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PRIA

FINAL PROJECT REPORT

Submitted to Dasra in April 2020



APNA SWASTHYA APNI PEHEL

**Making Local Self-Governance Institutions Accountable
to Deliver Maternal Health Services**

Learning from Grassroots Implementation in 104
panchayats in Rajasthan, India



How Maternal Health Became a Community Issue.... and Panchayats Incorporated Maternal Health Issues into Their Annual Village Plans

In April 2017, PRIA began a three year intervention to improve maternal health in three blocks covering 104 gram panchayats in Rajasthan, India. The project strategy was based on PRIA's theory of change, of bridging the gap between a community's demand for services and the provisioning of quality, equitable services by institutions mandated to provide these services. The strategy, focused on making public health programs reach the last mile in an effective and accountable manner, was premised on the belief that the existing health services offered under India's National Rural Health Mission (NRHM) and other supportive government schemes, if effectively delivered by public governance and health functionaries, are sufficient to meet the needs and requirements of pregnant and lactating women. No additional private health services were provided to the communities under the project.

Maternal health is a complex and multi-layered issue, especially in a state like Rajasthan, where women are held back from exercising their social and political rights by a rigidly patriarchal society. Maternal mortality in Rajasthan remains well above the national average, even while there has been significant improvement in institutional delivery, access to Antenatal Care (ANC) services, and better nutritional services through anganwadis for pregnant and lactating mothers and adolescent girls in the state.¹ 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 acute; there is high incidence of malaria and tuberculosis, widespread use of unhygienic cloths during menstruation leading to vaginal infection and multiple gynaecological diseases, etc. In India, pregnant women receiving all 4 ANC visits² increased from 37% to 51.2% between 2006 and 2016. In Rajasthan's rural areas, only 34.1% of pregnant women received all 4 ANC visits in 2018. The situation becomes more complicated in tribal districts, which historically have poor socio-economic indicators. Banswara district, in which the project was carried out in two blocks (Banswara block and Talwara block), has more than 70% tribal population. Due to lack of communication and distance of health institutions from the villages, medical aid is not availed of by the tribals, except in serious cases. Tribal communities tend primarily to rely on traditional home remedies.

In a clear departure from the conventional clinical approach to addressing reproductive health of women, the project addressed maternal health as a public health issue, by improving the

¹ The maternal mortality rate for Rajasthan is 199, as per Niti Aayog's reports in 2017.

² The government's health 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. 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. During the visits, tests for level of haemoglobin, weight increase, and blood pressure, physical check-ups and checks for diseases like malaria and jaundice are conducted; iron-folic acid tablets and two doses of tetanus injection to prevent maternal and neonatal tetanus are administered. Counselling is also given on nutrition, rest and preparation to enter motherhood.

engagement of local decentralised governance institutions, or gram panchayats, and enabling them to integrate local actions into annual village plans (known as Gram Panchayat Development Plans, or GPDPs³). Behaviour change discussions with women on personal gynecological hygiene; community awareness through IEC, materials and public meetings; community participation in gram sabhas (village meetings), especially focused on increasing participation of women and marginalised sections; and engagement of frontline health workers, local youth, civil society organisations, and media to jointly raise maternal health issues with panchayat representatives contributed to creating an environment in which the community began to demand effective health service delivery, particularly ANC services. Orientation and training of public officials on service delivery related to ANC, institutional deliveries of births and GPDP preparation process resulted in improved quality of plans and inclusion of maternal health activities with clear budget allocations in the plans.⁴ High quality linkages between panchayat representatives and frontline health workers, revival of Social Justice Committees (SJs), standing committees of gram panchayats and developmental committees like the Village Health Sanitation Water and Nutrition Committee (VHSWNC) strengthened local institutional capacities to prepare and implement plans and the sustainability of continued inclusion of reproductive health activities in the GPDPs. Planned advocacy at state level resulted in the issuing of several Office Orders for robust participatory planning of GPDPs, allocation of budget for women and child development, and ensuring participation of women through mandatory Mahila Sabhas.⁵ None of this would have been possible without the enthusiastic participation of the communities in the project sites, the ASHA, ANM and anganwadi workers, panchayat representatives, officials in the panchayati raj department, health and family welfare department, and women and child development department, local civil society organisations, the local media and the 400 community volunteers who were part of the project. It is the active citizen leadership of each of these stakeholders, built and nurtured by the project, that is helping to ensure universal access to reproductive health care services (SDG 3.7) and reducing maternal mortality (SDG 3.1).

The project underwent a mid-term evaluation (in October 2018)⁶ and an end term evaluation (in February 2020)⁷. We thank Dr Bonolata Sen for undertaking the mid-term evaluation and Mr Binoy Acharya for undertaking the end term evaluation.

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Apna Swasthya Apni Peהל Project Team

³ Preparation of the Gram Panchayat Development Plan (GPDP) is a mandatory exercise as per the 14th Finance Commission recommendations adopted by the national government.

⁴ Some of the activities related to reproductive and maternal health that featured in the GPDPs prepared under the project included awareness programs on nutrition and safe motherhood, sanitation facilities in secondary and senior secondary schools, health camps, and installation of incinerators for disposal of used sanitary pads in schools.

⁵ Mahila Sabha is a village level meeting of only women, held prior to conducting a gram sabha.

⁶ Mid Term Evaluation Report can be accessed here:

https://pria.org/knowledge_resource/1587392908_ASAP%20MTR%20Report_Dec14_2018%20-F.pdf

⁷ End Term Evaluation Report can be accessed here:

https://pria.org/knowledge_resource/1587389665_ASAP%20End%20Term%20Evaluation%20Report-F.pdf

PROJECT ACHIEVEMENTS

Nineteen-year-old Kavita, from Sandasar Gram Panchayat (in Govindgarh block), was in her third trimester of pregnancy. She felt faint and breathless, but continued with her household tasks. She was determined to finish them, even if her body was telling her she needed rest, to slow down. When a young woman, who had signed up to volunteer with the Apna Swasthya Apni Pehel program implemented by PRIA, visited Kavita's home, she found Kavita so pale and weak, that she immediately took her to see a doctor at the Community Health Centre (CHC) in Chomu. The doctor advised a blood transfusion, within the next day, as Kavita's haemoglobin level was dangerously low at 4 g/dl. On returning to Sandasar, the volunteer coordinated with the ASHA worker, asking her to book an ambulance for the next day. Kavita's family was counting their savings, to pay for the blood transfusion and the ambulance trip. The young volunteer, armed with information acquired when she attended a training organised by PRIA, informed them that under the government's public health program, Kavita was entitled to free blood transfusion and transportation; they didn't have to spend their savings. In fact, Kavita was also entitled to free delivery of her child, if she opted for an institutional delivery at the local health centre. The next day, Kavita, her mother-in-law, the volunteer and PRIA's field facilitator on the ground, accompanied her to the CHC for the blood transfusion. Over the next few weeks, the volunteer followed up with Kavita, ensuring she went for check-ups and never forgot to take the iron pills the doctor had prescribed. Within a month, Kavita's haemoglobin had climbed to 9 g/dl. A couple of months later, she gave birth to a healthy baby.

Kavita's is just one success story⁸ that resulted from the increase in community knowledge and coordination among community volunteers, health workers and panchayat representatives under the Apna Swasthya Apni Pehel project implemented by PRIA across 104 gram panchayats in Rajasthan, India.⁹ The overall objective of the project was to strengthen the capacity of gram panchayats to improve public service delivery related to Antenatal Care (ANC) and institutional delivery of births along with inclusion and implementation of a set of maternal health related activities in annual Gram Panchayat Development Plans (GPDP).

The project contributed to creating a favorable eco-system for improved maternal health delivery at the local (village) level by panchayats, achieving the following major outcomes:

⁸ Additional case studies can be accessed here: <https://pria.org/resources-apna-swasthya-apni-pehel-reforming-local-health-governance-in-rajasthan-30-572>

⁹ The project was implemented in Banswara and Talwara blocks (in Banswara district) and Govindgarh block (in Jaipur district)



Outcome 1: Women of reproductive age group became aware of their rights and entitlements regarding maternal health care services and were able to access these services



Outcome 2: Men and women of all communities, including marginalised, Scheduled Castes (SCs), Scheduled Tribes (STs) participated in gram sabhas to plan for maternal health services, and supported the health sub-committee of their respective gram panchayats in monitoring the delivery of health services in Banswara and Govindgarh blocks



Outcome 3: Gram panchayats (particularly the health sub-committee) in Banswara and Govindgarh blocks were capacitated and strengthened to prepare and implement Gram Panchayat Maternal Health Service Plans for improved maternal health care (MHC) services



Outcome 4: The state government, through advocacy efforts, created an enabling environment for the panchayats to execute and improve maternal health services

Outcome 1:

- Three out of four ANCs were received by 44.7 % of pregnant women at the baseline, which has increased to 89% in the endline survey.
- Institutional delivery now reaches 98% of pregnant and lactating women in the intervention panchayats, with a very large number availing services of public health institutions.
- Mahila Sabhas were held for the first time in Banswara and Talwara in 2019; on average 50-60 women attended per gram panchayat.

PRIA's efforts of intensive community mobilisation process over three years of the project helped in motivating women, to understand and take action to secure their health during pregnancy and after giving birth, and mobilising them to attend gram sabhas and make their voices heard. Participation of women in gram sabhas increased, on average, by 4% to 25% across the intervention panchayats.¹⁰ Intensive campaigning through public meetings and visits to individual households, and distribution of 4,000 pamphlets and posters, helped in spreading the word to attend gram sabhas. Mahila Sabhas, held prior to the main gram sabha, were instrumental in giving women the freedom to speak and express their concerns without any cultural barriers and fear in their minds.

When I understood that a Mahila Sabha is only for women, where we can put forward our concerns, our issues, I wanted to attend. I wanted to put forward my problems. Now I am confident, secure that I can raise my voice and will be heard. I will encourage every woman in my panchayat to attend Mahila Sabhas.

– Babli Bua, Kushalpur Village, Banswara block

¹⁰ Between the gram sabhas held on 15 August 2018 and 2 October 2018, women's participation increased from 36% to 41% in Govindgarh, and in Banswara from 21% to 49%.

Seeing the success of Mahila Sabhas in the intervention panchayats, sarpanches of non-intervention blocks in Banswara approached PRIA to support them in facilitating Mahila Sabhas in their gram panchayats.

The project was also able to make an effective entry into the government secondary and senior secondary schools to make adolescent girls aware of issues of menstrual hygiene and promote the use of sanitary pads among them. By raising the awareness among adolescent girls related to safe and hygienic reproductive practices, they now have the information required to change their menstrual hygiene.

Outcome 2:

- At the start of the project, less than 1% of VHSWNCs existed as per new guidelines (of the Rajasthan Government for reconstitution of the VHSNWC) in the intervention gram panchayats. Less than 1% of VHSNWCs that had been constituted were functional. By the end of the project, VHSNWCs had been constituted and were functional in 100% of intervention gram panchayats.
- Resource maps were presented at gram sabhas in all 104 intervention panchayats
- VHSNWCs and SJs in all 104 gram panchayats prepared draft plans to monitor progress of recorded pregnancies, and presented progress reports in gram sabhas
- Anganwadi workers and community volunteers prepared and shared status report of MHC in all 104 intervention panchayats

The project recognised and has built the capacities of frontline health workers (ASHAs, anganwadi workers, and ANMs) as effective convergence points. With gram panchayat elected representatives spending a disproportionate amount of time towards infrastructure development and construction work, it is these frontline health workers who maintain constant pressure on the local machinery to listen to the issues raised by pregnant and lactating women. They are collectively and individually mobilising pregnant and lactating mothers who do not come for regular check-ups on immunization day. These workers, being trained, capacitated as well as connected to the state level administration, are acting as catalysts in the process of communities demanding their rights.

Four hundred volunteers recruited from the community and capacitated through regular quarterly meetings have become the backbone that will keep the spotlight on MCH services in GPDP plans in the foreseeable future. In year 3, with PRIA's handholding, project volunteers took on the task of supporting panchayats in preparing plans. Volunteers supported the panchayats in resource mapping (financial resources available, own funds, and infrastructure resources such as number of ponds, wells, check dams, the status of grazing land, condition of buildings, toilets and drinking water in anganwadis, health sub-centres, and schools). They were also instrumental in mobilising the community to attend gram sabhas.

Outcome 3:

- 100% intervention gram panchayats (104 gram panchayats) prepared integrated development plans, which were approved; all the plans were disaggregated into activities with budgets allocated
- The project supported implementation of these plans in 57% of the intervention panchayats (60 out of 104 gram panchayats); these panchayats tracked and monitored the implementation of their plans

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 sub-centres and primary health centres (PHCs) came under their jurisdiction. At the end of the project, they have become aware and recognise health as a panchayat issue. Fourteen cluster-wise trainings of panchayat functionaries (sarpanch, panchayat secretary, health sub-committee members, SJC and VHSNWC members) and frontline health workers (anganwadi and ASHA workers) undertaken in the first year, supported by intensive hand-holding in the subsequent years of the project, was successful in making health a panchayat agenda. The project provided a list of 21 maternal health activities (including estimated cost and source of funding) that the gram panchayats can pick and choose from.

Outcome 4:

New Government Orders were issued during the project period that created an enabling environment for panchayats to execute their plans.

- Order issued on 03.06.2019 for inclusion of activities in GPDP (This was issued after the release of GPDP guidelines by Ministry of Panchayati Raj.) The order mentions panchayats must provision for achieving 100% institutional delivery, and ensure effective implementation of all health care facilities at the health sub-centre.
- Order issued on 08.08.2019 on formation of Mahila Shakti Samuha comprising of women front line workers and women leaders from the community to meet in the gram panchayat after every meeting held on the 5th of every month. It also mentioned that 40% of resources under GPDP be used for women and child development.
- Order issued on 09.08.2019 for convening of separate Mahila Sabhas before the mandatory Gram Sabha on 26 January, 01 May, 15 August, and 02 October.

This enabling environment created is a result of 249 meetings over three years with state officials in Panchayati Raj and Rural Health Department, Health and Family Welfare, and Women and Child Development Department, by project staff seeking government support. The professional relationships developed through these meetings enabled the project team to collect all relevant government orders at the state level, and share them quickly with district, block and

The way the project staff has built strong, functional and effective association with the gram panchayats is rare to see. There is an ease of working between PRIA and the gram panchayats, which displays high-quality relationships and is a strength of the project.

– End term external project evaluation report

panchayat level officials. Without effective linkage building with state-level officials, the project could have faced active resistance. For example, a letter issued from the office of the ICDS (General Administration) to the three project blocks aided the cooperation of ASHA workers with the project staff.

Three block level consultations and one district level consultation were the platforms to share project experiences with multiple stakeholders, especially other civil society organisations and the media. Active engagement with local reporters resulted in 254 project-related stories and social media posts. Nearly 100 media stories were published in local language (Hindi) newspapers at the district level.

Informative booklets ([Panchyaton ki Pustika](#); [Sahbhagi Gram Panchayat Vikas Yojana](#), [Samuhik Prayas](#), [Satat Abhyas](#); [Matrutwa Swasthya Ko Panchayat ke Agenda Mein Lena](#); [Mahila Sabhaon ka Sanchalan Kaise Kare](#); [Comic book on Mother and Child Health](#)), written in the local language (Hindi), are now available as a knowledge resource for panchayat representatives, volunteers and other civil society organisations to use in the field to carry on the work started by the project. These resources are available online on PRIA's website for free download and printed copies have been left at the district and block panchayat offices for distribution.

METHODS OF OUR WORK

The entire project intervention was designed as an educational journey for all the stakeholders, and bringing together improved decentralised governance and stakeholder participation in addressing the reproductive and maternal health needs of the primary target group of pregnant and lactating women in the reproductive age group. Successes in the project ensued from the effective framework of engaging multiple stakeholders (women in the reproductive age group, adolescent girls, secondary and higher secondary schools, village volunteers who act as 'jankars' or change-makers, frontline health care providers like ASHA, anganwadi workers, ANMs and medical officers in the health centres, gram panchayat representatives, and various officials at the state, district and block levels), awareness building, information dissemination, behaviour change and building institutional capacities at the local level for local action.

Awareness building and information dissemination in the community

Maternal health campaign in Banswara

A mass campaign focusing on maternal health was undertaken in Banswara at the beginning of the project. During the campaign period, short interactive workshops were held with media, civil society organisations and potential community volunteers. This was useful in introducing PRIA as an organisation and the project objectives to the community. This was important, as PRIA had not previously worked in Banswara and did not have the social capital it has built in Govindgarh

through a decade of community-based projects in that area. The campaign enabled in developing linkage with all the gram panchayats, which subsequently resulted in their willingness to include the reproductive health agenda in their GPDPs. This well thought out activity to build legitimacy among the stakeholders initiated the project work effectively. Visibility to the campaign in the media and in the community, also took the project to the district jail, as an unintended stakeholder in the project. On request from the district jailor, the project staff organised informal study classes with the women inmates on menstrual hygiene.

Observing Maternal and Child Health Nutrition (MCHN) Days

Sarpanches and ward members were encouraged by field facilitators to attend the MCHN day organised by the frontline health workers as part of their regular health-related activities. Field facilitators worked to convince ward members to also attend MCHN days. Sarpanches were advised to proactively visit anganwadi centers, to monitor and support the quality of services, as per the norms. In these visits, they check infrastructure facilities, attendance of children and anganwadi workers, and take feedback from parents. This has strengthened accountable partnerships among panchayats and frontline health workers at the health centres, sub-centres, and anganwadi centres.



Preparation and distribution of relevant IEC material

Over 4,000 posters and pamphlets were distributed to raise awareness on maternal health issues. All IEC material was prepared in the local language, Hindi. A comic book in the voice of a community worker, who speaks of maternal and child health, was created. This comic book has also been translated into Bagri, a language spoken by the tribals in Banswara.

Community messaging

Messaging on the importance of nutrition and menstrual hygiene was undertaken with the help of community volunteers and panchayat representatives, on a daily basis. Many panchayats set aside a budget for wall writing related to these messages. A sweet shop and juice centre put the message in its hoarding. In banners put up in meetings of local youth groups, nutrition and sanitation messages were included. Nutrition and safe motherhood messages found a place in a wedding invitation card.

These actions by ordinary citizens contributed making maternal health a community issue and created a positive base towards a change in behaviour related to pregnancy tests, taking repeated blood tests to track haemoglobin count, regular intake of iron-folic acid tablets, the importance of rest or avoiding strenuous work in the last trimester, and choosing institutional delivery over home delivery at birth.

Campaign during panchayat elections

Panchayat elections were held in the project sites in February 2020. An intensive five-day Pre Election Voter Awareness Campaign (PEVAC)¹¹ was carried out in Banswara and Govindgarh, reaching out to approximately 18,000 citizens. Posters and handbills were distributed in schools, to health workers and mothers at anganwadi centres, and to women in self-help groups. Special effort was made to reach out to women candidates, sarpanches and ward members, who were encouraged to sign shapath patras, a promise in the presence of citizens to include maternal health when canvassing for votes and implement activities related to MCH, if elected. In Banswara, 56 of the 214 candidates who signed the shapath patra were victorious; in Govindgarh, 31 of the 143 candidate who signed the shapath patra won their seats. These elected representatives will sustain the improvement on MCH that communities in Banswara and Govindgarh have begun to demand.



Giving voice to women

Activities specifically targeted increasing participation of women in gram sabhas. These included mandatory Mahila Sabhas, organizing Ratri Choupals, and forming women's groups comprising community women and project volunteers.

Forming women's groups

In Banswara, local women in each intervention gram panchayat were supported to constitute and form a group, which the women called "Tajo Parivar". These Tajo Parivar women helped project field facilitators to mobilise women to participate in local governance and planning process. They

¹¹ Pre-Election Voter Awareness Campaign is an innovation of PRIA's that raises awareness among citizens to vote for panchayat officials based on community development issues, and not along traditional caste/political affiliations. The first PEVAC was held in Himachal Pradesh in 1998. Since then, PRIA (along with partners) has conducted several PEVACs during multiple rounds of panchayat elections in all the states.

also share information related to dates of meetings, and organise discussions on health and other issues among women in their community.

Similarly, in Govindgarh, “Power Group” was created by women, students, local business owners, Nehru Yuva Kendra (NYK) members, along with project volunteers and PRIA field facilitators. The group was formed after the government passed an official notification on 20/12/2018 to organise Special Gram Sabha for the preparation of the GPDP in Govindgarh.

Mahila Sabhas

In 2012, the decision of holding a Mahila Sabha was announced by the Department of Rural Development and Panchayati Raj in Rajasthan through a circular. The circular recommended organising Mahila Sabha on 19th November, the birth anniversary of former Prime Minister Indira Gandhi. However, on the field, it was observed that there was no fixed date for Mahila Sabhas and they were organised as and when the women required.

In the project intervention blocks, Mahila Sabhas were usually held before the four mandatory gram sabhas on 26th January, 1st May, 15th August and 2nd October every year. However, there are numerous other gram sabhas organised throughout the year, and community participation is sought for all gram sabhas. PRIA focused its efforts on ensuring Mahila Sabhas were held before the four mandatory gram sabhas and institutionalised it within the regular process which gram panchayat officials followed when organising a gram sabha. The aim was to include the decisions taken by the women in the Mahila Sabha for discussion in the gram sabha and, after discussion, get them included in the annual GPDP.

Mahila Sabhas were held in accessible, common spaces like the Panchayat Bhawan. Participatory activities such as role-play, screenings of learning videos, etc, were used to share information on what is a Mahila Sabha, its relevance for the GPDP and why it was important that women’s voices should also be heard in the gram sabha.



Ratri Choupals

Since women are busy during the day with household chores and working in farms, PRIA organized smaller meetings at night with women from one village/cluster/hamlet. These meetings were called “Ratri Choupals” (or night meetings). They started at 7 p.m., and often went on till 10 p.m. In some villages, the meetings continued well past midnight.

In a Ratri Choupal, videos related to gram sabha and maternal health issues were

screened to sensitise the women. After the screening, women were divided in groups and participated in a social mapping exercise of their village. This helped them identify problems in their village and discuss solutions. These smaller meetings gave the women a space to voice their opinions with familiar others, and the confidence to attend the Mahila Sabha to speak in front of unfamiliar others from the wider gram panchayat.

Behaviour change communication with adolescent girls

Adolescent girls in the intervention areas shy away from talking about menstruation, let alone talking about sexual relationships or health. The taboo around talking about sex is even more imposing for unmarried adolescent girls. To address these taboos, it seemed necessary to initiate dialogue with adolescent girls and create a space for them where they can learn with their peers and, more importantly, ask questions and receive valid information. PRIA conducted education sessions on “Know Your Body” among adolescent girls to help them understand their reproductive biology (puberty to motherhood) and learn about menstrual hygiene. Over three years, 2751 adolescent girls attended these sessions from the intervention gram panchayats. In Banswara block, these sessions have helped in the formation of Balika Mandals, a platform where adolescent girls come together to discuss and share information related to menstrual hygiene, sexual health and reproduction.

Recruiting community volunteers for sustaining change processes

PRIA identified community-level youth during the district level campaign in Banswara and during the baseline data collection in Govindgarh. More than 400 youth leaders thus identified were regularly provided orientation and training. These youth leaders (volunteers) became an effective way to reach out to all sections of the community, while keeping project staff at a minimum.

Orientation of the volunteers was critical to self-motivate the group. They were given information on reproductive health issues, how to communicate with women and other stakeholders, the purpose of gram sabha, and role of Panchayati Raj Institutions (PRIs). Volunteers engaged in the project in mobilising women to attend Mahila Sabhas and gram sabhas, conducted study circles with secondary school girls on reproductive health, and were among the stakeholders who influenced sarpanches to initiate actions on improving toilets for girls, set up incinerators to dispose used sanitary pads, wall writing to display messages related to reproductive



health and sanitation, provide fans and *durries* in anganwadis, install CCTV cameras in unsafe areas, install solar lights, etc.

Convergence actions

One of PRIA's unique approaches in the project has been promoting the convergence of the Social Justice Committee (SJC), a standing committee of panchayats, and the Village Health Sanitation Nutrition Water Committee (VHSNWC) constituted under the National Rural Health Mission (NRHM). With support from PRIA's teams, VHSNWCs were reconstituted and SJC's activated in all 104 intervention panchayats. Priority was initially given to orienting VHSNWC and SJC members, first separately and then jointly, about their roles and responsibilities. They were advised to hold monthly meetings. After consistent trainings of SJC and VHSNWC members, these monthly meetings are now regularised in all the 104 gram panchayats.



Special focus was given on linking community volunteers and frontline health workers (ASHAs, anganwadi workers, and ANMs) for providing effective service delivery to the community women. Monthly meetings with frontline workers and community women at the gram panchayat level were routinised. Volunteers played a significant role in

organising these meetings, using them as a platform for sharing information on maternal health care and bringing to the attention of frontline workers women who were suffering critical maternal health issues. In three years, volunteers reached out to 8562 women through these meetings.

The project recognised and built frontline health workers as effective convergence points. Frontline workers collectively and individually mobilised pregnant and lactating mothers who do not come for regular check-ups for immunisation day. They were also at the forefront in the process of mobilisation for gram sabhas and Mahila Sabhas.

Building institutional capacity for planning and monitoring

Trainings and workshops for panchayat representatives and frontline health workers

Capacity development of panchayat representatives and frontline workers was systematically planned and implemented.

For panchayat representatives, several rounds (at least 5) of one-day trainings were conducted. At the start of the project, efforts were made to develop effective linkages with sarpanches; they did not show any resistance to participating when the trainings were organised. Usually, sarpanches avoid attending trainings, nominating the ward members to participate. The trainings for panchayat representatives covered roles and responsibilities of panchayats in local governance and service deliveries, operational aspects of the panchayat system, how to conduct gram sabha, how to strengthen standing committees, maternal health care and the role of panchayats and line departments, and aspects of development planning. Learning materials were developed for all trainings in the local language.

The project also trained and oriented anganwadi workers, ASHA and ANMs. Most of them attended at least two orientation workshops.

Resource mapping for panchayats

The volunteers and field facilitators were trained to create resource maps for each panchayat. Resource mapping lists all the resources available to a panchayat, not limited to only financial resources but also number of ponds, wells, check dams, the status of grazing land, condition of buildings, toilets and drinking water in anganwadi, health sub-centre, schools, etc. These resource maps were presented in gram sabhas by field facilitators and became the basis for the preparation of GPDPs.

Preparation of Gram Panchayat Development Plan incorporating maternal health issues

This was a crucial activity in the project, integral to realising project outcomes.

Capacity development of panchayat representatives, SJC and VHSWNC members was undertaken before the mandated planning exercise began. GPDP planning was facilitated by the project by providing a road map for the growth and development of the panchayat through a clearly articulated vision and mission statement. Information related to the process of citizen engagement, mapping of local resources, convergence of resources from different departments, guidelines for the preparation of

When Women Questioned Their Elected Representatives in Tigariya Gram Panchayat

In Govindgarh's Tigariya Gram Panchayat the scene that unfolded in the Panchayat's meeting hall on 16 September 2019 was unprecedented. A group of veiled women stood across the table from seated local representatives and government officials. The energy the group radiated was visible; they were invested in demanding responses from their representatives. They raised questions on issues like women's safety, girl child education, unemployment of women, increasing substance abuse and domestic violence, which they had discussed in a Mahila Sabha. They were seeking answers from their elected representatives on what had been done to address these issues, and were persistent in seeking clarifications when the answers they received were not satisfactory. Women demanding accountability from panchayat elected representative and getting them duly noted in the Panchayat register – this was a first in Tigariya, a day that these women will not forget.

GPDPs and sample GPDPs was shared. PRIA field facilitators provided primary and secondary information specific to each panchayat, related to demography, status of infrastructure (availability of building, toilets, water at anganwadi, school, health sub-centre), availability of amenities (village connectivity, water, street lights, transportation facility, common service centre, market), and condition of natural resources (ponds, open wells, drinking water resources, grazing land and forests). These were included in the GPDP along with current outreach to beneficiaries under NFSA, MGNREGA, pension programs and other government schemes. The format developed and shared for computing the total budget included all potential sources of income such as the 14th Finance Commission, State Finance Commission, MGNREGA, Swachh Bharat Abhiyaan, Aawas Yojna and panchayat own fund like taxes.

The project team provided a list of 21 maternal-health related activities (see Annexure 1), along with estimated cost and source of funding, that the gram panchayats could pick and choose from. Providing a list of activities was a smart and effective step that helped panchayats easily include activities directly related to women's health in their plans.

Technical support and sharing knowledge improved the quality of the plans produced and resulted in many activities related to women's health, sanitation and safety getting included in the GPDPs prepared during the project period.

Once the panchayat representatives had prepared a draft plan, they were supported to share the plan in the gram sabha and seek ratification. Discussions and needs raised in the Mahila Sabha were shared by women leaders in the gram sabha. Based on the citizen feedback in the gram sabha, the GPDPs were revised and modified before being sent for further government approvals.

Such intensive support was provided in a phased manner to all 104 intervention panchayats.

Gram sabha mobilisation

The gram sabha meeting was given high importance and project staff, volunteers, frontline workers were all engaged in enhancing participation and meaningful discussion in the gram sabha. Along with women, men were also targeted, to sensitise and orient them so that they can encourage other male members to support maternal health issues included in the plan. Cluster level meetings helped mobilise community representatives and community leaders to attend.



Support for implementation and monitoring of Gram Panchayat Development Plans

The project supported 60 gram panchayats (out of 104 intervention panchayats) to implement their plans and monitor progress of implementation. Gram panchayats began implementing infrastructure projects along with a new set of low budget or no budget activities like oversight of ANC services, nutrition support in anganwadis, discussing the issue of child marriage in the gram sabha, etc. Some sarpanches instituted a fortnightly meeting with frontline workers to review the status of various services.

Advocacy and multi-stakeholder engagement

The project clearly articulated at the outset the importance of regular meetings with key government officials to seek their support for the project. The meetings with State officials in Panchayati Raj and Rural Health Department, Health and Family Welfare and Women and Child Development Department developed professional relationships. Open communication with the Principal Secretary, with departmental directors and below, and even with consultants working in the government departments helped in collecting relevant office orders that were then shared with local officials. These orders helped the field teams effectively explain the government's position and actions with the district and block level officials, and helped them carry out their tasks to support gram panchayats.

Mapping of local civil society organisations (CSOs) working in the project area 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, which were not inclined to engage with panchayats, have developed an understanding and clear perspective of the advantage of working on governance issues to address various dimensions of development.

Multi-stakeholder dialogues at block, district and state level were organised at regular intervals throughout the project period to share project lessons and knowledge relevant for all stakeholders. A module on the preparation of GPDP was developed to provide technical guidance for panchayat members. To facilitate discussion and awareness on maternal health at cluster level meetings, a guideline related to adequate and comprehensive pregnancy care was developed for beneficiaries like pregnant women, and their husbands. Case studies of community volunteers as active citizens and stories of change from community women were documented and shared in consultation workshops and in government events attended by project staff.

Tracking the change

Baseline and end line studies were conducted covering pregnant and lactating women, women in the reproductive age group, ASHA, ANM, and anganwadi workers, and panchayat representatives (sarpanch and ward members). Data was collected through focus group

discussions and personal interviews, with a robust sample size and clear questionnaire. The reports provide important information on the background and engagement of panchayat representatives, health services being availed by the women, level of engagement and capacities of frontline health functionaries and panchayat representatives. The findings are relevant beyond the scope of the project, especially the data on qualifications and priorities of panchayat representatives, which throws light on the state of functioning of panchayats even after 25 years of the 73rd constitutional amendment.

KEY LEVERS OF CHANGE

- **Focus on mobilisation of women's participation and voice**

Participatory Mahila Sabhas are an important mechanism to ensure that women do not need to think twice before speaking up on an issue close to their heart. Mahila Sabhas can have tremendous impact on women's participation and voice in local governance processes. There will be challenges encountered in achieving this. The process of engagement, mobilisation and organising must be conducted regularly, involving community members from all walks of life to support women's participation. Such increased participation of women at local level has helped, to a great extent, in achieving the project's overall objective of strengthening local governance by promoting equal citizen engagement in planning and implementation of development plans.

- **Motivating and enabling local volunteers**

To ensure sustainability, PRIA recruited volunteers from the community. When adequately supported, local volunteers expand their work beyond project activities and play an important part in identifying local cultural trends and issues for documentation. Through their active role in panchayats, young volunteers become role models for other community youth, who develop an interest in contributing to local development processes.

- **Re-activating existing statutory and departmental mechanisms to converge**

The project revived the Social Justice Committee, the standing committee of gram panchayats, and developmental committees like VHSWNC, and to converge related actions and budgets through discussions and dialogue. Maternal health issues such as access to quality ante-natal care, institutional delivery and spacing between pregnancies, were discussed alongside disease control, improved menstrual hygiene, reduction in child marriage, and adoption of family planning practices by women.

- **Technical support to panchayats for preparing GPDP**

The Ministry of Panchayat Raj's guideline for the preparation of GPDP has a provision for the formation of Technical Support Group (TSG) at the cluster level to provide technical guidance and support in the preparation of GPDP. PRIA helped 30 panchayats in forming TSGs in their respective gram panchayats and PRIA field facilitators (who are also community members) are members of the TSGs. The formation of TSGs has helped in preparing a community need-based GPDP. With support from TSG, Sustainable Development Goals are now localised in planning processes.

The Ministry guidelines also provide for the formation of a State Resource Group (SRG) and PRIA has been inducted as one of the members of the SRG in Rajasthan. PRIA shares its field experiences and raises the challenges of preparing GPDPs during SRG meetings.

Another approach adopted for providing technical guidance was for project field facilitators to become part of the VHSNWC. According to NRHM guidelines on formation of VHSNWCs, PRI members, frontline workers, beneficiaries, and representatives of community based organisations can be committee members. In 40 gram panchayats (13 gram panchayats of Banswara, 17 in Talwara and 10 in Govindgarh) PRIA field facilitators were nominated to be members of the VHSNWC. This has helped in inclusion of maternal health in village health plans.

- **Accountability of service providers and elected representatives**

Capacity building of decentralised governance institutions as a strategy for improving maternal health also helps build accountability of service providers. In India, gram panchayats have proximity to the community and have legitimate authority to hold village level public officials accountable for the effective delivery of services. Gram panchayats along with standing committees, committees like VHSWNC, and newly formed women's groups can track the outreach and quality of services offered and subsequently demand improvement. Panchayats formulating development plans based on community needs and feedback bring value addition to conventional public health programs. Panchayat representatives and the volunteers playing oversight functions over public program delivery has the potential for continuity and improving the quality and outreach of services.

- **Regular information sharing and consultation with district and state government officials**

Collaboration and partnership with block, district and state administration was fostered through regular information sharing and consultations. Panchayat and health functionaries both at the district and block levels began requesting for PRIA to share its current experiences to support their endeavours to strengthen MCH services. Project staff made numerous presentations, sharing the organisation's deep and extensive knowledge on GPDP preparation and decentralised

participatory planning in events and workshops organised by the state Department of Panchayati Raj for panchayat functionaries and block development officers.

CONSTRAINTS

Over the course of three years, the project faced several challenges, but continued to manage tasks without losing focus on delivering project activities.

Institutional challenges

- While relationships with district administration have strengthened and their support to project activities increased over the course of the project, it also resulted in enhanced and continuous expectations by district administration (often offloading many of its responsibilities to PRIA personnel, such as joining all Pukar meetings, being resource persons in government trainings and events, etc). Managing these expectations took additional energy and time, with no commensurate compensation for these additional activities.
- Regular transfer of block development officers made building relationships at the block level difficult. Within the first six months of the project, three block development officers in Govindgarh block changed.

Human resource challenges

- Forced migration of trained volunteers from rural areas to urban areas for livelihoods meant new volunteers had to be recruited and trained almost every quarter.
- Once trained by PRIA, animators and volunteers were ‘grabbed’ by new development organisations setting up shop in Banswara
- Attrition of field animators, especially in Banswara which has poor human resource capacities to begin with. Solutions to rapid turnover of local staff and difficulty in mobility across panchayats in Banswara remained constrained due to limited flexibility offered by Dasra (needing approvals from APPI for each deviance from the original plan which was made in August/September 2016).

Governance challenges

- Disruptions caused by riots and floods in Banswara (August/September 2017), state elections (October-December 2018), Parliamentary elections (April-May 2019) and panchayat elections (January-February 2020) resulted in slowdown of services and availability of officials.
- During elections, activities like gram sabha and gram panchayat meetings could not be organised because of the election code of conduct.
- In the run-up to elections, some Sarpanches were not interested in planning for health issues, as the impact on these issues will be visible only in the long-term. They were interested in planning for and working on infrastructure and construction activities.

- With the interim grant by the 15th Finance Commission to states for the financial year 2020-21, new orders for GPDP preparation were issued by the central Ministry of Panchayati Raj in February 2020. The state Rural Development and Panchayati Raj Department issued orders for gram sabhas in March 2020, and all gram panchayats were expected to re-prepare their GPDPs and get them uploaded for approval by 15 April 2020. As the project closed on 31 March 2020, we were unable to handhold the intervention gram panchayats to understand the Finance Commission recommendations before preparing the new GPDPs.

Financial challenges

- Very limited budgets for activities for volunteers (such as face to face workshops) make it challenging to persuade volunteers to participate in project events or to continue as volunteers. Additionally, the cost of transport to attend such meetings can be quite a burden for those who volunteer.
- 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, staff can feel restrained in reflecting, seeking external support and making a midcourse correction. Had untied resources been available, the staff from both project sites (Govindgarh and Banswara) could have interacted more often to share their field experiences, thereby strengthening learnings to improve implementation of project activities.

LESSONS

- **Strengthening local governance institutions and mechanisms requires intensive efforts, especially in PESA areas like Banswara**

The project was conceived and designed to ensure the effective utilization of public programs and schemes without investing in parallel or duplication of services. This strategy has demonstrated active engagement of decentralised governance institutions and stakeholder participation can contribute and accelerate desired results/outcomes. It is also financially sustainable to build capacities of panchayat functionaries and frontline workers and enable them to perform better. Such capacity building efforts require sustained, prolonged investments, especially in target areas like Banswara that have severe institutional and human resource constraints.

- **Focus on access of basic services need not be limited to maternal health to enable women's development**

The mechanism developed by the Government of Rajasthan to involve gram panchayats along with standing committees, development committee like VHSWNC, and newly formed Mahila

Shakti Samuhs has the potential to prepare relevant GDPDs that look comprehensively at the needs of women. Beyond maternal health, panchayats can include women's concerns and needs in sectors like access to irrigation, drinking water, forest resources, livelihoods, etc, to improve the quality of services with downward accountability.

- **District-wide approach enables greater support from officials and higher tiers of panchayats**

In this project, PRIA demonstrated that convening district-wide multiple stakeholders, including senior government officials, is necessary to build active support and advocacy for policy and administrative changes. Investing in upscaling and mainstreaming changes in higher tiers of planning institutions can make a major difference in promoting community-based developmental needs. This will also require sensitisation of relevant departments at the state and central levels to appreciate the importance of decentralised governance in improving basic services at the local level.

- **Investing in literacy and other skills of women and stronger linkages with SHGs contribute to continuity of efforts**

The project advocated forming women's groups and making Mahila Shakti Samuhs functional to interface with gram panchayats. Investing in building participation and monitoring skills of women, through self-help groups, creates a sustainable effort that can raise community needs and demand services that are targeted to women beneficiaries. Women volunteers can be trained to conduct periodic community-based monitoring or social audit of services so that the gaps in service delivery are recorded and appropriate action initiated.

Annexure 1**List of possible maternal, child and adolescent girls' health related activities included in GDPDs (2019-20)**

	Activity details	Estimated Cost	Financial source/ Plan
1	Installation of sanitary pad incinerator in schools and anganwadi centres	14,000 per unit	State Finance Commission Grant
2	Construction of kitchen garden/nutrition garden in every house to provide nutritional food to women, children and adolescent girls	Through NREGA	NREGA
3	Providing clean toilets for women and girls at public places of village/panchayat	Rs 50,000	14 th Finance Commission Grant
4	To get all sources of drinking water available in the village to be tested twice a year with PHED lab and improve drinking water quality on the basis of report	Rs 10,000	14 th Finance Commission Grant
5	Construction and maintenance of platforms and rinsing pits near hand pumps and wells	Rs 20,000	14 th Finance Commission Grant
6	Publicity of Mahila and Ward Sabha	Rs 20,000	State Finance Commission Grant
7	Preparation of Work Plan for Rs 10,000 available with VHSWNC	Rs 10,000 per VHSWNC available	VHSWNC
8	Publicity of schemes and services linked to health and nutrition at panchayat level	Rs 20,000	State Finance Commission Grant
9	To organise awareness programmes at panchayat level on the occasion of World Water Day (22 March), World Environment day (5 June), National Nutrition Month (September), World Hand Washing Day (15 October), and World Toilet day (19 November)	Rs 25,000 (Rs 5000 per programme)	State Finance Commission Grant
10	Wall paintings and slogan writing at important places to make the community aware on child marriage, female foeticide, family planning, vaccination, breastfeeding, domestic violence, etc.	Rs 20,000	State Finance Commission Grant
11	Organising awareness campaigns against social evils (child marriage, female foeticide, violence against women, open defecation, etc) at Gram Panchayat level	Rs 20,000	State Finance Commission Grant
12	Identification and provisioning of facilities in anganwadi centers and sub-health centres which lack facilities	Need based	State Finance Commission Grant
13	Provisioning of light, toilet and water in all anganwadi centers and sub-health centres	Need based	State Finance Commission Grant
14	Organising health camps for women and	Rs 40,000 (Rs 10,000	State Finance

	children	per programme)	Commission Grant
15	Ward level FGDs on health and nutrition through anganwadi worker, ASHA and ANM	Need based	Performance Grant
16	Organising monthly meetings related to issues of women and SHGs at Atal Sewa Centres	Need based	Performance Grant
17	Ensuring maximum participation of women in Gram and Mahila Sabhas with the support of women SHGs, female development workers, Kishori Balika Groups, female ward members, etc	Need based	Performance Grant
18	Identifying out-of-school children and irregular school-going children and re-connecting them to schools and arranging community monitoring to encourage children to attend school regularly	Need based	Performance Grant
19	Visits of health and nutrition units for quarterly review of services provided by them	Need based	Own Income
20	Installation of CCTV camera at sensitive places of village to ensure security of women and children	Rs 1,00,000	Performance Grant
21	To develop essential and basic facilities for better health, education, livelihood and social security of women/girls	Need based	State Finance Commission Grant

This list of activities was institutionalised in Banswara, vide letter dated 13/06/2019 issued by Block Development Officer, Panchayat Samiti Office, Banswara.

Outcome 2: Men and Women of all communities, including marginalized, SC, ST participate in the Gram Sabha meetings, plan for the Maternal Health Services and supports the health sub committee of their respective Gram Panchayats in monitoring the delivery of health services - Banswara and Gobindgarh block

Activity	Programme Target				
	Total Consolidated Target for the year (Apr'19 to Mar'20)	1st half yearly report (Apr'19 to Sep'19)	2nd half yearly report from (Oct'19 to Mar'20)	Total target achieved in Yr-3	Balance
	1	2	3	4 = (2+3)	5 = (1-4)
Orientation workshop of volunteers by field staff/ animators to induct them on PRIs and participatory planning and a re-fresher training (Jamwaramgar)	2	3	2	5	-3
Quarterly meetings of volunteers	8	4	4	8	0
Presentation of derived draft plan prepared by SJC and VHNSC in Gram Sabha for discussion and approval meetings to discuss progress on MHC for recorded pregnancies	104	104	0	104	0

Outcome 3: Gram Panchayats (particularly the health sub committee) in Banswara and Govindgarh blocks are capacitated and strengthened to prepare and implement GP Maternal Health Service Plans for improved MHC services

Providing technical guidance and facilitation for disaggregation of plan into activities and budget for implementation	104	104	0	104	0
Facilitating the process of tracking implementation of plans to review progress and status	104	22	82	104	0
Facilitating preparation of integrated development plan for Year 4 (2020-2021) drawing on previous years learning	104	104	0	104	0
Facilitating the implementation of approved plans for Year 3 (2019-2020) by GPs through periodic onsite inputs	60	60	0	60	0
Conduct survey to assess Panchayat functionaries feedback and progress.	285	285	0	285	0
One day workshop for debriefing (2017-19 plan) cum orientation for Year 3 (2019-2020) for Panchayat functionaries .	4	3	0	3	1
Supporting volunteers in facilitating the Year 3 (2019-2020) planning by GPs	104	104	0	104	0

Outcome 4: State Government creates an enabling environment for the panchayats to execute and improve Maternal Health Services					
Creating consolidated yearly review reports, case studies, policy briefs and AVs	18	8	6	14	4
Periodic Meetings with State and District administration to share learnings and collaterals.	18	32	65	97	-79
Liaisoning with mainstream and social media (web, WhatsApp, twitter et al) to ensure publication of news and stories from field	40	105	54	159	-119
Conduct end-line survey to assess changes in MHC indicators and role of panchayats in MHC service delivery in Banswara and Gobindgarh	90	0	90	90	0
Organizing meeting to share the impact study report with State Government and NITI Aayog	2	1	0	1	1
Outcome-5: Publications					
Publications of learning and sharing materials like booklets, modules, pamphlets, guidelines	10	3	3	6	4