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PRIA

EVALUATION REPORT



Reforming Local Governance for Responsive and Effective Service Deliveries

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EXECUTIVE SUMMARY

This report presents the findings of a mid-term review of the project *Apna Swasthya Apni Pahel (ASAP), Reforming Local Governance for Responsive and Effective Service Delivery*, a community-level approach to public service reform in three blocks of two districts of Rajasthan. Participatory Research in Asia (PRIA) in collaboration with Azim Premji Philanthropic Initiatives and Dasra is implementing the project in 104 gram panchayats covering 300 villages in Govindgarh and Banswara districts between April 2017 – March 2020.

The approach is aimed at strengthening governance and development capacities of Panchayats, promoting participatory citizen engagement in planning and implementation of panchayat level development plans, integrating support from state and local departments to improve maternal health outcomes in the two districts.

The aim of the mid-term review was to identify aspects of ASAP that are showing progress and potential, aspects that are proving challenging, and the way forward for the remainder of the project duration to achieve the maximum impact.

KEY FINDINGS:

- In general, public service partners and communities who engaged in ASAP recognize the value and potential of working collaboratively on solutions to local problems.
- The review found evidence that the activities undertaken as part of ASAP have improved awareness of maternal health related issues among pregnant and lactating women.
- Government line departments have been engaged sufficiently and they have extended their support to the project.
- A general lack of awareness at the Panchayat level has changed due to the ASAP intervention. Village Health Sanitation Nutrition Committees (VHSNC) have been instituted in all panchayats; its role communicated; its functionaries identified, and their capacity building has been undertaken and is ongoing. The Social Justice Committee has also been reconstituted and engaged in ASAP activities.
- Opportunity to partner with other NGOs working in Banswara exist to further the objectives of ASAP.
- Demand for information and readiness to put their needs in front of the Panchayat is high among women of Banswara.
- Previous high staff turnover has impacted the implementation of the project. New staff has been recruited and they have received training, which will help in regaining lost time to develop the capacity of communities and develop long-term relationships.
- There is need to understand and respond to the priorities of the communities (outside of maternal health) to have meaningful engagement. This will require ongoing professional development and support for staff who have a key role in mobilizing communities.
- Project should change its priority health outcome from maternal health care to maternal and child health.
- Greater consideration needs to be given to inputs for the field - budget, resources, field time, staff capacity - to achieve the projected outcomes.
- The concept of women's collective, *PRLA Tajo Parivar*, conceptualized by the Banswara team holds much promise if implemented properly. It is similar to the Care Group Model, a model that has been successful in transforming MCH outcomes in 28 countries across the world.
- With targeted changes in programmatic activities, there is potential to mobilize the communities and bring change in Banswara, its mothers and children, and community at large.

RECOMMENDATIONS

In order to achieve project outcomes, recommendations are:

- Community mobilization needs to be a priority between now and January 26, 2019 for inclusion of health in the 2019-2020 Gram Panchayat Development Plan and for the process to be participatory. Field activities should focus on community mobilization and health plan development.
- Field staff needs more capacity building to effectively engage and empower communities on issues that are priorities for the communities.
- Focus of activities should change from MHC to MCH.
- Activities for improving maternal health outcomes should focus on increasing accountability of frontline health workers including ASHAs and anganwadi workers.
- Focused activities should be considered to revitalize, capacitate VHSNCs and SJsCs to play an active role in participatory governance to improve health outcomes.
- Partnerships with other NGOs working in the district on related development issues should be formed and leveraged to achieve long-term sustainable impact.
- Necessary support should be provided to implement the *PRLA Tajo Parivar* concept.
- Jaipur-based staff need more face-to-face time with field team to train, guide, and demonstrate effective strategies for community mobilization and engagement.
- Adequate resources to conduct field activities should be provided
- Besides youth, volunteers should include influential members of community including retired govt. functionaries, matriarchs, teachers, faith-based leaders.
- Training, capacity building, and felicitation of volunteers will be critical if they are to play a role in long-term sustainability of ASAP efforts.
- It is ambitious to expect sustainable change in 104 panchayats over a course of 3 years. Project should identify panchayats where conditions are more conducive to participatory governance and programmatic efforts should focus on these select panchayats. Demonstration model panchayats where local governance is strengthened through participation of villagers will be of great interest at the state and district level.

INTRODUCTION:

Apna Swasthya Apni Pahal (ASAP) is an initiative of PRIA, supported by Azim Premji Philanthropic Initiative (APPI) and Dasra to reform local governance for responsive and effective service delivery with a focus on maternal health. Through active citizen engagement and participatory decentralised planning, it proposes to improve delivery and use of health services to improve maternal health outcomes. Leveraging women and their health-related issues, the project aspires to institutionalize a process for participatory governance to generate demand for and create accountability in service delivery and development capacities of local panchayats.

Panchayati Raj Institutions (PRIs) were first institutionalized in India in 1993. The thought process behind the Panchayati Raj system was to make democracy functional at the local level and driven by citizens' needs and participation. Devolution of powers to the panchayats since the last two decades has received enormous attention because of the increasing role played by these institutions in planning and implementation of development programs in rural India. Despite guidelines for the preparation of district plans, especially with regard to participatory planning exercise at the level of Gram Panchayats, the pace of devolution has been slow and patchy. Furthermore, underutilization of resources available under the Ministry of Panchayati Raj and Ministry of Rural Development's flagship programs suggest that building capacities of these institutions is necessary for rural development.

Involvement of citizens in the political process is an essential part of democracy. Tactics and strategies for increased citizen participation in local governance can be seen around the globe. Citizen participation in local governance involves ordinary citizens assessing their own needs and participating in local project planning and budget monitoring. It is important for improving public resource management and reducing corruption, by making public servants and political leaders accountable. For citizen participation to work, transparency of government information is needed, as well as the inclusion of members into decision-making from groups whose concerns are being addressed. Citizen participation requires trust and belief, trust in their co-participants, belief that participation can make a difference, and feeling socially included. To ensure strong participation of citizens in local governance, citizens need to understand and want to exercise their right to participate in local political issues. They need to feel confident and know where and how to participate, while local institutions should be prepared to facilitate the citizen participation. Engaging citizens in local governance improves accountability and the ability of local authorities to solve problems, creates more inclusive and cohesive communities, and increases the number and quality of initiatives made by communities.

ASAP project is being implemented in Rajasthan's Jaipur and Banswara districts to build capacity of local panchayats, promote citizen engagement for planning and implementation of village level development plans, facilitate support from line departments and other development actors to strengthen local governance and improve maternal health outcomes of the districts. A total of 104 panchayats in Govindgarh block (Jaipur) and Banswara and Talwara blocks (Banswara) have been chosen as the project implementation sites.

Myriad national public health initiatives over the years have contributed significantly to the improvement of several indicators, but morbidity and mortality levels in the country are still unacceptably high. Rajasthan (68.6 million people) is one of the nine worst performing states in the country with regards to healthcare. It reported an MMR of 244 deaths per 100,000 live births in 2011-13, the second lowest in India and worse off than Bangladesh and Nepal, both poorer countries, by per capita income.

It is evident that a top-down health delivery system is unable to meet the needs of millions of rural Indians. ASAP proposes to develop a community-based model of self-governance to create demand for health services and improve access to improve maternal health outcomes in Rajasthan.

Overall Objectives include:

1. Strengthen governance and development capacities of Panchayats
2. Promote citizen engagement in planning and implementations of development plans
3. Facilitate integrating supports from line departments and other development actors by strengthening the leaderships of the Panchayats to address the issues of MHC.

Specific Objectives include:

1. Sensitize and capacitate PRI leaders, officials and communities to prepare realistic development plans.
2. Facilitate participatory planning, preparation and implementation of decentralized development plans to reduce the incidences of maternal mortality.
3. Recruit and train at least 2-3 Community Volunteers in every Gram Panchayat (GP) to support the development process of the Panchayats
4. Sensitize state and district level officials to provide timely support from line departments and other development actors to the participatory planning and implementation process.

Project Outcomes:

1. Women of reproductive age group are aware about their rights and entitlements regarding Maternal Health Care services and are able to access these services in Banswara Block.
2. Men and women participate in Gram Sabhas, plan for MH Services, and support health sub-committees of GPs in monitoring the delivery of health services.
3. Gram Panchayats (particularly the health subcommittee) in Banswara and Govindgarh blocks are capacitated and strengthened to prepare and implement GP Maternal Health Service Plans for improved MHC services
4. State Government creates an enabling environment for the panchayats to execute and improve Maternal Health Services.

MIDTERM REVIEW:

The objective of the mid-term review is to assess the progress of various activities and outputs towards achieving the projected outcomes; identify the challenges; assessing the relevance of present strategies and activities; and recommend modification of existing and/or propose new activities and approaches to achieve outcomes and long-term impact.

The review process involved conducting meetings with state, district, and block level officials, individual and group meetings with women including those pregnant and lactating in Banswara and Govindgarh, volunteers, and field teams in Jaipur, Govindgarh, and Banswara. The findings are based on conversations (a total of 62 interactions) with the below listed stakeholders and observations from the field.

In Phase 1 of the project which was conducted from April 2017 – March 2018, series of activities were conducted to assess and enhance women's awareness about their rights and entitlements regarding MHC services and their ability to access the services; and mobilize communities for participation in development of Gram Panchayat Development Plan. Several outcomes have been achieved as a result of these activities.

REVIEW METHODOLOGY:

The reviewer, Dr. Sen traveled to Rajasthan from Nov 20-24th and Nov 28th where she met with the Jaipur team, Govindgarh and Banswara field team, Govindgarh and Banswara communities, block level officials in Banswara, and state level officials in Jaipur. The findings of the review are based on interviews with line department officials at the block and state level, focus group discussions (FGDs) with the project team in Govindgarh and Banswara, and with community members and volunteers. A stakeholder wise questionnaire (see appendix) was developed which was used to guide the individual Interviews and FGDs.

List of stakeholders interviewed during the field visit

Location	Name	Role
Jaipur	Mr. Chauthmal Mina,	Jt.Secretary, Plan
	Mr. Ram Avatar Mina	Deputy Director, Training, ICDS
	Mr. Lalit Tiwari, Health,	Consultant, Training, VHSNC
Banswara	Mr. Komal Prasad Nagar,	Chief Planning Officer, Zila Panchayat
	Mr. Suresh Trivedi	District Program Manager, Rajivika
	Mr. Hamvir Singh	Block Development Officer, Banswara
Jaipur	Mr. Debashish Biswas	Sr. State Project Officer and State lead, ASAP
	Ms. Tanya Dikshit	Project Officer, ASAP
Govindgarh	Ms. Seema Sharma	Assistant Project Officer
	Ms. Rekha	Block Coordinator
	Ms. Poonam	Animator
	Ms. Priyanka	Animator
	Ms.Saraswati	Animator
	Mr. Naresh	Animator
Panchayat	Dhodsar	Pregnant woman (1), lactating woman (1), elderly woman in HH (1)
		Anganwadi worker (1)
		Ward Panch (1)
		Mahila Sarpanch (1)

		Volunteers (2)
		Gram Sathin (1)
Banswara	Ms. Naseema Khatoon	Assistant Project Officer
	Mr. Naresh	Block Coordinator
	Ms. Manisha	Animator
	Ms. Menka	Animator
	Mr. Lalit	Animator
	Mr. Pankaj	Animator
Panchayat	Kushalpura	PRIA Tajo Parivar members (8)
	Ghalkiya (Waka)	Young mothers (15), other women (6)
		Volunteers (4)

ASSESSMENT OF SPECIFIC PROJECT OUTCOMES:

Women of reproductive age group are aware about their rights and entitlements regarding Maternal Health Care services and are able to access these services in Banswara Block.

One of the project objectives of ASAP is to raise awareness about their rights and entitlements regarding MHC. PRIA's intervention and campaigns have helped to increase the awareness on MHC among women and at the community level.

In Banswara, due to child marriages women reproductive age starts before 18 years. And pregnancy at an early age is known to cause many complications. To address such social practices, animators are raising awareness of the legal age of marriage and the adverse impacts of child marriage.

Animators have also targeted different groups in the community like family members including the men in the household, and sarpanches to make them aware of maternal health care issues and the need to pay attention to it. For instance, the immunization of pregnant women is low in the district. FLHWs informed our animators that one of the reasons for low coverage is due to myths regarding immunization. In this regard, animators are spreading awareness of the importance of immunization among family members and pregnant women herself. Apart from this, animators regularly make the community aware of pregnancy care and support, and where to avail such services.

Although awareness on maternal health care is increasing, it needs to be a continuous process to deal with issues related to issues like anemia, hypertension, malnutrition, early pregnancies, etc.

ASAP has conducted a range of activities to engage people in the process, developed local action plans, and raised awareness of maternal health related issues. PRIA's presence in Govindgarh over the past decade has facilitated the implementation of ASAP activities and impacted the outcomes.

“Our role is to raise awareness of issues related to maternal health with end goal of reducing maternal and infant mortality. After identifying women who are not attending MHCN day at the anganwadi centers, we visit their households, inform them about maternal health services provided by ASHAs and ANMs, their entitlements and encourage them to avail them. We follow up by checking if the women have come to the next MCHN day. Those we are able to reach out to, have begun to avail of the services and will continue to avail the services even after the project ends.” – PRIA field staff

PRIA has developed good linkages with FLHWs both in Banswara and Govindgarh and are providing support to them. Anganwadi serves the women who come to the centres. PRIA’s household visits is ensuring that more women visit ANM subcenters and avail of their services. According to an ANM in Govindgarh, “it is the household visits by PRIA which has been instrumental in increasing uptake of services.”

In Banswara, women were found to have an overall lack of awareness of high-risk pregnancies including those related with chronic anemia, a

problem across Rajasthan. Should the FLHWs be providing this information? If yes, why aren’t they providing it? If no, why not? These are issues that ASAP should explore and find a way to ensure that this important MHC information is communicated to the beneficiaries. It was interesting to note that though the women were not aware of many of the basic antenatal and postnatal healthcare issues, most expressed concern about the lack of sonography machines in their PHCs.

The *PRIA Tajo Parivar* (PTP) model is being implemented in Banswara. By March, all panchayats will have formed atleast one PTP of 20 women each in all the 59 panchayats, a targeted reach to 1080 women and their households. Targeted capacity building and mobilization of these groups will follow next. This initiative if implemented successfully, holds promise of not only improving maternal health outcomes, but also mobilizing the community, and sustaining ASAP initiatives in the long-term .

Of the 37 women, spoken to, most were aware of ASHAs and anganwadi workers and the services they provide for mother and child. They were aware of the MCHN day where immunization activities are held. Most of ASAP’s engagement to date has focused on pregnant and lactating mothers. The awareness will also need to target adolescent girls to prepare them for a healthy pregnancy. More targeted awareness needs to be raised among family members, especially the elderly women as they are the influencers in the household. Govt. schemes and programs do not target them so their awareness of maternal health issues is poor.

Men and women participate in Gram Sabhas, plan for MH Services , and support health sub-committees of GPs in monitoring the delivery of health services.

A minimum of 4 gram sabhas have to be held annually with others being called on a need basis. However, more often than not, these meetings don’t take place. And if they do, there is limited or selected participation at best. There are many reasons for this – Sarpanch’s unwillingness to involve the community in decision making; community not made aware of dates of meeting and agenda in a timely manner; lack of awareness of gram sabha and its role.

Mobilization efforts of ASAP are ongoing. Thus far, the efforts have raised awareness of gram sabhas and members of the communities have started attending them. There was an intensive community mobilization in Banswara for the gram sabha of 2 October 2018 as a result of which there was a significant increase in people’s participation; women’s participation was more than men’s, especially in

those GPs where intensive efforts have been initiated. Some gram sabhas happened for the first time in Banswara because of PRIA's efforts. However, women in general are yet to attend the gram sabhas in significant numbers, but this has to do with social norms. Women are more comfortable attending Mahila Sabhas. A few volunteers have already started organizing ward level mahila sabhas in Govindgarh. Women's issues identified in the mahila sabhas, VHSNC and SJC meetings are being raised and discussed in the gram sabhas now.

On an average, upto 15 gram sabhas (GS) are held annually. In contrast, only one or two mahila sabhas (MS) happen annually. The idea of monthly mahila sabhas was proposed and appreciated by the community. A plan for this will be implemented by PRIA's field team in Govindgarh and Banswara.

In Dhalkiya gram panchayat in Banswara, after learning about the gram sabha at a Ratri Chaupal meeting, 60 women showed up at the gram sabha the next day, forcing the Sarpanch to conduct the otherwise canceled meeting. There were only 20 men present at the same meeting.

Attempts should be made to give a structure to the gram sabha meetings so that they are productive and encourage participation. For example, meeting dates should be announced at least two weeks in advance, meetings should have an agenda, a moderator and time keeper, a process for community members to add to the agenda, action points, and follow up tasks. This could be a training that PRIA can provide to more proactive panchayats and set up a model for others to follow.

Mobilization activities have led to increased attendance at GS. The role of GS and the need to attend them and play a part in village development has been communicated to the communities. This is the first step. Next steps should focus on turning the presence into participation through helping communities identify specific issues to bring forth to the GS. ASAP should develop volunteer capacity to drive this change.

Gram Panchayats (particularly the health subcommittee) in Banswara and Govindgarh blocks are capacitated and strengthened to prepare and implement GP Maternal Health Service Plans for improved MHC services

The existing governance mechanisms dealing with health like the VHSNCs and SJs were not in place in many Panchayats across the two districts. ASAP activities identified these gaps and instituted 45 VHSNCs across all panchayats in Govindgarh. Efforts are underway to institutionalize their monthly meetings; majority of them

In panchayats where women sarpanches and ward panches are heads of VHSNCs, the VHSNCs are more active. Upon learning their roles and responsibilities, these members have adopted the anganwadi centers and are also putting in their own resources to maintain them.

have started meeting regularly. Volunteers can play a key role to monitor the activities of these committees. Additionally, members of VHSNCs and SJs could be recruited as spokesperson/champions of ASAP.

Draft health plans from Banswara and Govindgarh have been reviewed by the ASAP team. It was found that health related activities listed in the plans mostly involved infrastructure work. The next phase is to identify relevant activities (related to MHC services) for each panchayat through discussions with the community at GS and MS and with VHSNC and SJC committees; volunteers and PRIA staff will facilitate this discussion. Once issues have been identified, they will be presented to the panchayat for inclusion in the GPDP. It will be ensured that none of these activities are no-cost activities.

FLHWs are an important link between PRIA and ASAP's target beneficiaries. FLHWs have the trust of the women and know their issues, but are unable to address these issues and influence behaviors. For example, ANMs and ASHAs know which women don't come to the anganwadi centre and go to the village healer. PRIA through its ASAP activities has been successful in getting such women to come to the anganwadi centers. A mutually beneficial relationship has thus been established.

Several instances were mentioned wherein health related issues were raised in the GS and resolved. For example, in Dhodhsar Panchayat of Govindgarh, a PHC building had been constructed but no services were available there for 2 years. Patients were traveling to Govindgarh, 13 kms away. After volunteers raised this issue in the GS, through PRIA's help the issue was brought to the attention of the right authorities and now the PHC is functional.

In the Loharwara panchayat of Govindgarh, a subcenter, only 200 m away from the panchayat, had no electricity or water even though an anganwadi centre was operational there. Once the VHSNC was established in the panchayat, members presented the case to the Sarpanch and within 2 months, subcenter got its water and electricity connection.

Absence of a female doctor in their local PHC was forcing women to go to a facility farther away from home. Govindgarh women raised this issue with their sarpanch, who succeeded in getting a female doctor posted in their PHC. This action by the Sarpanch is an indicator that women's health is an important issue and that he will be amenable to implementing a GP maternal health service plan.

Activities towards achieving this outcome have been started and progress has been made in engaging and raising awareness of GPs and PRI members towards participatory governance. Recognizing the vested interest that prevents participation in GPDP planning: ASAP could overcome the hurdles by handholding GPs in targeted activities, be it in developing the village health plan or including health in GPDP (see below). These activities could set the stage for participation and help put processes in place for the same to continue.

State Government creates an enabling environment for the panchayats to execute and improve Maternal Health Services

The VHSNC dept. of the health department has sent a directive in November to all panchayats to develop a health plan. This letter was shared with the ASAP State Project Officer. This letter can be leveraged by ASAP to help the PRI members develop such a plan and ensure inclusion of activities to improve maternal health outcomes in the plans. This is an opportunity to further strengthen PRIA's ties with the Panchayats.

Another directive from Rural Development and Panchayati Raj Planning Dept. sent to all District Collectors in August calls for –

- inclusion of health and nutrition in the 2019-2020 GPDP
- planning to be participatory, with a special emphasis on women's engagement
- identification of male and female volunteers at the ward level to increase awareness of and engagement in GPDP planning process

- announcements regarding the making of GPDP through use of pamphlets, loud speakers, tv and newspaper ads, social media, nukkad natak, etc.
- engagement of SHGs to mobilize and increase participation of women in gram sabhas
- awareness campaigns at the panchayat level to increase participation in GS
- date of GS where in GPDP will be approved to be shared with community in advance.

Government departments have their own protocols and processes in place. It is premature at this time to establish whether ASAP can influence state governments to create an enabling environment for the panchayats to execute and improve Maternal Health Services. To influence govt. action, it is often necessary to showcase demonstration projects/replicable models with clear outcomes. For example, ASAP could work towards initiatives that can showcase Adarsh Gram Panchayat models or a volunteer driven health delivery model like the Priya Tajo Parivar.

OVERALL PROJECT ASSESSMENT

INPUTS:

During the review, it was learned that staff attrition has impacted some aspects of project implementation. However, the current team in Govindgarh and Banswara was found to be competent and motivated. With continued capacity building and with resource support to carry out the needed activities on the ground, this team should be able to achieve the project outcomes.

The Jaipur team, also new, has successfully engaged with the state and block level officials. Engagement at the state level has led to an invitation to attend training in GPDP planning hosted by the State; issuance of a letter from the ICDS state office to allow PRIA staff to freely attend all ASHA and ANM trainings. Block level officials met with us on a Saturday in Banswara, a testimony to the block level mobilization that has taken place. Several products, namely a training manual for animators and volunteers, cases studies have been developed by the team .

Efforts towards rapport building and engaging with communities is more advanced in Govindgarh as compared to Banswara. PRIA's long time presence in Govindgarh likely had a role, but the increased presence in the field of the ASAP team was also instrumental in building these relationships. With the new team in place, Banswara is catching up. Efforts to mobilize and engage with communities is leveraging existing govt. programs like Pukar (Maternal Health) and Alakh (Educate Girls), Chirali (Gender Violence Prevention).

“Besides providing me a source of income, working on this project allows me to gain knowledge, learn about issues that are relevant for my community, help my community, and gain recognition in my community.”- animator

Activities should be carefully assessed and prioritized as team is small to coordinate the large number of meetings and activities across the 104 panchayats. There was concern about the mismatch in level of inputs required to engage and mobilize communities and the resources available to do the same.

Majority of the animators are new. Learning by observation will be a faster way to bring them up to speed for the remaining duration of the project. If the Jaipur team was to spend more time in the field, they could to train, demonstrate, and monitor in real time. The animators are eager to learn and believe in the project. Focusing on their capacity building, will reduce attrition, help meet project outcomes and create local change agents to sustain efforts of ASAP post PRIA.

To ensure sustained community mobilization, field teams will need more targeted trainings and experiential learning opportunities. For example, if the field team is to engage men, talking about MHC issues may not be the best strategy. They will need to discuss issues of interest to men before bringing up the issue of MHC. To do this, they will need necessary knowledge of a broad range of issues of interest to all segments of the community.



Both locations have been successful in recruiting both male and female volunteers. Female volunteers are educating community women about the available health services and encouraging pregnant women to avail of them. In households where females aren't accessing health services, male volunteers are encouraging male family members to support their women to access the govt. provided services to improve mother and child health.

Women are more proactive in Banswara's tribal communities and they are used to taking matters in their own hands. With alcohol abuse a problem in the community, women are breaking down illicit liquor production units. With this level of motivation, engaging them in matters of their health will not be a challenge. However, the focus of activities will need to include other issues of importance to community, and not just on maternal health.

Women and men volunteers have been recruited in Banswara and the recruitment is ongoing. Banswara has 1000 active self-help groups. Members of these groups will be targeted next for recruiting volunteers. Once they are empowered and informed, they will make for ideal ASAP volunteers.

Volunteer selection strategy has been modified recently. Along with youth, influential members of the community are now being recruited such as retired sarpanchs and ward panchs, retired govt. officials, and teachers. The team has found that it is not easy to recruit female volunteers in Govindgarh. In the tribal communities of Banswara, women are more outgoing and hence easier to recruit.

When asked what will be needed to sustain ASAP in the long term without PRIA's presence, the unanimous response from the community was volunteers.

ACTIVITIES:

When the project started, the panchayats considered health to be an issue of the health department. They were not aware that issues related to the functioning of the subcenters and PHCs came under their jurisdiction. Now they have been made aware and recognize health as a Panchayat issue.

In Banswara, which is a new site for PRIA, the range of activities conducted have been instrumental in establishing a presence of PRIA and ASAP project in the community, panchayats, and the government line departments.

Field team attends MCHN day every Thursday to identify women who are not taking advantage of services. They then reach out to them and raise awareness of maternal health services and their entitlements and encourage them to access these services.

Regular capacity building of volunteers, PRI members, and animators in different thematic areas is needed to meet the final outcomes of the project. Exposure visits of volunteers and field team to other locations across Rajasthan to observe best

practices in community mobilization should be considered. Communities view ASAP as a PRIA initiative; more work is necessary before they take ownership of ASAP.

Until recently engagement activities were limited to pregnant and lactating mothers and PRI members. This limited the programs capacity to build a stronger base to influence planning at the panchayat level. Recognizing this, the revised strategy is now targeting all gram sabha members, i.e. all members of panchayat above 18 years of age. As a result, GS of Oct 2nd saw much more participation than Aug 15th GS.

Mahila sabhas are a crucial component of ASAP activities to engage and mobilize women. Getting women to attend gram sabhas is a challenge, especially the young women. Also, getting women to speak in front of men in a gram sabha is an additional challenge.



Getting women to attend mahila sabhas on the other hand is not a problem. Monthly mahila sabhas at the ward level will be more effective than those currently taking place at the panchayat level. Mahila sabhas should be created as a safe space for women to gather and share their concerns first and foremost. For women who have little or no voice in their households, opening up in front of others can be a daunting task. This is especially true of younger women. Once the comfort level has been established, discussion on important issues like health, livelihood, safety, education will be easier. Across the country,

rural women seek opportunities to speak and to be heard. ASAP offers an opportunity to make mahila sabhas and PTPs such a socializing and social reform platform.

Further, women will need training in effective communication skills. “They all talk at once and it is difficult to manage the meeting.” Institutionalizing some practices for mahila sabha meetings will be helpful. For example, a moderator and an agenda to guide the meetings will be beneficial. These sabhas can help identify women leaders in the community. who can be spokespersons for all the community women and put forth issues identified in mahila sabhas to the gram sabhas.

The ward should be explored as the unit of change rather than the panchayat for specific activities like hosting of mahila sabhas, volunteer recruitment, and community mobilization. The ward’s smaller scale

enables ease of implementation of new activities, their monitoring, and replicability towards a more sustainable model for community engagement and mobilization.

Most activities included in the GPDPs to date regarding health have been infrastructure development. For example, demand for building of ANW centers is included; but to ensure regular attendance of ANMs at anganwadi centres is not since this is a no cost activity. Even when there is interest at the Panchayat level for such no-cost activities, at the block and district level there is no interest in monitoring these no-cost activities. Therefore, there is need to identify activities that can enhance the MHC outcomes of the communities and which have a cost associated with them. For example, building of kitchen gardens to improve nutritional outcomes is a cost-associated activity that can be included in the GPDP and whose implementation will be monitored by the line departments. To change the attitude of the line departments, community will need to exercise more pressure. ASAP has begun to change the mindsets of the communities and panchayats to bring about this long-term change.



With the recent training, field teams feel more confident in their ability to engage and mobilize the community. With a broader array of issues to engage with and participatory methods of engagement, mobilizing an already interested community should not be difficult.

Banswara team is starting an initiative by the name of *PRLA Tajo Parivar* (PTP). The idea is to get together 10-15 women/ group and mobilize and educate them on health and other related issues. These women will serve as community mobilizers and health advocates. The idea herein is similar to Care Groups, a global model of peer-based health promotion that has been effective in improving MCH health behaviors and outcomes in low-resource communities across 28 countries. It has not been implemented in India. If TPT can be implemented successfully in Banswara, it has the potential to be a scalable model used across India.

All activities outside of community mobilization should be suspended till January 26th, 2019, to be able to develop a participatory GPDP for the 2019-2020. To engage with the GPs, PRIA team can leverage the directive from the state to GPs to develop a village health plan (VHP) as a means to effectively engage with the GPs and work towards inclusion of health-related activities in the GPDPs. There is need to arrive at a realistic target for such GPDPs. A participatory GPDP in 104 panchayats is unlikely.

ENGAGEMENT AND MOBILIZATION:

PRIA's presence in Govindgarh is long standing. The Jaipur team has successfully engaged with the planning and health depts. at the state level. Through ASAP, PRIA has established its presence in Banswara. A robust relationship with the district and block level govt. officials has been established. They are keen and willing to provide the necessary support to PRIA to pursue the objectives of ASAP. PRIA has been successful in making inroads into the communities of Banswara and gaining their trust as well. Panchayat members and associated local body members including those who are part of VHSNC and SJC, and frontline health workers (FLHWs) have been engaged.

The varied geographies and demographics of the two districts demand slightly different engagement and mobilization strategies. The socioeconomic status of the tribal communities of remote Banswara is much different than that of the communities in peri-urban Govindgarh. Communities of Govindgarh have easier access to resources, information, and services being closer to Jaipur. This could impact their eagerness to partake in community mobilization. In contrast, with limited resources and access to information and services, communities of Banswara are highly motivated to engage in initiatives like



ASAP. The review found more eagerness and enthusiasm amongst communities for ASAP related activities in Banswara than in Govindgarh. These differences should be considered when designing engagement and mobilizing activities for the two districts, given resource and time constraints.

Given the emphasis on MHC of ASAP, care should be taken that the audience for activities and interventions is not just pregnant and lactating mothers. Engagement at the village level should also include young people (especially adolescent girls), older

people, and people with disabilities. Community mobilization approach will have to be flexible and responsive to the ways individuals prefer to participate, giving people options for participating in different ways at different times depending on their interests and capacity. For example, best times to meet for women is in the evenings, which will be the best time to conduct mahila sabhas. It was mentioned that social media could be used more effectively to promote public engagement activities.

Furthermore, to ensure continued interest and engagement in ASAP activities, it will be important to define specific roles for key stakeholders and volunteers and identify activities to support them. For example, the Banswara office has established monthly meetings wherein they invite district and block level officials, functionaries of other NGOs working in the region to speak about their respective schemes and programs to the team and volunteers.

Desired behaviour change as a result of ASAP will be communities taking greater ownership of their issues and accessing entitled services to address them as evidenced by improved maternal health outcomes. Although, it is too early to observe such behaviour change, there were signs of progress. It will behoove all to remember that knowledge and information do not drive behavior change. It's easy to assume that sharing information in an engaging way is enough to motivate people to adopt new behaviors. However, research suggests that this is not the case. To move the needle on the issues we care about the most, research and

experience both show that we must define actionable and achievable calls to action that will lead a specific group of people to do something they haven't done before.

There is a hunger for information at the community level. People want to know about their rights and entitlements, about various govt. schemes and are willing to spend time to learn these issues from PRIA. With their interest in mind, if PRIA develops targeted activities, it will provide PRIA a great opportunity to successfully engage and mobilize the communities.

AWARENESS:

ASAP has increased awareness of local services for the community through its various activities.

“Those members of the community, who have had one-on-one contact with us through our activities, they have all the information they need regarding MHC issues and are capacitated to address them. On a scale of 1-5, their motivation is a 5.”

Together with communities, the capacity of the field team has increased in issues of governance and maternal health. “Before I joined the program I had no interest in these issues, even though I had pregnant relatives at home. Now I not only monitor their mamta card, I also sit with women in my neighborhood and tell them about the dos and don’ts during and after pregnancy.” “I did not know anything about various govt. schemes and how the GPDP is made. Now I do.”

Staff and partners emphasized the importance of communities identifying their own needs and taking a more active role in addressing them. The overall objective of ASAP to provide a mechanism for communities to be involved in the decision-making process is an ongoing process.



Field observations conclude that the PRIA team has raised awareness of MHC issues amongst pregnant and lactating women in the Banswara and Govindgarh GPs, more effectively in some panchayats than others. MCHN days held at the anganwadi centres have been leveraged successfully for this effort. Women have started attending mahila sabhas and in some gram panchayats, even gram sabhas . There is eagerness to learn about maternal and child health issues, eagerness to participate in mahila sabhas and gram sabhas, and learn about their rights and entitlements. This eagerness was especially high in Banswara. Communities appreciate PRIA’s presence and see it as crucial for addressing local concerns.

There is an interest in attending Mahila Sabhas. Currently they are organized around gram sabhas. There was interest in monthly mahila sabhas. If planned properly, with fixed dates and agenda, these have the potential to be transformative platforms for engagement and advocacy. A plan should be in place for handing over all ASAP activities to the community for the transition ‘by PRIA, for the community’ to ‘by the community, for the community’ to take place.

All women spoken to during the review, reported that ASAP had increased their knowledge of maternal health issues. Though, they also indicated that health was not their only concern and that they wanted information to deal with other day-to-day issues, like procuring a ration card.

CHALLENGES IDENTIFIED

Some systemic and some intervention related challenges were identified during the mid-term review. These should be considered when assessing project outcomes achieved to date and moving forward.

- Systemic challenges –
 - Vested interest prevents participation in GS/GPDP planning
 - Lack of education and poverty - responsible for the poor MCH outcomes
 - Implementation and accountability in service delivery is lax
- Dependence on NGO to solve community problems
- Health is not a priority, especially MHC. Livelihood takes precedence over health
- Traditional beliefs and practices hamper seeking of health promoting measures
- Expectation that volunteers should receive monetary compensation
- Project staff/ animator attrition
- Existence of govt. schemes and other NGOs working in the area - confounding factors for attributing improved maternal health outcomes to ASAP activities.
- The focus on MHC alone is limiting. This is because concerns related to women, be it health or overall wellbeing, is not a priority in rural patriarchal societies. Even mothers are more interested in their child's health than their own. For women, awareness of maternal and child health issues is of greater interest than MHC. Further, families have more pressing needs than just the health of a pregnant woman or lactating mother in the household. Community engagement and mobilization becomes challenging when the only issue for discussion is maternal health. Even though MHC indicators are tracked with ASAP, the activities will have to cover a range of other issues that are of interest to the communities.
- Resource allocation for adequate conduct of field activities is not sufficient
- Bringing about behavior change takes time, especially those that require changing social norms to influence individual change. Trying to bring about change across 104 Panchayats in 3 years is an ambitious goal.
- Reporting Bias

RECOMMENDATIONS MOVING FORWARD

The mid-term review found ASAP's wholistic approach to participatory governance can improve development/health indicators of rural communities. Overall participants in this review saw value in what ASAP is trying to achieve. Staff, partners and communities believed in the potential to co-produce solutions to community issues at the local level and they were beginning to see evidence of incremental improvements towards the same. In order to achieve further progress towards achieving the goals of the project, following are the areas for consideration.

- Community mobilization needs to be a priority between now and January 26, 2019 for inclusion of health in the 2019-2020 Gram Panchayat Development Plan and for the process to be participatory. Field activities should focus on community mobilization and health plan development.
- Field staff need more training on issues relevant to communities to effectively engage with them. For example, how to get a ration card was a prevalent community need. Animators should be able to provide information on it.
- Focus of activities should change from MHC to MCH and on increasing accountability of service providers and in services provided. ASHAs and ANMs are provided regular trainings on issues related to MCH by the health dept. Animators cannot hope to gain comprehensive knowledge on these issues through one or two trainings. Better strategy will be to have information about all the MCH schemes and entitlements; and empower women with that knowledge to increase accountability of FLHWs and PHC and subcenters in delivering the services.

- A participatory knowledge mapping exercise will be helpful to understand what kind of information will be most useful to share and knowledge sharing activities should be designed accordingly. Knowledge sharing should be accompanied with action points such that the women can put the knowledge to practice. For example, telling women to take their iron pills during pregnancy is not sufficient. Helping them develop a schedule for when to take the pills everyday will be more helpful to the women. Engaging the mother-in-law to remind her daughter-in-law to take the pill at the right time because it is necessary for a healthy grandchild could be some strategies for improving the desired health behaviors.
- To increase participation of women in GS, work will need to be done to get women out of their homes first. This can be done by organizing monthly mahila sabhas at the ward level, not at the panchayat level. The hypothesis is smaller, closer to home meetings will encourage participation; provide a platform for women to raise their voice and be heard. Post this transformation, they will be more ready to go to the GS to present their demands.
- Capacity building of VHSNCs and SJsCs should be through focused activities. Interactions at the state level to stay abreast of all directives sent to these committees and using those directives to build capacity will yield more results. For example, VHSNCs have been directed to develop a village health plan for inclusion in GPDP. This provides a very targeted activity to build capacity of the VHSNC.
- Partnerships with other NGOs working in the district on related development issues should be formed and leveraged to achieve long-term sustainable impact. For example, in Banswara, Reliance Foundation is working on nutrition related issues. The local cement factory has CSR initiatives on health.
- Adequate resources should be provided to field team to carry out required activities. For example – engagement activities should be more participatory. These could include games, mapping exercises, video and movie screenings. etc. Adequate resources should be available for such activities. Providing volunteers with ASAP swag -t-shirt for men, bags for women, stickers, pens, other items; token of appreciation and recognition.
- Necessary support and training should be provided to implement the *PRIA Tajo Parivar* concept; it holds much promise for achieving project outcomes. The Care Group Model should be reviewed, and the process mentioned therein could be used as guidelines for developing the PTP.
- The skills of the Jaipur-based team should be utilized effectively in the field to train, guide, and demonstrate effective strategies for community mobilization and engagement. For example, classroom training and on-the-field training are two different models with different outcomes. for mobilizing communities, field training is more effective than classroom training.
- Volunteers should be encouraged to participate in all activities. They should be encouraged to host activities at the community level. They should be encouraged to learn by doing. It will be critical to build their capacity through multiple modes for the long-term sustainability of ASAP's efforts.
- Volunteer selection that has focused on youth should expand the selection criteria to include influential people in the community including retired PRI functionaries, school teachers, matriarchs, faith-based leaders. Their capacity should be developed through trainings and exposure visits to other sites across the state which have established best practices in community leadership.
- For Banswara, govt. schemes and programs under the Ministry of Tribal Affairs should be reviewed and where possible leveraged to meet the outcomes of ASAP.
- It is ambitious to expect sustainable change in 104 panchayats over a course of 3 years. . A more focused strategy that demonstrates the utility of the ASAP approach in a smaller number of panchayats will go a long way towards building confidence of the communities and the govt. functionaries in the process and in PRIA. Given the focus on improving maternal health outcomes, consideration can be given to focusing efforts in panchayats with women sarpanches. Once the process is defined and impacts assessed, the model can be promoted in other Panchayats for uptake. An alternative approach could be to identify specific activities like the *PRIA Tajo Parivar* or monthly mahila sabhas and develop them as best practices for replicability.
- State level consultation on governance issues for all APPI and Dasra partners to share learnings and for policy level advocacy

Appendix

Stakeholder-wise questionnaire used as guides for the interviews and FGDs

Community

1. In what capacity have you been associated with ASAP?
2. What knowledge did you gain from attending the ASAP activities?
3. What MH related govt. schemes and programs are you eligible for?
4. What changes have you observed in the community (specific to audience) since the ASAP program started?

Prompts –

- a. When was last Gram Sabha held? Did you attend? What was discussed about MH? When is the next one planned?
- b. When was the last Mahila Sabha held? Did you attend? What was discussed about MH? When is the next one planned?
- c. Are more women/families accessing MH services?
5. When was the last time you received MH related services? Where? Who provided the service? Was the service provided to your satisfaction?
6. Were you able to access the services on your own? Did you have help? Who helped you?
7. Are you aware of the GP Health Plan? Has it been developed? If no, so you know when it will be developed? Are their discussions about it in the GP?
8. Have you participated in its development? What was your input? Was it considered in the decision making?
9. Do you think the activities of ASAP have been successful in raising awareness about MH and related services for you? Was there any specific activity that was more helpful than others?
10. Can you think of any other activity that can help you to improve your health?

Gram Panchayat

1. In what capacity have you been associated with ASAP?
2. What knowledge did you gain from attending the ASAP activities?
3. How are you ensuring that MH awareness increases in your community?
4. Have you started working on the GP Health Plan? If yes, at what stage is the plan? If no, when will you begin it?
5. Once the plan is approved, how it will be implemented?
6. Did the community provide inputs? What kind of inputs did they provide?
7. When was last Gram Sabha held? Did you attend? What was discussed about MH? When is the next one planned?
8. What is the role of GP in improving MHC? What is currently happening? What can happen in the future?
9. What is the role of govt. line offices in assisting GP in improving MHC? What is currently happening? What can happen in the future?
10. What is the role of the community in assisting GP in improving MHC? What is currently happening? What can happen in the future?
11. Do you think the activities of ASAP have been successful in building the capacity of the GP in addressing MH and related services? Was there any specific activity that was more helpful than others?
12. Can you think of any other activity that can provide additional support to GP in improving MH outcomes in your village?
13. Are there private providers in your panchayat? Or private providers who villagers go to? Are you able to hold them accountable for the services they provide?

Government Line Officers

1. What role does your office play in overseeing MH in your district?
2. What is the biggest need in MH for your district/block?
3. In what capacity have you been associated with ASAP?
4. How did working with PRIA help in your work to improve MH outcomes in the district?
5. Have the GP members contacted you regarding GPDP/MH issues?
6. Do you see any challenges in the participatory planning of GPDP?
7. Are there factors at the village level than can facilitate this process?
8. Do you have any ongoing initiatives to improve MH outcomes? Are any planned for the future? What are they? Is the community engaged in the activities?
9. Do you think the activities of ASAP i.e., exposure visits and sharing of cases studies and reports has been helpful to you?
10. Have you heard any complaints/requests from the panchayat members/villagers regarding MH services in their villages?

Volunteers

1. Why did you choose to participate in this initiative?
2. Do you think the ASAP activities have raised awareness of MH issues for you/ women of the community?
3. Since joining the program, are you doing anything differently in your family about MH related issues? What are doing different now than earlier?
4. How do you think you can best support the objectives of the program?
5. Have you organized any events related to the program? Are you planning to in the future?
6. Has the participation in GS/MS increased post the initiation of this program?
7. Is the GP encouraging participation from the community/ women?
8. Is the GP working on the GP Health Plan? Is the process participatory?
9. What do you think needs to be done to increase participation and engagement?
10. What can PRIA do? How can you help?

Field Team

1. Do you think the ASAP activities have raised awareness of MH issues for you/ women of the community?
2. Since joining the program, are you doing anything differently in your family about MH related issues? What are doing different now than earlier?
3. What is the role of GP in improving MCH? What is currently happening? What can happen in the future?
4. What is the role of govt. line offices in assisting GP in improving MCH? What is currently happening? What can happen in the future?
5. What is the role of the community in assisting GP in improving MCH? What is currently happening? What can happen in the future?
6. How motivated do you think the GP/community is to improve MH outcomes?

(very low) 1 – 2 – 3 – 4 – 5 (very high)

7. Who is the most trusted member of the community?
8. Where do you see the challenges in improving MH outcomes? At the community level/GP/govt. level?
9. What factors in the district can help achieve the outcomes of ASAP?
10. Who is most interested in this effort? Who is least interested in this effort?
11. Is the community motivated? Have they taken any initiatives on their own? Are they depending on PRIA to take the lead