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Strengthening Local Governance for Qualitative Change
Qualitative Assessment

Introduction

The project 'Strengthening Local Governance for Qualitative Change' of the Transforming Rural India Foundation (TRI), funded by the Azim Premji Philanthropic Initiatives, has been in operation in in 78 villages out of 98 villages of the Rajpur block of Barwani district. The project began on January 1 2017. By May 2017 project structures were set up and put in place, and by December 2017, initiation activities such as baseline surveys, development of resource material etc. were undertaken. The engagement of the project in the villages began in 40 villages in 2017, extended to 70 villages in 2018, and to 78 villages in 2019 (See Table A at Annex).

The project has worked on three broad fronts at the grassroots. One, it has sought to strengthen Gram Panchayats (GPs) and Gram Sabhas (GSs), by improving the of the GPs, enhancing their sensitivity to the community and enabling them to undertake a wider set of activities. In this context, the two main inputs of the project were training of the Panchayat Representatives (PRs), and regular, hand-holding support to GPs.

Second, it has empowered community institutions and mobilized the community. It has strengthened village organizations (VOs), and cluster level federations (CLFs) set up in the Deen Dayal Antodaya Yojna- National Rural Livelihoods Mission (NRLM) by providing regular hand-holding support. In addition, it has selected and nurtured change vectors (CVs) or *Sachet Didis* from among VO members, to address issues in governance, health and education. Another initiative has been to train young people to track people's applications under various schemes to help them get their entitlements.

Three, it has attempted to improve service delivery in education and health by providing training and hand-holding support to primary school teachers, Anganwadi workers (AWWs), Auxilliary Midwife Nurses (ANMs) and Accredited Social Health Activists (ASHAs). Moreover, 10 learning centres had been set up of which 8 are fully functional.

The project has been managed by TRI, and several organizations have collaborated to provide inputs in the project. Association for Social Advancement (ASA) has provided inputs to strengthen community institutions, Samarthan had addressed governance issues, Chetna has provided support regarding health-related issues and Eklavya on primary education. For the purpose of implementation, the project villages have been divided into 3 clusters, and each organization has placed one or two cluster resource persons (CRPs) at the cluster level. Additionally, the project has initiated dialogue with officials at the state, district and block level, to influence policy.

Assessment Framework

A qualitative assessment of the project has been undertaken in July 2019, as the project nears 3 years of completion. This assessment complements a quantitative assessment of the project. It focuses on project outcomes in terms of understanding the impact of the project qualitatively, and analyzing the dynamics of change to delineate the strategy for the future.

For this qualitative assessment, six sample villages were selected to study the project inputs and outcomes in detail. To select the sample village, the project authorities were requested to divide the project villages into 3 categories A, B and C, in terms of the level of inputs provided by the project. Category A had villages where the most intensive project activities were undertaken, and category C had villages with the least intensive. Two villages were selected from each category. In categories A and B, one head quarter village for the GP and one satellite village was selected. In category 3, both the villages selected were GP headquarter villages. In category A, the project authorities were asked to select one 'best' village as per their assessment, and the second village was selected at random. In the other two categories, villages were selected at random.

The villages selected are provided in Table 1. As can be seen, in both the category A villages, the project had worked for two years. However, among villages of category B and C, in each category, the project had been operation for two years in one village, and one year in the second village.

Table 1: Villages Selected for Fieldwork

Villages	Panchayat Headquarter	Category	Date of Project Entry
Indrapur	Yes	A	June 2017
Bhulgaon	No	A	May 2017
Ghusgaon	Yes	B	May 2017
Padla	No	B	March 2018
Bilwani	Yes	C	April 2017
Kasel	Yes	S	May 2018

Field visits were made to the sample villages, and the following activities were undertaken in each village:

- The project activities undertaken in the village were listed and discussed with grassroots project workers who had supported the village.
- A focus group discussion (FGD) was held with the Sarpanch, 3-5 Panchayat Representatives (PRs) and the GP secretary in the GP
- An FGDs was held with members of one self-help group (SHG) selected at random
- An FGD was held with VO members
- An FGD was held CVs

- Where the youth had been trained, discussion was held with the young people
- An FGD was held with the AWWs, ANM and ASHA
- An interview was held with a primary school teacher
- An FGD was held with the community in one *phaliya* located at a distance from the main village (see Table B in Annex).

In addition to the above, a visit was made to a learning centre in village Bajad, as this was a best practice that had not been initiated in any sample village. Further, FGDs were conducted with grassroots workers and managers of the project, as well as with district officials to get their perceptions

Background: Villages, Gram Panchayats and Community Organizations

Villages

The population of the villages selected varied from 848 to 4745 (Table 2**)** and the number of hamlets in the villages varied from 4 to 11. The villages were located at a distance of 10 to 27 kilometers from the block headquarter. The population in the village comprised pre-dominantly of Scheduled Tribes (STs). The literacy levels for men varied from 45% to 80% and for women from 34% to 52% on an average.

Table 2: Basic Information about Sample Villages

Village	**No. of hamlets**	**Distance from Rajpur (in km)**	**Popul-ation**	**% SC**	**% ST**	**No. of house-holds**	**Literacy Rate**	
							Male	**Female**
Indrapur	11	12	4745	3.1	92.0	934	45	34
Bhulgaon	6	13	848	5.0	92.2	150	71	46
Ghusgaon	6	27	2164	1.0	91.7	387	63	46
Padla	4	11	1234	1.4	98.6	209	54	35
Bilwani	4	20	2736	1.4	83.5	491	55	41
Kasel	6	10	1832	4.3	73.0	382	80	52

Agriculture and allied activities and casual labour were the main sources of livelihoods. The main crops grown in the villages included maize, cotton, wheat, soya bean, Jowar, pulses. Around a third of the area was irrigated. A substantial number of people also migrated outside the village work during the lean season.

Health services were available at the village level through the Anganwadi Centres (AWCs), manned by an Anganwadi worker (AWW) and *Sahayika* and sub-health centres (SHCs), managed by an Auxilliary Nurse Midwife (ANM). In addition, Accredited Social

Health Activists (ASHAs) provided assistance to women for institutional delivery and other health services. The AWCs functioned as a pre-school for children of 3-6 years, tracked the nutrition status and provided supplementary nutrition to pregnant and feeding mothers and children under the age of six. Vaccination and health check-ups of pregnant and feeding mothers and children under the age of six were provided jointly by the ANM, assisted by AWWs and ASHAs. There were 1 to 7 Anganwadi Centres (AWCs) per village, and people were generally satisfied with the AWCs (Table 3). However, SHCs existed in only 2 out of 6 sample villages. Each ANM was responsible for several villages, so that ANMs visited a village around once a week. One village, Indrapur, had a primary health centre (PHC) with a doctor.

In the FGDs, the common illnesses reported in the villages included colds, diarrhea, TB, malaria etc. Across the villages, AWWs reported that there were severely and moderately malnourished children below the age of 6 in the village. For example, in Bilwani, there were 446 children of the 0-6 age group, of which, 12 were severely malnourished and 120 moderately malnourished. Similarly, in one AWC in Bhulgaon, of 60 children, 2 were severely malnourished and another 5 were moderately malnourished.

The villages had 1 to 9 primary schools and all but one had a middle school. Consequently, education up to class 8 was easily accessible. But only two sample villages had a high school, and none had a higher secondary school. Across the villages, PRs as well as the community said that all children went to school, and usually studied up to grade 10. The community were satisfied with the schools in all the sample villages.

In 3 villages, the Public Distribution System (PDS) shop was located within the village, while in the other 3 it was located outside the village. In one village, i.e. Ghusgaon, the ration shop was difficult to access, as it was located 3-4 kilometres away and there was a *naala* (small stream) in -between.

Table 3: Facilities in Sample Villages

	Number of						
Village	**Primary Schools**	**Middle Schools**	**High Schools**	**Higher Secondary Schools**	**Sub-Health Centres**	**AWCs**	**PDS Shops**
Indrapur	9	2	1	0	1	7	1
Bhulgaon	1	0	0	0	0	1	0
Ghusgaon	5	1	0	0	1	5	0
Padla	3	1	0	0	0	3	0
Bilwani	5	1	1	0	0	5	1
Kasel	5	1	0	0	0	5	1

Gram Panchayats

Among the 6 GPs of the sample villages, 4 had only one village, and 2 had two villages each (Table 4). There were 12 to 20 wards in the GPs. Most of the PRs were STs, as seats were reserved for SCs and STs in proportion to their population, and half the PRs were women, as 50% seats were reserved for women. As Rajpur is a block under the Schedule V of the Indian constitution, all the GP Sarpanches were ST. But among the Up-Sarpanches, 4 were from OBC category. In 3 GPs, the Sarpanches were women, and in 2 GPs, the Up-Sarpanches were women.

Table 4: Basic Information about Sample Gram Panchayats

	Indrapur	**Sangvi Neem (Village Bhulgaon)**	**Ghus-gaon**	**Kadwi (Village Padla)**	**Bilwani**	**Kasel**
No. of villages	1	2	1	2	1	1
No. of PRs	20	18	17	16	12	17
Sarpanch social group	ST	ST	ST	ST	ST	ST
Sarpanch gender	Male	Female	Male	Female	Female	Male
Up-Sarpanch social group	OBC	ST	OBC	ST	OBC	OBC
Up-Sarpanch gender	Male	Male	Male	Male	Female	Female

Community Organizations formed by NRLM

The basic work of forming community organizations had been done un NRLM. To begin with, SHGs, comprising 10-15 women each, were formed 5 years ago. The households were selected from the poor and very poor as per the SECC category, though poor families not included in the SECC categories were also included. These SHGs initiated savings and micro-credit as per NRLM guidelines, and several women took loans for livelihoods activities. The status of one sample SHG in each sample village may be seen in Table C at Annex**.**

Subsequently, one VO was formed in each village, with the VO members comprising the chairperson and secretary of each SHG in the village. The VO representatives received several trainings (regarding record keeping (14 books). Each VOs selected a president, vice president, secretary, joint secretary and treasurer by consensus. They have 5 sub-committees: Social, Nigrani, bank-linkages, employment, livelihoods. In addition, two CLFs were formed in the block, of which VOs became members.

Perceived Problems

During the study, PRs as well as the community were asked what the main problems of their area were (Table 5). The two problems stated most often were inadequate drinking water and poor condition of connecting roads in the village or to another village. In addition, PRs and people also mentioned problems in electricity supply, lack of buildings for AWCs, lack of toilets in schools and GP office, and higher-level educational facilities. Thus, most of the problems identified concerned lack of infrastructure.

Some serious administrative issues also emerged. One village, Bilwani, had been left out of the Socio-economic Caste Census (SECC), 2011, and as a result, no one had got a house under Prime Minister Awas Yojna (PMAY), while in Ghusgaon, though many families were actually eligible, as per the survey only a very few families were eligible. In Bhulgaon, no midday meal had been provided in the school for a year, because the cook had not been paid. In two village i.e. Bhulgaon and Kasel, during FGDs, people said that they did not get benefit of government schemes, and in Bilwani, some people had not got ration cards.

Table 5: Main Problems Perceived by PRs and Community

	Identified by PRs	**Identified by Community**
Inadequate potable water	Bhulgaon, Indrapur, Padla, Ghusgaon	Bilwani, Bhulgaon Indrapur, Padla, Ghusgaon
Internal/ external road not good	Bilwani, Indrapur, Padla, Ghusgaon	Bilwani, Bhulgaon, Ghusgaon, Padla
Lack of drainage	Bhulgaon	Kasel
Electricity supply missing in certain phalias, lack of electricity for 24 hours	Bhulgaon	Indrapur
High school/ higher secondary school at a distance.	Bilwani[1], Ghusgaon	
No educational residential facility for girls	Kasel	
No MDM served in school for one year		Bhulgaon
No toilet at school and panchayat bhawan.	Bhulgaon	
Anganwadis do not have buildings	Ghusgaon, Kasel	
No ambulance	Indrapur	
No one has got PMAY house	Bilwani	Bilwani
Very few people have got PMAY houses		Ghusgaon
Don't get to know/ get benefit from schemes		Bhulgaon, Kasel
Some people don't have ration cards		Bilwani
PDS shop too far away	Ghusgaon	

Project Impact on Gram Panchayats

Impact on PRs

[1] The higher secondary school has been sanctioned but not yet provided.

In the project, 4 types of training programmes, i.e., a foundational course and modules that addressed standing committees, budget and the village development plan (VDP) had been conducted for PRs and GP secretaries (Table 6). Among the 6 sample villages, among the 4 villages of A and B category in 3, PRs had been trained on all 4 modules, while in one village, they had been trained on 3 modules. Among the category C villages, in Bilwani, PRs had been trained on one module only, and in Kasel on two modules. Thus, the project inputs in the category C GPs were incomplete. Moreover, even in category A and B villages, not all the PRs had got trained. Discussions revealed that some PRs found it difficult to go to the block level training programmes.

Table 6: Panchayat Representatives Trained in the 6 sample Villages

	Total Number of PRs	**Number of PRs Trained**			
		Foundational	**Standing Committee**	**Budget**	**VDP**
Indrapur	20	10	15	6	6
Sangvi Neem	18	5	13	4	0
Ghusgaon	17	5	5	8	7
Kadwi	16	10	15	3	5
Bilwani	12	3	0	0	0
Kasel	17	10	0	4	0
Total	**100**	**43**	**48**	**25**	**18**
Percentage PRs Trained		**43**	**48**	**25**	**18**

When PRs were asked if they remembered the training programmes, in the A and B category villages, PRs recalled the 3 training programme i.e. the foundation training, standing committee training and budget training (Table 7). They also remembered key messages, such as providing information to people in the GS, inspecting schools and AWCs etc. Notably, in Ghusgaon, PRs reported that they had been to Chhattisgarh and seen GPs working, and realized that they could work similarly.
However, in the category C villages, the recall was hazy.

Table 7: Experience of Training of Panchayat Representatives

Memory of training of PRs	
Remember 3 training programmes distinctly	Bilwani, Bhulgaon, Indrapur, Ghusgaon
Remember one or two training programmes	Kasel
Do not remember much	Padla
Message remembered	
Provide information to people in GS	Bilwani

Conserve water, what you conserve today, you will have tomorrow	Bhulgaon
GP has rights to inspect school, AWC and should do it	Indrapur, Ghusgaon
We should live in unity	Kasel
Got to know how to make budget	Ghusgaon

The second input for GPs was regular hand-holding support. Across the sample GPs, PRs uniformly appreciated this support. They recognized the CRP from Samarthan, and said that he visited every month, and sometimes more often. PRs reported that the CRPs gave them information, and also helped them to undertake various tasks. For example, in Indrapur, during the last visit, the CRP had told the PRs about water conservation. When a teacher's post remained vacant in the school, he had helped PRs draft an application to authorities to fill up the post and also accompanied them to the block.

Finally, committees in the GP comprised the General Administration Committee, Construction and Development Committee, and Education, Health and Social Welfare Committee. In all the GPs, before the project, the Standing Committees had been defunct. During the project period, these were re-constituted, so that PRs who were interested in the subject were nominated to the committee. As noted above, PRs were also trained regarding these committees.

Impact on GP

As a consequence of project, in 4 GPs, i.e. Indrapur, Sangvi Neem GP of Bhulgaon village, Bilwani and Kasel, the PRs reported that their understanding and information level had improved (Table 8). In Ghusgaon, PRs also said that the project had motivated them and they had become more aware of the different problems in various *phaliyas*. However, in Kadwi Panchayat of the category B Padla village, the PRs were not articulate, and could not express the changes that they had experienced. Similarly, in Kasel, the PRs were not clear about the changes that they experienced.

Table 8: Perceived Gains of Project as per PRs

Improved understanding about GP and role	Bilwani, Indrapur
Didn't know about budget, found out after training	Bhulgaon
Get various types of information	Indrapur, Ghusgaon,
Found out about problems in different *phaliyas*	Ghusgaon
We get motivated	Ghusgaon
Project educates people about right and wrong, which helps us	Ghusgaon
Not clear	Kasel

The overall impact of the project on the GPs varied (Table 9). In two villages, Indrapur and Ghusgaon, PRs reported a dramatic impact of project interventions on the GP. Both these GPs had been nearly dysfunctional earlier. There were no regular meetings, and the GP office remained closed much of the time. Now, both GPs held monthly meetings and the GP office was always open. In addition, in these GPs, after the GP meeting, people were invited to the GP to state their problems, which the PRs attempted to resolve.

The standing committees were re-formed and became active. In 2018-19, there had been 5 meetings of the sub-committees in Indrapur, and 19 in Ghusgaon. The two tasks that the standing committees performed regularly, was inspection of construction works, and inspection of the school. In Indrapur, the committee also approached people on health and sanitation issues. In both these GPs, people too confirmed that the GPs had become more active and responsive. Thus, previously dysfunctional GPs had become active, had systematized their working and responded to people's needs.

In Sangvi Neem GP of Bhulgaon village, the PRs reported that they had always held frequent GP meetings, but after the project inputs, more PRs began to attend the meetings, and like Indrapur and Ghusgaon GPs, they too began to hear people's problems after the meetings. Moreover, the Standing Committees became active, and in 2018-19, had held 15 meetings. Moreover, the GP had formed a special committee to construct a stop dam, and the PRs said that they would not have taken such an initiative without inputs from the project. Moreover, the PRs reported that the local school was weak, and children attended irregularly. They went to people's houses and asked people to send children to school regularly. They reported that the school had improved dramatically. Further they had ensured that girls did not get married before the age of18, and promoted the use of toilets.

In in Kadri GP of Padla village, the PRs were very inarticulate. Notably, Padla had the lowest literacy rate of all the sample villages, and though it was put in category B, the project had been in operation for only one year in the village. The GP held regular monthly meetings. Though as per records, there had been 14 meetings of the Standing Committees in 2018-19, the PRs were only vaguely aware of the fact the GP had 3 standing committees. But the PRs said that they brought people's applications from their wards to GP to address their needs, and during the FGD with the community, people said that the GP had started doing more work and people had started going to the GP. PRs too reported a better connect to the community and said that people had started approaching the GP for various works.

In Bilwani, PRs reported that people had started approaching the GP more. But people did not report any such improvement, though this view may be taken with a pinch of salt, as many people who participated in the FGD with the community had been drinking. But, the women in the VO too said that they gave applications in the GP, but did not know why things didn't happen. As per the PRs, the GP held regular monthly meetings. However, one GP member who was present in the FGD with the community, said that he did not get information about the meetings of the GP, and did not attend them. The PRs said that the standing committees monitored works in the GP, as well as schools, though precise

information about the meetings of these committees was not available. As per the grassroots project staff, the politics of the village was destructive, as PRs of opposite camps opposed and obstructed each other, which came in the way of a better functioning GP.

The project had had the least impact on Kasel GP. This was the village of an important state minister and the Sarpanch, who was a kin of the minister, was dominant. During the FGD, the Sarpanch spoke most of the time, and the other PRs rarely talked. However, the Sarpanch had not attended the training programmes of the project, and was not available for discussions etc. with the project functionaries. Consequently, the project had not been able to impact the dominant person in the GP, and could not make much headway. GP meetings were held when the Sarpanch wanted. The PRs could not say if the GP had any standing committees. But even in this GP, PRs reported that people had started stating their problems, and the GP got to know these problems and did something about them. But in the FGD with the community, people said that they had not perceived any change in the GP. In the FGD with the VO, the women said that they approached the GP, though PRs made promises, the outcome depended on the Sarpanch. Sometimes the demands were fulfilled, and sometimes not.

Table 9: Impact of Project on Sample Gram Panchayats

Village	**As perceived by**	
	PRs	**Community FGD**
Indrapur	• Started regular GP meetings • Started opening GP office regularly. • After the GP meeting, people's applications are heard and attempts are made to solve problems. • Panchayat committees became active • Helped those who were not getting pensions for technical reasons. • GP has started collecting dues for the tap water scheme. • GP petitioned for drinking water and doctor and had some success in both. • PRs visited block headquarter for the first time, met MP and MLA. Can go to block on their own now. • Now want to go to Bhopal with CRC help.	• Regular meetings • GP works as per the demand of the *phaliya* • Can take our problems to the GP • MGNREGA works have started.
Bhulgaon	• Participation of panches has increased • After the GP meeting, people's applications are heard and attempts are made to solve problems. • Panchayat committees became active.	• The GP has started responding. • Panches have started going to the GP.

	• A special committee was made to construct a stop dam. Without training we could not have done it. • Panchayat has taken several initiatives post training like increased attendance of school children, community awareness prohibiting child marriage (girls<18 years of age), promoting usage of toilets etc.	• More attention is given to the *phaliya*.
Ghusgaon	• Earlier meetings used to take place every 6 months, now monthly meetings. • GP used to be closed, now it works in an organized manner. • Panchayat committees became active • Women have started coming to GP, we can resolve their problems • Connect with people has improved, they approach the GP and also help in resolving issues. • PRs have started visiting the school regularly for supervision.	• GP office remains open, when earlier it was not always open. • PRs have started listening to us.
Padla	• People have started coming to GP office with issues, so our work has improved. • PRs have started going to the school and AWC. • PRs get applications from their wards to resolve in GP	• People go to the GP • GP has started doing more work.
Bilwani	• People started approaching the GP which improved the connect of the GP to people • Panchayat committees became active	No change
Kasel	• People come to GS and state their problems, so the GP comes to know.	No change

Achievements and Problems of GPs

When PRs were asked to list the achievements of the GP in the past one year, PRs saw these mainly in terms of construction works and provision of other infrastructure, as mandated in various schemes (Table 10). The GPs had improved the communication infrastructure, made water sources and laid pipelines, improved the infrastructure of schools and Anganwadis, and created other public and individual infrastructure such as PDS shops, PMAY houses and toilets. In Bilwani, a 2 km road was constructed with voluntary labour.

Table 10: Main Achievements of GP as Stated by PRs

Communication Infrastructure	
Got a road constructed/ repaired	Bilwani, Bhulgaon, Indrapur, Padla, Kasel, Ghusgaon
Small bridge constructed	Ghusgaon
Water	
Wells constructed	Bilwani, Bhulgaon, Ghusgaon
Tube wells constructed	Bhulgaon, Ghusgaon
Deepened pond	Padla
Constructed stop dams	Bhulgaon
Constructed drinking water facility for animals	Bhulgaon
Laid pipeline for drinking water	Kasel
New hand pump and motor provided	Ghusgaon
Schools and Anganwadis	
Anganwadi Bhawan constructed	Bilwani, Ghusgaon
School building repaired	Bhulgaon
Got government primary school upgraded to upper primary school by giving application	Indrapur
Others	
Got PMAY houses constructed	Indrapur
Got toilets constructed	Indrapur
Constructed building for PDS shop	Indrapur
Ghat constructed	Bhulgaon
Community hall for each community constructed	Kasel
Cleaning of drain and roads	Padla

When PRs were asked to state the problems that remained, they usually identified issues that could only be resolved at the state level (Table 11).

Table 11: Problems as Perceived by PRs

Problems	
A PDS machine has been provided, many people are having problems, because on technology problems	Bilwani
There is no MGNREGA Rozgar Sahayak	Bhulgaon
Server doesn't work	Bhulgaon
Village left out of SECC data, so no PMAY houses can be provided.	Bilwani
There are merely 10 names eligible for PMAY in the SECC, though 90% people are eligible.	Bhulgaon
Many fraud ration cards have been made, and people don't get ration, and complain to us.	Bhulgaon
Need waterman and chowkidar	Kasel

Need a girls' hostel	Ghusgaon, Kasel
Access to ration shop not good.	Ghusgaon

Across the villages, there were numerous examples of issues that were important locally, but could only be resolved at the state level. For example, Bilwani had simply been left out of the SECC survey, and no one got any PMAY houses. In Bhulgaon, for a long time, the GP had no secretary. A secretary had embezzled funds and an enquiry was on-going. No GP secretary was posted for several months. Similarly, in Ghusgaon, a tap water scheme could not be sanctioned because its less population was below 3000. The PDS shop was located 5 kms away, and there was a *naala* in between, but there was little that the GP could do about it. Similarly, many AWCs did not have buildings, or thee buildings were in bad shape. In Ghusgaon, the sub-health centre was in poor shape.

The fact that when PRs were asked their achievements, they saw these in terms of in building infrastructure and when asked about problems, came up with issues that could only be resolved at the state level, underlines the fact that the GPs have few powers, and are bound by government schemes and directions. For the project, this poses limitations on the extent to which strengthening the GP can have an impact on people.

Gaps in Project Inputs

One shortcoming observed the across the GPs was that women PRs remained disempowered. In no sample GP did any woman PR take an active part in the discussion, and often women PRs were totally silent. For example, in Ghusgaon, no woman PR attended the meeting and in Bilwani, the woman Sarpanch refused to speak in spite of repeated requests. Empowerment of women PRs is an issue that the project needs to address.

Second, no GP had its own sources of income, and none levied tax. Some PRs admitted that they had been told about the taxation powers of the GP during training, but did not levy it. In Bhulgaon and Indrapur, the GPs levied water charges for the tap water supply scheme. This too is an important area of work, as local governments are empowered to raise revenue. Given the poverty of the area, the actual financial gains are likely to be small, but the GPs need to encouraged to perform an important local government function in the future.

Third, there were significant gaps in the knowledge of PRs. PRs were either not aware of the Panchayat Extension to Scheduled Areas Act (PESA), or only vaguely knew about it. Similarly, PRs remained hazy about social audit. Though social audit had been conducted through SHGs in the last six months or so in the GPs, PRs in only two GPs, i.e., Bhulgaon and Bilwani could recall it, and did not report any significant findings and events.

Project Inputs and Impact on Community Organizations

The project had worked with community organizations on 4 fronts. First, the most important, was the strengthening of the VO. The CRPs attended the monthly meetings of VOs and supported them in addressing social and governance issues, and this was confirmed by VOs of all the sample villages. The project had supported the CLF in a similar way. Second, from among the VO members, the project shad elected change vectors for governance, health and education. The CVs were trained to work in these areas. Third, in some villages, which included 3 of the 6 sample villages, the project identified young people, and trained them to get information from numerous government on-line portals. Finally, the CRPs took meetings of people in various *phaliyas,* to inform them about various governance and social issues, and motivate them to take community-based actions.

Impact on Village Organization

The project had made a very substantial impact on the VOs in all the sample villages. In all VOs, during FGDs, women reported that they got a great deal of information because of the project. They had become aware of the working of the GP, about issues related to health and education, the importance of hygiene, legal provisions such as Right to Education, and so on. They also reported that their confidence had increased, they could put forward their views, and talk to officials and people, which they had found difficult to do earlier. For example, in Bhulgaon, women said that they went to the GP for the first time after project interventions. In Ghusgaon, they said that going to the GP was their right. Many women also said that they had travelled to the block head quarter for the first time after the project began. They took pride in working for the village and said that people respected them. In Padla during the FGD with the community, people said that the women had started studying. Thus, one distinct outcome of the project was that many poor, illiterate women, who had earlier taken on part in public life, had become active and engaged citizens.

The project had also changed the VO as an institution. During FGDs, women reported that before the project, the activities of the VOs had been confined to savings, credit and livelihoods, as supported in NRLM. However, with support from the project CRPs, they began to address governance and social issues too. The VOs had worked on a range of issues (Table 12). However, as in the case of PRs, the women in the VO in Padla were the least articulate, and reported undertaking fewer activities than other VOs.

An important social issue that the VOs had addressed was of alcohol abuse, which was a serious problem in 5 of the 6 sample villages. The exception here was Padla, where the drinking problem was not acute. The VOs had put forth the issue in the Gram Sabha and the GP. They had then gone to the block headquarter and protested to authorities. As a result, officials had come to stop the illegal liquor shops in the villages. In Indrapur, the VO had made a rule in the no one in the VO would accept or provide dowry exceeding Rs. 35,000.

All the VOs except Padla reported that they had facilitated people in getting pensions and ration cards by identifying persons wo had not got their entitlements and helping them apply to the GP. The VOs had done considerable work in sanitation, assisting in construction of toilets, counselling people against open defecation, stopping people from throwing garbage in public places, taking out rallies, etc. The VOs reported visiting the school and the AWCs, to check the quality of the midday meal, whether the teachers were present etc., and also counselling people regarding regular attendance of children and institutional delivery. They had collaborated with NRLM to facilitate livelihoods training for young people.

In Bhulgaon and Indrapur, the VOs had worked actively to resolve the water problem. In Bhulgaon, the VO had petitioned the GP, as a consequence of which, a well was dug, and had water. A pipeline was then sanctioned, and was being laid. In Indrapur too, after the VO's petition to the GP, work was on-going on a project to provide water. But in the meanwhile, women from one SHG took a loan and got the pipeline from one person's well (the VO chairperson), who agreed to supply water to all the people in the vicinity.

Table 12: Activities of Sample VOs

	VO
Social and Administrative Issues	
People who have not got pension identified and facilitated in getting pensions.	Bhulgaon, Indrapur, Kasel, Ghusgaon
Helped people with ration card issues	Indrapur, Kasel
Took action to ban liquor. We went to the police station and complained in Barwani.	Bhulgaon, Kasel, Ghusgaon, Indrapur
Took out rally to ask people to participate in GS	Indrapur
Got a huge electricity bill, went to the block and got it reduced.	Kasel
Sanitation	
Helped in construction of toilets	Bilwani, Bhulgaon, Indrapur
Counselled people to use toilets	Bilwani, Bhulgaon, Indrapur
Cleaned drains, roads	Bhulgaon, Kasel
Stopped people from throwing garbage in public places	Bhulgaon
Took out a rally for sanitation and pick up garbage from road etc.	Indrapur
Education and Health	
Make surprise visit of schools for quality checks	Bilwani, Bhulgaon, Indrapur, Kasel, Ghusgaon
Counsel people to send children to school	Ghusgaon
Make visits to Anganwadis	Bhulgaon, Indrapur, Kasel
Held malnutrition camp for mothers	Bilwani
Persuade women for institutional delivery	Kasel
Got school to start ringing the bell	Bhulgaon
Went to Bhopal to demand a higher secondary school	Bilwani

Petitioned GP to provide drinking water in school	Ghusgaon
Employment	
Data of unemployed youth is prepared and they are facilitated for training.	Bilwani
Send youth to job melas	Kasel
Water	
Made a proposal to GP to resolve the water problem.	Bhulgaon, Indrapur
Others	
Undertook tree plantation	Ghusgaon

Thus, the project had developed the VO as an organization that could bring about change in social and governance matters, where earlier its activities had been restricted to savings, credit and livelihoods. This was an on-going process, where VOs constantly set new goals. For example, in Kasel, the VO women said that they wanted to abolish Sarpanch *pati.* Moreover, the strengthening of the VO had led to an improvement in the credit and livelihoods activities too. For example, in Ghusgaon the women of the VO reported that loan recovery had improved too. The VOs had been active in quelling rumours that all the SHG loans would be written-off by the government. These rumours had led to many SHG members ceasing to pay their loan installments.

Change Vectors

In the sample villages, change vectors had been selected from among the women in the VO, either unanimously by the VO itself, or through an activity to identify leadership potential conducted by the project functionaries. There were 5-8 CVs per village in the sample villages, for 3 areas: governance, education and health. Around half the CVs were illiterate, and the highest education level of any CV was class 10. They worked as farm labourers, or on small family farms, or plied modest trades such as stitching, shop-keeping etc.

The CVs had been provided one to two days' training by the project (Table 13). The governance CVs had been trained on Gram Sabhas, GP functioning, welfare schemes, etc. Education CVs were trained regarding midday meals, the importance of regular school attendance, SMC etc. In addition, they were provided with materials with which to engage children in interesting and playful educational activities. The Health CVs were given training on immunization, institutional delivery, nutrition for women and children, Anganwadi, etc. They had also been provided material which they used to educate women. As in the case of GP and VO, the project staff provided hand-holding support to the CVs.

Table 13: Training of CVs and Youth in Sample Villages

	Indrapur	**Bhulgaon**	**Ghusgaon**	**Padla**	**Bilwani**	**Kasel**

Governance CVs trained on 1st module	4	2	1	2	3	2
Governance CVs trained on 2nd module	1	3	1	1	3	2
Governance CVs trained on 3rd module	4	3	5	3		2
Health CVs trained on PB 1 Module	3	4	3	2	2	
Health CVs trained on PB 2 Module	2	2	2	2		0
Education CVs trained on Module 1	2	4	2	3	3	2
Online portal training of youth	5	0	5	0	5	0

When CVs were asked about their experience of the project they said that they valued the information and knowledge that they had got. They were proud of the fact that they could speak up and approach people. As one CV put it, 'we were earlier in *ghoonghat,* but now we do many things.' They said that they took pride in providing service for the village and community.

The governance CVs reported that they supported the GP in its activities such as the construction of toilets etc., and also collected applications of people on various issues and presented these to the GP.

The health CVs visited the AWC to look at supplementary nutrition, vaccination etc., mobilized women for regular vaccination, institutional delivery, provided information about malnourishment and its implications, talked to adolescent girls etc. In all the sample villages, except Indrapur, the ANMs, AWWs and ASHAs were aware of the CV and said that they talked to mothers, and persuaded them to come to meetings and for institutional delivery. However, as there were many AWCs in some villages, the CVs were not able to visit all of them, especially those in far flung *phaliyas*.

The education CVs visited schools, noted the attendance of teachers and students, inspected MDM, drinking water etc. They talked to parents to persuade them to send children to school regularly and also taught children with the materials that they had been provided. When teachers were asked about the CVs, they were aware of them, and said that they came to the school from time to time. However, as in the case of health, in villages where there were many schools, the CVs could not visit them all.

A major limitation of the CVs was their outreach, as the number of CVs were limited. In the FGDs with the community in 3 villages, i.e. Bilwani, Indrapur and Padla, people were not aware of the existence of any CV.

Cluster Level Federation

The project had also worked with the two CLFs formed in the block, providing them support similar to that provided to VOs. During the study, discussions were held with 4 members of the Rajpur CLF, which had 48 VOs and 96 members. As in the case of the VOs, with project interventions, the CLF, earlier limited to saving, lending and livelihoods activities, had become active on social and governance issues. The women reported that through the platform of the CLF, they could raise their voice at the block level for issues that could not be resolved in the village. Issues discussed in the CLF were conveyed by the members to VOs, and enabled the VOs to take joint action when needed.

The CLF was also instrumental in counselling the VOs on various issues. For example, when SHGs members had stopped repaying their loan installments because of rumours that the loans would be written off, the CLF played an active role in counselling VOs. The CLF members made house visits and sensitized and counseled women about the importance of repayment of smooth functioning of the group. Thus, the CLF acted as a forum for joint action by VOs, and also provided support.

Youth

In 3 out of the 6 sample villages, 5 young people had been trained in each village to track people's application and benefit status on government portals. The idea had come to a project functionary when he visited a GP and the Sarpanch told him that he did not know what went on regarding people's entitlement, as these were now disbursed directly on-line. The concept her was that emerged was, that just as in earlier days, when illiteracy was high, there would be 4-5 literate people in every village who helped other people make applications etc. for government benefits, some people could be developed who would be capable of tracking information available on government portals and helping people obtain their entitlements.

Consequently, educated young people were selected and trained. During the study, discussions were held with 4 such young people in Bilwani, and another discussion was held with such young people from various villages at the block headquarter. Most of these youth were college students and had been selected during 'night *choupals'* conducted by the project. They had been trained on various mobile and web-based applications such as Samagra ID, Panch Parmeshwara Plan Plus, etc. Subsequently, they had used these applications to generate information for neighbours and relatives and helped them track their pension and other applications. This has helped many people in accessing their entitlements. The trained youth also talked to their friends about the issue, many of whom too got interested. This initiative was as yet small, but the young people interviewed were eager to help the community in this manner. Moreover, some of them had started small initiatives of other types too, such as supporting children's education in the village.

Strengths and Limitations

In the VO and CLF, the project had been extremely successful in strengthening the organizations to address social and governance issues. It had created a new model of social action by women through the VO. Here, unlike the GPs, the success of the project was fairly consistent across the sample villages, though where the project had worked longer, the VOs were more active.

There were some limitations of the project vis-à-vis the VOs. Firstly, in some villages, many poor women were not SHG members, and were therefore excluded from these empowerment activities. For example, in Bilwani, in the FGD with the community, people said that, women of only two families in the *phaliya* were SHG members, and the women not interested in joining the SHG. One SHG that was established had stopped. The project strategy to widen the base in such villages was not clear.

Second, as no men had been involved in any community institutions, during FGDs, many were unaware of GP activities, and issues related to health and education. For example, when asked if they attended the Gram Sabha, some said that the VO women attended, and they did not. While some men appreciated the SHGs and said that they got loans for seed and fertilizer through the SHG, many had also obstructed SHGs in the drive against alcohol abuse.

With the CVs, while significant effort had been made by the project and the CVs had developed remarkably, their capacity to make an impact was smaller. The activities with the youth were recent and as yet on a small scale, though the young people identified had helped several people.

Gram Sabhas

In all the sample villages, four mandatory Gram Sabhas were held, and special GSs were also held from time to time, as per the directions of the state government. The project had had a significant impact on the Gram Sabhas because it had strengthened the GP and VO simultaneously. Because of project inputs, GPs began to organize GSs better and provide people with information and the VO women began to go to the GSs. As GPs became more responsive, other people started attending Gram Sabhas too.

In 4 sample villages, Indrapur, Ghusgaon, Padla and Kasel, PRs as well as people said that Gram Sabha attendance had increased. In Bhulgaon, PRs as well as the community said that more women attended the GS, but the men had not changed much. Notably, in Kasel, where the GP had nor changed very much, the GS attendance had still increased because the VO had become active. In Bilwani, while the PRs said that the attendance in Gram Sabhas had increased, the community did not say so, and during the FGD, people claimed that they did not get information about the GS. Moreover, the PRs saw only a 10% increase in attendance, and said that generally, people did not want to attend. Even the VO women said that they did not always go to the GS and related an incident when the date of the GS had been shifted at the last minute. Here, because of the less active GP, the impact on the Gram Sabha was small.

In all the sample villages, the Gram Sabhas also changed in character. First, women, who had not attended GSs earlier, were present, and also spoke. In Bhulgaon, PRs said that women came up with problems different from men. Women talked more about water, men more about electricity. Moreover, during discussion, CLF members said that there had been cases where the village women had not allowed to participate in GSs, but after training and awareness generation, they were able to assert their right to participate and influence the GP.

Second, in Indrapur, Bhulgaon, Ghusgaon and Padla people said that they placed their problems in the Gram Sabha, and some of these got resolved. Moreover, In Bhulgaon, PRs reported that when many people had a similar problems, they knew where to focus. In Kasel too in the FGD, people said that they posed their problems in the GS, but said that powerful people got the benefits. In Bilwani, people did not report attending Gram Sabhas.

The changes in the Gram Sabha showed clearly that the strengthening of the VO and the GP together was necessary. In in Indrapur, Bhulgaon, Ghusgaon and Padla, where both these organizations were active, the GSs were meaningful. The number of people in the GSs had increased, people placed issues in the GS, and PRs attempted to resolve them. But in Kasel and Bilwani, the dynamics were different. In Kasel, more people attended the Gram Sabhas, as the VO had been strengthened. But whether or not their problems were resolved remained tenuous, because the GP had not changed very much. In Bilwani, the impact on the Gram Sabha was minor, because the response of the GP was inadequate.

VDP

The Village Development Plan (VDP) had been prepared in all the sample GPs. A 3-day workshop had been conducted to identify needs with the GP PRs, VO members and the community, and the VDP had been discussed in the GS and GP. However, only in 3 GPs, i.e. Bilwani, Indrapur and Ghusgaon, did PRs exhibit clear knowledge about the VDP. In Bhulgaon and Kasel, PRs were only vaguely aware of the VDP, and in Padla could not remember it at all. In contrast, the VO members showed a good memory knowledge and awareness of the VDP in all the villages. The engagement of the VOs in the VDP appeared to have been more that of the GP.

The VDP process had been participatory. For example, in Ghusgaon, the PRs said that the GP had made a work plan earlier too, but it was made only by the PRs. After the project interventions, people also made proposals, which got included. In Indrapur in the FGD with the community, people said that because of the VDP, a road had been constructed in their locality, and the water issue had been addressed. Across the GPs, important community needs had emerged through the VDP process, and many had been addressed.

Health and Education

Health

The project inputs in health were through three means. One, as described above, was through training and supporting CVs, who, in turn, visited Anganwadis and counselled people. Second, a short training was provided to ANMs, AWWs and ASHAs to orient them work together, rather than separately. Third, direct inputs were provided by the CRPs. Health CRPs, trained by Chetna, focused on maternal and child health care. In all sample the villages, ANMs, AWWs and ASHAs reported regular visits by CRPs. The CRPs held meetings with the mothers and adolescent girls, and talked to them about malnutrition, vaccination, institutional delivery etc. However, as in the case of the CVs, the number of CRPs was inadequate. Each CRP covered 25 or so villages, and the number of CRP visits to each AWC remained limited. In sum, the health-related inputs from the project were thinly spread out, and comprised short training programmes, and limited support from CRPs.

During discussions, the health workers said that they faced considerable challenges dealing with the community. For example, in Kasel the AWW said that when the take-home supplementary nutrition packets were replaced by cooked meals as children reached the age of 3, women often got angry, demanded the packets and stopped sending children to the AWC in protest. In Padla, an ASHA said that women often argued against institutional delivery, and said that they did not have money, and had to be persuaded. The health workers appreciated the support from the project and said that women paid heed to the CRPs. In Bilwani, Bhulgaon, Indrapur, and Padla the AWWs said that more women had started coming to the AWC because of the inputs of the CRP. Indrapur and Kasel, they reported improved communication with the women. In Ghusgaon, the ANM said that there were now 100% institutional deliveries.

In no village had the VHNC become active. Discussions with project staff revealed that many disinterested persons had been made VHNC members. The project staff reported that they were negotiating with the authorities to get CVs included in the VHNC.

Education

In education, as in the case of health, project inputs comprised training and supporting CVs, who, in turn, visited schools and Anganwadis and counselled people, a short orientation to school teachers on activity-based teaching and the School Management Committee, and direct inputs were provided by the CRPs in the classroom. Teachers reported that the CRPs from Eklavya visited the school regularly, and took a demonstration session, conducting story telling sessions, drawing sessions etc. with students. Teachers were generally positive about the interventions by the CRP, and said that the children looked forward to these sessions. In Indrapur and Ghusgaon, teachers reported that it was also a learning experience for the teacher, and he had started using

some of the stories etc. used by resource person. However, CRPs as well as teachers said that the visits were infrequent, as one CRP covered a large number of schools.

As in the case of the VHNC, the SMCs had not become active in any village. In all the villages, the teachers said that people were not interested in the SMC, and the project did not appear to have had an impact on this.

A spot visit was made to a learning centre started by the project in village Bajad, which had been running since 6 months. The centre was managed by a project personnel. The centre had a boxful of interesting teaching-learning materials, which cost Rs. 10,000. This had been provided by Eklavya to the VO which then funded the initiative. Children come to the learning centre in the morning, before school. While children all ages of children can attend, the centre caters best to the needs to children up to 4th standard. During the day of visit, 10 children were present and were engaged in various play activities of number cards, reciting rhymes. The education CV was enthusiastic about the centre and said that more children were coming the centre over time. The resource persons for Eklavya shared that they tracked children's learning, and the resource person provided needed inputs. After attending the centre, the children had become less shy and spoke out more. However, the economics of running the centre in the long run had not yet been worked out.

Strengths and Weaknesses

Unlike the GPs and VOs, no big changes had come about in health and education in the sample villages. The impact was limited to some improvement in the community connect of health and education workers. Notably, project interventions in health and education were more thinly spread than those for GPs and VOs, as there were many more schools and AWCs that VOs and GPs. Moreover, it is more difficult to bring about changed in health and education than in the GPs, because while the GPs have some autonomy, government control on teachers, AWWs, ANMs and ASHAs is much tighter.

Impact on Villages and Implications

The overall impact of the project activities for the 6 sample villages and the community is provided in Table 14. The positive outcomes for the community included resolution of the drinking water problem, creation of essential infrastructure, containment of alcohol abuse, people being able to access pensions and other entitlements, improvement in schools etc.

As may be seen, the maximum impact of the project was visible in Indrapur, Bhulgaon and Ghusgaon, where the GP and VO were both active. For example, the success in Indrapur in substantially reducing alcoholism was a result of joint efforts by the GP and the VO. In Indrapur, before the project interventions, there had been a severe drinking problem. So much so, that after GP elections, votes could not be counted within the GP as people would drink and fight, and even children had begun to drink. In this village, when the VO went to the block headquarter to demand action against illegal liquor shops, the PRs went with them too, and both built public opinion. Now all the illegal liquor shops

in the village in the village had closed down. Some people got liquor from outside the village, but drinking had reduced substantially. The VO was now thinking of going to the block to ask that the shop be closed. Similarly, in Ghusgaon, the VO asked for drains, and the GP agreed to provide them. PRs also reported that women from the VO came to then for pension and ration card cases, and they did their best to help.

In such villages, a virtuous cycle of community demand and local government action had been set in motion. People constantly approached the GP with problems, individually or through community institutions, i.e. the VO, and the GP did its best to respond. In turn, the VO collaborated with the GP to get public cooperation was activities such as sanitation. Gram Sabhas became meaningful, more people attended and spoke. A similar cycle had been set in motion in Padla too, but was as yet weaker, as the project had worked in the village for only a year.

Moreover, active VOs and GPs had had an impact on health and education too. For example, in Ghusgaon, the VO and CVs had identified the drinking water problem in the school, and the GP had helped to resolve it. The VO women and CVs monitored AWCs and schools, and counselled parents and women to collaborate in their activities. In Bhulgaon, the school dis not ring the bell, so no one knew when it started and when it finished. The VO requested the teachers to start ringing the bell, and they did. In Bhulgaon, around a year ago, some poison was found in the well. The GP was active in resolving the issue, and pressurized the ANM, who had earlier visited the village very infrequently, but now made more regular visits to the village. This also became an opportunity through the project, to make people more aware about safe drinking water. Similarly, the PRs felt that education in the village was weak. They collaborated with the education CRPs and held discussions with teachers, visited people's houses, and got them to send children to school. The school improved. In these GPs, PRs were engaged in numerous small way in improving services. In Indrapur, recently, when the vaccination team did not come, on the appointed day, one PR called block officials, and the team arrived. In Ghusgaon, PRs were concerned that AWCs did not have buildings and planned to send proposals. One PR visited the school every month and motivated people to send their children regularly to school.

In contrast, in Bilwani and Kasel, where the VO had been made active, but the impact of the project on the GPs was not substantial, fewer changes had come about. The VOs had got somethings done, such as enabling people to access pensions, and getting large electricity bills reduced. However, their success was more limited. Moreover, the virtuous cycle of community demand and local government action had not been set in motion. In Bilwani, as community institutions were strengthened, people had started demanding more, but their demands were not met. This acted as a discouragement for attending the GS and approaching the GP. In Kasel too, community demand did not always get a response, but sometimes, the VO impacted the GP. For example, when VO women cleaned roads, the Sarpanch stepped in and said that the GP would get it don

Table 14: The Outcome in 6 Sample Villages

	Impact on Village
Indrapur	Community approaches the GP frequently Consumption of liquor in the village has reduced substantially. Drinking water situation has improved significantly. Needed roads have been constructed. People have got houses. Many people who could not access pensions have started getting them. Duplicate ration cards have been made. The doctor had started coming to the village and institutional deliveries take place within the village.
Bhulgaon	Community approaches the GP frequently Water problem resolved through joint efforts of VO and PRs. Needed roads have been made. ANM visits the village more often. The school has improved, teachers have started ringing bell. People have stopped throwing garbage in public places through efforts of VO. Many people have got pensions. There is no marriage of persons below 18 years of age. Police took action against illegal liquor shops
Ghusgaon	Community approaches the GP frequently The drinking water problem in the school has been solved. 2-3 widows who were not getting their pensions have started getting them. Alcohol abuse has reduced, though not been eradicated. Citizens stop illegal mining.
Padla	Community approaches the GP frequently A needed road in a locality of poor people has been constructed. People who were not getting pensions earlier have started getting it. Many women have started studying.
Bilwani	Many widows who were not getting pension earlier, have started getting it. Many people have got Ayushman cards
Kasel	Some alcohol shops in the village have closed down, though 4 shops have re-opened. Large electricity bill was reduced because of VO initiative. Cleaning of the village was initiated by VO, and later taken over by GP.

Conclusions and Recommendations

General

As illustrated above, the project has had a very significant impact on the local village institutions as well as on people. The broad finding that has emerged from discussions

with PRs, VO members, CVs and ordinary people during the study is that the project has been successful in strengthening the VOs across the villages. The project has developed active citizens across VOs, CVs and among young people. Of the 6 sample GPs, there has been a dramatic transformation of 3 GPs, and the other 3 GPs have improved in varying degrees. Where the VO as well the GP has become strong, a positive cycle of community and GP collaboration has emerged. Because of this several problems of these villages such as of drinking water, infrastructure, alcoholism, school attendance, sanitation etc. have been addressed. Moreover, where both the GP and VO have become active, attendance in Gram Sabhas has improved, and the discussions have become more meaningful. In health and education, the success has been moderate. A greater connect of the community to schools and AWCs has been made. From within the villages, VOs, CVs and active GPs have addressed some issues.

As a rule, the longer the project had worked in a village, the impact was greater. In both the category A villages, project activities had been on-going for two years. Among the category B villages, outcomes were superior where the project had been present for longer. There was however, one category C village where project activities had been undertaken for 2 years, bit the impact was not satisfactory. The actual working time of the project in various villages has been 1-2 years, and for this the results are very positive. Against this context, it is important to continue the project. This can be expected to lead to substantial changes in villages where the project has undertaken activities for only one year. Moreover, in villages where the project has already had an impact, continued project support is needed to institutionalize the changes and set new norms, as well as to develop new good practices.

Recommendations:

- **The project should be continued to consolidate the gains made, and to develop more good practices.**

Project Approach

The overall project approach of working on three fronts, with the GPs, community institutions and health and education workers, has been fruitful. As noted above, when VOs as well as GPs become active, the scope for addressing problems expands substantially. Moreover, these institutions begin to support improvements in health and education too. Further, the impact of working with community institutions as well as the GP could multiply in the future. In the sample villages, some VO women were thinking about contesting in the next Panchayat elections. As VO members become PRs, they are likely to impact the GPs positively.

One challenge for the project is the fact that government functioning is extremely centralized, and this reduces the scope for local solutions. For example, in Ghusgaon,

the midday meal in the school had stopped because the cooks had not been paid from higher levels. The women from the VO had discussed this in the GS, gone to the block, but could not sort it out. Notably, the project achieved most success with the VO, where government control was the least, and least success in health and education, where government control was the most. GPs were in-between. They had few untied funds, so could not respond to many community demands. But they could make some decisions within schemes, and hence, when active, could meet some community needs.

To deal with the lack of space because of centralization, the project has signed MoUs etc. at the state level, and project functionaries continuously negotiate with district authorities, and from time to time with state authorities, for changes in directions. For instance, attempts are being made to get health and education CVs included in the VHNC and SMC respectively. Such initiatives are necessary, and project should continue to work with various authorities.

However, it is possible to go further. By better documentation and conducting small studied, it is possible to make policy recommendations through the project. For instance, the project could comment on the level of untied funds available with GPs and the impact of the same, why VHNCs and SMCs are inactive and how they can be changed. Moreover, it could document strategies followed by GPs, VOs etc. that have succeeded, and put them in the public domain, so that others can learn from them. Thus, some research, better documentation and dissemination of the same could lead to a much larger impact.

Recommendations:

- **The project approach of working on three fronts, i.e. GPs, community institutions and health and education workers should be continued.**
- **The project should initiate more policy level dialogue and MoUs etc. to ensure inclusion of CVs in various local committees and other issues that cannot be resolved locally.**
- **For wider impact, the project should support small studies about successes and failures, document more extensively, and disseminate the findings.**

Gram Panchayats

The project had succeeded in transforming the GPs in 3 sample villages, had an extremely positive impact on a fourth of category A and B villages. The project inputs of training and in particular, hand-holding, had clearly worked well in these villages. For the strengthening of the GPs, these should be continued, to enable the GPs to undertake more complex tasks. In addition, more exposure visits for PRs can be arranged. During discussion with PRs in Ghusgaon, they mentioned their exposure visit spontaneously, and said that it had helped them work better. Moreover, for PRs who find it difficult to

travel for training, especially women PRs, training programmes can be held for PRs of 2-3 GPs together at a GP headquarter.

Though the project had great success in empowering women in VOs, no significant impact on women PRs was visible. The empowerment of women PRs should be taken as seriously as that of the VOs, if the reservation for women in GPs is to be meaningful. Where women PRs are empowered, they are likely to support VOs and other women's organizations, and also push the GP towards addressing women's issues. A forum where women PRs can come together, such as a federation, can also be useful.

There were some areas regarding the GPs that the project had not yet addressed. PRs had made no attempts to raise revenue, and were either not aware of PESA, or only vaguely aware of it. Both these topics need to addressed more thoroughly. Moreover, many PRs showed an interest in improving health and education in the villages. Such PRs should be encouraged and supported in these endeavours, as they can champion these causes in the GP. The project may, therefore, provide special inputs and support to such PRs on matters related to health and education, as it has

The impact of the project on 2 GPs in category C has been limited. In one the cause was a dominant Sarpanch who was not available for project activities, and in another, fractious politics. Thus, GPs can often pose political problems. So far, the project has not attempted to develop special strategies for more difficult contexts. However, in the future, more context-specific strategies for such cases may be attempted.

Recommendations:

- **Training and hand-holding of PRs should continue**
- **Capacity-building measures for women PRs should be taken. These could be in the form of special training and creating a federation of women PRs.**
- **More exposure visits of PRs should be arranged.**
- **For those PRs who cannot travel, GP level training programmes should be organized.**
- **Future capacity building should include revenue-generation, PESA and health and education for PRs who are interested in these areas.**
- **For GPs where the project does not make headway through the existing strategies, special strategies can be attempted.**

Community Institutions

The project's work with VOs and the CLF was of a very high quality, and had brought about significant changes in the village. The current strategies of the project with VOs, CLFs need to be continued. Moreover, the CVs trained by the project had approached their work positively and improved community participation on these issues. However, in

larger villages, the CVs could not visit and support all the schools and AWCs. In such villages, the number of CVs would need to be increased. The project's work with the youth groups has just begun, and needs to expanded. Along with training young people in tracking applications on government portals, they can also be supported in other social activities.

While women's community institutions had been strengthened, many men remained disinterested in civic matters. Thus, in several FGDs with the community, while women were aware of many issues and took action, men remained cynical. This obstructed the work that the VOs attempted to do. For example, in Ghusgaon, women said that they did not get any support from men regarding reducing alcohol consumption. The project may consider developing and strengthening a forum for poor men too, possible around agriculture. This would help in improving livelihoods, and the forum can be oriented positively toward social issues such as substance abuse, gender equality etc.

Recommendations:

- **The support to VOs, CLFs and CVs need to be continued.**
- **The project should develop a strategy for poor women who are not members of SHGs.**
- **Support to young people for work on social issues should be deepened and widened.**
- **A few pilots may be tried to create forums for poor men too, possibly around agriculture and livelihoods issues, which can support the VOs in their activities.**

Health and Education

The project has approached health and education through the community, i.e. has sought to bring about community action in these areas. The project had had a positive impact in enhancing community participation and people's connect to the schools and AWCs. Moreover, strengthening VOs and GPs has led to positive outcomes too, as these have taken initiative to address some issued. But, as noted above, the project interventions in health and education are thinly spread out. These need to be strengthened. It needs to be noted however, that within the given framework, while the project can improve community participation and response, and take some community-based initiatives, the scope for improving schools and AWCs is limited. For example, health services are inadequate, and because of a high degree of centralization, local government workers have to follow several directions, and cannot change many things.

While greater deliberation is desirable to further develop the strategy on health and education further, a few avenues can be explored. One initiative that the project can take is to develop one CV per school and AWC, or, sub-groups can be formed within the VO

to address a particular school or AWC, to allow for more focused interventions. Second, the project can take forward the intention to liaison with the state government to ensure that CVs or active VO members are included in the VHNCs and SMCs. This will enable more systematic interventions. Third, as suggested above, interested GP PRs can be trained in these areas, so that the GPs can become more active.

Finally, the project can take some independent community-based initiatives. The 10 learning centres established by Eklavya can be expanded, as they can play a crucial role in ensuring children's motivation to learn in the early years. The learning centres can be funded by the project for one to two years, and a local person from the village can be trained to manage them. After the designated period, the GP or VO can be given the choice of taking these over, or, parents can pay a small fees. Moreover, is such learning centres ae run in the school premises, they may also influence the teachers. For this negotiations at the state level may be needed.

Similarly, in health, the project can work more intensively on preventive health, nutrition and sanitation issues, such as prevention of malaria, not just with small children and mothers, but with the wider community. In a few pilot villages, the project can also develop community-based strategies to eliminate or reduce malnutrition, which can subsequently be taken to scale. Further, in two sample villages, people went to 'Bengali' doctors, i.e., unqualified medical practitioners. In Padla, the Bengali doctor made weekly visits to the village, and left his phone number etc., on doors. The project can take a lead in educating people about such medical practices.

Recommendations:

- **The community-based interventions in health and education should be continued and strengthened.**
- **One CV per school and AWC should be identified and trained, or, sub-groups in the VO to monitor each school and AWC.**
- **The project may ensure that CVs and VO members become members of the VHNC and SMC.**
- **More learning centres may be established and handed over to the GP or VO after a designated time period or parents can be asked to pay a small fees.**
- **A wider range of community based initiatives in preventive health care, nutrition and sanitation can be taken, such as piloting a community-based strategy to reduce malnutrition, informing people about 'Bengali' doctors, etc.**

Annex

Table A: Project Milestones

	Milestones	Month	Year
1	Signing of contract between APPI & TRIF	Feb	2017
2	Signing of contract between TRIF & its partners	March	2017
3	Establishment of office and placement of team by partners	Apr-May	2017
4	Training and workshop with team around key area of engagement	May-June	2017
5	Completion of CNA, PSGA around H&N and baseline around education	Oct	2017
6	Compact meeting initiation (joint planning and review)	July	2017
7	Development of PRI toolkit	Jul-Dec	2017
8	Develop and demonstrate process for identification of CVs	Nov	2017
9	Identification of CVs and further engagement (in true spirit)	Dec	2017
10	CVs capacity building and handholding support	Dec	2017
11	PRI engagement, capacity building & training	Nov	2017
12	Initiate VDP process	Dec	2017
13	Review VDP process with senior leadership of all partners and development of VDP process manual	May-June	2018
	Placement of Engagement Manager by TRIF	June	2017
14	Development of VDPs for 58 villages	June-Oct	2018
15	VDP approval in Gram Sabha/GP	Oct-Nov 2018	
16	Addendum with ASA limiting its intervention in 43 out of total 78 villages	Oct	2018
17	Initiation of direct engagement of TRIF with MPSRLM around foundational activities	Dec	2018
18	VDP implementation and pursue buy-ins from line department.	Jan 2019 to ongoing	

Table B: FGDs with Community in Sample Villages

Indrapur	FGD was conducted with people of Talab *phaliya*, which was 3 km from the main village. The people were either manual labourers or had 2-5 acres land.

Bhulgaon	People in the school *phaliya* at the GP boundary were gathered. The majority people engaged in agriculture and manual labour activity
Ghusgaon	FGD was conducted in Patel *phaliya*, where most families are STs and there are 2-3 OBC families. People work as manual labourers or have small farms.
Padla	FGD was conducted in Patelpura *phaliya*, where people had small farms of worked as manual labourers.
Bilwani	Bhil community people, i.e. 12-15 males and 8-10 females were gathered in the *phaliya*. The community comprised mainly of manual labourers and small farmers. Many people had been drinking and there was strong smell of liquor.
Kasel	In Shrivi Kasel *phaliya*, 11 women and 7 men were present. There are 125 households in the phaliya most of which are engage in laboring. here are 125 households in the phaliya most of which are engage in laboring.

Table C: Number of SHGs in Sample Villages and Status of one Sample SHG

Village	**No. of SHGs in Village**	**No. of women linked to Livelihoods**	**Sample SHG**
Indrapur	34	41	Jaimata SHG has 9 members. Most of them are labourers and use SHG savings for education of children etc.
Bhulgaon	14 All families in village involved in SHGs	6	Santoshi SHG has 10 members. Women do savings and credit. They save Rs. 25 per week and have taken a loan of Rs. 60,000 from the VO. Every participant has taken loan from VO at least once for some activity viz. buying sewing machine, Kirana shop, making kangan, clothes shop, agriculture activity and higher education for children etc. Whatever is discussed in the VO is told to the SHGs, and discussed by SHGs. Last month they were told about *kashtakar* bank.
Ghusgaon	23	40	Jai Bilas Deo SHG has 12 members. 5 have started livelihoods activities such as shops and stitching.
Padla	13	7	The Asha group has 8 members. The women do regular savings and credit activities, because of which, some have been able to free their farms from mortgage.
Bilwani	25	40	The Laxmi Samooh has Rs. 60,000 in savings. They also have an *Agarbatti* machine and make

			Agarbattis and sell in Rajpur, and trade in vegetables and *dona pattal*. Some people have taken loans for cattle and received training in stitching and making soap.
Kasel	18 (2 SHGs are dysfunctional)	6	The women of Narmada SHG save Rs. 50 per month. Women have taken loans to buy cattle, seeds and fertilizers as well as for building a house.

Training in APPI as provided by Project Team

Perceived Impact on GP if project stops	**As perceived by PRs of**
Marginalized people will not get their work done	Bilwani
People connect of GP will reduce	Bilwani
GP work will slow down	Bilwani
We will keep working in the same way	Bhulgaon
After elections, new PRs will need support	Bhulgaon
Still need hand holding	Indrapur

- PRs have not received any training in health and education.
- In Indrapur, PRs said that if they asked people to stop drinking, the person concerned went after them.
- How to deal with dissent training.