

**Review of operational processes and  
community empowerment in CHSJ  
supported community based accountability  
interventions in Madhya Pradesh**

**A Report prepared as part of the review of  
Community Processes of Accountability undertaken by  
Centre for Health and Social Justice**

**Centre for Health and Social Justice  
New Delhi  
July 2013**

## **Index**

1. Background, Context and Methodology
  - a. Summary of the Key Findings of the Review - Project
2. Section 1: Sajhedar Project
  - a. Social accountability and public accountability – The grounded discourse of collective social change, equity and power
  - b. Perception of resistance and resolution
  - c. Networking –Building solidarity of relationships for advocacy
  - d. Key Findings
3. Annexure

## **Review of operational processes and community empowerment in CHSJ supported community based accountability interventions in Madhya Pradesh**

### **Background and Context:**

The Centre for Health and Social Justice is implementing and supporting a couple of community based accountability promoting interventions in the field of health in the state of Madhya Pradesh over the last two years.

There are two distinct projects on community accountability – one is being implemented directly through CHSJ in two locations (referred to as Sajhedari project) and the other is being implemented in partnership with NCDHR in three locations (referred to as PACS project).

The Sajhedari project is located in two clusters in two districts, viz. Sidhi and Morena. IT seeks to address the social determinants that affect the reproductive and maternal health (early marriage, early and frequent pregnancies, family planning, etc.) by highlighting men as equal and responsible partners, parents and also as members of the society. Improving the quality of health service delivery through community based accountability mechanisms was another focus.

#### ***The project objectives are:***

- Increase knowledge of health services and entitlements within NRHM in the community.
- Increase knowledge and change attitudes of men on gender discrimination and key SRHR issues with a focus on maternal health with a gender equality framework.
- Establish a cyclical system of monitoring and planning at the community level using the already established NRHM community monitoring guidelines based on concrete service guarantees and IPH Standards.
- Increase leadership and initiatives among men's groups to address and engage with panchayat, VHSNC, RKS around health related entitlements.
- Develop and disseminate messages which promote and support an alternative value system based on equity and justice relating responsible parenting and partnership.

The objectives of this project combined these two elements to simultaneously develop a sense of accountability among men as responsible fathers and partners and then ask for accountability from the health system for the appropriate health care services for women and children. The project seeks to create an animator-role in each village who will then mobilise other men in the community to understand the status of gender divisions and discriminations within their homes and in the community and plan for the appropriate changes in behaviours and requirements in terms of public services. The focus will be more on health care services through the VHND. The project is treated as an operation research project and it includes a baseline study, extensive process documentation, end line evaluation.

The project that is being jointly implemented with NCDHR was jointly conceptualised by NCDHR and CHSJ. The operational role of CHSJ in this project is limited to providing technical support through training to the implementing partners. The project is funded through the Poorest Area Civil Society (PACS) initiative of DFID. The main objective of this project is to identify and build capacity and leadership among the dalit communities of the project villages to engage with the health system. The project aims to organise community level groups and these groups and their leaders will advocate with community structures and functionaries of NRHM at the community level upwards to provide for the health needs of the dalit community. A process of community monitoring or community based enquiry and negotiation based on the findings of community based enquiry is to be the basis of improvement of health services. The project is being implemented in three clusters in three districts with three implementing partners.

Both projects have the components of facilitating community monitoring in the realm of public health services based on the programme theory which sets out assumptions related to project interventions, interim processes and anticipated outcomes.

**Review:** This review was held as an interim assessment and learning evaluation of the two projects to understand the current progress according to anticipated programme theory in terms of objectives provided later. The following were the objectives of the review:

1. To what extent have the community groups and their leadership understood their own social determinants around health and been able to engage with the NRHM mandated mechanisms to influence better service delivery for women and children of their communities, including conducting a process of community enquiry based dialogue for system improvement.
2. To what extent have the local level community interventions been able to build relationships around areas of common concern about NRHM entitlements with other district and state level stakeholders [civil society groups, people's movements, NRHM committees, PRI groups, peoples representatives (MLA, MP) etc] to strengthen their advocacy possibilities.
3. To what extent has the capacity building and field support interventions to community groups and the implementing partners allowed for participation, flexibility; adaptation

to emerging needs ie. provided space for local identification of needs, spaces for adapting to according to the local circumstances etc.

**Approach and Methodology** – The review was based on the qualitative approach to enquiry and adapted the ‘realist approach’ It focussed on the interventions and activities if they have been able to lead to the anticipated process level interactions and intermediate outcomes at the community level. Issues of equity and empowerment was a key analytic lens of the interrogation of the project processes and include a review of the community level empowerment – individual empowerment and collectives; response to social/structural changes at the family and community level in terms of resistances and challenges; management of resistance – reactions, responses, mediation, compromises.

A second analytic focus of the interrogation was on the understanding of social determinants of health by community level leadership and the implementing partners which kept ‘power lens’ – gender power; or relational power between community and health system; or between dalit and non-dalit members in the community – as an important aspect of investigation. The understanding power and privilege and subordination was to be appropriate in the context of equality and social justice as a desirable social construct being promoted by the project intervention.

The process of interrogation included,

- Desk review of project related documents.
- Briefing by key functionaries.
- Field observations.
- Interaction with key players (actors) both within the project and at the policy network level.
- Interviews with key actors – Implementing partners (2) , project facilitators (4), animators (25), network partners at the state level (3), CHSJ key staff (2)
- Field visits to 3 districts – Raisen, Sidhi, Morena
- In-depth group discussion was held with animators both in Sidhi and Morena Districts. In Sidhi district it was at the Gram Sudhar Samiti training centre at xxxx where 13 animators and one youth member who worked as an animator for some time participated. In Morena district it was at the office of Dharti at Morena in which 8 animators participated.
- In depth group discussions with the group members were held. In Sidhi one group discussion with the men’s group members and in Morena two such meetings were possible.
- Interaction with service providers: In Sidhi district the interaction with the service providers happened during a participation in an on-sight VHND happening in the village of Karahi; In Morena district, during the visit to PHC (Dimni), a detailed discussion was held with the service providers.

- Informal interactions with the community members, elders and others during the field visit was an important tool to ascertain and verify the changes and processes that were reported.

### **Organising of the Report**

The report is organised in two main sections. Section 1 relates to the ‘Family Health Campaign: Accountability for Change in Madhya Pradesh’ (Sajhedar Project) which aims to bring about positive changes in the lives of women in rural communities of Madhya Pradesh, especially in the context of maternal health by reinforcing a process of public and social accountability. This section primarily refers to the objectives 1 and 2 of this review, viz. the community processes and leadership for public accountability of the health system, and partnership with other actors including the health system for accountability, respectively.

Section 2 of the report refers to the NCDHR led community monitoring project where CHSJ plays an important role as technical partner and the project is located within the dalit communities for empowerment and for increasing public accountability of the health system. This primarily will relate to the objective 3 of the review.

Both the sections, notwithstanding their primary focus on certain objectives, are drawn within the overall objectives of this review. The separation of section is based on the rationale that the processes, management of and accountability for the projects have had different trajectories as far as their implementation is concerned. The Sajhedar project is fully within the control of CHSJ whereas the PACS project is fully implemented by NCDHR where CHSJ has only persuasive role as technical partner.

## Summary of the Key Findings

### Sajhedar Project

1. ***Critical Resource Group in Villages:*** In the process of organising communities, animators have grown as the key resource persons in the villages, and a group of animators in the jurisdiction of a PHC has also emerged as a critical resource group. About half the animators in Sidhi and Morena have shown potential in understanding the issues of both social as well as public accountability in mobilising their communities. They have led the processes with their personal self as an example with tangible and ostensible changes in their lives. Another half have the potential to grow up. While most of them are quite sensitised and have become articulate in the issues of social accountability, the processes of discussing public accountability have begun. The animators are seen demanding services and have built critical relationships with the service providers ranging from village level to the district level.
2. ***Emerging Leadership:*** On average, both in Sidhi and Morena, about 4-6 group members apart from the animators are emerging as energised and awakened leaders through the processes of the project. Hence, about 60 community persons on average and 15 animators totalling 75 is a very good and critical human resource in each of the district who have the potential to take up higher level (taluka and district) issues of advocacy for social and public accountability. This potential can be further nurtured and harnessed with a conducive, enabling and nurturing environment. For any leadership to emerge a context for the exercise of such leadership is necessary. Such a positive atmosphere has been made possible by the project. In Sidhi, the animators are engaged in other community processes as well, which shows their interest and voluntary spirit without any additional incentives. They have done survey on malaria and malnutrition, an issue that SOCHARA, another state level partner of CHSJ, is trying to address in the communities.
3. ***Unconventional Space in the village:*** The process has created positive atmosphere in villages breaking the initial barriers of resistance in even in conventional and traditionally ritualistic villages of Morena. The physical space of meeting together and the mental space of talking unconventional language of challenging both personal conventional stereotypes and the unaccountable public systems is a great breakthrough.

4. **Personal Change:** Personal change in perception, language and communication regarding various aspects of social accountability such as positive and responsible relationship with spouses, responsibility in the household work, caring in maternal health related concerns, equal responsibility for the life and health of mother and child is increasingly seen. The meetings which are often held with either of the group or with visitors, gives an occasion for men to speak about it often and reinforce this change.
5. **Breaking the culture of silence:** The culture of silence on issues of social accountability and men's responsible participation in family responsibilities has started beyond the threshold levels of shame, hesitation or shyness. This is evident Sidhi and Morena districts both at the discussion or conceptual levels as well as in the stories and incidences in real life. Sense of responsibility for their women's lives and health in the sphere of public accountability too coming forth loud and clear in the groups, as was evidenced in the group meetings.
6. **Interaction with service providers and change of power equation:** The men's group formed along with and the processes of campaigns, continuous meetings with the service providers, has already created an atmosphere where assessment of services and questions regarding availability of services has been legitimised. The interaction of individually by the animators perceived as being backed by the collective of men in the village has ensured speedy response from the system. Such processes are seen in repairing water supply facility, sanitation, responding to emergency needs etc.
7. **Potential for greater responsibility in public accountability and health rights processes:** The perceived environment of confidence in the animators and articulate group members show that there is a greater potential to continue the processes of public accountability on health care system at the higher level (Block and district) and other related systems in the village such as PDS, education, water & sanitation etc.
8. **Changes in the perspective of organisations:** The Sajhedar project is implemented through in partnership with two key organisations – Dharti Gramothan Evam Sahabhagi Grameen Vikas Samiti (Dharti, Morena district) and Gram Sudar Samiti (GSS – Sidhi district). Along with personal changes among many persons like *karyakarthas* and facilitators, this has opened up space to discuss about it in the organisation itself on issues of gender, masculinity, sexuality etc. This is indeed a very positive change in the partnership with the local organisations.
9. **Divergent contexts but thematic unity in approach as a strategic tool to mobilise communities:** The historical – socio - political contexts of Sidhi and Morena are diverse and divergent. However, the theme of social accountability and public accountability have impacted in creating a positive social space for new ideas and for men's partnership and responsibility.



10. **Potential for power and equity discourses:** The ground that is covered as a breakthrough in creating social and ideological space has the potential to engage in carrying on power and equity discussions such as engaging women in the discourse of men's partnership, caste inequity and discrimination for greater social equity in the future. The possibilities for this are greater in Sidhi district in terms of acceptability and has potential and need in Morena district.
11. **Advocacy network at the state level:** The processes of campaigns on various platforms in the state spreading across 22 districts and intensive interventions in a few districts through the projects but having a common theme of accountability and social change has positively forged different kinds of partnerships at different levels. While at the local (district) level it appears to be centred around the project it has also opened itself to the state level campaigns. At the state level, the concept of accountability and change in the systems of service delivery has created a space for likeminded organisations working at the policy level to come together. The positive energy at the state level would require a lead and a minimal structural and coordinating system to make the link between communities, districts and the state level groups.
12. **Enhanced Expectations for CHSJ's leadership and facilitation:** From the field level organisations as well as state level leaderships of different organisations, the expectations for CHSJ's leadership at the state level has increased. There is appreciation for a non-threatening and facilitating spirit of CHSJ.

## Challenges

1. **The animators and their incentives:** The facilitators in both the districts expressed the view that the honorarium that the animators who are the backbone of the programme at the village get is insufficient to sustain their motivation on the long run. In Morena, most of the animators are not from extremely poor households and hence 'Rs.1000/- a month is negligible amount for them (unko kuch bhi nahim)'. Whereas, given the nature of poverty in Sidhi, Rs.1000 is some sort of an economic support, which however is not a sufficient compensation if required them to put greater amount of effort to bring about some change as the systemic challenges are greater as compared to Morena. Besides, the expenditures incurred on their travel to meetings, extra days when visitors come are not compensated. Hence to keep up the motivation of the animators is a great challenge that the facilitators face.
2. **Challenge to keep the animators motivated, active and responsive:** At a knowledge and skill level, the animators are at a stage where they require greater and intensive inputs as expectations from the community too are increasing.
3. **Challenges to sustain the growth of the group:** The monthly meetings have been so far sustained on changing mindsets and discussions on public accountability. To keep

the momentum of the groups and to sustain their interest and motivation, adequate inputs, exposures and tasks for the group to keep them active would be required. The facilitators and animators together along with the groups require different kinds of engagement.

4. ***The needs of the facilitators:*** The facilitators also run out of ideas to engage the group members in the villages on a sustained manner. They need newer strategies to meet the expectations of the groups and to reach out to them.
5. ***More resource required for innovative interventions:*** The facilitators Quite a number of times budget planning does not seem to be a useful exercise as it is not followed or lack of discussion happens after the budget planning is done. e.g. to conduct district dialogues, campaigns.

**Process that require attention:**

1. ***Group strengthening processes need focus and reinforcement.*** Only two of the members from each group have got an opportunity to stay for training so far which has intensified their reflection process. During the life-cycle of the project or later, if each of the members gets a chance to interact with others and focused inputs, this might have effect in strengthening group. The group requires energising to sustain their motivation to meet newer challenges.
2. ***Strengthening the core leadership in each group:*** About 4-6 members in each of the groups are emerging as core personalities or leaders, on whose strength further processes can be planned. However, these persons who show leadership potential need additional facilitation.
3. ***Networking processes at the state level:*** The processes pursued so far and the energy invested at the state level campaigns needs attention from the respective heads of the organisations for direction and further processes.

## **Section 1: The Sajhedar Project**

In this section the key questions that have been part of the enquiry have been the following:

- What are the important community processes that have been taking shape in the communities and the influencing factors in such processes
- How these community processes have created, strengthened and sustained spaces of social and public accountability
- What are the resistance factors, strategies of negotiation and implications for the process of change from the perspective of equity and power?
- How and to what extent have these community spaces and collectives have led to greater solidarity for advocacy and change

### ***Community Processes***

The important process that has been facilitated as the hub of social change is that of community mobilisation resulting in the formation of men's group as agents of change. Various inputs and project activities have been woven together to strengthen this community mobilisation for greater social and public accountability in a concurrent manner. The two project locations signify two very different socio-economic-cultural and political contexts of the communities, both ad-intra and ad-extra.

In Sidhi, the villages for the project are predominantly tribal areas and various tribes such as Gonds, Agaria along with other communities belonging to the scheduled caste and backward classes form the key population of intervention through this project. In Morena, the villages selected for the project primarily are mainstream villages with its historically known caste – class and patriarchal domination.

From the interviews with the facilitators, in-depth group discussion with the animators and interaction with the men's groups the following factors are perceived as very critical growths through the project interventions which are critical to usher in, continue in scale and sustain the social and public accountability processes.

1. The animators as a collective are critical human resources for the facilitation of change
2. The community groups, and a conscientised critical group within these community groups serve as important and potentially very critical change makers in sustaining the accountability processes along with animators

## **Animators**

Animators are key human resources in the process of mobilising communities for accountability. There are supposed to be 30 animators, 15 each in two districts. In Sidhi all the animators are functioning whereas in Morena district, there are only 14 animators in place and as a consequence only 14 villages are mobilised.

The growth and quality of the animators was assessed through holding discussions with the animators, through the assessment of facilitators and understanding the processes that the animators have initiated in communities.

In Sidhi, 10 of 15 were identified as emerging leaders on the basis of their individual personalities being role models, their self-carved identity in the village as leaders, commitment to the process, skills of communication and negotiation. Two of the animators they would consider are catching up and were categorised as improving and three of the animators were poor in their grasp of the issue, their understanding and in the art of communication. These five animators would require more handholding and inputs. On further being asked to demarcate leaders among the 10 animators they indicated seven animators as emerging leaders. *“Seven of the 15 animators have shown great leadership and have become personal role models in their villages and could be clearly demarcated as community leaders”* said both the facilitators in Sidhi unanimously.

In Morena too the facilitators expressed that the all the animators have grown in knowledge, capacity and skills of community mobilisation. At the village level their leadership is recognised. They identified 11 of the 14 animators as having very good leadership and 3 as a bit weak as they lack creative initiatives (Sathyanarayana of Kurd, Jahur of Dimni and Jitendra of Shirmokapura). The 11 animators conduct meetings efficiently and also show personal interest and initiative. In Morena, one animator is not there and of the 14, one is relatively new.

***Inputs to the animators:*** About 22 days of formal inputs have been given to the animators.

- Orientation to the project and process : 5 days
- Participatory Rapid Appraisal : 5 days
- Health Rights, Swasthya Hakdari Abhiyan : 3 days
- Sexuality, Gender, body mapping : 5 days
- Community monitoring, report card (*nigraani*) : 4 days

The animators expressed satisfaction on the quality of the trainings and the inputs given. They were also unanimous in emphasising that the inputs have been very useful in their own personal change, growth and have enabled them to facilitate the community groups.

Most of the animators in Sidhi belonged to the adivasi community and also had at least 5 of them who had under-graduate and above level of education. In Morena, 6 of the animators belong to the Brahmin –General category and 7 belong OBC category. While none of them are SCs, one animator is a Muslim. (For details, please see annexure 5 - 7)

***While 29 animators are an important human resource that the project has facilitated to identify and grow, 18 of them are identified as emerging leaders.***

### **Groups and group members**

Along with the animators the groups in the villages have emerged as critical collectives for the process of accountability. When a community is mobilised and groups are formed, the groups attain their own identity and life. Through the collective actions and through the process of continuity in holding meetings, a perception of *collectivity* and *collective power* has taken shape in the village. This was evident by the members themselves referring to the group, referring to any initiative as *we have done it* and even others recognising their collective identity. The strength and power of the groups is perceived to be not at the same level. In Sidhi and Morena, the facilitators have started a process of grading the groups regarding their strengths and is envisaged to be a participatory process.

In the discussions held on analysing the groups in Sidhi, the facilitators identified 9 groups having progressed in their group life (dynamics) and among them a real ‘Sajhedari’ (partnership and solidarity) was said to be happening. Six groups are still to make progress and are lagging behind in their understanding of the issues.

In Morena, 5 of the 14 groups have presence from dominant social groups such as Brahmins, Tomars and Thakurs with a miniscule presence of OBCs; 6 groups have dominant presence of OBCs; Two groups have equal number of SCs and one group is wholly of Muslim. **In 9 groups there is no presence of SCs at all, one village being totally composed of OBCs.** Of the 14 groups, the facilitators identify 3 groups as mature and strong, 5 groups as of medium level 6 groups as comparatively weak. (For details, see annexure 6)

### ***Active members:***

In Sidhi, the 15 groups have 199 men as members. Based on the active and steady participation, the facilitators were asked about the number of core members. The estimated number of such dynamic membership is calculated as 69. Similarly of the 205 members in 14 groups in Morena, 98 are identified as core members. This number of core and dynamic members is an estimate based on the perception of the facilitators who interact with the groups on a regular basis. The indication is to a steady, sustained participation and collaboration in initiatives along with the animator in achieving the goals of the project such as taking lead in public accountability, change in personal life and showing lead in social accountability.

The active membership is a potential critical resource for the present and future processes of change in community and in the health related system in the respective districts. One could project it to be a critical human resource group for further community mobilisation for advocacy, if adequate resources and inputs are made available. (See annexures 5 & 6)

### **Recounting change and the impact of Inputs:**

In the discussion with the animators and in the group, number of stories of change in personal and community life were recounted. The stories related to both the aspects of social and public accountability, which mark changes both in personal and social life of the individual members and also is facilitated by space for men to speak and internalise about the same which is provided. The challenge and counter challenge happens in the group process. The collective energy is also channelised for change in the public systems. The changes recounted are of great significance and they range from the members talking about child marriages to taking steps towards stopping some child marriages, talking about education of children, talking about public health system and duties of the service providers, articulating rights of the communities. The project has already documented stories of change in the social accountability sphere (Ref. Annual Report 2013), the review more focused on the changes in the public accountability domain. The personal testimonies of the animators is greatly complimented by the testimony of some of the heads of organisations too.

#### **Box -Changes in the implementing partners**

Sri Tyagi of the Gram Sudhar Samiti, the project partner in Sidhi district shared personal account of change in his life and that in the organisation through the project. The issue of sexuality, youth, gender was not talked about in the organisation and it was not discussed with karyakarthis. According to him, “now the *sankoch* (hesitation) is over”. Through the processes of the Sajhedari project change is observed in the karyakarthis. Sri Tyagi said that he has seen change in his own personal life, ways of communicating to his children as they grow up and especially how to relate to his own son.

Personal sharing by Sri Tyagi, GSS, 19<sup>th</sup> July 2013 in Bhopal

### ***Inputs:***

Key processes in mobilising communities:

- Selection of the animators and group formation in the selected villages
- Training of the animators and monthly meetings
- Training of the key leaders from the groups ( 2 from each group)
- PRA exercise conducted in villages

- Social Accountability sensitisation processes: Since August 2012
- Public Accountability processes and developing report cards: April 2013 onwards

Two of the important processes that seem to have impacted the strengthening of the processes is the right to health care campaign (October – November 2012) which is foremost in the memory of the community and preparation of the report card on health services in the communities. From the narratives of the animators and group meeting, the former looked quite intensive still prevailing in their memories. The latter did seem to introduce them to the services and entitlements. The chart papers with the report cards were vividly referred to .

The right to healthcare campaign (*swasthya hakdari abhiyan*) took place both in Sidhi and Morena districts. It provided an occasion for the participation of officials and health service providers from the district, block and from the respective and neighbouring villages. The campaign was referred to more vividly and spontaneously in the group meetings in Sidhi district as compared to Morena which required more probing.

In Sidhi, the campaign was launched in Chawari village with MLA, ICDS supervisor, Sarpanch, ASHAs of the villages and others participating in the inaugural function. Rallies with posters and pamphlets, candle-light vigils, street-theatre, street corner discussions etc. marked the campaign. The campaign ended at Chaufal Pawai in which participation was seen by the district malaria officer, MPW and ANMs. Children's games, competition for adolescent boys and girls were conducted during the campaign. The most people friendly ANM, ICDS worker and ASHA were awarded and were selected from Barmani, Salainhan and Amha villages respectively on the basis of their popularity.

One of the reasons for Sidhi vividly remembering more of the campaign seems also due to the intensity of participation. Being a very remote place, quite inaccessible this was an important celebration for the villagers. Besides, the animators themselves performed the street theatre which was preceded with an intensive training, unlike Morena where a professional street theatre group was hired for the performance. Hence the personalisation of the message appeared to be deeper in Sidhi.

Nonetheless, the processes of the campaign have been successful in delivering the key message on social accountability and public accountability, the former being absorbed by people as the key theme.

**Persona and the Roles of the facilitators:** Both in Sidhi and Morena, the personal relationship and the persona of the facilitators have great impact on animators as well as on the service providers. In Sidhi, both the facilitators (Kedar and Ragini) have been quite known staff of GSS and have developed a deep rapport with the communities earlier on with the watershed project. Besides, their training in Community Health through the CPHE-SOCHARA fellowship have a great impact on the public accountability and health. The

facilitators in Sidhi too have found greater receptivity to the message of social accountability owing to the seemingly homogenous character both in social cohesiveness and backwardness.

Contrastingly, in Morena, the social context is mixed communities marked with greater disparity of power and resources. The domination of the dominant communities and the historical violence attributed to the area signifies the deeply entrenched caste-class-patriarchal structures. The arena of social accountability has greater resistance where the personal politics of changing one's own attitudes are challenged and the same is resisted citing tradition and culture. The facilitators have used their skills well in making inroads into the communities with the issue of Sajhedari. The medium of logical arguments, rationalisation and impressive articulation have been used in countering the societal logic for the superiority of men over women.

In Sidhi the male facilitator is quite articulate and the female supportive and sober. The reverse holds good for Morena where the female facilitator is quite penetrative with her insight and articulation whereas the male partner, also being the husband, is quite supportive. The complementarity of the principal team members in both the places has positive impact on the process.



## **Social accountability and public accountability – The grounded discourse of collective social change, equity and power**

In the conceptualisation of the project and the theory, the interlinkages between social accountability and public accountability are articulated very well within the framework of accountability and men's participation in reducing maternal mortality. In two socio-cultural contexts of Sidhi and Morena slight change in the unfolding of the two is observed.

In Sidhi, the society being socially cohesive and the animators and groups facing equally strenuous life due to remoteness and inaccessibility to services the flow from understanding the Sajhedari in household roles and men's participation in the public accountability issues is perceived. The men speaking about their personal responsibility as fathers also have taken initiatives in improving systems of various service delivery. Small changes in water pumps, ANMs changed attitude etc has given them great motivation. It came forth from their accounts of change, discussion with the facilitators and the language of social accountability that they articulate that the animators and groups have gained convictions and perspectives. Speaking of girl child's education, stopping early marriages, personal accounts of change substantiate this understanding. The process of public accountability and claiming entitlements for the community has begun. Process wise the former was given more emphasis in the project and it is only since a couple of months the issue of health entitlements has been raised with more focus. Due to the background of the facilitators themselves, the issue of community health have been given greater attention. Greater change is observed in the functioning of VHND in terms of the coverage of immunisation has increased, ANC (BP, weight, haemoglobin check up, abdominal check up) has been regularised, malaria slides are made, de worming tablets are given and the medical waste (syringes, plaster, cotton etc) is managed by burying it in the pit as against throwing at will which was happening earlier.

In Morena, the ICDS worker (AWW) and female facilitator interestingly linked it to the 'power' dynamics of men. It was observed that there are some men who have made genuine efforts to change and it could be seen. However, some have learnt to talk 'politically correct language' on collaboration, father care etc. They are doing more in the public accountability sector as it is easy to come together and it is not linked to their personal life. It is also an occasion to display their '*dabangi*' (bullying). The positive effect of that is health report card was used well, when a service provider demanded money the men fought against it, ASHA is readily available and attends immediately when called. (Source: Interview with the female facilitator, Morena, Sajhedar Project).

### **Sajhedari – between men and women as social groups:**

How is the relationship between men as a socially organised group and women as a social group project itself? The discussion was held with the head of the organisation and was also with other facilitators. It came forth in the discussions that when there is *faida* (advantage) for men or family in general, the men take lead. E.g. registering of properties in women's name is witnessed due to the lowering of stamp duty etc. All agreed that this is a challenge and these tendencies have to slowly change towards greater gender sensitivity, equality in decision making in such issues as marriage. Equality is a long process and continuous exposure and capacity building is required. Even in the case of villages of Morena, it is recognised that men from different communities are talking this new language and changes are seen.

In the villages of Sidhi, wherever there are women's groups there is a great solidarity is seen in addressing the village issues, VHND etc. In Morena, in many villages the organised social groups of women are not functional. Hence, it is difficult to infer anything regarding the status of women's organised power vis-a-vis to the newly formed men's group or concerning any competition or collaboration.

'Men's involvement in the development of women and social change is an innovative idea and is too early to look for spectacular results. However, early results of men's involvement in women's health are very positive as men have started talking about women's health rights. This approach had provided evidence in other spheres such as PRI, governance but in health this is the most innovative experiment', summarised Sri Devendra, director Dharti. According to him so far women were the focus and men did not talk about women's health. However the nature of the discourse is now getting sharper as men too articulate the same.

### **Sajhedari – between various social groups for the empowerment of the vulnerable:**

The project process in the district of Morena provide insights into one of the most difficult terrains in the processes of development in India, viz. How do you work with caste groups without compromising the interests of Dalits. The project is located in a highly caste-configured society of the Chambal region known for its extreme and vulgar form of violence which includes caste rivalries. Dharti has worked on number of issues such as water, education, hygiene, sanitation in the communities by involving the upper and lower caste groups. 'While working with Dalits, how do you include *savarniya* groups?' is the important question that one needs to ask in this process and it requires a lot of innovation. Sri Devendra gave the example of the drinking water project for Dalits in a village which went through a lot of phases of extreme resistance from the upper caste who attempted to sabotage the project to a phase of collaboration. This project is acclaimed as very innovative project. (Ref. : Water Report, Dharti, Morena). He considers Sajhedari project as such an opportunity to work with Dalits and upper caste group men for the health entitlements of the vulnerable while focusing on women's health.

## Perception of resistance and resolution

The perception and spaces of resistance was arrived at through formal group discussion with the animators, interview with the facilitators and informal discussions with the group members and animators. The words used were ‘samasya’, ‘dikkat’, ‘chunav’, ‘thanav’ etc to communicate to them to reflect on areas of resistance they faced.

1. **Resistance in the sphere of social accountability:** The issues and understanding of social accountability, their roles and responsibilities as *men* appears to be deeply percolated into their thinking and expression. They pointed out spheres of resistance mostly in the sphere of social accountability and was **consummarated** with their changing attitudes and roles they were playing as responsible partners or fathers.

- a. **Mocking Neighbours:** When the animators started participating in the household work, the reactions from the neighbours came in the form of mocking, jeering at them saying ‘mehra ban gaya’ (summarised by Basantraj Singh (animator) of Gusmuria, a adivasi from Sidhi district).
- b. **Accusation for changing the life-style:** Another type of remarks from neighbours were articulated by Uday, a youth who participated in the group discussion. ‘what kind of time (*jamana*) has come. You are going with your wife for planting chilli-saplings, now my wife also will start demanding the same from me’. These kinds of challenging remarks have come both from other neighbours like them and also from the landed households.
- c. **Casting aspersions on the group meeting:** Some due to curiosity and some others knowing the nature of the group raise questions such as ‘what do you do in the group’. This has affected the self-confidence in the group sometimes and has started self-doubt in the process of changing attitudes.
- d. **Resistance from elders:** Unlike Sidhi, a different sphere of resistance in the social accountability front was put forth by animators, group members in the meeting and also was confirmed by the facilitators in Morena. The greatest resistance to changing roles and attitudes of men (members of groups) comes from the *buzurg* (the elders) in the community including both men and women. The villages in Morena more rooted in conservative thinking regarding caste and gender roles and using religion as a tool for legitimising the same. Neither the animators nor group members are articulate enough to counter argue the arguments of the elders. One of the male facilitators said “we need to have a very strong counter-arguments and counter- logic”. Sri Devendra, director of Dharti added the perspective of ‘honour’ and ‘dishonour’ into understanding the resistance of elders. Apart from religion

and tradition, in the caste villages everything revolve around *izzat* (honour) of the village, tradition, culture etc. and the elders do have strong arguments about it which is a real challenge to meet.

- e. **Resistance within households:** An interesting analysis was put forth in Morena regarding resistance within households and within the perceptions of women themselves as the roles of husbands in the traditional framework are linked to wife's sacred and religious duty and is linked to *dharam* (religion). The facilitator Suman said that men who joined the groups change but their wives do not and hence she said '*it is important to deal with women too*'. In many of the households the wives find it extremely difficult to accept the changing roles of husbands and they are not ready for it. Women consider cooking as their duty. **The facilitator visits every household and** engages the women in discussion on these processes.
- f. **Caste and gender dynamics:** The cultural and social resistance to intermixing of different communities facilitated through VHNDs or the presence of Dalits made possible through the Dalit women cooking in the schools for midday meal programme or nutrition prepared on the day of VHND is obvious in the Morena district. Not a single incident of isolation or discrimination on the basis of caste was heard in the narratives in the district of Sidhi. However, in Morena, as the case of Ritorapura village dominated by Gurjars, the midday meal has been boycotted by the upper caste children as it is cooked by Dalit woman and also in that village the Gurjar pregnant women do not eat the nutrition prepared on the VHND for pregnant women. The groups however which are composed of the dominant groups and the animator too being one of them (Gurjar) is not able to take up these issues. While the groups in Morena are very articulate about gender equality, it has not spread to the consciousness of equity of the communities.
- g. **Resistance in community due to state policy on forceful family planning:** There was resistance in the communities in the early stages of the project and the immediate context was the forced family planning strategies of the state of Madhya Pradesh. During the base-line survey was happening, the animators and facilitators faced stiff resistance and different kinds of questions were asked by the members of the community. Besides, the animators and facilitators too found difficult to understand the concept. Juned, the mentor for the project in Sidhi district, explained that over a period of time with more interaction, clarification and dialogue a better rapport with the communities to overcome the resistance has been possible.
- h. **A typical illustration in Lalarampur vilge, Morena district:** The Lalarampur village in Morena district was the 15th village that was taken up

for the project. A typical village dominated by powerful upper castes who were also politically active. An animator was selected from the upper castes and was supposed to mobilise the community. For four months he did not do any work and the community was not receptive to the ideas of Sajhedar. When the proposal came for the animator to be changed, the community members resisted. The village had to be eventually abandoned as the powerful did not allow any process to happen.

**Response and Coping with resistance:** The group members and animators have responded with the skills of good arguments and rationalisation. The arguments such as ‘we complete our household and agricultural work in half the time’, ‘wife also needs rest’, ‘we discuss about women’s health in the meeting’, ‘we are now more comfortable’.

2. **Public Accountability:** The group as a whole and animators perceived the resistance in the social accountability spheres more intense than in the public accountability spheres. Here

- a. ***Adverse comments from people who were appropriating food from ICDS centres:*** Some of the privileged and powerful persons used to siphon off ICDS food to feed the cattle. Ever since vigilance has started by the Sajhedari group such people publicly comment saying ‘because of this men, nothing remains for us’. (Basantraj Singh, animator).
- b. ***Comfort zones of ANM, Angwanwadi Worker and ASHA is disturbed:*** The animators recalled that in the earlier months of their coming together, the ANM, AWW and ASHA were unhappy with continuous vigilance, raising uncomfortable questions etc. They openly did not resist, though.
- c. ***Public accountability processes are taking place at the level of community/village,*** hence the response of the frontline workers of ICDS, school and health system is more collaborative and positive. Though there was some resistance it is easily tackled. E.g. One ANM opposed during the survey for marking the immunisation coverage as 44% as against her report of 90%. The systemic issues of the health system at the PHC, CHC and district levels are yet to be addressed.

3. **Sidhi and Morena – two differing contexts:** The intensity of resistance and the dynamics it operates is also context specific and the history of the place. Both in Sidhi and Morena episodes of any extreme forms of resistance or confrontation have not been reported.

In Sidhi, in the communities in the project villages extreme inequity in power relations is not seen. The presence and power of the forward caste and otherwise dominant communities is not experienced in these villages. Adivasis, scheduled castes and backward class communities face similar disadvantages due their remoteness and are in solidarity

with each other. In addition, due to the two decade long history of work by Gram Sudhar Samiti in these villages, resistance has been faced, confronted or resolved in the early years of work. E.g. a case of Gordand village was cited whee the *seth* wouldn't allow any outsiders into his village to interact with the villagers. However, through organising communities his power was neutralised and the people of the village stopped obliging him or to follow his diktats.

In the villages in Morena, however, coming under the Dimni PHC the context is completely different. Being the villages of Chambal region, they display extremes of power and land relations. The forward and dominant caste groups such as Thakurs and Brahmins wield very high degree of social, economic, cultural and political powers. The region is historic for its extreme forms of violence and revenge. Sajhedar project is too, strategically located in this mixed communities and some of it exclusively or predominantly with the forward caste communities. The organisation Dharti has about two decades of presence. Here too, as recalled by the director Sri Devendra, there was huge resistance to organising communities and had to face threats at various fronts. This too was tactically dealt with. However, over the years Dharti itself has established itself as a key developmental organisation and has very good relationship with government officials and local leaders.

Three hypothetical statements were put to the facilitators as possible explanations:

- Community Composition/dynamics (homogeneity)
- Strategies of non-confrontation and solidarity/engagement
- Leadership by men due to the formation of men's groups

The communities in Sidhi face disadvantages equally and appear to be mild, non-confrontational with the authorities. The processes of sensitising on fathercare and men's role in the health care and reducing maternal care has been received with much ease and also internalised. "The 'supportive' and 'non-confrontational' perception by the authorities has helped building good relationships and has provided better leverage for bargaining" said the facilitators. The leadership by men vis-a-vis women could also be the factor in matters of less resistance by the authorities.

In Morena district too the composition of the groups reflect the community at large. (See annexure xxx). However, leadership by men, articulation by members and strategies of solidarity too have been useful in neutralising initial resistance in creating and preserving the spaces created in the community to speak on these issues.

The leadership by the forward caste men too and their articulation also has helped in influencing the interaction. The facilitators see working with mixed groups of non-dalit groups, backwards castes and forward castes as an advantage. It was opined that if it was

only composed of members from scheduled caste, there could be tension. (Interview with the facilitators)

Is the resistance in the spheres of social accountability and public accountability equally poised or skewed towards one, is a question that could not get upright answer. In Sidhi, resistance in social accountability arena as well as public accountability arena looked equally poised and hadn't formed a threat or a block to the process. However, in Morena, it was expressed that more resistance is experienced in the issues of social charter in the context of extreme patriarchy. The arena of public accountability has less resistance and hence more focussed in these villages. (Interview with Director and facilitators).

### **Networking –Building solidarity of relationships for advocacy**

Some of the important inbuilt processes in the project refer to the establishing a cyclical system of monitoring and planning at the community level and also of increase leadership and initiatives among men's groups to address and engage with panchayat, VHSNC, RKS around health related entitlements. Both these become possible by building solidarity at different levels of the system viz. The community level and at the higher levels of the system including district and state levels. The changes at the community level becomes sustaining and lead to other changes both by engaging in monitoring at the local level and process of engaging with the policy at higher levels.

The discussions held during the course of the review provided insights into these processes at different levels. The processes of community level and the state level were of greater visibility and a configuration of positive energy could be traced through various activities and campaign undertaken which had goals of larger systemic change.

**Community:** The community level processes are very intensive, as seen in the project, and different types of group dynamics in the communities is observed leading to different kinds of solidarities experienced and expressed

- The group members within themselves and with the animator have developed bonds and is the primary solidarity that is getting built up. Within the groups a core group of few individuals are taking initiatives at different occasions. Not a single instance of any kind of power dynamics or competition for space or leadership was reported by anyone, both in Sidhi and Morena.
- A good network with the local service providers who are primarily women (e.g. ASHA, ICDS worker, ANM), is also happening. From a phase of seeing as people who question or disturb, now it has come to a stage of seeing the groups of men as

‘people who help’. The identity of the group and their public image has been formed through number of initiatives such as report card, health rights campaign organised in each of the villages, their ability to talk to the service providers on issues of emergencies, intervention of animators in crisis situations such as severe malarial episodes, diarrhoea etc

- Solidarity is experienced across villages, between animators who have occasions to meet each other often. The sharing of a homogenous socio-economic conditions too has helped this process as in Sidhi. Such solidarity is also visible in Morena, where animators visit villages of each other, share stories of change and resistance in their group meetings. The common space either as Gram Panchayat or as a PHC also helps in sharing common concerns and makes space for addressing issues in common

**District:** The community processes of empowerment, invariably have led to occasional interactions with the district authorities for intervention in crisis times or participation in the campaigns etc. The elected representatives, the block level officers and the district level officers too have responded to the issues raised by animators. However, most of them have been concerning village level issues on matters of health care, water, sanitation etc. The block level jansamvads too have enhanced the level of interaction of the animators with the block level officials.

The important process of facilitating such a process with the district level officials with a district *jansunwai* is now in the planning. It has the potential to create a space for greater interaction of the community groups with district authorities.

The project being, roughly of one and a half year old process so far, the district level processes could be of important intervention in the future phases of the project. Such a possibility is supplemented by the state level process which has been gathering positive energy.

**State:** The main source of information was discussions and interviews held with key persons of various organisations which included the following:

1. Centre for Health and Social Justice
2. Society for Community Health Awareness Research and Action
3. SATHI – CEHAT
4. Sangini Resource Centre
5. Dharti
6. Gram Sudar Samiti
7. PACS project partners



**Current state of synergy at the state level:** What came forth very strongly from each and every respondent was that a sense of a synergy among various organisations around the issue of health rights at the state level. The lead taken by CHSJ along with SOCHARA and Sathi is well recognised.

‘This kind of a platform is taking shape due to the lead given by CHSJ and has happened in the last one and a half years’, Sri Devendera of Dharti (Morena) was categorical in saying. This was also echoed by key respondents and senior activists of other organisations.

The important processes which have given rise to this synergy are mapped as follows:

- Maternal Health Rights Campaign - spread over 22 districts through various partners (lead: CHSJ, SOCHARA and SATHI)
- PACS processes – in three districts where CHSJ has partnership
- Fathercare Campaign – 15 districts and the emerging network Men’s Action for Equity (MAE)
- Various personalities becoming part of the MGCA (Mentoring Group for Community Action) at State, district and block levels in MP
- Sajaedari project, malaria-malnutrition intervention processes in Sidhi district
- Maternal Health Workshop in February 2013 gave it a kick start and was followed up with a meeting in March 2013.

**Perceptions and opinions regarding this process:**

1. The number of interactions that have been occasioned by these processes along with the project specific issues have given rise to the perception of a platform in form of a collective energy at the state level.
2. It is at a fluid level as no one has pointedly said what it is and at what stage it is.
3. Despite the fact that there was unit of Jan Swasthya Abhiyan unit over in MP and the National Health Assembly was held in 2007 at Bhopal, grass roots level and important organisations recognise this current process as the first one in MP around health. It is owing to their participation in the process.
4. There is recognition that maternal healthcare campaign among all the other processes has created an energy and common interest. 15 organisations in 22 districts are part of this process and there is a possibility for the participation of more organisations. Bhopal region 13 organisations (6 districts), Rewanchal region – 8 organisations (7 districts) and Chambal region – 6 org (6 districts)

5. Very good personal and professional team work between people who represent CHSJ, SOCHARA and SATHI at present. Others look up to this core group to take things forward. The strengths appreciated are that all the three have orientation towards rights based approach, have linkages to the processes in the communities, persons are articulate and have technical knowledge. The work on gender and the reach of CHSJ, the experiences of Community Monitoring of SATHI and the linkages of SOCHARA with the health system are identified as strengths on which the future processes can be worked upon. The expansion of the team is experienced with Dr. Prarthana (Sangini Resource Centre) taking interest and with the support of Dharti in the Chambal region and GSS in the Baghelkhand region.

“State level advocacy is a clear possibility with this energy, but the challenge is to keep alive the interest of various partners” (Key respondent of one of the core three organisations)

6. Certain reservations/cautions:

- There are plethora of health interventions and projects with some big players such as DFID and FHI being there in MP. In this context certain caution is expressed saying ‘in the process many NGOs are involved and the presence of social movements is a lacuna. There seems to be some unstated expectation and intentions around the interest which we have to be cautious of. Some perceive CHSJ, SATHI and SOCHARA as big national NGOs in health so naturally there is an interest to be part of these organisations’ said a key person who is part of this process.
- The limitations are also recognised. In the course of discussion in the network meeting on 20<sup>th</sup> July, 2013 at the PACS office it was observed that the facility survey formats from 22 districts have not got good response, some survey formats have not been filled well and there were gaps. The issue of coordination and support to sustain the process has emerged as the greater needs. The issue of human and financial resources to compile the survey formats and to prepare the report and to take it for advocacy level came for the discussion at the network. The uncertainties and lack of clarity on such questions was visible.
- The core team of CHSJ, SATHI AND SOCHARA individually expressed their uncertainty and hesitation about if these processes have been endorsed by the leadership of their own organisations, if they have crossed the mandate, if they would be supported and if not will they be letting down other organisations whose expectations they have raised. ‘What if something backfires?’ was another question that was raised. Their suggestion was that the heads of the respective organisations should discuss the matter on the policy. “We three (referring to the

lead representatives of three organisations) are not at the level of thinking too ahead [of this process] or mobilising resources” was the response of one of the important respondent.

- Who should take the lead and the issue of minimum financial support for the issue based campaigns or some activities was another concern. There was obviously no competition to take lead as each one expected the other one to do it. Number of people in the districts expressed the view that CHSJ was in a better position to do that.

The current status of this process can be summarised as follows:

- Number of processes have given rise to a synchronised interest and synergy and a core group to coordinate at the state level who have displayed good team work and capacity to energise others. The strengths of necessary facilitation skills, efficiency and team work among the core organisations have created a positive atmosphere.
- The synergy is happening as a by-product of the self-motivated processes of survey facility, collective issues at different levels and an informal coordination among different key personalities.
- The synergy requires a state level fillip to take it forward to the level of advocacy with the state government on policy matters. This in turn might bring in more organisations together.
- Commitment to support the process by key organisations and to chip in with human and technical support along with necessary financial back up also is emerging as a need.
- No formal discussion on the issue of coordination, support, relationship between the state, district and community level activists etc is held.
- There is confusion in the long term vision, strategies to take the network forward and no clarity on the leadership structures.
- Above everything, the hesitation and uncertainty in the minds of lead activists needs to be addressed by a policy mandate by the three key organisations.

Recommendations that have emerged to strengthen the network:

- The initiative at the state level to be supported by formal discussions on strengthening the network which have not happened at all.

- Network strengthening processes such as communication, follow up of the discussions with organisations, link up the community and district level issues at the state level etc.
- Need to get in touch with other like-minded and interested field level organisations and create the linkage for advocacy
- Initiatives or activities to sustain the energy of the campaign and adequate resources (both human and financial)

## **Summary - Key Findings**

- 1. Critical Resource Group in Villages:** In the process of organising communities, animators have grown as the key resource persons in the villages, and a group of animators in the jurisdiction of a PHC has also emerged as a critical resource group. About half the animators in Sidhi and Morena have shown potential in understanding the issues of both social as well as public accountability in mobilising their communities. They have led the processes with their personal self as an example with tangible and ostensible changes in their lives. Another half have the potential to grow up. While most of them are quite sensitised and have become articulate in the issues of social accountability, the processes of discussing public accountability have begun. The animators are seen demanding services and have built critical relationships with the service providers ranging from village level to the district level.
- 2. Emerging Leadership:** On average, both in Sidhi and Morena, about 4-6 group members apart from the animators are emerging as energised and awakened leaders through the processes of the project. Hence, about 60 community persons on average and 15 animators totalling 75 is a very good and critical human resource in each of the district who have the potential to take up higher level (taluka and district) issues of advocacy for social and public accountability. This potential can be further nurtured and harnessed with a conducive, enabling and nurturing environment. For any leadership to emerge a context for the exercise of such leadership is necessary. Such a positive atmosphere has been made possible by the project. In Sidhi, the animators are engaged in other community processes as well, which shows their interest and voluntary spirit without any additional incentives. They have done survey on malaria and malnutrition, an issue that SOCHARA, another state level partner of CHSJ, is trying to address in the communities.
- 3. Unconventional Space in the village:** The process has created positive atmosphere in villages breaking the initial barriers of resistance in even in conventional and traditionally ritualistic villages of Morena. The physical space of meeting together and the mental space of talking unconventional language of

challenging both personal conventional stereotypes and the unaccountable public systems is a great breakthrough.

4. ***Personal Change:*** Personal change in perception, language and communication regarding various aspects of social accountability such as positive and responsible relationship with spouses, responsibility in the household work, caring in maternal health related concerns, equal responsibility for the life and health of mother and child is increasingly seen. The meetings which are often held either of the group or with visitors, gives an occasion for men to speak about it often and reinforce this change.
5. ***Breaking the culture of silence:*** The culture of silence on issues of social accountability and men's responsible participation in family responsibilities has started beyond the threshold levels of shame, hesitation or shyness. This is evident Sidhi and Morena districts both at the discussion or conceptual levels as well as in the stories and incidences in real life. Sense of responsibility for their women's lives and health in the sphere of public accountability too coming forth loud and clear in the groups, as was evidenced in the group meetings.
6. ***Interaction with service providers and change of power equation:*** The men's group formed and the processes of campaigns, continuous meeting with the service providers, has already created an atmosphere where assessment of services and questions regarding availability of services has been legitimised. The interaction of individually by the animators perceived as being backed by the collective of men in the village has ensured speedy response from the system. Such processes are seen in repairing water supply facility, sanitation, responding to emergency needs etc.
7. ***Potential for greater responsibility in public accountability and health rights processes:*** The perceived environment of confidence in the animators and articulate group members show that there is a greater potential to continue the processes of public accountability on health care system at the higher level (Block and district) and other related systems in the village such as PDS, education, water & sanitation etc.
8. ***Changes in the perspective of organisations:*** The Sajhedar project is implemented through in partnership with two key organisations – Dharti (Morena district) and Gram Sudar Samiti (GSS – Sidhi district). Along with personal changes of many persons like karyakarthas and facilitators, this has opened up space to discuss about it in the organisation itself on issues of gender, masculinity, sexuality etc. This is indeed a very positive change in the partnership with the local organisations.

- 9. *Divergent contexts but thematic unity in approach as a strategic tool to mobilise communities:*** The historical – socio - political contexts of Sidhi and Morena are diverse and divergent. However, the theme of social accountability and public accountability have impacted in creating a positive social space for new ideas and for men’s partnership and responsibility.
- 10. *Potential for power and equity discourses:*** The ground that is covered as a breakthrough in creating social and ideological space has the potential to engage in carrying on power and equity discussions such as engaging women in the discourse of men’s partnership , caste inequity and discrimination for greater social equity in the future. The possibilities for this are greater in Sidhi district in terms of acceptability and has potential and need in Morena district.
- 11. *Advocacy network at the state level:*** The processes of campaigns on various platforms in the state spreading across 22 districts and intensive interventions in a few districts through the projects but having a common theme of accountability and social change has positively forged different kinds of partnerships at different levels. While at the local (district) level it appears to be centred around the project it has also opened itself to the state level campaigns. At the state level, the concept of accountability and change in the systems of service delivery has created a space for likeminded organisations working at the policy level to come together. The positive energy at the state level would require a lead and a minimal structural and coordinating system to make the link between communities, districts and the state level groups.
- 12. *Enhanced Expectations for CHSJ’s leadership and facilitation:*** From the field level organisations as well as state level leaderships of different organisations, the expectations for CHSJ’s leadership at the state level has increased. There is appreciation for a non-threatening and facilitating spirit of CHSJ.

## **Challenges**

- 1. *The animators and their incentives:*** The facilitators in both the districts expressed the view that the honorarium that the animators who are the backbone of the programme at the village get is insufficient to sustain their motivation on the long run. In Morena, most of the animators are not from extremely poor households and hence ‘Rs.1000/- a month is negligible amount for them (unko kuch bhi nahim)’. Whereas, given the nature of poverty, Rs.1000 is a some sort of an economic support, which however is not a sufficient compensation if require them to put greater amount of effort to bring about some change as the systemic challenges are greater as compared to Morena. Besides, the expenditures incurred on their travel to meetings, extra days when visitors come are not compensated. Hence to keep up the motivation of the animators is a great challenge that the facilitators face.

2. ***Challenge to keep the animators motivated, active and responsive:*** At a knowledge and skill level, the animators are at a stage where they require greater and intensive inputs as expectations from the community too are increasing.
3. ***Challenges to sustain the growth of the group:*** The monthly meetings have been so far sustained on changing mindsets and discussions on public accountability. To keep the momentum of the groups and to sustain their interest and motivation, adequate inputs, exposures and tasks for the group to keep them active would be required. The facilitators and animators together along with the groups require different kinds of engagement.
4. ***The needs of the facilitators:*** The facilitators also run out of ideas to engage the group members in the villages on a sustained manner. They need newer strategies to meet the expectations of the groups and to reach out to them.
5. ***More resource required for innovative interventions:*** The facilitators Quite a number of times budget planning does not seem to be a useful exercise as it is not followed or lack of discussion happens after the budget planning is done.e.g. to conduct district dialogues, campaigns.

**Process that require attention:**

1. ***Group strengthening processes need focus and reinforcement.*** Only two of the members from each group have got an opportunity to stay for training so far which has intensified their reflection process. During the life-cycle of the project or later, if each of the members gets a chance to interact with others and focused inputs, this might have effect in strengthening group. The group requires energising to sustain their motivation to meet newer challenges.
2. ***Strengthening the core leadership in each group:*** About 4-6 members in each of the groups are emerging as core personalities or leaders, on whose strength further processes can be planned. However, these persons who show leadership potential need additional facilitation.
3. ***Networking processes at the state level:*** The processes pursued so far and the energy invested at the state level campaigns needs attention from the respective heads of the organisations for direction and further processes.

## **Annexures:**

### **1. A reality reflection of the PHS in Sidhi and Morena districts**

#### **Sidhi District**

The public health system: The PHC in the project area is in Karwahi village and was housed in a Panchayat Bhavan, located on a hill and is now shifted to its own building. There are two nurses, two attenders and one sweeper. However it is not much equipped with facilities and doctor is not posted. Only deliveries happen there and that too due to the absence of doctors, people prefer to go to the district hospital at Sidhi (35 kms.). The animators reported that home delivery is a prevalent practice in many of the households. Sub-centres in the Sajhedar area are at Chaufal, Mata and Barmani. The other two subcentres coming under the PHC are Khirkhori and Aham. All the subcentres have a ANM and MPW posted, however no one stays in thee villages. They come from Sidhi, the district place. People’s perception is that only in Barmani subcentre, the MPW is sensitive and offers good services. The CHC, the referral for PHC is located is located at Semaniah , 20 kms further away from the district place Sidhi. For some villages it is about 55 kms to reach CHC and they will have to pass through the district place. Hence the people generally go to the district hospital or to private practitioners. The free medicines scheme which is launched by the government is practically useless as there is no doctor to prescribe medicines nor a pharmacist to dispense the medicines.

#### **Morena:**

The project is located in the villages of Dimni PHC in Amba Block and Nayakapura PHC of Morena block. Two subcentres of the Dimni PHC, viz. Chandpur, Birehruwa, and one subcentre of Jauha PHC viz. Shyampur Khurd come under the project area. The Dimni PHC has a population of 35,000 in 15 revenue villages. The subcentres of Nayakapura PHC coming under the project area are Sirmiti and Nawli. The referral centre for PHC is Noorabad CHC.

During the field visit, Dimni PHC and the attached Subcentre was visited and a discussion was held with the service providers. Though it was 2.00 p.m. only the MPW and ANM of the attached sub-centres were there along with the ASHA from Dimni village. According to the MPW, one AYUSH and one allopathic doctor are posted who do not stay in the village. One male nurse is there. The deliveries are conducted by the ANM who is in the PHC attached subcentre. The MPW informed that the Sardar Vallabhabai free medical store has all the supplies free of cost. There are about 100 outpatients per day on average and 60-65 deliveries in a month. Of the OPD patients at least 30 percent prefer AYURVEDIC treatment. The MPW said ever since the free medicines store started the number of patients has increased. However, neither the presence of patients or service providers had sufficient indication to support the claim.



The condition of subcentres: All the subcenters coming under the project area have ANMs and MPWs who are appointed. However, they do not have their residence in the village and some of them travel from Gwalior or the block place such as Amba. The subcentres too have infrastructure for adequate service. Even since the VHNDs have been operationalised, the ANM and MPWs are present only on that day in the month. Secondly, since the VHND and Arogya Kendra happen at the ICDS centres, the sub-centres do not open even on that day. Sometimes the subcentres are used for staff meetings and of late no service is provided over there.

## **2. Sidhi District: Accounts and Illustrations of Public Accountability**

**Amha village:** In his village the number of people utilising services have increased. The awareness also is increased and people have demanded that bleaching powder be put in water sources and tanks. He went to see the functioning of VHND elsewhere too which are not part of the project and saw the impact of the 'nukkad' that was organised at Chaufal. Men who had seen the play have started participating in the VHND at Chaufal Kotal. This happened on July 9, 2013. **(Sunderlal Singh, Animator)**

### **Mata Village:**

**1. Averting a Major tragedy through timely intervention:** All the 10 members of a youth Ragvir Singh fell unwell with serious decency and the episode reached a panic stage at 9 p.m. This was the first time the animator was facing such a situation and already this entire area had the bad experience of series of malarial deaths. The animator who had been given the phone number of Chief Medical Officer called the CMO. An entire team of CMO, BMO, Nurses arrived at 4.00 a.m. and all were immediately shifted to the district hospital at Sidhi. A girl of 14 years died on the way and an elderly woman died after 10 days. However, the rest all were saved and had to spend a couple of weeks in the hospital and everything was taken care of by the medical team.

**2. Drinking Water:** Drinking water in the summer became a major issue as handpumpus were not repaired. The animator Ramdulare Yadav called up the Public Health Engineering (PHE) department at Bhopal and exerted pressure. The mechanics were sent and 5 hand pumps in the village including the school were repaired and bleaching powder was put in water sources. The PHE called back the animator to find out if the work was done satisfactorily. **(Ramdular yadav, Animator)**

**Ghordand village:** Medicines were not available earlier and ASHA used to charge fees for the same. This practice is now stopped and medicines are dispensed freely. **(Ramraj Singh, Animator)**

**Ghusmuria village:** People now participate in VHND, earlier they were not participating; VHND happens on first Friday of the month; VHND services have expanded; Immunisation is 100%; Members of community intearacts with ANM **(Basanraj Singh, Animator)**

**Karahi Village:** He has developed and maintained good relationship with ANM. She herself now phones Ramkuma Singh and informs of her coming. **(Ramkumar Singh, Animator)**

**Bhangohar Village:** For the preparation of the report card on health services men and women participated.; earlier all the women used to take ICDS nutrition but now only need and deserving women take food. Men participate in the VHND **(Ramgopal Agaria, animator)**

**Chawari Village:** Medicines that had crossed the expiry date were dispensed. Anuman Singh intervened with the ANM and ICDS worker. They apologised and this practice was stopped; members of the group visit ICDS centre regularly now after the formation of the group. **(Anuman Singh, Animator)**

**Karwahi village:** Averted a possible maternal death: PHC was called and one woman was to deliver. He called 108 and she was rushed to Sidhi (40) kms. And she delivered safely. **(Kamal Kishor Singh)**

**Katrikandi village:** 1. The family of Urmila Pratibalal in the village had 6 members with 2 malnourished children. They were upset with the ICDS worker and ASHA and hence were showing resistance to immunisation. The animator took time for persuading and convincing the family for over many sessions. Of the total 202 families, 42 have pregnant and adolescent girls. All of them now are participating in the VHND, nutrition/food is now regularly provided for them in the ICDS centre through this interaction. **(Banspati Singh)**

### **3. Sidhi District: Accounts and Illustrations of Public Accountability**

**Salinha Village:** He has tried to address the discrimination between girl and boy child. The first feeding of the baby after 6 months after birth 'annprashan' is done with some celebration in the case of a boy child. He personally organised a music band and celebration for the 'annprashan' of his girl child. He also discusses these issues in the group to sensitise them. **(Urmila paldiwan, animator)**

**Ramkumar Singh, Karahi Village:** Personal Testimony - gave up drinking and changed his life: "I was habituated to consuming excess of alcohol. After joining the Sajhedar project I gave up and that has given me the greatest happiness". His family is now peaceful as quarrels and violence has subsided and he also participates in a lot of household activities. "Earlier I was not doing any household work, but now I go with my wife to the field, work equally during harvesting etc.", he said.

**Chawari Village:** Averted early marriage: Marriages of 15 year Sunita and another 17 years old Madhu (boy) were averted due to his intervention with parents **(Anuman Singh, animator)**

**Udaisa village:** Intervention in the education of children. Children were not going to school. Through his efforts with parents as well as teachers he has helped number of children enrol in the school. **(Rajvali Singh, Animator)**

**Sukhsen Singh, Chafal Pawai village:** Change in Self: After he joined Sajhedari project he has changed in his attitude. When he went to VHND with his wife, other women themselves started

laughing at him. He takes his wife for ANC. He also took his wife to the PHC to show to the doctor. Other two men have been inspired by him.

#### 4. Morena District: Accounts and Illustrations of Social and Public Accountability

**Gopalpura village:** 1. Issue of domestic violence was taken up by this group. One man who was illtreating and betating his wife did not listen to repeated advice given to him. Hence the group took initiative to speak to the police and a FIR was registered against the husband. **(Chaviram Srivas, animator)**

**Got village:** 1. Change in the educational scenario of girls is seen and the animators are speaking about it. 2. This village has achieved a feat in sanitation as 98 of the 108 households have already constructed toilets. **(Alok Sharma, Animator)**

**Ranpur village:** 1. Slow and gradual change in the attitude of men towards education of girls is happening as seen by increased enrollment in the secondary school (9th). 2. ASHA had not appointed here. The appointment happened due to the intervention of the group who gathered people and the GP secretary to select ASHA. 3. Sanitation is happening in every households and Animator said, "in two years you will not find any *lotawala* here." **(Gagan Sharma, animator)**

#### 5. Profile of animators and Grops (Sidhi District)

Sajhedar Project: Profile of the Animators and Groups (Sidhi)							
	Village	Animator	Educational qualification of the animator	No of Members	Active members	Score to the group on Social Accountability*	Score to the group on Public Accountability*
1	Amha	Sundarlal Singh	BA	15	5	9	7
2	Mata	Ramdulare Yadav	12	12	4	8	7
3	Ghordand	Ramraj Singh	12	16	5	6	5
4	Ghusmuria	Basantraj Singh	MA	9	4	8	7
5	Salinha	Urmila Paldiwan	BSc	10	5	7	5
6	Sarethi	Indal Saket	NA	10	3	6	5
7	Karahi	Ramkumar Singh	12	15	5	5	4
8	Badera	Shivbali Saket	NA	10	3	6	5
9	Barmani	Rangdev Singh	NA	12	3	4	6
10	Bhangohar	RamGopal Agaria	10	11	4	8	7
11	Chahawari	Anuman Singh	9	23	10	8	7
12	Karwahi	Kamal Kishor Singh	BA	16	4	6	5

13	Udaisa	Rajvali Singh	BA	16	5	7	5
14	Chaufal Pawai	Sukhsen Singh	10	14	5	7	6
15	Katrikandi	Banshpati Singh	10	10	4	8	7
				<b>199</b>	<b>69</b>	mean =6.9	Mean 5.9

## 6. Profile of Groups in Morena District

Sajhedar Project: Profile of the Groups in Morena District							
Sl. No.	Village	Animator	Scores		Grading of the group	No of members	Active Members
			Social accountability	Public accountability			
1	Got	Alok Sharma	8	9	Very Active	15	10
2	Ranpur	Gagan Sharma	8	9	Very Active	15	7
3	Paykapura	Raghuvir Kushwaha	7	7	Medium Active	14	8
4	Ratholpura	Rabindr Gurjar	5	5	Medium Active	14	5
5	Ratirampur	Rambihari Thakre	5	5	Less Active	14	7
6	Dimni	Jahur Shah	5	5	Less Active	15	8
7	Khurd	Sathyanarayan Kushwaha	5	5	Less Active	15	7
8	Bhatari	Bhagwati Bhagel	8	9	Very Active	15	9
9	Gopalpura	Chaviram	6	7	Medium Active	14	7
10	Raghunathpura	Amar Singh Tomar	4	4	Less Active	12	6
11	Chandpur	Uma Charan Sharma	6	7	Medium Active	16	6
12	Rithorapura	Mujithbar Gurjar	4	5	Less Active	16	6
13	Mahadevpur	Harendra	6	7	Medium Active	14	7
14	Sirmorkapura	Jitendra Sharma	5	4	Less Active	16	5
15	Lalarampur	no animator - given up	0	0	Abandoned	0	0
			<b>Mean = 5.5</b>	<b>Mean = 5.9</b>	<b>Total</b>	<b>205</b>	<b>98</b>

## 7. Demographic Features of Groups in Morena District

<b>Sajhedar Project: Demographic Profile of the animator and the groups (Morena District)</b>						
<b>Sl. No.</b>	<b>Village</b>	<b>Animator</b>	<b>Educational qualification</b>	<b>Social Category</b>	<b>Predominant occupation</b>	<b>composition of gp</b>
1	Got	Alok Sharma	BSc	Brahmin	Owner Cultivator	General (6) , SC(9)
2	Ranpur	Gagan Sharma		Brahmin	<b>Owner Cultivator</b>	General, Jain, Mahor
3	Paykapur	Raghuvir Kushwaha		OBC	<b>Owner Cultivator</b>	OBC, General
4	Ratholpura	Rabindr Gurjar	BSc	OBC	<b>Owner Cultivator</b>	OBC, Kumber, Gurjar
5	Ratirampur	Rambihari Thakre		Brahmin	<b>Milk supply</b>	General, OBC
6	Dimni	Jahur Shah		Muslim	<b>Music Band (landless)</b>	All Muslims
7	Khurd	Sathyanarayan Kushwaha	12	OBC	<b>Agriculture (landless)</b>	<b>OBC (Kush, Bagheli 12), Tomar 3</b>
8	Bhatari	Bhagwati Bhagel	12	OBC	<b>Owner Cultivator /runs a school</b>	<b>OBC (11), Gen (1), SC (3)</b>
9	Gopalpura	Chaviram	12	OBC	<b>Owner Cultivator / tuition classes</b>	Gen, OBC, SC
10	Raghunathpura	Amar Singh Tomar		General	<b>Owner cultivator</b>	Gen (11), OBC (1)
11	Chandpur	Uma Charan Sharma	Bcom/De	Brahmin	<b>Owner cultivator</b>	General (14), OBC (2)
12	Rithorapura	Mujithbar Gurjar	12	OBC	<b>Owner cultivator</b>	OBC (9), SC - Jatav (7)
13	Mahadevpur	Harendra		OBC	<b>Owner cultivator</b>	All OBC (Kushwaha)
14	Sirmorkapura	Jitendra Sharma	BSc/tuition	Brahmin	<b>Tuitions</b>	Gen (15), OBC (1)
15	Lalarampur	no animator - given up				abandoned

### Case-study of maternal death:

### References:

1. CHSJ, project proposal ‘Family Health Campaign: Accountability for Change.
2. NCDHR-PACS Project Proposal: ‘Health Rights and Entitlements of the Socially Excluded Communities and Women under NRHM’

3. CHSJ, Family Health Campaign: Accountability for Change – Annual Report 2013
4. CHSJ, A qualitative assessment of Socially Marginalised Communities' Experience of Maternal Health Services
5. CHSJ, Summary Report of Findings – Baseline Study: Morena
6. CHSJ, Summary Report of Findings – Baseline Study: Sidhi
7. COPASAH issue paper “How do we know we are making a difference” guidelines, available at [www.copasah.net](http://www.copasah.net)
8. Water Report, Dharti, Morena.