

Apna Swasthya, Aapni Pehel
Reforming Local Governance for Responsive
and Effective Service Deliveries in
Selected Blocks of Rajasthan

(April 2017 – March 2020)

Project End Term Evaluation Report

Project Supported by
DASRA and APPI

Project Implementation
Society for participatory Research in Asia (PRIA) New Delhi

External Evaluation Facilitator
Binoy Acharya
Concerned Action Foundation
A Section 8 Company to Support UNNATI and other CSOs

Evaluation Report of the Project ‘Apna Swasthya, Apni Pehel’

Executive Summary

The project aims to improve the women’s reproductive health in three blocks covering 104 Gram Panchayats (GPs) in Banswara and Talwara block in Banswara district and Govindgarh block in Jaipur district in Rajasthan. The overall objective of the project is to strengthen the capacity of GPs to improve public service delivery related to Antenatal care (ANC) and institutional delivery along with the implementation of activities under the GP development plan that contribute to creating a favorable ecosystem for improved maternal health. In the implementation process, the project has developed high-quality linkage with GP representatives, revived the Social Justice Committee, the standing committee of Gram Panchayat and developmental committee like VHSWNC to work on the issue. It has also advocated forming Mahila Shakti Samuha to interface with Gram Panchayats to make the public health service delivery, particularly the ANC and nutrition services effective.

The project is distinctly different in terms of invoking participation of the target population in the Gram Sabha for demand articulation, engagement of local youth, CSOs and media to jointly contribute to creating a safe reproductive health environment. The project has not created or provided any additional or parallel public health services. It believed that the existing services offered under National Health Mission and other supportive government schemes if effectively delivered by the public front line workers and at higher levels is sound and adequate to address the needs and requirements and effectively facilitated.

GPs are trained and oriented to prepare and implement development plans incorporating activities that contribute to improved reproductive health. Consequently, both the quality of plans has been improved and activities on reproductive health are included with clear budget allocation. Some of the activities that are featured in the plan are awareness programs on nutrition and safe motherhood, sanitation facility in secondary and senior secondary schools, health camps, and installation of incinerators for disposal of used sanitary pads in school. Such activities were earlier not included in the plan. The GPs have shown openness to include activities that contribute to safe reproductive health in the GP development plan which is perhaps a sign of sustainability and further mainstreaming.

In both the project locations, the institutional delivery reported as a hundred percent. In both locations, there is an improvement in access to quality ANC care, institutional delivery, disease control, improved menstrual hygiene, reduction in child marriage, adoption of family planning practices by women for delay and spacing in pregnancy. These are encouraging and positive developments. In Govindgarh block women knew about their haemoglobin blood count which is moderate and the BP results which is an indication of improved awareness and quality of services. Such a high level of awareness and services are not observed in Banswara.

The State-level data on maternal mortality in Rajasthan has remained at 240 during the last decade (SDG sets the target at 40) even though there is an improvement in institutional delivery and ANC diagnosis. In meetings with about 100 pregnant and lactating women in seven locations, no grievance has been raised about the quality of public health care services. Such a situation is desirable but raises the question about the possibility of exclusion of vulnerable groups. The project may examine its reach to more vulnerable sections of the community.

Apna Swasthya, Apni Pehel

The Context and the Framework of the Project:

Society for Participatory Research in Asia (PRIA), with the support of Azim Premji Philanthropic Initiatives (APPI) and Dasra, is implementing the project on 'Reforming Local Governance for Responsive and Effective Service Deliveries' in three selected Blocks of Rajasthan. The project has been named as "Aapna Swasthya, Aapni Pehel" and is being implemented from April 2017 in the blocks of Banswara and Talwara in Banswara district and Govindgarh block in Jaipur district. The project is operational up to 31st March 2020.

The overall objective of the project is to strengthen governance and develop capacities of Gram Panchayats (GPs) to promote citizen engagements in planning and implementation of GP development plans and facilitate support of the village level front line functionaries and higher-level government officials including the departments at the State to address the various issues of Maternal Health Care (MHC).

Banswara district has more than 70% tribal population, highest in Rajasthan after Dungarpur and Udaipur. Govindgarh block is in Jaipur district and close to Jaipur (State Capital City) which has about 10 percent of Dalit and 4 percent of the Muslim population. Institutional delivery in India has increased from 38.7 % in 2006 to 79 % in 2016 (NFHS – IV). The government of Rajasthan statistics shows that in 2018 the institutional delivery in rural areas was 96.2 %. In India, pregnant women receiving all 4 ANC visits increased from 37 % to 51.2 % in 2006 - 16. For Rajasthan rural areas it is 34.1 % in 2018. The maternal mortality rate for India is 167 and for Rajasthan, it is 244 in 2011 -13. It is also reported that the MMR is not improving in the last decade in Rajasthan. While institutional delivery and access to all mandatory ANC visits have significantly improved MMR has not improved which is a matter of concern.

The government program provides free pre-natal checkups four times administered by Auxiliary Nurse Midwives (ANM) and the Accredited Social Health Activists (ASHA) at the Health sub-centre (located at gram panchayat level). It is done (i) first visit within 12 weeks of conception, (ii) second visit within 14 – 26 weeks, (iii) third visit 28 – 36 weeks and (iv) last visit just before the due date. It checks the level of haemoglobin, weight increase, blood pressure and administers iron-folic acid tablets and two doses of tetanus injection to prevent maternal and neonatal tetanus. It also controls diseases like malaria and jaundice and conducted physical check-ups for complications. Counselling is also made on nutrition, rest and preparation to enter motherhood.

Improvement of reproductive health services including behaviour change on personal gynecological hygiene is a compelling and relevant issue that PRIA has addressed in the project. In the project, it is recognised that reproductive health care issues require awareness building, information dissemination and behaviour change along with improvement of services, however, the project gives centrality to health governance - engagement of GPs in service improvement and inclusion of reproductive health promotional activities in the GP development plan. Bringing decentralised governance and stakeholder participation in improving reproductive health makes the project unique.

The specific objectives of the project are:

- i. The panchayat representatives, officials and people of the selected blocks are sensitized and appropriately capacitated to prepare realistic development plans.
- ii. All the 104 GPs (36 GPs in Banswara block, 23 GPs in Talwara block and 45 GPS IN Govindgarh

block) prepare and implement decentralized development plans in the 3 intervention blocks to significantly reduce the incidences of maternal mortality.

- iii. The Civil society, Media and Academia in the blocks engage and provide supports to the strengthening of local governance for effective service deliveries: There are at least 2-3 trained youths/Community Volunteers in every Gram Panchayat (GP) to support the development processes of Panchayats
- iv. The officials in state and districts are aware and sensitized to provide timely supports to the participatory planning and implementation processes

Over a period of 3 years, the project is expected to achieve the following results:

- i. The community in the three blocks are aware and sensitized. The citizen participation in Gram Sabha meetings for planning enhances by 30% over the currently recorded level of participation. The Social Justice Committee, the standing committee of Gram Panchayat becomes functional.
- ii. At least 300 sensitized, trained local community volunteers to proactively support Panchayat processes: A vibrant, capable, local civil society support system (comprising Youth volunteers, Community Based organizations, Skilled Individuals and specialist institutions) facilitates and supports community participation, planning, and implementation
- iii. Media publishes at least 200 positive news about roles of Panchayats and People in delivery of Maternal Health Care and other services
- iv. State government and district administrations pass enabling orders to support the Panchayat led processes
- v. At the end of the project, significant improvement in maternal health indicators is expected:
 - Every Gram Sabha in intervened blocks expresses concern over high MMR and passes resolution seeking accountabilities of Families and Health system inappropriate Maternal Health Care. The accountability mechanism (for Families, Panchayats and Health Officials) are evolved, approved and sincerely followed at the Panchayat level
 - Recording of pregnancies improves to 100%
 - Institutional Ante Natal Care improves to cover at least 90% of recorded pregnancies
 - Institutional Deliveries improve to 90%
 - Post Natal Care covers 100% of institutional deliveries
- vi. The institutionalization of Panchayat led planning starts taking shape: Appropriate government orders, proactive and skilled local facilitators, regularities of meetings at Panchayat levels, locally driven similar initiatives in adjoining blocks
- vii. An operational manual for promoting community participation and strengthening local governance in improving maternal health indicators

The evaluation process:

This evaluation is commissioned at the end of the three year project period to assess the relevance of the problem taken under the action and the project design to accomplish the result areas. It is aimed to examine to what extent the project activities are accomplished and how efficiently the project has been implemented. It also examines the sustainability of the project including the potential of scaling up and mainstreaming the strategies. The relevance of the project strategy is of importance as the project aims to address a complex and multi-layered public health issue like women's reproductive health by improving the engagement of local decentralised governing institutions (Gram Panchayats – GPs). The GPs are oriented and trained to improve service delivery and integrating local actions on improving the reproductive health (awareness program through IEC, health camps, menstrual hygiene) in the gram panchayat development plan (GPDP). The project is a major departure by invoking participation of the target population in Gram Sabha for demand articulation, engagement of local youth, CSOs and media jointly address the issues. The project has not created or provided any additional public health services. It believed that the existing services offered under National Health Mission and other supportive government schemes if effectively delivered by the public front line workers and at a higher level are sound and adequate to address the needs and requirements. Hence, it is essential to make public health programs reach the last mile in an effective and accountable manner.

The ToR of the evaluation spelled out the expected outcome. Before the field visit, the facilitator was provided all the project documents including the project proposal, annual progress report, base-line report and draft end-line report and publications took out under the project. The evaluation was carried out primarily by using open-ended consultations with different stakeholders. Field visits are conducted to Banswara and Talwara block during February 7 and 8, 2020. Similarly, Govindgarh block was covered on February 27 and 28, 2020. The GPs covered are Katiyor, Kherdabra, and Ganau in Banswara block, Kushalpura and Sagrod in Talwara block and Nangal Kalan, Bhuteda, Itawa Bhopji and Devthala in Govindgarh block. The household visit was made in Dalit and Muslim households in Devthala. Interaction with Higher Secondary School teachers at three locations and in one location an interactive session was held with the girl's students. During the visit, meetings are held with Gram Panchayat representatives including the Sarpanch (two in Banswara and four in Govindgarh) to understand their engagement in taking up actions on reproductive health issues in the gram panchayat plan and holding the front line service delivery functionaries accountable. Meetings are held with more than 100 pregnant and lactating women at four locations in Banswara and three locations in Govindgarh covering issues of coverage under ANC services, menstrual hygiene, delivery related complications and place of delivery. In these seven locations, discussions were held with the front line workers. Many volunteers were met during the field visit, however, a formal meeting was held with seven volunteers at Itawa Bhopji.

On Feb 26th discussions were held with PRIA state team and officials at the Secretariat with Joint Secretary, plan in Dept of Panchayati Raj, Joint Project Coordinator, National Nutrition Mission, Govt. Consultant for Training and VHSWNC and Nodal Officer, PRI Training at State Institute of Rural Development responsible for training on GPDP.

The evaluation report is based on the discussions held with different stakeholders. It was expected to prepare some positive case studies emerging from the project. While some examples are identified and mentioned in the report, due to time constraints it was difficult to get details about those cases in which the project implementer can prepare better as they know about the local context.

Project approach

Maternal health is a complex and multi-layered issue. As mentioned earlier, there is a significant improvement in institutional delivery, access to ANC services, better nutritional services through Anganwadi for pregnant and lactating mothers and adolescent girls and functioning primary health care services in Rajasthan. However, maternal mortality has not improved in the last decade. Maternal mortality

is very context-specific – for example, it is directly related to the prevalence of tuberculosis, malaria, an extended period of strenuous physical work, early marriage and conception, delayed and unscientific abortion, etc. In Rajasthan, these causes are in acute form. It is reported that there is a high incidence of malaria and tuberculosis in Rajasthan. Unhygienic use of menstrual cloth is another reason for vaginal infection leading to multiple gynecological diseases.

The project aimed to develop an effective intervention framework by engaging different stakeholders – women in the reproductive age group, adolescent girls, Secondary and Higher Secondary Schools, Village Volunteers who act as ‘Jankars’ or change-makers, front line health care providers like ASHA, Anganwadi Workers, ANMs and Medical Officers in the PHC, Gram Panchayats and various components heads in the state-level Health and Family Welfare Department and Women and Child Development Department. It also included the local CSOs and the media in disseminating the project strategy and messages. It is a clear departure from the conventional clinical approach in addressing reproductive health.

The primary target groups of the project are women, community and panchayat functionaries. The project is designed to make the local governance responsive and address the poor indicators of maternal health care services with improved plans and services. The entire project intervention is an educational journey for all stakeholders.

To achieve the project objectives and results, PRIA had established offices at Govindgarh and Banswara. 13 animators have been recruited locally to work in 104 GPs of the three intervention blocks. More than 400 local volunteers from within the communities have been identified who are periodically oriented and trained on reproductive health messages and interventions including how to effectively communicate with the stakeholders mentioned above. They were also oriented on the importance of Gram Panchayat and its role in village development which is not only infrastructural development but also in ensuring universal access to reproductive health-care services, including family planning, information education (SDG 3.7) and reduce maternal mortality (SDG 3.1). The project assumes that through these trained volunteers, all the 104 GPs and more than 200 villages will be effectively covered and social capital is created to address the issue in a sustained manner.

Along with the community volunteers, the project aimed to engage the Gram Panchayats to include activities to improve a series of public services related to sanitation, personal and menstrual hygiene, health care and disease control, etc. It aimed to influence the process of preparation of the Gram Panchayat Development Plan (GPDP) which is a mandatory exercise after the introduction of the 14th Finance Commission. The GP representatives are also sensitised on the delivery of maternal health services. The project aimed to sensitise the civil society organisations for supporting the GPs in preparation for GPDP integrating reproductive health care practices.

Advocacy at the state government level is planned to issue Office Orders for preparation of robust participatory planning of the GPDPs, allocation of budget for women and child development in GPDP, the participation of women in Gram Sabha articulating the needs of reproductive health agenda.

Project Activities, Outcome, and Results:

In this section, a stock-taking is done about the implementation of proposed activities with some observation on outcome along with efficiency and effectiveness.

- 1. Constitution of the Project Team:** The project recruited 13 Animators of which 8 are women and 5 are men (Community Facilitators) and two professionals each at both the project locations. They will be supported by two professionals from the Jaipur based state office. The senior professionals from PRIA-Head Quarter in Delhi are expected to support capacity building and mentoring of the professional staff at the field and the State office, examine the functionality of the delivery of activities and finetune the strategy to build effectiveness and support in the advocacy at

the State government level. It was reported that staff turnover at both the field office level and State office level has been an issue in the first one and a half years of the project. Stabilisation of staff was made in the second half of the project. The Banswara office continues to be managed by one professional. At the Animator level, there was a good gender balance. They have a good understanding of the area and can effectively make contacts with the GP representatives; communication with women and adolescent girls on the issues of reproductive health is very meaningful. The animators and the professional staff jointly made effective outreach with the women in the reproductive age group, girls and teachers in Secondary and Higher Secondary Schools, women Sarpanches and front line health functionaries.

The project had no general (untied) travel budget for the State level and area-level professional staff. It restricted the extent of support and learning that could have been provided by the team members to each other. In the absence of resources, the key staff from the two project locations had limited field visit exchanges with one another. All the budget heads are so activity-specific (tied) that it could not facilitate open interaction and learning.

2. **Compilation of Base-line data:** The base-line and end-line studies have been conducted timely covering pregnant women, lactating women, women in the reproductive age group, front line functionaries (ASHA, ANM, and Anganwadi Worker) and GP representatives (Sarpanch and Ward Members). It has taken necessary health services being availed by the women, engagement of the front line functionaries and their capacity, and level of understanding and engagement of GP representatives. Both studies have developed a clear sample size and questions. The findings are analysed and presented. The end-line report is prepared to compare with the base-line findings. To cite some of the findings: three out of four ANCs are received by 44.7% of pregnant women at the baseline which has increased to 89%, the institutional delivery reached 98% with very large number availing services of public health institutions. The report provides the age group of pregnant and lactating women. It could have been more insightful if the caste, occupation, and qualification based disaggregation is made.

The study provides much important information on the background and engagement of PRI representatives. 90 panchayats are covered under the study. The findings are relevant beyond the scope of the project. The age and qualifications and priorities of the GP representatives throw light about the GPs after 73rd Constitutional amendment. The report can be made widely available.

3. **Meeting with the Key Stakeholders:** The project has clearly articulated the importance of meeting with key stakeholders to seek their support and ensure engagement in the project. The meetings with State officials in Panchayati Raj and Rural Health Department, Health and Family Welfare and Women and Child Development Department have conducted regularly. The State team has developed professional association not only at the top Principal Secretary level but have linkage with director and below, even with the consultants. The staff was able to communicate effectively and openly seek and ask for support. The project team has collected all the relevant office orders from the officials related to the subject of the project. These orders helped the field team to effectively explain the government position and actions with the district and block level officials.

At one point in time, the Anganwadi workers refused to cooperate with the project staff. A letter was issued from the office of the ICDS (General Administration) to the three project blocks to cooperate with the project staff. Without an effective linkage with the state-level officials, the project could have faced active resistance and finally affected the project outcome and impact.

The association with Gram Panchayats has been very warm, functional and effective. PRIA has been working with Gram Panchayats in Govindgarh for a long time. In Banswara the presence started with the project in 2017. The way the project staff has to build such strong, functional and

effective association with the Gram Panchayats, it is rare to see. There is an ease of working between PRIA and the GPs which displays high-quality relationships and is the strength of the project.

In the beginning, the project has made a mapping of CSOs working in the project area. As a new entrant in Banswara, the CSO mapping helped in identifying a large number of organisations. A district-level CSO forum of about 28 organisations was formed which used to meet periodically. Some of these CSOs who were not inclined to work with local governance have developed a clear perspective and orientation and understood the advantage of working on governance issues to address various dimensions of development.

The project has able to make an effective entry into the Government Secondary and Senior Secondary schools which have adolescent girls. In Rajasthan, each GP has a secondary school. Initially, the school principals were disinterested in taking up the issue of menstrual hygiene and promotion of the use of sanitary pad by the girls. However, repeated interaction has not only changed the attitude of the principals, but the intervention has made the girls improve their understanding of safe and hygienic reproductive health practices who can be potential change-makers.

4. District Level Campaign in Banswara

As PRIA was new to Banswara and to make the project purpose clear to all the stakeholders including the Gram Panchayats, government departments, and CSOs, it planned a campaign. It enabled in developing linkage with all the GPs which subsequently helped in making them understand the relevance of the project. The GPs subsequently showed a willingness to include the reproductive health agenda in the GPDP. The campaign also took the project to reach the district jail which is one of the unintended outcomes. With the request of the Jailor, the project staff organised informal study classes with the women inmates in the jail on menstrual hygiene. The campaign continued over time and enabled the project to build linkage leaving no one behind. During the campaign period, short interactive workshops were held with media, civil society organisations and potential community volunteers. This is a well thought out activity to build legitimacy before the stakeholders and initiated the work effectively. It was not undertaken in the Jaipur district of Govindgarh block as PRIA has already had a social capital.

5. Recruitment of Community Volunteers:

PRIA identified community-level youth leaders during the district level campaign in Banswara and during the baseline data collection in Govindgarh. More than 400 youth leaders were identified and regularly provided orientation and training. The youth leaders (volunteers) have been instrumental in reaching out to 104 GPs. This is perhaps an effective strategy to reach out to all the GPs with a small number of staff. Interaction with some of the volunteers during the evaluation revealed that they have a fairly good understanding of the subject of reproductive health care and clarity about the project strategy.

Most of the volunteers are male and may not best be suited for a project on reproductive health. The level of volunteer engagement varies between GPs in the two project areas. In Banswara, there is a larger need for improvement in the engagement of the volunteers. The dropout of volunteers is a matter of concern. Perhaps, the project can think of developing an agreement with the volunteers so that they are clear about the perspectives, do's and don'ts on the behavioural aspect, what are the minimum expected level of attendance and engagement in the project. Formal membership of volunteers and its record may be maintained which can be used for ensuring continued attendance in the meetings and training. Effective volunteer engagement is crucial for the project's success, hence, effective ways of identification and retention may be considered. The project may actively follow the original plan of having at least 4 volunteers (2 male and 2 female) for every Panchayats

who have longer tenure.

6. Periodic Capacity Buildings

Capacity development of GP representatives, volunteers, front line staff – ANM, ASHA, and Anganwadi workers and staff have been systematically planned and implemented.

For GP representatives, several rounds (at least 5) of one-day training were organized. As the project has developed an effective linkage with the Sarpanches, they did not show any resistance in participating in the training. Usually, it has been observed that in NGO training, sarpanchs usually do not attend and nominate the ward members. However, it was not the case in the present project. The training covered themes of -

- a. Roles and Responsibilities of Panchayats in local governance and service deliveries,
- b. Operational aspects of the Panchayat system - how to conduct Gram Sabha, how to strengthen standing committees, iii. Maternal Health Care and the role of Panchayats and Line Departments and iv. Development Planning. Learning materials have been developed for all the training.

The orientation of the volunteers is very critical as a self-motivated youth group can reach out to the community more effectively. They were given orientation on reproductive health issues, how to communicate with women and different stakeholders, the role of Gram Sabha and Panchayati Raj Institutions (PRIs) and related issues. The capacity of the volunteers can be assessed from one of the meetings held with them during the evaluation in Govindgarh field area. A young woman who has completed her Master's degree, travelled about 15 km. in her two- wheelers to join the meeting held at Itawa Bhopji GP. Not only this young woman but other volunteers from Debthala, Chitrodi, Doblai GPs mentioned in a very articulated manner about their engagement in the project in improving women's attendance in Mahila Sabha, Gram Sabha, conducting study circle with secondary school girls on reproductive health, influencing Sarpanches to initiate action on improving toilets for girls, putting up incinerator to dispose used sanitary pads, wall writing displaying messages related to reproductive health and sanitation, provisioning fans and *davaes* in anganwadis, installation of CCTV in unsafe areas, solar light installation, etc.

The project has also trained and oriented the front line workers - Anganwadi workers, ASHA and ANMs. The presence of these staff in the village meeting during the evaluation reflected their strong association with the project. Most of them have attended at least 2 orientation programs and some more than two. This is also reflected in the end-line report.

Under the project, exclusive informative booklets are prepared for the GP representatives, volunteers and other CSOs. The materials are:

“Panchyaton ki Pustika” – It explains the causes of maternal mortality (persistent anaemia, the unregulated flow of blood during and after delivery, early marriage, pregnancy in early age, poor nutrition during pregnancy and unavailability of ANC facilities. It also explains what is Human Development. Information on various Govt. schemes are provided along with what Gram Panchayats can do for effective delivery of the schemes (in Hindi)

- i. Sahbhagi Gram Panchayat Vikas Yojana – Participatory Gram Panchayat Development Plan. It provides information about the steps in conducting GPDP as mentioned in the official guideline. (In Hindi)
- ii. Samuhik Prayas, Satat Abhyas – Matrutwa Swasthya Ko Panchyat ke Agenda Mein Lena. It mentioned various activities that the GP can take up including discussion around the issues of women's health in

the Gram Sabha and activation and engage the GP standing committees. (Hindi)

- iii. Mahila Sabhaon ka Sanchalan Kaise Kare (Hindi)
- iv. Comic book on Mother and Child Health – focuses on the issue and kind of small steps that can be taken to combat maternal mortality. (Hindi)

7. Resource Mapping at Panchayat Levels

The volunteers and the Animators have supported all the GPs to map out all the resources available. It includes financial resources available, own funds, number of ponds, wells, check dams, the status of grazing land, condition of buildings, toilets and drinking water in Anganwadi, health sub-center, schools, etc. However, these resource mapping was not visible in the GPs. The Antyodaya Mission, the government has collected data on the 29 subjects in the 11th Schedule. It is going on for the last two years and it revised from 46 parameters to 119 and available on the website (<https://missionantyodaya.nic.in/ma2019/>). The data may not be full-proof but it could have been widely used and corrected for each GP in the project area to build wider relevance.

8. Planning at Panchayat Level

Preparation of the Gram Panchayat Development Plan incorporating maternal health issues is one of the significant activities in the project. Before the planning, capacity development was done with the GP representatives and Social Justice Committee (SJC) and the Village Health Nutrition Water and Sanitation Committees (VHSWNC). These committees were activated in each GP so that they could put their inputs and make the plans more appropriate. The Gram Panchayats have been supported to consult and ratification of the plans in the Gram Sabha. The revised GP plans are modified considering the feedback and inputs of the Gram Sabha. The Gram Sabha meeting is given high importance in the project and the staff and volunteers facilitated enhanced participation and meaningful discussions. The message on citizen participation in the Gram Sabha for preparation and ratification of plans has well established and made an impact.

Analysis of some of the Gram Panchayat Development Plans (GPDP) facilitated by the project reveals many positive features. The plans provide a clear road map for the growth and development of the panchayat. The vision and mission statement articulates the development agenda. The process of citizen engagement, mapping of local resources, conversion of resources from different Departments and approval from the Gram Sabha are some of the key features in preparation of the plan. Both primary and secondary information related to the demography, the status of infrastructure (availability of the building, toilets, water at Anganwadi, school, health sub-center), available of amenities (village connectivity water, street light, transportation facility, common service center, market), conditions of natural resources (ponds, open well, drinking water resources, grazing land and forest) are included in the report. It also mentioned the current outreach to beneficiaries under NFSA, MGNREGA, Pension Programs and other schemes.

The format developed for computing the total budget includes all potentials sources of income such as the 14th Finance Commission, State Finance Commission, MGNREGA, Swachh Bharat Abhiyaan, Aawas Yojna and own fund like taxes. Besides infrastructure development, the plans have considered low-cost activities like maintenance of infrastructure, awareness activities like wall writing, health camps, improved sanitation, and hygiene, etc. It has been observed that the GP development plans are made based on the available resources, rather than allocating resources based on the needs. In many forums, Mr. Vijayanand (Ex-Secretary, MoPR, GoI) mentioned about this issue. This is a wider issue that needs to be addressed in the future.

To address the issues related to reproductive health the project has provided a list of 21 activities that the GPs can pick and choose. It also mentioned the estimated cost and source of funding. As mentioned earlier, the GPs have included activities like improving toilets for girls, putting up incinerators to dispose of used sanitary pads, wall writing displaying messages related to reproductive health and sanitation, provisioning fans and dureses in Anganwadis, installation of CCTV in unsafe areas, solar light installation, etc. Provisioning the list of activities is a very smart and effective step as most of the panchayats have included some of the activities directly related to women's health mentioned in the list. The incinerator provided by the GPs in the schools is proudly shown by the teachers and the girl students.

The quality of the GPDPs has improved and included many activities related to women's health, sanitation and safety which are otherwise not included. The project provided the guidelines for the preparation of GPDP and samples of other GPDP documents to enable GPs for the preparation of effective plans. It was reported that after one day of orientation on GPDP to the PRI representatives, the trained staff and animators provided support for the preparation of the plans. In hindsight, the strategy adopted by the project is more effective. The model GPDP preparation could have taken more time and many GPs may not have adopted its letter and spirit.

9. Implementation of the Plans at Panchayat/Village levels:

It was observed that the GPs are implementing conventional activities like infrastructure development along with a new set of activities like improving toilets for girls, putting up incinerator to dispose used sanitary pads, wall writing displaying messages related to reproductive health and sanitation, provisioning fans and dureses in Anganwadis, installation of CCTV in unsafe areas, solar light installation, organising health camps which have budget heads. Low budget or no budget activities like oversight of ANC care, nutrition support in Anganwadi, Gram Sabha taking up issues of child marriage has also been taken up. During the evaluation when we discussed with two Sarpanches in Banswara and four Sarpanches in Govindgarh, they reported that after every fortnightly meeting of the GP (5th and 20th), separate meetings are called with front line workers to review the status of various services. It can be said that the Sarpanches are very open to taking up the suggested activities related to the complex issue of reproductive health. The project has also provided additional support like procurement of incinerators inconsistent with the procurement standard, provided information tablets for display.

10. Progress Data and Assessment Reports

The base-line and end-line reports are informative. It included 90 GPs of the 104 GPs. The information is collected by trained Animators. Hence, GP wise reliable data is available. The GPs visited and the interaction made with the pregnant and lactating women gives a picture of massive improvement. During the evaluation visit in seven villages interactions have been held with more than 100 pregnant and lactating women. The women reported that all deliveries are done in the hospital with a positive tilt towards public health centers. In the Govindgarh area, the women expressed that they receive all the four ANC care. Most of them knew about their haemoglobin count from the CBC test, BP record and told that they also conduct sonography to find out the development of the child in the womb by going to the CHC. The adolescent girls and a large extent of young mothers use a sanitary pad. Interaction with Secondary School girls in Nagal Kalyan clearly showed a very high level of understanding of various dimensions of reproductive health and menstrual hygiene. Such a detailed and depth of understanding is not observed in Banswara. In Banswara there is poor acceptance to the sanitary pad which was observed in the interaction with women teachers in Senior Secondary School at Kushalpur. The women in the reproductive age group in Banswara met during the visit stated that now they all go for institutional delivery and use washed and sundried sanitary cloth. The practice of sun drying of sanitary cloth is a very positive development as there is a deep-rooted taboo in making sanitary cloth visible.

In both the locations there is a positive base created towards a change of behaviour related to pregnancy tests, making repeated blood test to know about the haemoglobin count, a test of diseases like TB, regular intake of Iron Folic Acid, institutional delivery, rest or avoid strenuous work at the late trimester and

institutional delivery. The data from Rajasthan show that major causes of maternal mortality are haemorrhage, puerperal (infection) complications, obstructed labour and anaemia. During the three years of intervention, many positive outcomes have been observed. It may not be uniform in all the GPs. Based on the findings and observations more appropriate measures can be taken up in the next phase.

11. Sustained Advocacy Activities

PRIA is familiar and long-standing credibility with the state-level administrative structure, particularly with the Department of Rural Development and Panchayati Raj. PRIA is invited to most of the public consultations on the capacity building of Panchayats. PRIA staff have been actively participating in the State and District level training programs on GPDP. There are new office orders that have been issued during the project period that has helped to take the project agenda further. To mention some of those GOs are –

- a. Inclusion of activities on GPDP after the release of GPDP guideline by MoPR, Besides other issues it mentions about provision to achieve 100% institutional delivery, ensure prevention and clinical care for malaria and TB and ensure effective implementation of all health care facilities at the health sub-center, issued on 03. 06. 2019;
- b. An Office Order was released on Formation of Mahila Shakti Samuha comprising of women front line workers and women leaders from the community to meet at the GP after every meeting held on the 5th of every month. It also mentioned that 40% of resources under GPDP to be used for women and child development, issued on 08. 08.2019.
- c. Convening of separate Mahila Sabha before the mandatory Gram Sabha on 26 January, 01 May, 15 August, and 02 October issued on 09. 08. 2019

It may not be correct to say that PRIA is instrumental in making those new Office Orders. However, it can be safely stated has PRIA has contributed to the drafting and release of those orders. PRIA has the convening power to bring different stakeholders including the senior government officials to advocate for policy and administrative changes. In the project, there was the provision of one State level consultation which was successfully organised. In the project, PRIA has demonstrated some concrete activities related to reproductive health that the GPs can include in the GPDP. The list is broadly indicative, however, if it is upscaled and mainstreamed it can make a major difference in promoting maternal health.

Impact in terms of Stories of Change:

Often many significant stories contributing to the change process get unrecorded. Here, some of those stories are mentioned. Due to lack of time full details are not recorded.

- i. Orientation on the importance of nutrition and menstrual hygiene was undertaken with the community volunteers and the GP representatives. It was made to understand that the dissemination of such messages must be made at a daily level by ordinary citizens and Gram Panchayat. Soon it was observed that many GPs set aside a budget for wall writing on these messages. A sweet shop and juice center put the message in its hoarding. In the banner of camps organised by local youth groups, nutrition and sanitation messages are also put up. Nutrition and safe motherhood message found a place in a wedding invitation card. The public action on IEC contributed to better acceptance of the messages.
- ii. In Kherdabara GP in Banswara block, in the early days of the project, it was observed that young women in the active reproductive age group have been undergoing hysterectomy. After the second and third children, women in early thirties on their own choice come to Himatnagar in Gujarat and

remove their uterus. There is no apparent reproductive infection. From the discussion, it was found out that women are considered impure or profane and not allowed to enter the kitchen and conduct regular daily routine work. In the community-level discussion, the women realised that undergoing hysterectomy in early age without any medical reason is not a natural act. They have now started consulting the gynaecologist in Banswara district headquarter. Slowly, women have started accepting menstruation as a natural biological process and there is nothing impure about it.

- iii. A few years back in a poorer hamlet in Kusalpura, there were deaths due to the consumption of spurious alcohol. Some people brew illegal alcohol. As part of Bhil tribal culture, the locals brew alcohol from *mobua* flower which they consume on special occasions. However, some men were brewing in the most unhygienic manner and were selling toxic alcohol. The women of the village who have been discussing reproductive health have started discussing the ill effects and got united. They were not aware that domestic violence which is caused due to excessive alcohol consumption is one of the social determinants of reproductive health. Women collectively protested and stopped the illegal and brewing which was also against the tradition. Women shared with deep sadness that they could not stop the brewing for a long time. However, their organisation got stronger in which there is all category of women including those who studied and working outside the village.

With all the above-mentioned activities and processes, the outcome/ results achieved in three years of the project period looks very encouraging and positive. The project has attempted to revive the Social Justice Committee, the standing committee of Gram Panchayat, a developmental committee like VHSWNC. It has also advocated forming Mahila Shakti Samuha to interface with Gram Panchayats to become functional. In the project intervened GPs there is improved participation of women in the Gram Sabha and engagement of various committees has raised the issues related to reproductive health. The community volunteers, CSOs representatives, GP representatives who have been sensitised and trained have been initiating some activities to support the many of the layered factors related to the issue. There is an improvement in access to quality ANC care, institutional delivery, disease control, improved menstrual hygiene, reduction in child marriage, adoption of family planning practices by women for delay and spacing in pregnancy. These are encouraging and positive developments. The meso level data on maternal mortality in Rajasthan does not indicate any improvement. The project may examine its reach to all sections of the community including Dalits, Muslims, small and marginal farmers, and landless communities.

The visible achievements may be linked to communities that are more educated, better access to services and already in the process of adoption of new practices. The baseline and end-line survey may examine the socio-economic and educational status of the pregnant and lactating women so that community-level interlayers could be identified. The maternal mortality in Rajasthan is 240 per 100,000 pregnancies. The SDG aims to bring down to 40 by 2030. In India currently, there is provision for registration of all the pregnancies and there is mandatorily four ANC diagnosis and support. There is a need to track and monitor women who get left fully and partially from the various services including a procession of the Mamta Card which provides information on various parameters. The issue of exclusion and data manipulated cannot be overlooked. Access to public programs reaching the last mile remains a big challenge in the overall context which needs to be considered.

The relevance of the issue and the intervention strategy:

In Rajasthan, particularly in tribal districts like Banswara addressing the issues of the reproductive health of women is a neglected area. Usually, a project of reproductive health includes activities like improving access to public health care facilities, building awareness, and introducing behaviour change of the target population. Bringing decentralized governance into the improvement in reproductive health is a new strategy. In India, Gram Panchayats have proximity to the community and have legitimate authority to hold the village level public officials accountable for the effective delivery of services. GPs along with the standing committees, program committees like VHSWNC, newly formed Mahila Jagriti Samiti can track the outreach and quality of services offered and subsequently demand improvement. GPs through its development plan can take up many locally relevant issues that have a bearing on reproductive health and

maternal mortality. Bringing local governance into addressing reproductive health brings value addition to conventional public health programs.

In the intervening GPs, the results are encouraging and the strategies can be mainstreamed or replicated. In the project, there is a greater focus on improving awareness of women, linking women with front line service providers and motivating GPs to take up activities that contribute to improved reproductive health. Knowing the extent of reliability of Indian public service delivery, such kind of projects may look into the cases that are left out including grievances through community-based monitoring, social audit, etc.. A governance-based intervention may bring social accountability into center stage in a periodic manner to ensure reaching out to the last mile. The issue and the strategy adopted to accomplish the objective is relevant. Along with the existing strategy, perhaps periodic social accountability of the public programs will throw many unaddressed issues. The increasing number of hysterectomy among the young reproductive age group (the late 20s to early 30s) reported in Banswara requires immediate attention. Reproductive health is such a complex issue and to make the interventions relevant one needs to constantly listen to the testimonies of the women.

Effectiveness of the interventions:

In a three year project, the emphasis has been on reaching out to the critical stakeholders to contribute to the project outcome which has been achieved. Looking at the time frame and objective of the project, had more emphasis been put on preparation of a model GPDP and intensive training has been done for the GPs to make the plans, the project could have missed the bus and outcome could have been adverse. The project decision is most effective by providing a list of 30 activities related to improving menstrual hygiene and ANC care that the GP can adopt in the plan. It only provided one-day training on making the GP representatives understand the key features of GPDP. Subsequently, support is provided to each GP in the preparation of the plan. In this process, the quality of the GPDPs was not compromised as well as reproductive health issues are integrated into the plans. The project also circulated information on the GPs who have developed and implemented new activities early and it worked as a reference point for others.

The interventions became more effective as relevant Government Orders are released particularly on the use of 40% of GPDP resources on women empowerment and child development. The GOs provided legitimacy and strength to the project interventions.

Project Efficiency:

The project has taken a large coverage of 104 GPs in three blocks. All the activities have been accomplished covering all the GPs primarily because of detailed planning and monitoring. The district-level campaign planned for Banswara is an efficient move to reach out to all the GPs and develop linkage with stakeholders which would not have been possible in any other means. The campaign mode of work in a new project area saved time and help in building a positive environment for the project. The way the project developed a relationship with GP representatives helped in making the communication effective leading to inclusion activities under reproductive health in the GP plan and budget. Along with formal project intervention, building informal linkage with the GPs provided much efficiency, without which so many GPs may not have improved their development plans and implemented activities.

From the interaction with the staff, it was inferred that the efficiency could have been further improved if the project had untied resources for travel and hiring of resource persons. When all activities are pre-determined without any scope for altering and change, the staff feels restrained to reflect, seek external support and make a midcourse correction. Had there been more untied resources, the staff of both areas could have interacted more often to share their field experiences and strengthened the intervention.

Sustainability:

The project has demonstrated that active engagement of decentralised governance and stakeholder participation can accelerate the project implementation and contribute to desired results/outcomes. The project is conceived and designed to ensure the effective utilisation of public programs and schemes without making parallel or duplication of services. This strategy is not only effective but brings financial sustainability to the project. The project has worked closely with front line workers in enabling them to perform better-reaching cent percent of the target group. The government services along with the trained frontline workers are going to stay effectively reaching the target group and making a difference in the reproductive health situation even the project is completed. The other factor that is contributing to the sustainability of the project is engaging the GPs and local volunteers that have been created. The GP development plans now have activities and budget for IEC, promotion of menstrual hygiene and other factors that are going to continue. The GPs and the volunteers play oversight functions over the public program delivery that which has the potential for continuity and improving the quality and outreach of the services. The project approach and strategy are cost-effective and most relevant which has potential for both replication and sustainability.

The mechanism developed by the government of Rajasthan to involve the GPs along with the standing committees, program committee like VHSWNC, newly formed Mahila Jagriti Samiti have the potential to prepare relevant GP plans looking at the needs of the target population particularly considering the issues of local reproductive health care needs. However, the health department at the state and central levels need to appreciate the importance of decentralised governance in improving health care services. Increasingly in sectors like irrigation, drinking water, forest management have been involving decentralised governance to improve the quality of services with downward accountability. The project design is most appropriate and has all the factors to make it sustainable.

Recommendations:

The choice of project strategy and activities have contributed to significantly achieve the project outcome. In such a situation, it is hard to make any recommendations except stating that you continue with what you are doing best. Bringing decentralised governance with stakeholder participation to the center stage in addressing reproductive health is a significantly distinctive strategy and approach which shall be continued. Some other issues which may need further attention are:

Reaching the most vulnerable: In a three year project period, the outcomes on a complex issue like reproductive health and maternal health is very encouraging. The project has able to develop a strong functional and professional association with GPs and other stakeholders. It is particularly commendable in a new district of intervention like Banswara which has a high tribal population. The project may examine its reach connecting to the most vulnerable section. With all the best intentions at times in a new location, it is difficult to reach out to remote and vulnerable groups. It may also be true for Govindgarh. In the baseline study, the diversity in terms of caste, occupation and educational level may be included.

Tracking and improvement of food diversity: The project has achieved significant improvement in institutional delivery, access to ANC diagnosis and care and other services like improved personal and menstrual hygiene, reduction in child marriage and early pregnancy and many others. However, the project has not tracked food diversity. FAO has developed a reliable food diversity index that may be used to track the intake of food diversity and appropriate counselling may be introduced. It is not a very technical issue to follow and execute.

Counting the cases left behind: The observation made during the evaluation provides a picture-perfect situation. The data from Rajasthan show that major causes of maternal mortality are haemorrhage, puerperal (infection) complications, obstructed labour and anemia and such cases are not reported during the evaluation. The delivery of public programs reaching the last mile has its challenges. Despite having committed and skilled front line functionaries, often there are reports of poor reach and misrepresentation

of data. The village-level volunteers may be trained to conduct periodic community-based monitoring (CBM) or social audit of services so that the gaps in service delivery are recorded and appropriate action is initiated. Such reports can also be made available to GPs to take corrective action in the fortnightly meetings. There might be cases of violation of patient rights – of obstructed delivery, hysterectomy, irrational medicine, non-payment of insurance and other entitlements that need to be recorded and redressed.

More power to women: The present staff, particularly the Volunteers who are predominantly men have worked effectively to bring the desired project result. Looking into the thrust of the project more women volunteers (up to 80%) may be inducted. It will make the project reach the target group who are women with ease and communicate more effectively. The project may think of involving professional nutritionists and public health experts to guide the team and developing the methodology of various studies.