practices

The major bottleneck in the convergence of health and nutrition schemes in the district is the absence of a proper guideline for the convergence. Majority of the officials were found unaware about the guidelines. PRI members who are supposed to monitor the convergence are also unaware about any such guidelines. There is no guideline from any department for convergence according to most of the line department's officials. Some of the Panchayat members are illiterate and it is very difficult for the line department officials to convince them about the convergence .Training program needs to be organized to train the elected Panchayat members. Unavailability of sufficient number of staffs for supervision is another bottleneck according to medical officers. According to them budget should be provided for the supervision. Political interference was also reported by a few officials as the impediment for the convergence of programs.

7.3 Socio-cultural Gaps

- FGDs among women in Khairwa revealed that many of them do not avail the benefits because they are of the view that free medicines are of inferior quality. Some of them also reported that they were not allowed by the elders to avail the benefits. '*Sas mana karti hai*' FGD participants, Khairwa village

- Distance: In village Thakuria, women were aware about the benefits of the nutrition schemes but it was difficult for them to avail the services on regular basis as the location of Anganwadi Centre was far from the habitation (about 5 km) in the absence of transport facility villagers prefer not to avail services on daily basis. However, ASHA was reported as one of the main source of information about health and nutrition. The role of Panchyat and Anganwadi need to be explored to expedite the dissemination of information and uptake of services.

- Illiteracy: In village Pichola, during the discussion women reported that as most of the women were illiterate hence cannot read the posters and unable to interpret the messages displayed on it. In order to get information about government schemes most of them reported Ward Panch and Anganwadi worker.

- Mindset: Almost all the women reported that they were aware about the *chief minister dawa Yojna*. The medicines are distributed at the PHC

free of cost. PHC doctor and ANM was the source of information for this. However, it is perceived that the free medicines are of inferior quality.It is a matter of mindset and needs to be changed by educating the community.

Village Health Sanitation and Nutrition Day is perceived by community as Immunization day

During discussion it was found that those women who are politically active or elected in Panchayat or working somewhere are empowered as they can take decision. Women in selected village were found well aware about the reservation of women in Panchayat. In general, there was a normal belief that those who are working or earning for the family are empowered women.

Incentive based benefits were very popular among the community. particularly when the scheme has a cash component as incentive. Some believe that vaccinations to kids make their ancestors unhappy. People from the high economic group feel that AWC is for poor people and therefore they do not go to AWCs or PHCs. They prefer to visit private doctors even for minor ailments.

'Log injection nahi lagwate hai kehte hai Hanuman G, Mata G bura man jayenge. Maharaj G ne mana kiya hai medicine nhi leni hai'. A Lady Health V

- Economic: Women from low economic groups are engaged in livelihood and do not go to AWCs or Panchayat due to loss of wage. According to women respondents, though they are aware about the food distribution and other services but unable to get benefits from Anganwadi centre due to wage loss. Moreover, they do not participate at village meeting. *'If I go out for work and earn Rs 200 a day, then it is fruitful, if I won't get anything from there (meeting) then what is the need to go'* FGD respondent, Pichawa village.

- Lack of information: Discussion with partial or non-beneficiaries of the health schemes, respondents reported that ASHA and ANMs are not visiting regularly in their habitation. They are illiterate and therefore they need interpersonal communication to know about the schemes.

- Custom and caste: Caste has strong influence in access of information. Rajput women are not allowed to move out of the home and they have limited interaction with the ASHA and ANM. In most of the study villages, a social custom like *purdah partha* in still exists in one of the social group *Rajputs* work as a social constraint and women are not allowed to interact freely with outside. *'We are rajputs and we cannot allow our women to go to public meetings and interact freely. In my religion women are educated but still they have to follow old customs'.* FGD respondent, Pichawa village

- Traditional Values: During the discussion with Village Coordinators, it is observed that in some of the cases, where old women are entitle to get the benefits but they deny to certify their eligibility criteria in written form as per the policy norms. Accoding to Old age pension schemes women need to certify that she does not have a earning son to look after.

- The study suggests that there are many cultural, religious, or social factors that impede the demand for health care and access to the health care schemes. Moreover women are also not expected to mix freely particularly with men, and this also works as a constraint to access to the health care services particularly for women. Education (IEC) is a long established determinant of the demand for health care and information about the health schemes and programs is required if the community is to make an informed decision. Village coordinators are playing an important role in this direction in making the community particularly women aware about the various health and nutrition schemes.

CHAPTER EIGHT

Limitations

The study report is based on intervention Blocks and selected villages of Pali district where the convergence activities were initiated by the Government. The findings presented in this report provide a broad picture about convergence of health and nutrition schemes. However, the study found some of the limitations as discussed below:

- The selection of study villages and various facility centres were purposive and may not reflect the true representation of district Pali
- Responses based on the community's opinion and perceptions and therefore cannot be generalized into large population groups. However, the key issues identified by the community will help to strengthen the existing inter-sectoral convergence for health and nutrition in the district Pali.
- Limited information generated from PRI particularly Surpanch as they were unavailable during the facility visits.
- The study did not include a specific analysis of use of services by different community groups, like poor/non poor, illiterate/literate caste and social settlement.
- Information related with availability of infrastructure facilities at AWCs and PHCs were limited to the study villages only and therefore do not represent for the district.
- Difficulty in mobilising all the stakeholders at one point of time, due to limited field operation time also observed administrative and seasonal festival time.
- Limitations to observe meeting of Gram Panchayat as it was scheduled in 5,12,20,27 of every month. Hence, findings based on single event observation may not provide complete picture about Gram Panchyat meeting. In case of Village Health Sanitation and Nutrition day, only 2 visits were made by the study team. As the event size is large and the time was limited, few observations about meeting were able to be recorded.

Recommendations

In this section, suggested recommendations outline actions to be taken within policy, human resources and infrastructure and operations. These recommendations are based on the gaps reported by stakeholders and field based observations. The service providers were asked about the measures to improve the convergence of health and nutrition scheme and suggestions from various officials of line departments. The recommendations classified into four sections as mention below:

8.1 Development of comprehensive guidelines for services providers across departments

- A detailed and comprehensive guidelines need to be framed for convergence of various departments for improvement of health and nutrition schemes for service providers. A sample of brief description of health and nutrition schemes along with detail explanation about identification of potential client and guidelines to avail the services is enclosed in annexure A.

- At district level one senior officer should be designated as nodal officer who will look after the convergence and functioning of all the health and other departments for improvement of health. The district nodal officer will be responsible for devising the policy for the convergence and point of convergence like at planning, implementation and monitoring. The officer will be responsible for regular meetings and joint planning between relevant departments. The nodal officer will work under the guidance of District Collector. A sample checklist that can be used by nodal officer to monitor the convergence activity is enclosed in annexure B.

- ASHA, AWW and ANM need to be provide basic IEC materials that can be use with the community meetings. Surpanch could initiate awareness campaign at regular intervals to maximise the coverage among community. It is recommended the awareness about health and benefits of health and nutrition schemes Information Education Communication materials should be displayed at various public places like Panchayat Bhawan, School building, Village entry, exit and central points in local language.

8.2 Strengthening Infrastructure

- The location of Anganwadi centres should be accessible to all the village settlements. In order to reach the unreached habitation an appropriate location in terms of school and community building can be utilised. Provision of functional child friendly toilets need to be ensured in all the AWCs.

- It is recommended that provision of necessary equipments and materials like digital weighing machine and early childcare education needs to be ensure in all the AWCs.

8.3 Capacity enhancement of service providers

- An annual joint training calendar for AWW, ASHA, ANM, Primary school teachers, village health sanitation and nutrition committee members would be prepared by district nodal officer in consultation with various departments and nodal officer will be responsible for its monitoring and execution at block level.

- There is a need to organize separate session for PRI members under Total Sanitation Campaign programme and convergence issues would be discussed in monthly coordination committee and gram sabha meetings. There is a need to train the ANMs on how to maintain the cash registers.

- It is recommended that step-by-step progress of interpersonal communication followed by uptake of services would be graphically display at beneficiary doorstep. The culturally accepted illustrate would help services providers to focus specific services to the beneficiary and family. A sample illustrate is mention in annexure D.

8.4 Strengthening Communication between community and service providers

- Addressing importance of interpersonal communication village health sanitation and nutrition committee should initiate dialogue among service providers, community and stakeholders.

- It is recommended that PRI members should initiate community based extra curriculum programme by way of organising special day/activities for kids as "Vaccination Day" and appreciation rewards would be given

for those who avail the services happily. Celebrating sports day on quarterly basis would improve access of information and utilization of services among community.

- In order to improve the women's participation, regular interval women centric issues related activity can be organised with use of local resources. Information for all the service and schemes should be given to women. Awareness generation campaign should be carried out among women about the legal rights and women entitlements.

- Convergence issue needs to be discussed monthly in coordination committee meeting at Block level and District level. There is a need to train the PRI members regarding the convergence issues and how to monitor the convergence in implementation of health plans. PRI members have important role of monitoring the schemes but presently PRI member and sarpanch's role is limited to signing of cheques. Therefore PRI should be given training on how to monitor the inter-sectoral convergence at village level.

- Revenue and Agriculture department should also be involved for promotion of health and nutrition schemes. It is recommended that Patwari can suggest the benefits of family planning, health and nutrition schemes at the time of registration of land by farmers.

- Radio jingles and TV advertisement can be an effective medium of communication and to make the people aware about the health and nutrition schemes as majoreity of people in rural area particularly women do not know how to read brochure, posters and leaflets. Moreover , Interpersonal communication by the grassroot functionaries like ANM and ASHA will also help to make the women aware about the schemes and therefore there is a need to train the grassroot functionaries about the interpersonal communication .

Annexure A

A sample comprehensive guideline

A detailed and comprehensive guidelines need to be framed for convergence of various departments for improvement of health and nutrition schemes for service providers. All the departments need to be provided a comprehensive guideline about the convergence of execution in terms of health and nutrition schemes:

- Role and responsibilities of AWW/ASHA/Village Coordinator etc
- Identification criteria for potential beneficiary like
- Department to visit for enrolment for the specific scheme
- Flow of interaction with the department
- Description of application form along with guidelines about how to fill the application
- List and name of the stakeholders can be approached for specific support with respect to action time

The development comprehensive guideline and finalization will be done in following ways:

Health and Nutrition Schemes- For each of the scheme

A) Department and functionaries involved in planning and coordination mechanism

B) Functionaries involved in implementation of the implementation of the health and nutrition schemes and what are the areas where joint efforts or coordination is required. Role for eah of the stakeholders should be clearly defined.

C) PRI are responsible for monitoring the health and Women and child development department and therefore capacity building of PRI is required in thematic areas. PRI member should be trained about how to monitor the progress of health and nutrition schemes and its implementation.

Annexure B

Sample Joint Training Calendar

Developed by district Nodal officer in consultation with all the concern department and ensure timely execution of training calendar.

Responsible Department	**Women and Child Development**	**Health and Family Welfare**	**Panchyat Raj Institute**	**Education Department**	**Agriculture Department**
Responsibility: District Nodal Officer	In consultation with district officials from respective department finalized annual training calendar and ensure timely execution				
Location					
Development Block	CDPO, Section supervisors	Medical officer, supervisor		Block education officer, head masters	
Village	AWW, AWW Sahayika	ANM, ASHA	Village health sanitation and nutrition committee members	School teachers	
Duration	3 days	3 days	3 days	3 days	3 days
Type of training	Class room presentation cum workshop and mentorship programme				
Topics	Converge				
Month	April				

Annexure C

Sample monitoring check list for PRI

- For Grame sabha meeting members present
- Topics discussed by individual
- Action taken
- Follow up – when and where

Annexure D

Sample execution steps for progress of uptake of services

- Introduction of services: ANC, PNC, Nutrition, potential beneficiary
- Beneficiary type: child, adolescent, pregnant women, lactating mothers etc.
- Identification of beneficiary: step wise drawing the picture (flower, culturally acceptable images etc.)

Step 1:	Identification of beneficiary
Next Step:	Registration and initiation of specific services
Next Step:	Follow up and progress of specific services
Next Step:	so on...
...	.....
Next Step:	Completion of services
Next Step:	Successful completion of specific service
Last Step:	Display of appreciation or award