



# Evaluating the Evolution of Women in Panchayats as Leaders:

Lessons from Project Pahel,

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# Project Pahel : towards empowering women

Building leadership skills in elected women representatives (EWRs) from Panchayati Raj Institutions (PRI), so that they:

- Participate effectively in meetings of PRI
- Take actions to improve health services relating to Family Planning and Reproductive Health
- Address development issues in their constituencies





## Project coverage

- Pilot stage (2007)
  - 300 EWRs
  - 2 blocks in Patna district
- Current up scaled project (September 2010 – August 2015)
  - 1200 EWRs
  - 6 blocks across three districts  
(Muzaffarpur, Sitamarhi and Aurangabad)





## Project Strategy

- **Capacity development** of EWRs (three day trainings on PRI structures/processes, gender and patriarchy and public health delivery system in the context of FP/RH) so that they are able to participate
- **Supporting** them to take planned, concrete actions demanding accountability based on evidence generated by the women themselves on the quality of state run FP/RH services
- **Mentoring** them through collective forums called *Mahila Sabhas* (informal women's councils)



# Using the Accountability Framework

- To monitor FP/RH services at four levels of health facility
- By using specially developed checklists with reference to established standards
- Raising the findings at appropriate forums of *Panchayat* and the health department





# Accountability Checklists

## Four checklists :

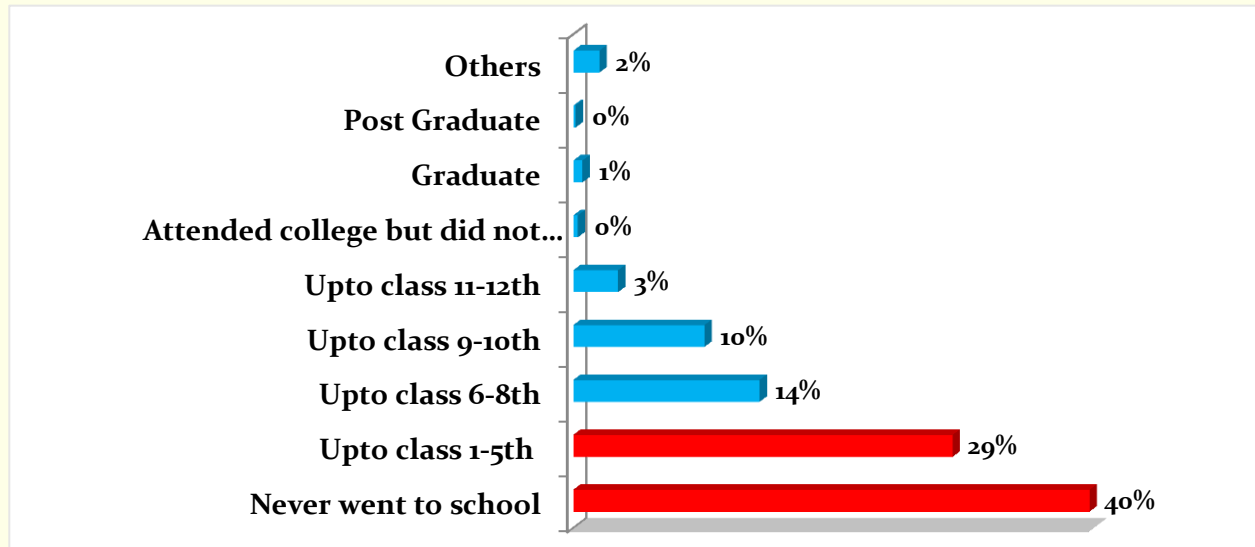
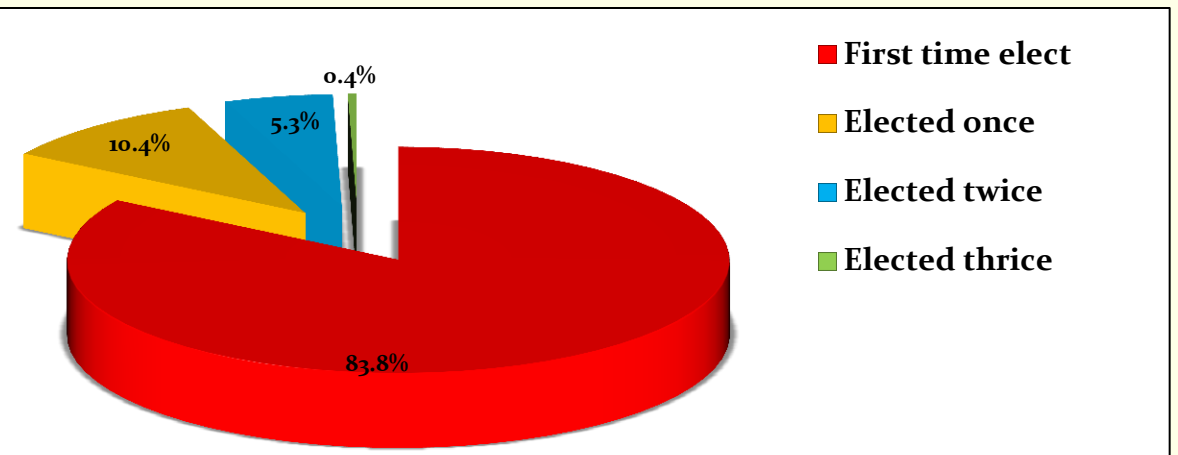
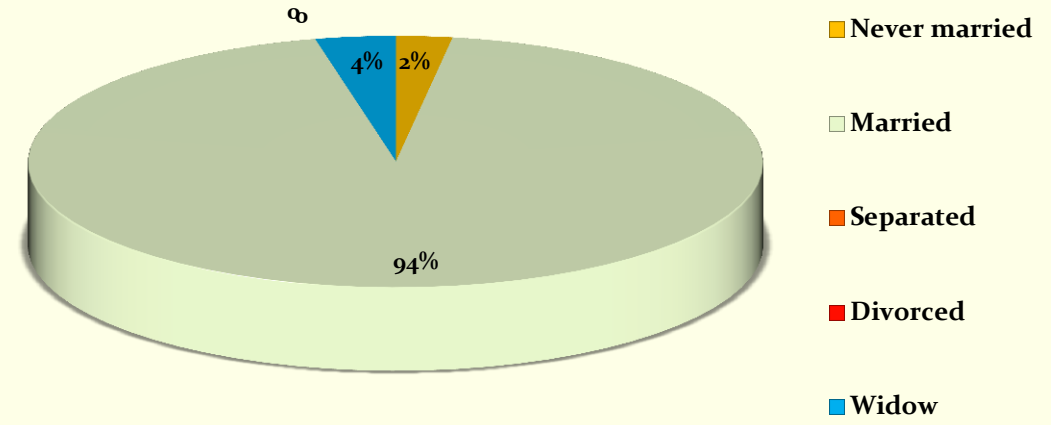
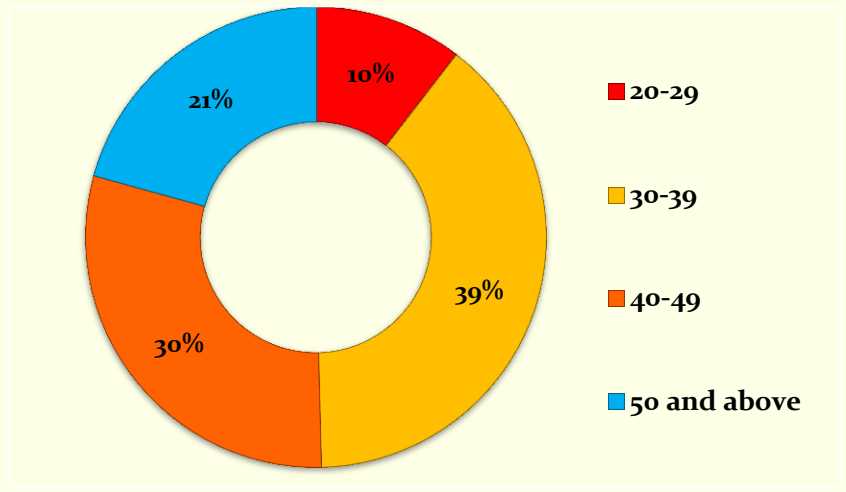
- Village Health Sanitation and Nutrition Day (VHSND)
- Health Sub Centre (HSC)
- Primary Health Centre (PHC)
- District Hospital (DH)
- (based on Indian Public Health Standards and NRHM guidelines)

## Looking at :

- Infrastructure
- Personnel
- Community participation
- Availability of equipment, drugs and other supplies
- Provision of services
- Quality of logistical arrangements



# Who is Pahel reaching





# Project Activities

Elected Women Representatives from Gram Panchayats, Panchayat Samitis and Zilla Parishads:

- Received Training – political system, gender and SRH services
- Meet quarterly to learn and share
- Are supported to participate in meetings and interface with officials
- Use checklists to monitor health services in their areas and raise findings at PRI meetings
- Exposure visits





# Results

Significant increase from baseline:

- 37% increase in EWRs attending VHSNDs
- 24% increase in their interaction with health functionaries





## Results: *Convergence meetings emerge as a forum for advocacy and engagement*

### EWR voices at the convergence meeting:

Raviba Khatoon, *Zilla Parishad* Member, raised the issue of non-availability of blood at the district Hospital blood bank which was resulting in the patients being referred to other institutions for treatment. She also raised the issue of non-availability of lady doctor at the DH

Pramila Devi, a Ward Member from Gorigama *Panchayat*, raised the issue of non-availability of referral transport fund at the HSC.

Reena Devi, *Panchayat Samiti* Member, raised the issue of appointment of a lady doctor at PHC Runnisaidpur.

Mamta Devi, *Up-mukhiya* of Chanda *Panchayat*, raised concerns about the non-availability of delivery services at the HSC. She had also demanded proper monitoring of VHSND site by concerns government officials to ensure quality services.



## Results: *Convergence meetings emerge as a forum for advocacy and engagement*

### Commitments by Health Officials at the convergence meeting:

Two ANMs will be appointed at each HSC in Aurangabad

To ensure quality health services HSCs in Aurangabad will be provided with appropriate equipment

Two ambulances will be made available at each PHC in Aurangabad district.

Civil Surgeon issued an order to the Medical Officer In-Charge of Dumra and Runnisaidpur PHCs and relevant ANMs, to work with the *Pahel* local NGO partner, Nirदेश for expenditure of the untied funds.

# More results: EWRs taking action in other areas beyond the project mandate

- **Other social issues**  
Girls' education,  
Child marriage
- **Entitlements** under various government schemes
- **Functioning of the PRI** Regularity of meetings  
Transparency  
Accountability of officials  
Usage/disbursal of funds.





# Project M&E framework

- Quantitative Baseline – control and intervention
- Tracking of individual women's participation at meetings and engagement on issues
- Analysis of accountability checklists that were filled in by EWRs

*Need for qualitative methods to measure change and better understand the drivers of change*





# Objective of the Qualitative Assessment

- What have been the changes at personal level – whether their association with the project impacted their relationships with family, community?
- How has the project enabled the EWR's capacities to address issues affecting women and girls, especially their reproductive and sexual health concerns?
- What has been the motivation for elected women representatives to actively engage with the activities of the project?
- What lessons and insights does the project have to offer in terms of approaches to capacitate women leaders in local governance?

# Methodology

- Most Significant Change
- Reference to control areas
- Cross reference with quantitative monitoring (Tracking Sheets)





## MSC - Six steps

- Establishing the domains of change
- Reference group
- Story collection method – story guide and FGD guide
- Training of field investigators
- Review of MSC stories
- Secondary analysis



# Domains of change

- Knowledge and awareness,
- Personal development,
- Attitude and behavior,
- Participation in development and political activities

*Within each domain - personal and professional*



## Tools: Interview Guides

- Four in depth interview guides were prepared for the four categories of stakeholders interviewed, namely family members/husbands, community members, male peers in *Panchayats* and health workers.
- A separate focus group discussion guide was prepared for FGDs with the field level project implementation team to gauge their understanding of the changes and challenges experienced by them in the course of the project.





## Tools: Story guides for EWRs

- Lifestyle, balancing work and domestic responsibilities, and relationship with family members.
- Attitude towards women's role in household decisions
- Views on girls education, child marriage and dowry
- Journey since their election - motivation to work, changes they have been able to make in their area
- Relationship with male colleagues and officials
- Managing the barriers (patriarchy, low literacy, mobility, lack of exposure to the external world)



# Reference Group

Key Informants	Intervention	Control
Elected women	30	18
Family members	12	3
Male colleagues	12	6
Health workers	6	6
Community members	3	3

FGD with project field team personnel

# Analysis: Women share change





# 1. Knowledge and awareness

*Gram Panchayat* member, Muzaffarpur

- Having information about the political structure, health services and gender issues, makes me feel confident
- I tell people , ‘your work will be done. I will get it done’
- “*Pahel* has made me a ‘star’ among my friends, I want to be the *Mukhiya* (Village Council Head) in the next elections”.



## 2. Personal Development

*Gram Panchayat* Member from Sitamarhi :

**“I did not want to be labeled as someone’s wife or someone’s mother”.**

**“Now people refer to my sons as the member’s sons, which is something unusual in our society” .**

**“In this man’s world educated people like the Block Development Officer and other officials would not notice me. Now I can ask them to do their work”**



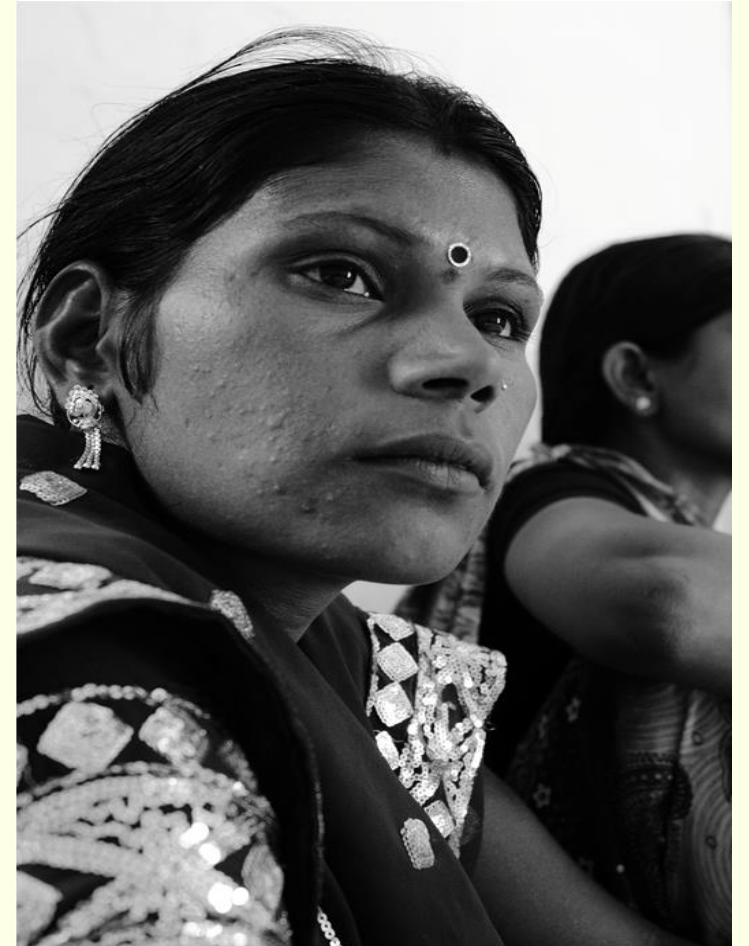
### 3. Attitude and behaviour

*Gram Panchayat Mukhiya* from Aurangabad:

**“I have overcome my fears and am not scared of talking to people”**

**“In the initial days I felt lost without my husband supporting me and representing me in meetings”**

**“Now I prefer going alone to the meetings and my husband drops me to the venue”**

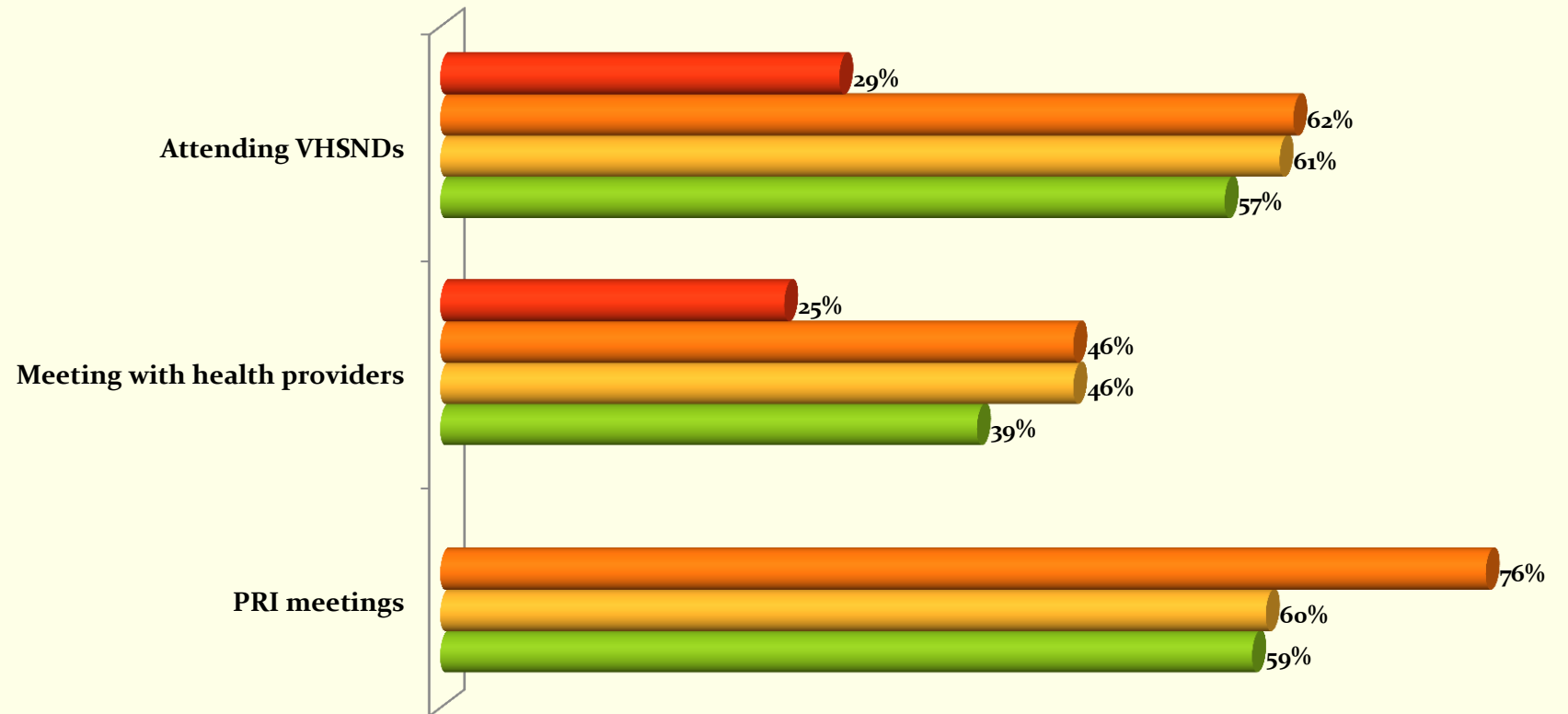


## 4. Participation

- I have ensured electricity in my ward, construction of a day care center, toilets, a bridge and a motorable road
- I have stopped an early marriage
- I call for informal meetings of women's groups, we work together



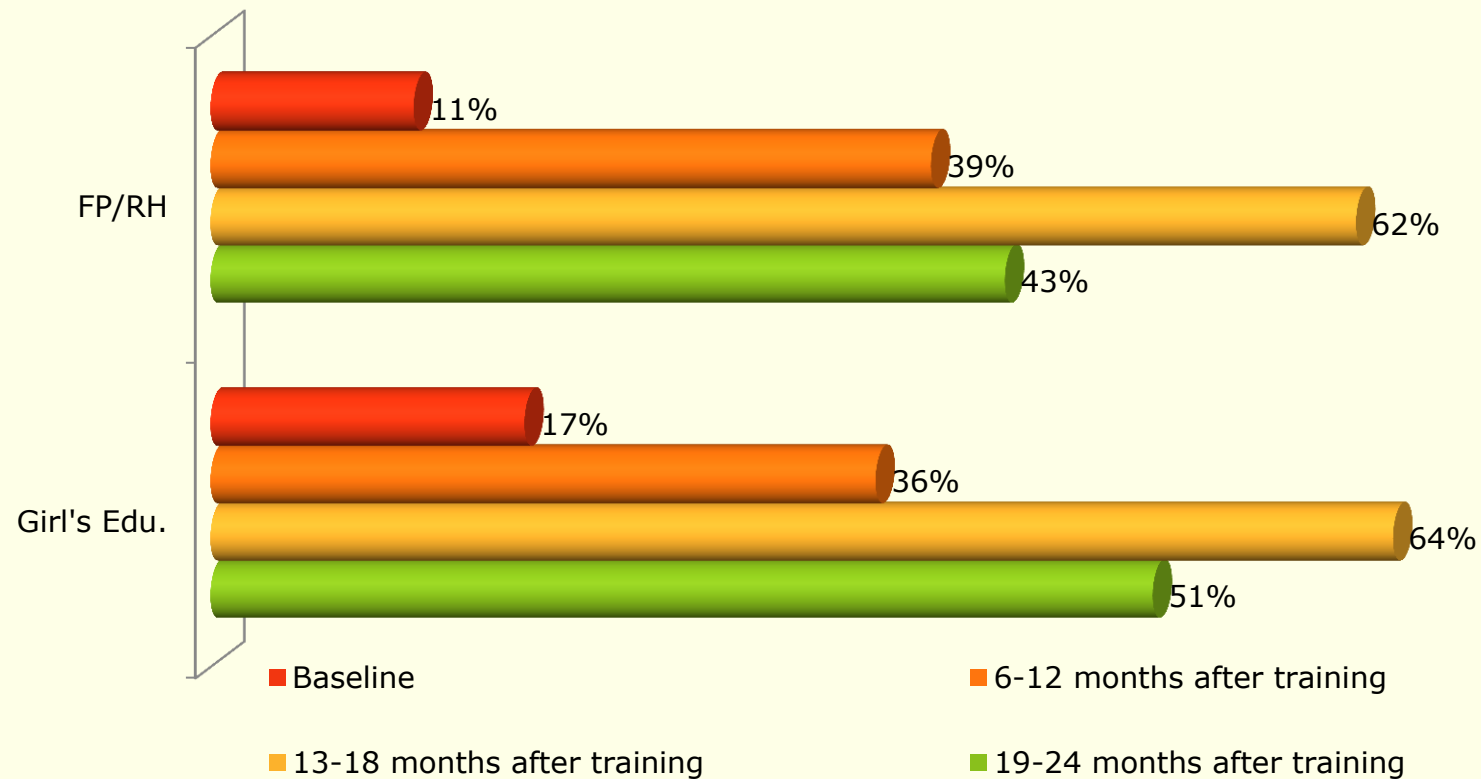
## 4. Participation – cross reference with quantitative data



■ Baseline ■ 6-12 months after training ■ 13-18 months after training ■ 19-24 months after training

\*Monthly tracking of women leaders over a period of 24 months

# 4. Participation: Cross referencing with quantitative data



\*Monthly tracking of women leaders over a period of 24 months – women raising FP/RH and girls education issues in meetings



## 5. Self-efficacy and perception

Women interviewed were:

- Visibly confident, inspired and proud of their achievements both as individuals and as a collective
- They attributed these changes to being a part of the *Pahel* initiative, communication materials, monthly *meetings* and exposure visit
- They perceive that they are now more valued by their children and other family members as well as members of the community, their male counterparts and government officials

*My brother in law says that the family is proud of me!*





# Secondary Analysis

The significant changes reported by the EWRs were grouped under indicators :

- a. Self Efficacy
  - b. Mobility
  - c. Decision Making
  - d. Cognitive Skills
  - e. Communication Skills
  - f. Negotiating Skills
  - g. Engagement on Health Issues
- Co-related with the changes observed by their husbands, male colleagues, health service providers and community members
  - Compared with the changes reported by the EWRs from the non-intervention area



# What did the others say

- **Husband:** she has begun voicing her opinion on everything and is very well informed
- **Male colleagues:** if there were no reservations women would have been invisible in politics, the Pahal women actively participate in meetings
- **Health workers:** My Ward Member understands the issues related to girls and women in the area and she raises them in the meetings. Because of this there is change in our area and implementation of programs related to girls and women has improved. I meet her and discuss with her about the health of women and children and seek her help in educating people on health issues.
- **Local Project staff:** It is so different now, earlier we had to persuade the husbands to allow their wives to come for the training

# Women in control locations

*I sign wherever my son asks me to sign*

- Have accepted their personal reality as proxy candidates for their male relatives
- Rarely go for meetings
- Low mobility
- No information about their roles and responsibilities as elected members



# Change: what, why, how

- **What** – mobility, decision making, cognitive skills, participation, attitudes and beliefs
- **Why** – wanted to be valued by family, wanted respect in the community, wanted to work for development
- **How** – access to information, training, solidarity platform, exposure to new ideas, new places

***Pahel* helped them believe that change is possible**





# Waiting for change

However, most of the women said

- After all, my husband is the head of the family and must have a greater say
- His work is important, how can he help in housework
- How can we not give and take dowry, it is our tradition



# In conclusion: qualitative methodology

- Assessment team must have advanced capabilities for analytical thinking (developing and administering the story guides)
- Significant implications for time and budgets.
- Validation through other stakeholders
- Availability of quantitative information to supplement the outcome of MSC
- Feedback into programme implementation



## In Conclusion: programme learning

- Women leaders need both - information about their work AND support to negotiate patriarchal structures
- Intense handhold support and mentoring over a long period
- Training sessions offer a window of opportunity for women leaders to know about what they have the power to do and are capable of on their own.
- Women's solidarity platforms like *Mahila Sabhas* gives them the confidence to engage, challenge and change
- When women leaders have the tools for effecting change on one issue, they are able to address many other issues