ASHA annual report 2017-18

Program background:

White Lotus started working with ASHA workers in March 2017 and started visiting villages in April 2017. We collected data of all villagers so that we can identify the beneficiaries of government schemes relating to nutrition for children, hygiene for adolescent and pregnant women. The program also includes vaccination of pre and post natal care of pregnant women, lactating mothers and children in the age group of zero to six years of age.

Initial survey of five villages in Kaman block in Bharatpur district at Rajasthan

Name of village	Household	Total Popul	0-5		6-18		Pregnant women	Lactating mothers	Children attending AWW	No of families with toilets
			Male	Female	M	F				
Kherli Nanu	270	1818	185	170	275	265	30	40	40	105
Ghoshinga 1	207	1400	112	107	237	200	22	28	40	15
Ghoshinga 2	198	1349	105	100	260	210	15	19	40	40
Ghoshinga 3	150	1100	150	200	150	250	15	18	40	25
Bahadurpur	90	616	70	45	116	115	15	17	40	15
Kakan Khori	147	1133	117	123	150	250	17	13	40	115
Jeera Hera	410	2060	180	200			25	30	40	150
Total	**1472**	**9476**	919	945			139	165	280	465

We were asked to add another 23 Anganwadi centers with 5,500 households and a population of 35,000 people after we met the circle supervisor who monitors 30 centers.
The total people covered are about 45,000 now in the beginning of 2018.

The entitlements of pregnant women and children:

1. All children in the age group seven months to 3 years should get weekly nutrition but only 40 are enrolled in each anganwadi.

2. All children in age group 3 to 5 should attend Anganwadi. Are supposed to get supplementary nutrition, Growth Monitoring, immunization and vaccination and referral services in case of malnourished.
3. All adolescents should be given nutrition or iron tablets and awareness about reproductive issues but only two in each anganwadi enrolled.
4. All pregnant women should be registered and helped for institutional deliveries but only 15 are registered irrespective of number present.

5. One Asha Worker caters to 250 houses or 2000 people. One house with joint family is counted as one unit that may have more than 10 members also. One village can have more than one Asha workers depending on the population of the village.
6. Asha is responsible for registration of pregnant women with the local health centers and ensure delivery of the child at the health center. They are also responsible for ANC/PNC care and Vaccination of pregnant women.
7. They are responsible for vaccination of new born baby till age of 5 years.
8. The other jobs they do include family planning measures, temporary or permanent.

Baseline information on facilities available in the villages

1. There are 1472 families with a total population of 9476 in five villages.
2. There should be one Anganwadi for 40 children. There are only seven Anganwadis for 1864 children with enrolment of 280 children only and only half of them attend the Anganwadi on daily basis.
3. None of the Anganwadi gets sufficient nutrition to be given to the children and only 10-15 children attend daily and given nutrition rarely.
4. Only one bag of grains (*Panjiri*) with 50 packets of one kg each is given to every Anganwadi in a month and Rs. 900 to purchase oil, sugar etc. to prepare fresh cooked food for nutrition which is not sufficient and fresh cooked food is never supplied to children.
5. The Anganwadi workers are supposed to identify malnourished children through monthly growth monitoring but never do that as they do not have weighing scales or height measuring equipment and are never given any training on using the equipment to measure growth.
6. There should be five ASHA workers for five villages but only two are appointed. We were told by ANM that qualified women are not available in the villages but it was contradicted by the Anganwadi workers. It seems that the local government has not taken any initiative for appointment of ASHA in other villages.
7. The two Asha's we met are not facing many problems because they have a functional health center at Jurhera which is a Town but they informed that Asha's in remote villages are facing problems like non availability of Doctor's or ANM's, non availability of vaccination and required Iron pills, Calcium tab, folic acid, contraceptives pills and permanent measures for family planning.
8. Only 465 out of 1450 have toilets at home and remainder go for open defecation. The government is providing funds for construction of toilets but it is not reaching people due to non awareness and corruption.

Activities carried out during one year and impact so far:

1. Meetings conducted at village level with women and children to understand the working of Anganwadi workers, ANM and ASHA. Total 42 meetings conducted during the period. The **Anganwadi Supervisor** who is responsible to monitor 30 centers also participated in our meetings at four occasions and appreciated our approach.
2. The **Anganwadi Supervisor** suggested that we should attend a fortnightly meeting she conducts with Workers of all 30 Anganwadis. We participated in one on 13th January and informed the participants about the work of capacity building of Workers by providing equipment and training we are doing in five villages. The Workers invited us to the other villages also and the **Anganwadi Supervisor** requested that we may provide weighing machines to all Anganwadis as a onetime measure and provide training to them also.
3. We are now visiting all 30 centers in and provide equipment and training to all Workers in 30 centers. We will provide 15 weighing machines to the 23 centers and training to the workers during our weekly visits.
4. Participating in this meeting will give us opportunity to talk to the workers of other Anganwadis as we are told by our area workers that no worker is using growth monitoring charts and nobody is asking them to fill up the charts. This will give us an opportunity to interact with workers and they will also know that what we are doing in five villages.
5. We believe this will send a positive message to the authorities also and they may start implementing the programs better. We are seeing lots of changes in the five villages we are working such as the *Panjiri* provided by government for children in Anganwadi are now matching the norms, the workers are taking more interest in their work as they are happy to distribute biscuits to the children which is sending a good message to the community and the attendance in the centres has improved.
6. To improve the attendance of children at Anganwadis, we have started providing biscuits to the children in seven centers on the advice of the **Anganwadi Supervisor,** which has made a difference and the attendance has improved. The idea is to connect more families to the Anganwadis through their children and mothers will also visit Anganwadis to see that the children are provided the facilities extended by the government honestly.
7. We organized campaign for awareness among the community on hygiene and cleanliness to avoid preventable diseases in a simple way by washing hands with soap before cooking and eating food and after going to toilet. We distributed soaps to the women in the community which has made people think about it and many families are now using soap for hand wash.
8. We also organized Hand Wash Day at all schools in five villages with students and provided them soap to take home along a message for hand wash before eating food and after using toilet. Many students informed us that it has become a habit for them to wash hands with soap after seeing its effect on frequency of their stomach disorders coming down.

9. We had a meeting with the Sarpanch of the Panchayat of five villages and informed him about the objective of our intervention and sought his support and cooperation. The Sarpanch who is political head for the development of five villages assured all support.
10. Another big change is that the Sarpanch has started doing work on cleanliness through building proper drainage system. Sarpanch has also asked all villagers to comply with No open defecation and most of the households now either have toilets or are in process of having toilets at home. We hope that 90% families will have toilets at home in one year. The number of families with toilets was about 50% one year back when we started working there. I am a believer of the strategy that the presence of some agency with good intentions and sincere working method makes authorities awake as they also get a message that somebody is watching them, though we are not pointing any finger on them. This is in my opinion a positive way of making people responsible. This is also a fact that the Supervisor and the anganwadi workers are very happy with our support to them and they are praising our work before authorities, which is making them alert.

Lessons Learned in the course of the program:

1. The Anganwadi workers and the Supervisor are supportive of our intervention and are asking for continuous collaboration. The Workers are eager to learn the needed skills to perform better but are not happy with the way they are trained by the authorities. They want White Lotus to help them in learning the skills and are sure of performing better in the interest of community and children at Anganwadi.
2. The Authorities are not serious about the delivery of entitlements but we have seen that once the Workers start demanding the benefits of the schemes for the children, the authorities listen as we have seen in the case of grains now coming to the centers in sufficient quantity. The Workers are also raising their voice about other facilities also such as nutrition etc for the children and adolescent in sufficient quantity.
3. The Workers are learning to fill the Growth Monitoring Charts and are hopeful of doing their duty better but need continuous training programs as they are slow learners being very less educated. The workers have also updated the records of the survey they did to count the number of families, population, adolescents and children in 0-5 accurately after our suggestions.
4. The community is responding to our calls about healthy habits and has started using soap for washing hands. This will take time as some people are still not serious and sensitive towards these habits. Being Muslims in India, they also have some myths that the government wants to control their population growth and may give them some kind of medicine mixed with soap or biscuits to make them impotent so that they may not have more children. This will take time to change the thinking.
5. Some vested interests are not happy with our intervention as it may lead to plugging of pilferage of benefits coming to community from the government. But they are unable to stop us because we have trust of the community and the local authorities. We believe that it will help in reducing the pilferage.

6. We also believe that these villages will become open defecation free soon in case we continue our intervention which creates pressure on the authorities and we are also motivating the community to build toilets at home even without waiting for financial help from the government as it will save a big money being spent on doctors and medicine by avoiding diseases. The community is taking it seriously when we tell them about the ill effects of open defecation.
7. We are taking rights based approach though providing filling the gaps approach that too for a short period till the community starts demanding their rights and their entitlement is delivered by the government. We are now working with 30 Anganwadis from January 2018 and will provide weighing machines and capacity building training to about 60 Workers and helpers. We will also participate in fortnightly meetings of Supervisor and interact with all Anganwadi workers of the circle of 30 centers.

Some significant Achievements

1. *Panjiri* is being distributed to every child attending Anganwadi once a week on regular basis.
2. *Some* Anganwadis have started cooking fresh food and serving to children attending Anganwadi once a week. We hope that this practice shall be followed by all Anganwadis regularly.
3. We distributed weighing scales to the Workers and formal training programs are conducted to use the equipment and record the growth of every child in the growth monitoring registers regularly. This was never done here and the growth monitoring charts provided to every Anganwadi were kept locked in boxes and never used.
4. There was no procedure to identify stunted or malnourished children and no referral services which is started now using needed equipment and proper training with the help of Child Development Project Officer (CDPO).
5. 90% of the households now have either toilets at home or are constructing toilets with or without help from the government. We motivated the community through our meetings with village women to build toilets at home even if the government does not provide financial help as this will save their money spent on doctors and medicines due to diseases which are caused due to open defecation. We are also taking up the cases of financial support to the families with the government at block level so that the government schemes may be implemented fully.
6. Providing soap cakes to the families have made a difference at households and many people have started using soap for washing hands as they have realized that cases of stomach disorder have come down with use of soap while washing hands.

Way Forward in 2018-19

We propose working with 30 Anganwadis in 2018-19 in one circle with a focus on the following:
1. Capacity building for growth monitoring
2. Monitoring the nutrition delivery at ground level.
3. Identification of malnourished children through proper growth monitoring and referral mechanism.
4. Monitoring vaccination and Immunization of children, pregnant women etc.
5. Hygiene through awareness building of community and school children through hand was and other healthy habits.
6. Eradication of open defecation.

ICT RTM CAS : Smart phone based Real Time Monitoring Application.

We had identified the GoI Application with the intention of providing Smart Phones to AWW and etc but found there is currently no scope for adding the Anganwadi under our support to the larger ISSNIP program and which seems limited to the States and Districts already identified under purview of what is now being managed by the National Nutrition Mission of India.

We are planning our own

At Block Level:
Along with the above, we will work with 241 Anganwadis on capacity building of Anganwadi Workers and Supervisors through monthly training of 50 participants by the CDPO every month

Material/equipment Support at Block Level
We will provide weighing scales to about 100 villages including the 30 already given (70 more), distribution of soap cakes to the community and students during hand-wash-day and other small equipment as needed along with IEC material during training. We will no longer distribute biscuits as an incentive and move on to motivation of Anganwadi workers toward demanding entitled quantity of nutrition from the government. We will support the AWW by approaching the Supervisors and CDPO to listen to the demand for sufficient nutrition.

If we get more money for expansion, we can replicate the above activities in 2 more circles which means 90 Anganwadis in total in three blocks in one district including the present one (Kaman) and provide Monthly training to about 700 Anganwadis in three blocks through their respective CDPO.

Photos – note that pictures of activities associated with this report are available on Flickr in the 2017-18 ASHA program folder.