

End Line Evaluation of Capacity Building and Advocacy for Local Participatory Self Governance for Poverty Reduction through Information, Education and Communication



Institute of Social Sciences
Eastern Regional Office

**End Line Evaluation of
Capacity Building and Advocacy for Local Participatory Self
Governance for Poverty Reduction through Information,
Education and Communication**

Submitted to

**Joygopalpur Gram Vikash Kendra (JGVK)
&
Loka Kalyan Parishad (LKP)**

By



Institute of Social Sciences

Eastern Regional Office

CF-149, Sector-I Salt Lake City, Kolkata 700064

Tele/fax: (91) 033-23592684, Telephone: 033-23340233

Email: isscal1@dataone.in , isskolkata@rediffmail.com

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Project Team

**Madhulika Mitra
Debraj Bhattacharya
Dilip Kanti Chaudhuri
Atanu Acharya**

Content

	<u>Page</u>
Abbreviations	i-ii
Executive Summary	I-V
Chapter 1 Background and Methodology	1-7
Chapter 2 Birbhum	8-30
Chapter 3 The Itahar Project	31-69
Chapter 4 Joygopalpur Gram Vikash Kendra	70-90
Chapter 5 Purulia	91-105
Chapter 6 General Observations	106-110

Abbreviations

ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
APL	Above Poverty Line
APO	Assistant Programme Officer
AWC	Anganwari Centre
BDO	Block Development Officer
BLDO	Block Livestock Development Officer
BMOH	Block Medical Officer of Health
BPL	Below Poverty Line
BRGF	Backward Regions Grant Fund
BRP	Block Resource Person
CB	Capacity Building
CBO	Community Based Organisation
CC	Cash and Credit
CDC	Community Delivery Centre
CDPO	Community Development Programme Officer
CFT	Community Facilitation Team
CL	Community Leader
CRP	Community Resource Person
CSO	Civil Society Organisation
DFDO	District Fishery Development Officer
DRDC	District Rural Development Centre
FPA	Field Programme Assistant
GoWB	Government of West Bengal
GP	Gram Panchayat
GPRP	Gram Panchayat Resource Person
GUS	Gram Unnayan Samiti
HDI	Human Development Index
IAY	Indira Awas Yojana
IBS	Individual Beneficiary Scheme
ICDS	Integrated Child Development Services
IDF	India Group Funen
IEC	Information, Education and Communication
IGNOAPS	Indira Gandhi National Old Age Pension Scheme
IGNWPS	Indira Gandhi National Widow Pension Scheme
IMR	Infant Mortality Rate

IPP	Intensive Participatory Process
ISS	Institute of Social Sciences
IWMP	Integrated Watershed Management Programme
JGVK	Joygopalpur Gram Vikash Kendra
JSY	Janani Suraksha Yojana
KASS	Kaliaganj Astha Sebeyan Samity
LKP	Loka Kalyan Parishad
MGDs	Millennium Development Goals
MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme
MKSP	Mahila Kisan Sashaktikaran Programme
MLA	Member of Legislative Assembly
MMR	Maternal Mortality Rate
MOU	Memorandum of Understanding
MP	Member of Parliament
NFBS	National Family Benefit Scheme
NGO	Non-government Organisation
NHM	National Health Mission
NRLM	National Rural Livelihood Mission
OC	Officer – in – Charge
PDS	Public Distribution System
PHC	Primary Health Centre
PMB	Project Management Body
PNC	Post Natal Care
PRA	Participatory Rapid Assessment
PRI	Panchayati Raj Institution
PROFLAL	Provident Fund for Landless Agricultural Labourers
PS	Panchayat Samiti
SAM	Severe Acute Malnutrition
SASPFUW	State Assisted scheme of Provident Fund for Unorganised Workers
SC	Scheduled Caste
SGSY	Swarnajayanti Gram Swarajgar Yojana
SHC	Sub-health Centre
SHGs	Self Help Groups
SRHEDS	Samsia Rural Health & Economic Development Society
ST	Scheduled Tribe
VHND	Village Health and Nutrition Day
ZP	Zilla Parishad

Executive Summary

1. Background

India Group Funen (IDF) has been implementing a project under the domain of Information, Education and Communication (IEC) in West Bengal. The title of the project is 'Capacity Building and Advocacy for a Local Participatory Self Governance for Poverty Reduction through Information, Education and Communication'. The present one is the third phase of the project, which will be completed on 31st August 2015. In this context, an end line evaluation was conducted by Institute of Social Sciences, Kolkata to understand the status of implementation of project and achievement of its objectives.

2. Methodology

The evaluation was based on both desk research and collection of primary information. Qualitative methods were adopted to collect the primary information due to the nature of the project that was evaluated.

IGF has implemented the project with two partner organizations – Loka Kalyan Parishad (LKP) and Joygopalpur Gram Vikash Kendra (JGVK). Both the organizations have associated some CSO partners in some areas of the districts for implementing the project. The project is being implemented in six districts – five districts by LKP and one district by JGVK. There are total 15 blocks and 42 GPs in the project areas. From this universe, following sample was selected:

District	Block	Sample GP	Control GP
Birbhum	Labpur	Jamna	Indas
	Illambazar	Batikar	
	Nanoor	Kirnahar I	
Uttar Dinajpur	Itahar	Kapasias, Joyhat	Chhayghara
Purulia	Jhalda 2	Majhidi	Rigid
South 24 Parganas	Basanti	Basanti, Nafargunj, Jyotispur	Uttar Mokambaria

3. General Observations

- Based on review of secondary data and field visits the study team is of the opinion that the IEC III project has been implemented diligently by a dedicated team. The team members have worked hard to achieve the targets of the project.

- The IEC III project is a good example of how NGOs and Government departments can work together to strengthen the Government programmes aimed at achieving the MDGs. This is a form of collaboration that is widely replicable provided the NGO has the trust of the people at the village level. We have found in course of our discussions with Government officials that they find the support of JGVK and LKP quite useful. The NGOs help the Departments to organize various kinds of capacity building programmes for the villagers and also help them in identifying the correct beneficiaries.

- The partner NGOs have helped in bridging the last mile between the villagers and the government system. It is found that in India there are many government programmes but the less informed villagers miss out on the opportunity because of inadequate knowledge. This reduces the effectiveness of the development schemes. However IEC III project has shown how government programmes can be energized with the support of committed NGOs to bridge the last mile. For example ICDS centres have been made operational, second Saturday and fourth Saturday meetings have been regularized, the SHGs have been trained and provided exposure visits, the messages of the Health Centres have been taken to the people to improve institutional delivery, SHGs have learnt to plan livelihood programmes as well as produce plans for the Sansad meetings. This is a model of bridging the last mile that policy makers need to look at for larger replication.

- □The study team found a marked difference between the SHGs and clusters of SHGs of the control GPs and the SHGs of the project GPs. The ones which have received input from the partner NGOs are clearly much better. They are able to do basic micro credit and also take part in social activities. There is a strong gender component in the work of the project which has helped to transform the lives of the poor women who have now become more self-confident and are showing signs of becoming change agents in their villages. In course of field visits

(III)

it was evident that SHGs have learnt to do micro planning and are regularly participating in Gram Sansad meetings. This is a major improvement compared to their earlier stage of being semi-educated women living as house wives, completely dependent on their husbands and in-laws for survival. Here again, the SHGs have achieved what the government programme envisaged thanks to the support at the end of the chain by the partner NGOs.

➤ The quality of the IEC materials produced under the project is good. The usually complicated guidelines of various government programmes have been communicated in easy-to-understand Bengali. Apart from printed material the project has also communicated key information through cultural programmes and painted messages on the wall. This is an important work in development communication that can be utilized by other NGOs and also as well as in the next phase of the IEC project.

➤ The monitoring of the Project Management Body (PMB) has been quite regular. A format has been prepared under which activity wise information is sent by the partner organisations and maintained by the PMB. The PMB also visits the project areas quite regularly. A team from IGF has also visited the field and given some fruitful suggestions.

➤ The project has been implemented at a point in time when West Bengal has seen a change in the ruling political party following the 2011 Assembly elections. This has been a period of transition and turmoil in the state which has affected the work of several Gram Panchayats across the state. Given this background, the performance of both the partner NGOs is definitely praiseworthy. The effective implementation of the project could be possible only because the two partners have over the years built their reputation in their respective field areas and are respected by political leaders across party affiliation and administrators.

- The GP Coordinator (of JGVK and Community leader/Community Resource Person of LKP appear as the key project personnel at the grassroots level) is an important innovation introduced by the project. While there are many government departments implementing various types of schemes at a time, it is often found that there is lack of coordination among

(IV)

them. Here the GP Coordinators and Community leaders/Community Resource Persons and other staffs at the sub-GP level have played an important role in bringing the different programmes together. These are the posts that have linked the GP, the ICDS Centre, the Primary Health Centre, the Primary School and the SHGs. These are the innovations that have wider policy implications.

- Developing the women-SHG as change agent is another important innovation of the project. At the Sub-GP level the SHGs in the project area are emerging as an alternative to the Gram Unnayan Samity, which is now almost dead. The SHGs of the project area have shown that they are capable of doing GS level planning. This is also a matter that has larger policy implications.

- The project has not been much of a success in terms of building a CSO network. The allocation under this head was too small to effectively build a district level network. Small support to one/two NGOs looks more like tokenism than a serious effort. In future for any such endeavour there should be either a substantial allocation of budget on this activity or it should be scrapped altogether.

- The child cabinets developed by JGVK should be a model for a more large scale intervention in future. This will have a positive impact on their self-confidence and also help to monitor the quality of mid-day meal, personal hygiene of the students, cleanliness of the school and also the maintenance of school assets.

- The work related to primary schools in this project was largely related to enrolment and prevention of drop-outs. In future the JGVK and LKP may consider working on the pedagogical aspects of the students to ensure that all children do not simply go to school but also learn and may act as potential and natural diffusion agents in larger rural domain in future.

- It was found in all project areas visited that migration is an important livelihood strategy. It was however not clear how far the migration was out of choice and how far it is a

(V)

result of distress. If there is lot of distress migration then this is a matter that the next phase of project would have to seriously look into. SHG based livelihood strategy is a subsidiary income of the household and the primary earner needs to be supported more in the future.

- The study team was able to see some examples of pre-primary education in some of the ICDS centres they visited. This aspect of ICDS may be further strengthened during the next phase of the project. There is some effort underway in the state under Women and Child Welfare Department to establish model ICDS centres. The next phase of IEC III if any, may try to link up with this effort.

- Sensitization and orientation of the elected representatives, especially women, have not been found at the adequate level. . This is an area where the partner organizations have much scope to work in their future programmes.

- The present scenario of the project area is not just the result of IEC III only. It is rather the cumulative reflection of the earlier works (advocacy/service delivery) that the partner organizations have been pursuing for a considerable period of time. This is evident while comparing the performance of different project districts visited. LKP Purulia unit has started functioning much later than other project districts. It also faces more challenges than its other counterparts. The difficult terrain of the district appears as another contributory factor to the unit of not being at par with other districts.

- Most of the primary observations are based on visit to the model Sansads where the partner organizations have pooled most of their resources. The demonstrative effect of them on the non-model Sansads will be an area of interesting study.

Chapter 1

Background and Methodology

1. Background

India Group Funen (IDF) has been implementing a project under the domain of Information, Education and Communication (IEC) in West Bengal. The title of the project is 'Capacity Building and Advocacy for a Local Participatory Self Governance for Poverty Reduction through Information, Education and Communication'. The present one is the third phase of the project, the earlier two were implemented from April 2004 to March 2007 and April 2007 to April 2011 respectively. The main theme of the project is to increase capacity of the civil society as well as the local government in the project areas with respect to participatory self governance. The project was in relation to fulfillment of state programmes for poverty reduction with focus on Millennium Development Goals (MGDs) by utilization of IEC methods and materials. The present one is not an extension of the earlier one but based on the past experience. The first phase was basically capacity enhancement of Gram Panchayats through development of IEC materials and action research on collaboration between civil society and PRIs. The second phase was to strengthen grass root democracy involving people and PRIs, which would enable the local governments to undertake poverty reduction programmes more efficiently. In the third phase, an emphasis has been laid on the improvement of services in specific terms and MDG has been taken for the purpose. The third phase of the project will be completed on 31st August 2015. In this context, an end line evaluation was conducted by Institute of Social Sciences, Kolkata to understand the status of implementation of project and achievement of its objectives.

The overall objective of IGF project is to improve local democratic participatory procedures for implementation of programmes in relation to MDG in West Bengal, India. The specific objectives are:

- To enhance the capacity of the involved GPs to plan and implement the MDG programmes.
- To make the beneficiaries aware of the MDG and involve them in implementation of the programmes.
- To develop regional/state/district level networks for taking up advocacy on programmes for economic and social development (MDG).

The project management body (PMB) has also developed some indicators, mentioned in Table 1.1 to measure success of the project.

Table 1.1

Objective wise Success Indicators of the Project as Mentioned in Project Background Document

Objective	Success Indicators
Objective 1: To enhance the capacity of the involved GPs to plan and implement the MDG programmes	<ul style="list-style-type: none"> • 75% of the involved GPs have appropriate Annual Plan for poverty reduction schemes, public health programmes education programmes etc. • 75% of involved GPs have implemented several programmes according to Annual Plan.
Objective 2: To make the beneficiaries aware of the MDG and involve them in implementation of the programmes.	<ul style="list-style-type: none"> • Production of CDs, booklets, leaflets, and other communication materials. • At least two cultural shows per year for awareness generation in the project areas have been held.
Objective 3: To develop regional/state/district level networks for taking up advocacy on programmes for economic and social development (MDG).	<ul style="list-style-type: none"> • Advocacy programmes are undertaken regularly at different levels.

The evaluation has been undertaken to assess the achievement of the project objectives in terms of five areas, namely, poverty alleviation, mother and child health, primary and pre-primary education, planning process, women empowerment and network building. However, the success indicators mentioned in the project background document could not be used directly to measure the level of achievement.

2. Methodology

The evaluation was based on the following methodology:

i. Desk Research: All secondary information was reviewed under this activity. It included background paper of the project, annual performance reports and other records maintained by the LKP and JGVK. It also reviewed annual plan of some of the sample GPs, documents related to implementation of plan, CDs, booklets and other IEC materials prepared by the partner organizations and also the advocacy programmes organized by them.

ii. Collection of Primary Information: Primary information was collected from the following stakeholders:

- Implementing Organisation
- Partner organizations at state, district and block level
- Gram Panchayats
- SHGs
- Health and education service providers such as ASHA Workers, Anganwadi Workers, teachers of primary schools etc.
- Officials of the line departments

Primary information was collected using the following methods:

- (i) Semi-structured interviews of implementing organization and partner organizations
- (ii) Focus Group Discussions with sample GPs, CSOs and SHGs, health and education service providers etc.
- (iii) Direct observation as far as possible
- (iv) Visual documentation through still photography

Why qualitative method?

For the purpose of the evaluation, qualitative methods were adopted to collect the primary information. This is due to the nature of the project that was evaluated. Firstly, the project is of

advocacy nature. It is not a stand-alone project (e.g. creating a certain number of SHGs in a particular period of time) and works closely with the mainstream development initiatives of Government of India/West Bengal. Thus it is impossible to distinguish between the benefits coming from a government initiative and the benefits coming from this particular project. Hence a qualitative study was necessary to understand how the project helped in energizing the mainstream development activities of Government of India.

Second, no baseline survey was conducted before the project activities were initiated. Therefore, quantitative analysis based on household survey would not have been appropriate for the present evaluation. It would not have been possible to compare the survey data with the data of an earlier period.

Third, the budget that was available did not allow a comprehensive survey at the household level with a control group in order to determine whether the households within the project area are doing better than the households in the control areas. Besides there are multiple factors which can have an impact on poverty, health and education of a rural society, and hence eliminating all of them in order to understand only the effect of this project would not have been possible.

The study therefore has tried to understand how the project has helped the mainstream development agenda of the government of India in the project area and what additional inputs it has provided to the mainstream efforts to achieve MDG goals. Such an analysis could have been possible only through ethnographic field work using qualitative methods rather than canvassing a structured questionnaire.

3. Sampling

IGF has implemented the project with two partner organizations – Loka Kalyan Parishad (LKP) and Joygopalpur Gram Vikash Kendra (JGVK). Both the organizations have associated some CSO partners in some areas of the districts for implementing the project. Organization wise geographical coverage of the project is given in Table 1.2.

Table 1.2
Area Covered under IEC III Project

Project Partners	District	Block	Implementing Organisation	No. of GPs Covered
LKP	Birbhum	Labpur	LKP, Birbhum Unit	6
		Illambazar	LKP, Birbhum Unit	6
		Mayureswar 1	Earlier Mallarpur Naisuva, presently GP Resource Persons	1
		Mayureswar 2	Nawapara Lakshmi Narayan Khadi Gram Unnayan Mahila Sangstha	1
		Nanoor Block	Kirnahar Tarun Samity	1
	Jalpaiguri	Alipurduar II	LKP, Jalpaiguri Unit	3
			Prayas	1
	Uttar Dinajpur	Itahar	LKP Dinajpur Unit	5
		Kaliaganj	Kaliaganj Astha Sebayam Samity	1
	Dakshin Dinajpur	Harirampur	LKP Dinajpur Unit	3
		Kushmundi	Shreads	1
	Purulia	Jhalda II	LKP Purulia Unit	4
		Joypur	LKP Purulia Unit	2
JGVK	South 24 Parganas	Basanti	JGVK	5
		Gosaba	Sreema Matri Tirtha Mahila Samity	1
	North 24 Parganas	Gaighata	Kishalay Tarun Tirtha	1
		Sandeshkhali	JGVK	1

The project is being implemented in seven districts – five districts by LKP and two districts by JGVK. There are total 16 blocks and 43 GPs in the project areas. From the above universe, sample was selected in the following way:

- Four districts were selected, three from LKP's area and one from JGVK's area. The sample districts were South 24 Parganas, Birbhum, Uttar Dinajpur and Purulia.
- From each district, one block is selected for detailed study. Only in Birbhum two other blocks were also covered for selective study. In some districts, the second GP is visited only for case study.
- The number of project GP from each block varied from one district to another. Apart from it, one control GP is also selected to compare the progress taken place in the project GPs.

The details of the sample units are shown in Table 1.3.

Table 1.3
Details of units covered during Field Visit

District	Block	Sample GP	Control GP
Birbhum	Labpur	Jamna	Indas
	Illambazar	Batkar	
	Nanoor	Kirnahar I	
Uttar Dinajpur	Itahar	Kapasia, Joyhat	Chhayghara
Purulia	Jhalda 2	Majhidi	rigid
South 24 Parganas	Basanti	Basanti, Nafargunj, Jyotispur	Uttar Mokambaria

4. Project Activities at a Glance

The following activities have been undertaken by the partner organizations:

- **Support to GP** – for giving support to GP, the partner organizations have undertaken the following activities:
 - Advocacy workshop with GP
 - Development workshop with GP for CSO-PRI partnership
 - Capacity building of GUS and GP standing committees on bottom up planning
 - Exposure trip for GP members on inclusive planning
 - Logistic support to PRI for critical gaps and handholding
- **Support to SHGs** –
 - Awareness and capacity development programmes for SHGs, sub-clusters and clusters were conducted on group management, entitlements, social issues, health issues, MDG, role in governance, GP plan etc.
 - Handholding support was given on different vocations
 - Advocacy with GP for creating infrastructure for cluster
- **Creation of resource persons**
 - from amongst the SHGs on issues of group management, GP planning, computer (for clusters)

- cultural groups (Baul and street play) for awareness generation
- women empowerment committee for addressing gender issues
- **Exposure visit for SHG leaders and staff** led to adoption of best practices

- **Building network**
 - At the CSO level
 - SHG – health workers – ICDS workers level

- **Preparation and circulation of IEC materials**
 - News letter
 - Reading materials
 - Audio and video products

Chapter 2

Birbhum

1. District Profile

Birbhum, often called the land of red soil is situated in the western part of South Bengal between $23^{\circ} 32' 30''$ N and $24^{\circ} 35' 0''$ N latitudes and $87^{\circ} 5' 25''$ E and $88^{\circ} 1' 40''$ E



longitudes. The district comprises of 19 development blocks, six municipalities and 167 Gram Panchayats. The headquarter of the district is located at Suri. The western part of the district is an undulating upland while the eastern part constituting the northeastern Rarh region, is comparatively fertile and merges with the Gangetic plain. The climate on the western side is dry and extreme, but is relatively milder on the eastern side. The district covers an area of about 4,545 square kilometres with a population of 35,02,387 (2011). The demographic features of the

district in 2001 and 2011 are given in Table 2.1.

Table 2.1:

Demographic Features of West Bengal 2001 and 2011

Description	2011	2001
Actual Population	3,502,404	3,015,422
Population Growth	16.15%	17.99%
Density/km2	771	663
Sex Ratio (Per 1000)	956	950
Child Sex Ratio (0-6 Age)	959	964
Average Literacy	70.68	61.48
Female Literacy	64.14	51.55
Child Proportion (0-6 Age)	12.81%	16.19%

Birbhum is primarily an agricultural district with around 75% of the people dependent on agriculture. 87% of the population lives in villages. Birbhum is a major centre of cottage industries, the other industries being agricultural based industries, textile, forestry etc. According to West Bengal Human Development Report 2004, Birbhum ranks fourteenth among all the 18 districts of the state. The values of all the indices are much poorer than those of West Bengal (Table 2.2). In 2006 the Ministry of Panchayati Raj mentioned Birbhum one of the country's 250 most backward districts.

Table: 2. 2
Human Development Index, 2004

Index	West Bengal	Birbhum
Health Index	0.70	0.53
Education Index	0.68	0.61
Income Index	0.43	0.27
HDI Value	0.61	0.47

Source: West Bengal Human Development Report, 2004

2. Implementation Process

LKP Birbhum unit has been implementing IEC project since its first phase. IEC III project is being implemented by LKP in five blocks, namely, Labpur, Illambazar, Nanoor, Mayureswar 1 and Mayureswar 2. In the first two blocks, LKP itself is implementing the project while in each of the remaining three blocks, LKP has engaged one CSO partner, the details of which has been given in Chapter 1. There are 15 GPs in Birbhum under the project. Mainly backward GPs have been considered for the purpose. From each of the GPs, two Sansads were selected as model Sansads where more focus has been laid. Thus, altogether 30 model Sansads are there in the district. In the beginning, an agreement was signed by LKP and Pradhan of the project GPs after which a baseline survey was conducted. Sansad wise situation of infrastructure, natural resources and awareness of SHGs were analysed. Based on the findings of the survey, model Sansads were selected in consultation with the concerned GP authority.

There are only three persons exclusively recruited for this project but the project area is quite large. So, LKP had to converge it with its other projects running in Birbhum district to get support of the staff of those projects. Apart from IEC, the most important project running by LKP is Mahila Kisan Sashaktikaran Programme (MKSP). It is being implemented both in Labpur and Illambazar blocks with large number of personnel. Block wise structure of MKSP staff is: Block Coordinator → Field Programme Assistant (FPA) → PDF → CRP. As



Capacity building session of LKP personnel

IEC is an advocacy programme, service delivery is not covered in it, it has been converged with MKSP in such a way that advocacy part is dealt under IEC while service delivery like distribution of seeds, birds, animals etc. is dealt under MKSP so that both the programmes can run simultaneously. Where the

programme is running through CSO, is being implemented in different way. Initially LKP paid the CSO Rs. 8,000 per month from which Rs. 4,000 went to the concerned GP and the remaining Rs. 4,000 were spent by the CSO for programme implementation. Presently, no amount is paid to the GP; the CSO is receiving Rs. 5,000 per month. It has appointed one staff for this project and the entire implementation is managed with this fund.

The main focus of IEC III is MDG. In the beginning, a training programme was conducted by LKP where all district level personnel were imparted training on MDG. Experts from outside also contributed to the capacity building programme. Later on district level personnel imparted training to the field level workers where CSOs were also included. Capacity building of the project staff was an important aspect of the project. Apart from the initial

CB programme, several other programmes were conducted by the district office in the subsequent times.

Implementation Strategy

The project has four goals under MDG such as

- Poverty reduction
- Improvement in the status of mother and child health
- Improvement in the status of primary education
- Equality of gender

According to the project concept, all the above goals will be achieved through:

- Inclusion in the GP plan and implementation
- Involvement of the voters specially women in the planning and implementation process
- Building networks with SHGs, CSOs, PRIs and line departments

LKP Birbhum office has adopted the following strategies for implementation of the projects:

1. Awareness campaign
2. Training and workshop
3. Preparation of IEC materials like leaflets, booklets, CD etc. and their distribution.
4. Creation of Baul and street play groups for awareness campaign
5. Building networks at different levels



A street play performed by LKP performers for awareness generation

6. Field visit
7. Sharing of experience through exposure visits
8. Providing handholding support (subject wise)
9. Participation in fair (subject wise)

The above strategies were adopted in all the four components of the project, sometimes collectively and sometimes separately whatever necessary. The target groups of LKP were

- Women of NRLM platform (SHGs, sub-clusters and clusters)
- Gram Panchayats
- Line Department
- Men folk of the villages as subsidiary target group

Before the implementation was started, an ideal condition that to be achieved at the end of the project was sketched. It was divided into six parts –

- Ideal Gram Panchayat
- Ideal village or Gram Sansad
- Ideal residential house
- Ideal ICDS centre
- Ideal primary school
- Ideal SHGs

In the following sections, component wise activities and their benefits have been discussed. It is necessary to keep in mind that three phases of IEC project has been implemented continuously without any gap in between. Therefore, whatever the outcome of the project is observed at present is the result of continuous effort given during the last few years.

3. Poverty Reduction

For poverty reduction, the following activities were undertaken:

- Formation of SHGs

- Imparting training to the SHGs on different vocations and also on group management
- Making liaison with GPs and line departments for ensuring entitlements

Formation of SHGs

In the beginning, there were only 388 SHGs in the project area the number of which increased substantially. Only in two blocks Labpur and Illambazar, where LKP is directly working, the numbers of present SHGs are 242 and 294 respectively. We visited Jamna Gram Panchayat of Labpur block which has total 40 SHGs. There are two model Sansads, Jamna and Ramkrishnapur. Information on the SHGs of Jamna Sansad was collected. There are 11 SHGs in this Sansad, all with female members and all members are literate. All the groups were formed prior to IEC III phase. The members are mostly from SC families and belong to BPL category.

Imparting training or handholding support to SHGs

LKP has imparted training to the SHGs on various aspects including vocations and group management. In Jamna Sansad, 11 capacity building programmes were conducted for the SHGs of which one was on Panchasutra and eight were on different vocations like tailoring, animal husbandry, nursery, mushroom cultivation, fishing, vaccination of animals etc. The remaining two programmes were on other issues. Sub-clusters received training in six out of these nine programmes. Sometimes, LKP also collaborated in training programmes organized by state government. In these programmes, LKP advocated to include the SHGs of its project areas and sometimes, LKP personnel acted as resource persons in these training programmes.

As a result of providing handholding support, SHG women have become economically self-sustained. More than 80 percent of SHG women in Jamna Sansad are pursuing economic activities. In four groups, 100 percent members are involved in economic activities.

Ensuring entitlement of the villagers: In this aspect, LKP has worked in two ways. On one hand, it has discussed with GP and line departments to make the process of entitlement under different government schemes easier

and on the other hand, it has motivated villagers to be aware of their entitlement under both economic activities and social security schemes and to place demand for it before the concerned authority. The most important scheme for entitlement is MGNREGS, under which BPL families are supposed to get unskilled jobs. LKP has advocated so that BPL families can get their job card. Some of the other schemes for which LKP advocated are PROFLAL, SASFAU, IGNOAPS, widow pension, JSY, NFBS, Am Admi Bima Yojana, Kisan credit card, farmer's loan etc. As a result of advocacy, 213 families got job card and 986 people were motivated to demand for their entitlements under different schemes. According to the information provided by the district office, the following improvement has taken place in this sector:

Table 2.3
Changes in Scenario of the Entitlement of Different Government Sponsored Schemes in Birbhum

Benefit	Previous Situation (% of Beneficiaries)	Present Situation (% of Beneficiaries)
Ration Card	60	90
Job Card	60	85
PROFLAL	30	70
SASFAU		30
Widow Pension	20	60
IGNOAPS	30	80
National Health Insurance Scheme	20	75
IAY/ Gitanjali Awas Griha	30	70
Handicapped Allowance	10	25
Kisan Credit Card	20	70
Sahay Scheme	10	40 (2013)
Shramik Nirman Sahayata	15	70

The employment scenario has improved to the some extent under NREGA. In Labpur block, there are 11 GPs of which six are covered under IEC III. Till June 2015, total 40443 households were issued job card in the whole block of which 53 percent households were in IEC III GPs. In Jamna GP where ISS team visited, 3113 households were issued job card till this period but it made very good improvement in the generation of person days. More than 22 thousand person days were generated here till June 2015 which was highest in the block. Participation of women in NREGS has also increased a lot in this GP and it has been made particularly in the last one year. According to the rule, women participation in this job should be at least 50 percent. Jamna GP authority has decided to make it 55 percent. In 2013-14, only nine percent of the total person days generated in GP were women while in the next one year it jumped to 57 percent.

As a result of the implementation of IEC III combined with MKSP and Food Security programme, the following impact is observed:

- 56 MOUs were drawn by the GPs for nursery, social forestry; lease of PRI owned pond and water bodies for undertaking fish farming.
- 248 capacity building programmes were organized under NRLM.
- 889 families have started animal husbandry
- 742 families have started kitchen garden
- 109 families have started fish farming.
- 25 vaccination camps for 2012 animals have been organized by Animal Husbandry Department.
- All SHGs have been brought under Mid-day Meal Programme.

As result of these improvements, income of SHG women has increased. They are now engaged both in individual and group activities. Individually, the members are engaged in different income generating activities like tailoring, animal raring, cultivation etc. Simultaneously, the groups are engaged in preparing food under Mid-day meal programme, social forestry, taking

lease of ponds and land for fish farming and preparing vegetable garden. Whatever the amount the group is earning from collective activities, is divided among the members.

4. Improvement in Mother and Child Health Status

LKP has advocated for improvement in mother and child health conditions through generating awareness of SHGs, ICDS workers, health service providers, Gram Panchayats and also the line departments such as health and family welfare department and social welfare department at the block level. The activities it undertook are:

- Convincing the families having land to prepare nutrition garden within the premises and to use organic fertilizers. The logic behind it is that vegetables of these gardens can be consumed by the family members as a measure against malnutrition and organic fertilizer will help the family members to be away from the side effects of different chemicals.
- To look into whether all ICDS centres have proper infrastructure of sitting, cooking, drinking water and toilet. If necessary, to liaison with the GP and line department.
- To monitor so that children above three years of age come to the ICDS centres regularly and take food there.
- To monitor so that pregnant and lactating mothers come to the ICDS centres to take food and also for vaccination.
- To monitor whether sub-health centres (SHC) and PHCs have proper infrastructure including medicines to provide service at satisfactory level.
- To advocate for institutional delivery.
- To advocate for timely vaccination for all children.
- To advocate for constructing sanitary toilet at home and use it and also for developing hygienic habit among the villagers.

The impact of all these activities is:

1. Infrastructure at the health centres- Earlier SHCs didn't have proper water supply and electricity connection. Toilets in PHCs were not usable. Now all the health centres

have proper infrastructure with electricity connection, drinking water and clean and usable toilet. But the SHC in Ramkrishnapur Sansad in Jamna GP where ISS team visited needs some infrastructure improvement. The present building has become almost dilapidated. Due to constant liaison of LKP, Rs. 33 lakh has been sanctioned from block office for construction of new building.

2. Improvement in overall awareness of women on health and sanitation issues – due to repeated meeting and awareness programmes with all the stakeholders, awareness among women has increased particularly on three aspects namely, vaccination, family planning and space between two children. More than 80 percent pregnant women reported to take three vaccines in 18 health centres in 15 GPs. Earlier also vaccinations were held but initiative was observed only among the services providers but now village women are more interested for vaccination. They come to the health centres on proper day on their own for vaccination. 568 reluctant pregnant mothers have been motivated to complete vaccination course.
3. Improvement in birth control – earlier 30 percent birth control was achieved even in model Sansads which increased to 75 percent at present. Number of children per couple has decreased even in Muslim area.
4. Institutional delivery – the project area in Birbhum was not in bad condition in the initial stage recording 70% - 80% of total delivery to be institutional, still it has shown improvement and at present 99% of the delivery takes place in hospitals. Availability of ambulance has contributed to a large extent to achieve this improvement. 75 percent of GPs have reported to have Matri Jan. But situation is not that much good in other than model Sansads. In some areas of Batikar GP of Illambazar block, home delivery is still happening and as a result, child mortality rate is higher.
5. Improvement in nutritional status – due to regular meeting with SHGs, villagers particularly women, health service providers, ICDS workers etc. nutritional status of the people of project areas has improves. 80 percent of poor families have been encouraged to start nutrition garden as a result of awareness generation and handholding support provided by L K P. The I C D S centres have become more active in this respect. In 35

schools and ICDS centres, nutrition garden has been started by the SHGs and vegetables of these gardens are consumed by the beneficiaries. It has also improved the quality of food. The presence of children in ICDS centres has increased from 20 percent in 2011 to 65 percent in 2015. In most of the centres, children of three to six years of age are coming to the centre and taking food there. ISS team also observed children taking food at one centre in Jamna GP. Growth chart was not maintained earlier but now in 80 percent of the model Sansads this is done and mother are informed. Hygienic habits have also developed among the children. Now they are washing hands with soap before taking food.

6. Focus on SAM children – the project area has a problem of SAM children but earlier they were not given special attention. But presently situation has improved. 12 SAM children have been identified and referred to the nutrition rehabilitation centre for treatment. Earlier, mothers were not interested to go to this centre due to the loss of workdays but now they have been convinced to some extent to take them to the centre. Still, LKP needs to give more focus on this issue.
7. The project has also created other impacts like
 - Birth of 708 children has been registered and certificates have been issued with the help of IEC staff.
 - 256 families have received health entitlements like Rastriya Swastha Bima Yojana and Janani Surasksha Yojana.
 - Earlier, people were not aware of VHND. At present, in 92 percent Sansads, VHND has become a regular feature and people participate in it.

5. **Improvement in Pre-primary and Primary Education**

Primary education is one of the aspects of MDGs under the project and LKP Birbhum has taken care of it. It has developed awareness among the SHG women to send children to school and ICDS centres regularly, to run the Mid – day Meal Programme smoothly, to start nutrition garden in school premises, to monitor the school functioning through Mother’s Committee and also to put demand for necessity of school if any to the GP. If any family is found not sending

children to school/ICDS, LKP members with SHGs visit the family and try to convince parents for sending children to schools. The impact of the activities is:



Nutrition garden in school premise, Kirnahar I GP

1. Decrease in school dropout – Earlier it was a common feature of the villages. But now SHGs have become aware of it. Along with their own areas, they are also taking care of the surrounding villages so that no child can be out of the school. The presence of above three years children in ICDS centres has also increased.
2. Nutrition garden in school premises – This idea and hand holding support has been given by LKP. Now 55 percent primary schools have nutrition garden managed by SHGs. The vegetables of this garden are used in Mid-day Meal of that particular school which has improved the quality of food. It has motivated the school education department and from SI office, all schools have been asked to take initiative to start nutrition garden.
3. Dissemination of information on Mid-day Meal – it was not in practice earlier. But now, all schools have a board outside where menu of the Mid-day Meal is displayed everyday so that the guardians can be informed about it.
4. Drinking water and sanitation facilities – Earlier all schools did not have it. Some schools had toilet but not usable. Now all schools and ICDS centres in the project area have drinking water and sanitation facilities and children are using it. In some schools, teachers have separate toilet. All schools and ICDS centres have proper infrastructure of cooking and SHGs are also keeping the place clean.
5. Increase in attendance – As a result of all these facilities, children are now not suffering from diseases as frequently as they were earlier. It has resulted to

improvement in regular attendance. We recorded the attendance of children studying in a primary school of Ramkrishnapur Sansad of Jamna GP.

6. Active Role of parents and school management committee – in 65 ICDS, parents meetings are regular and in 80 percent primary schools, meeting of school monitoring committee takes place.

6. Improvement in Planning Process

Bottom –up planning is an important aspect of IEC project to make the GP planning participatory. LKP has tried to do this through sensitizing the SHG women. At the same time, it has sensitized the GP personnel to enhance their capacity in this respect so that bottom up planning can take place in the respective GPs without any obstruction from any corner. The activities undertaken in this regard are:

- Capacity development programmes for GPs on specific programmes envisaged in MDGs
- Advocacy workshop with PS and ZP
- Capacity building programmes for GUS and Upa Samiti members
- Assist GPs in preparing annual action plan and supporting them to implement it
- Mobilization of SHG women members to take part in planning process

The planning has two parts – one is livelihood planning for poverty reduction where SHGs submit plan for their income generating activities. It includes both individual income and group income activities. The second type of planning is social planning under which GP infrastructure like road construction, drinking water and sanitation facilities, and selection of beneficiaries for centrally and state sponsored schemes etc. are planned. Both the model Sansads of Jamna GP have done it successfully. At first, the groups have discussed it at the Para level and then at the Sansad level in Gram Sansad meetings. For economic planning, LKP conducted meetings with SHGs and GPs for checking the status of natural resources while for infrastructure planning, women in both the Sansads have prepared social map from which the needs have been identified and then prioritized in the Gram Sansad. The result is the following:

1. In Jamna GP, total 337 plans have been included under the annual action plan for 2015-16 under MGNREGA of which 196 (58%) plans from four sectors namely, land development, improvement of livelihood horticulture, sericulture, forestry etc. development of fallow or waste land and infrastructure for livestock have come from SHGs (Table 2.4).

Table 2.4
**Number of Schemes Included in the Annual Action Plan of 2015-16
 under MGNREGA in Jamna GP**

Sector Name	No. of Scheme
1. Land development	33
2. Improving livelihoods through horticulture, sericulture, plantation and farm forestry	11
3. Development of fallow or waste land for households	4
4. Creating infrastructure for livestock	148
5. Total 1 to 4	196 (58%)
6. Other sectors	141 (42%)
7. Total	337 (100%)

2. Social Plans – a substantial portion of infrastructure has been prepared by GP as a result of planning and deputation given by the women. In Birbhum, infrastructure of four ICDS centres has been improved and some have newly been established by the GPs. In some villages roads have been built up in the initiative taken by the SHGs. SHGs also plan for awareness campaign and other social and cultural activities. For example, in Batikar GP of Illambazar block, SHGs submitted 28 such plans for the financial year 2014-15. It included literacy campaign, organizing awareness workshop on women issues, family planning, birth and death registration etc. It also included plan for infrastructure like sanitary toilets, cultural centre, baby crèche for working mothers, platform for tube well etc. 13 such plans have been implemented by the GP.

However, capacity development of Upa Samiti members for sex oral planning has not been successful at the satisfactory level as conveners of sub committees generally do not remain present in the related meeting like second and fourth Saturday meetings.

7. Women Empowerment

The IEC programme has been conducted mainly through mobilization of SHG women to take part in local government. Naturally, women empowerment has become an important component of the programme.

1. In the GPs, LKP has tried to strengthen the NRLM structure. The SHGs, sub-clusters and cluster have been strengthened in the project GPs. The SHGs we have met are all very much vocal. The members actively participate in the local governance. Even the women GP members including Pradhan and Upa Pradhan are mostly from SHGs. Naturally; voice of women in GP matters is very strong.

2. The clusters are very strong. We met the members of Nitya Sangha, the cluster of Jamna GP. It has 11 sub-clusters and from each of these two members are in the cluster. It was established in 2008 and at present it is running with 147 members. LKP has trained the cluster members in all aspects like record keeping and various



Members of Nari Jagaran Committee at Jamna GP with ISS study team

vocations like tailoring, mushroom cultivation etc. Now, the Sangha itself is imparting training to the new SHGs. For proper functioning, it has formed seven committees under it. Six of them are on economic activities while one, named Nari Jagaran Committee, is to prevent the atrocity against women in the villages.

The Sangha with its sub-clusters and SHGs monitors almost all matters in the villages. The positive impact of it is observed in the following aspects:

- Participation in Gram Sansad: The following table shows how women are actively participating in Gram Sansad. In both the model Sansads of Jamna GP, women participation has continuously increasing both in half yearly and annual meetings of gram Sansad while there is no change in participation of their male counterpart. In both the Sansad, the number of females attended gram Sansad was less than male in 2011-12 when the project just started but from the next year the number of females surpassed that of male in both the half-yearly and annual meetings of Gram Sabha (Table 2.5). In 2014 before the Gram Sansad half-yearly meeting, LKP organized a rally in all of its project area. In this GP, both Pradhan and Upa Pradhan not only joined the rally but also led it.

Table 2.5

Participation of Voters in Gram Sansad of Model Sansads in Jamna GP

Name of Sansad	Gender	2011-12		2012-13		2013-14		2014-15	
		Half Yearly	Annual	Half Yearly	Annual	Half Yearly	Annual	Half Yearly	Annual
Jamna	Female	103	57	207	125	311	210	313	295
	Male	214	185	174	26	185	142	170	176
Ram-krishnapur	Female	57	25	85	80	114	110	147	172
	Male	82	88	82	70	105	95	102	87

- Positive functioning of Nari Jagaran Committee – the committee was established in 2009 with 17 members including BDO, OC of local Thana, leader of Mahasangha (block level) and Sangha, Pradhan and convener of Nari O Shishu Kalyan Upa Samiti of the GP and some members of Upa-Sangha. Earlier, there were lots of complaints from the SHGs about violence against women in the villages. Women were very much mistreated

and they couldn't enjoy their rights. The incidence of marriage of minor girls and their becoming mother in early age was much higher. The LKP gave the idea of setting this committee and it was established. The members of the committee have been imparted training by LKP on women rights, child rights etc. Now, they are solving many problems of the villages. Whenever any complaint comes from any woman, the committee members visit the residence of the victims and listen to the family members. Then they arrange for a meeting in the Sangha where both parties are called and try to solve the problem. If needed, the committee takes help and guidance from police. After the committee has started functioning, the following impact is observed.

Table 2.6
Some Positive changes in the Field of Women Awareness in Jamna GP

Issue	Previous Situation	Present Situation
Marriage of minor girls	More incidences	At the initiative of SHGs, sub-clusters and Cluster, now women have been aware of it.
Motherhood at tender age	70%	20%
Legal awareness, women rights	Women were not at all aware of these	Now many women are aware of these and come forward with their problems
Elimination of dowry system	Campaign was much less	Awareness has been built up through SHGs

- Increase in overall exposure – the project has given an impetus to the overall exposure of women. The above two points give support to the statement. Because of strong monitoring of SHG women, positive changes have taken place in health and education sectors as already discussed. Women are now more visible in the public field. Not only GP, women are now visiting block office to enroll their name in job card. Earlier also programmes were implemented but now grievances related NREGA has increased and most of these come from women.

8. Network Building

In Birbhum, LKP is implementing IEC III through three CSOs in three blocks the names and area of work is given in Chapter 1. With these CSOs, LKP has good network and it gives training and other supports whatever necessary to these organizations for implementing the projects. LKP has tried to empower SHGs and through them, it tries to bring awareness among the villagers. That's why it has emphasized on grass roots level network building and for this, NRLM platform has been used. A good network has been built up between the NRLM tiers, ICDS workers, and health workers. SHG members are keeping close contact with the other service providers and monitoring their performance on regular basis. Network has also been built up with the GPs with LKP and SHGs and service providers. Now Pradhan gets present in all the second and fourth Saturday meetings though the convener of Nari o Shishu Kalyan Upa Samiti does not attend the meetings in all GPs. In all these meetings, LKP representative of the respective GPs is also asked by the Pradhan to be present.

Apart from the grass roots level networking, LKP has maintained good contact at the block level both with Panchayat Samiti and line departments. In Labpur block, we met officials of three line departments namely, MGNREGA, SC/ST cell and disaster management. All the officials have appreciated the work of LKP and admitted the network LKP is maintaining with them. APO, MGNREGA said that he had learned many things from LKP regarding implementation of the programme. LKP supervises 90 percent of Gram Sansads in overall block and 100 percent Gram Sansads in their project GPs in the last year. Because of LKP, now Gram Rozgar Dibas is being celebrated by the GPs successfully. As a trainer also, LKP is very efficient. Now, the department discusses with LKP before launching any programme or project. According to the official of SC/ST cell, LKP helps the cell in preparing beneficiary list, in opening bank account of the beneficiaries and many other activities. The cell is also benefitted by LKP in programme monitoring. According to the Disaster Management Officer, LKP is helping the department in every aspect. In case of any disaster happens in the block, the first information comes from LKP which starts their relief work even before the

government gives support to it. As a result of good performance, LKP coordinator of Labpur block has been included in the Block Planning Committee of the state government.

9. Situation in Control GP

We visited Indas GP of Labpur block as control GP. It is not covered under IEC but the MKSP programme is implemented in this GP. Because of the absence of IEC, awareness and sensitization activities could not be strongly focused here as has been done in the project GPs. We visited one ICDS centre and met the Sangha members and the Pradhan and officials of the GP. The picture we got is summarised below:

- ICDS centre – We visited Lauhatta Anganwadi at Makai Sansad of Indus GP. It was constructed in 2011 with BRGF fund. 39 children of three to six years of age and 25 children below three years are enrolled here. But the number of children present was very less. No pre-primary education is provided here as no child of three to six years age-group comes and takes food at the centre. Parents come and take food home. The problems are both from the beneficiaries and service provider's side. The parents of the children are not aware of the need of pre-primary education. They are just interested in getting food. On the other hand, there are infrastructure problems of the centre to provide all services smoothly. The cooking shed has been damaged. Now the food is cooked inside the rooms where the children are supposed to sit. Even the storage is kept there. There is one toilet but not usable. Demand has been put to the GP for renovation of the centre but nothing has been done. According to the LKP, according to the new specification of ICDS centre, more space is needed but due to the unavailability of land, new construction cannot be taken place. The quality of cereals was also very bad.
- Low awareness of women – we talked to some of the parents who came to the centre for taking food. Very less number of women of this Sansad is involved in SHGs. As a result, the level of overall awareness is very low. Large number of women have not received job card. Mother's committee is not functioning, on an average only 3/4

come to ICDS. There is no linkage between SHGs and ICDS. Very few SHGs try to motivate parents to enroll their children in ICDS. Children go to primary school but after class six, there is a tendency of drop out. Marriage of minor girls is also found here.

- Inactive cluster – We met the members of Seva Sangha, the cluster of Indas GP. It was established in 2006, much earlier than Nitya Sangha of Jamna GP but could start activities only 4/5 years back. It has been imparted training by LKP and DRDC on Panchasutra but only 70 out of 180 SHGs under it maintain registers properly. Under MKSP, income generating training has been provided by LKP which is also distributing seeds. Only 90 groups have received it. Some proposals are sent to GPs from Sangha on NREGA but it is not participating in any other development work. The cluster has very poor linkage with GP. It has no room in the GP office, the GP staff does not cooperate with the members to hold their second Saturday meeting.
- Low efficiency of GP – no capacity building of GP members and staffs has been taken place in this GP by LKP. As a result, it is not functioning properly. Open Gram Sansad has never happened here. The Sangha members cannot know when the meetings take place. The GP staff also could not provide us the documents we asked for like attendance in Gram Sansad, planning process etc. The lady Pradhan of the GP is not aware of the GP activities. She was present in the discussion but could not participate in any issue. As informed by the cluster members, she generally remains absent in the second Saturday meetings.

10. Challenges Faced by the Organization

The following challenges have been faced by LKP in Birbhum to implement the project:

- The present project is a continuation of the earlier two phases. In the initial stage, LKP did not get support from all sides. The villagers also did not listen to them very easily. LKP then took the strategy to meet the small groups of SHGs in the evening and listen to the problems faced by them. It also had to explain the objectives of

the project to the general body of the GP to convince them that LKP is not doing any harm to the vote bank of the GP members; it wants to be friend of GP and also of the villagers. After the GP made convinced, an agreement was signed between LKP and the GP and then the work could be started. Help from the line departments at the block level was also needed to start the project as much objections were given by the service providers mainly ICDS workers. They didn't allow LKP staff even to check the growth chart.

- Sometimes, LKP had to fight against the traditions and customs of the tribal and minority societies. For example, in Darka GP of Labpur block which is a Muslim dominated area, LKP got very much obstruction in the initial stage to implement Pulse Polio. People of that GP got very much aggressive against LKP as according to them it is against the religious belief of Muslim community. Hatkaluha village of Jamna GP is also Muslim dominated where the health workers got very much obstruction to sensitize people on sanitation, family planning and vaccination. The situation was very bad five years back but due to constant support of monitoring of SHGs, now situation has improved. A survey was conducted in this village in the beginning of 2015 which revealed 10 families uncovered by vaccination and other health services. According to the health workers, all of them have either come from outside or birth of the baby took place outside (women mostly were at parents home during pregnancy period) where vaccination was not done properly but now all of them have been covered by the PHC.
- Sometimes, delay in the release of programme fund from government side creates problem in implementing project. Kirnagar Tarun Samiti, a CSO partner of LKP in IEC III, runs a sanitary-mart in Nanoor block. It campaigns for constructing sanitary toilet at home and convinces people about its necessity. In many cases, people deposit their contribution to the CSO but government's share gets delayed to be released which ultimately delays the construction of toilet. As a result, people lose

interest in it which gives much trouble to the CSO to motivate people further not only for sanitary toilets but also for other sensitization activities.

- Budget for the project staff is very limited. As mentioned earlier, in Birbhum there are only three staff exclusively appointed for IEC III. As a result, LKP had to take a strategy of converging the project with its other running projects. The budget for CSO partners is also very inadequate. With Rs. 5000 per month, the CSO cannot do anything than giving salary to one of its staffs. Sometimes, that particular staff also needs to do other jobs of CSO to get more remuneration. It hampers the activities of IEC. If the CSO has the capacity to run other projects simultaneously, it can converge IEC with them as done by LKP otherwise it is difficult to run the project through CSO.

11. Conclusion

The objective of the study is to understand how LKP Birbhum unit tried to achieve the MDG goals in its project area, what strategy they followed for it and what was the outcome of their activities. A detailed discussion on it has been done in the fore going sections, which is summarized below:

- The strategy of the project was to bring development in the GP areas through empowering SHGs using the NRLM platform. This has been successful to a great extent. SHG women in the project area are now empowered both economically and socially. All of them are economically active; they are earning some amount and contributing to the family. It has improved their standard of living. At the same time, women have also become socially empowered. They are monitoring all the development works going in the GP area, even fighting against the atrocity against women.
- SHGs are also monitoring the overall development of the villages. They have a good network with the health workers, ICDS workers and primary school teachers. At the

same time, they are maintaining network with GP and line department. As a result, MDG components like poverty reduction, mother and child health and primary education have been achieved to a large extent. Entitlement scenario has improved; indicators of health and education are also showing positive changes.

- Bottom up planning has also been achieved. SHGs are starting the process from para level and then moving upwards up to GP. Social and resource maps prepared by the SHGs are also very good. A substantial number of plans submitted by the SHGs has also been incorporated in the annual action plan of GP. In Illambazar, SHGs are also making plan for advocacy like literacy, hygienic habits etc.
- LKP has tried to strengthen NRLM platform. It is felt that while SHGs and cluster have been strengthened at satisfactory level, strengthening of sub-clusters are lacking a little behind. More focus should be given on this issue.
- LKP has tried to develop capacity of GP members but more emphasis should be given on this aspect. Pradhan and Upa Pradhan of GP may be aware of GP functions considerably but awareness level of Upa Samiti members is not satisfactory. They are not remaining present in 2nd and 4th Saturday meetings on regular basis. More capacity development of elected women representatives is needed to run the GP smoothly. with CSOs has been neglected very much. It is not possible for any organization to work with low budget what is allotted for the CSO partners in the present project. This issue should be kept in mind if the same strategy is taken in future. Dedication of LKP staff is really appreciable but staff allocation particularly for this project is too inadequate to run the project.

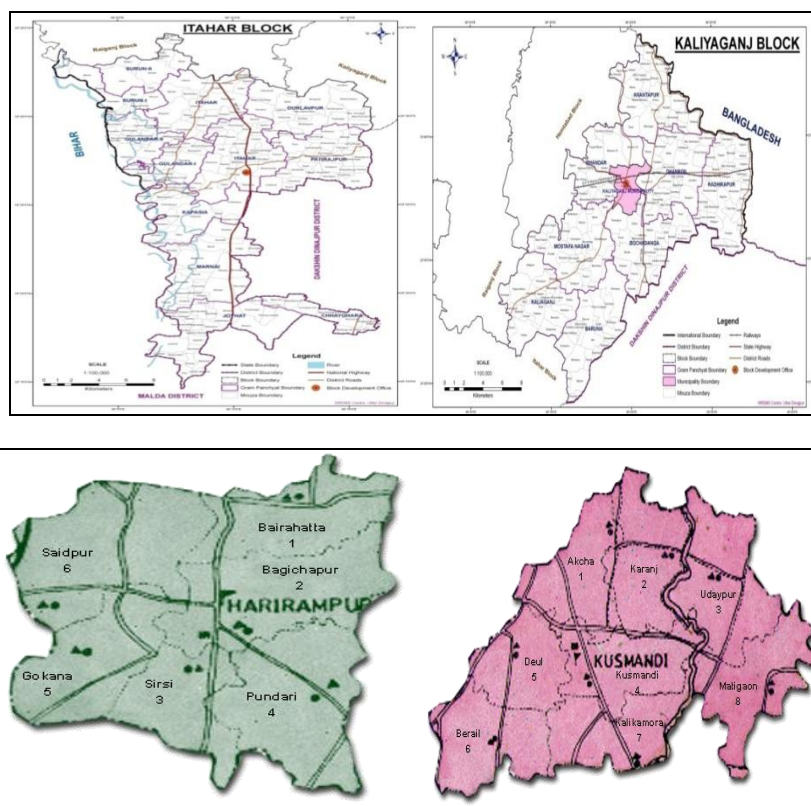
Chapter 3

The Itahar Project

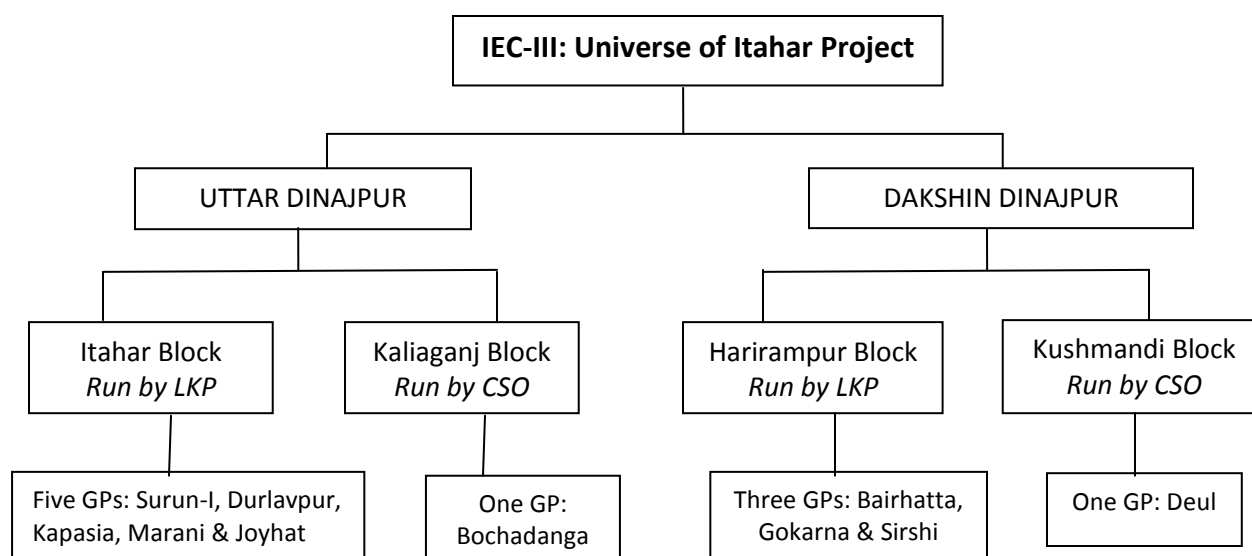
I. Introduction

1.1. Universe of the Itahar Project of IEC-III

The universe of Loka Kalyan Parishad's (LKP) Itahar project of IEC-III is spread over four community development blocks: two in each of Uttar and Dakshin Dinajpur districts; Itahar and Kaliaganj in Uttar Dinajpur and Harirampur and Kushmandi in Dakshin Dinajpur. While the affairs of Itahar (five Gram Panchayats) and Harirampur (three Gram Panchayats) CD blocks are manned the personnel of LKP itself, those of Kaliaganj (one Gram Panchayat) and Kushmandi (one Gram Panchayat) are run by two CSO partners of LKP—Kaliaganj Astha Sebeyan Samity (KASS) and Samsia Rural Health & Economic Development Society (SRHEDS) respectively. Over all the universe of Itahar Project of LKP's IEC-III covers 10 Gram Panchayats (GP) areas.



These block maps are taken from the Itahar Project Team's presentation on 29-06.2015



However due to time and budget constraints ISS had to limit its evaluation assessment only in Itahar CD block of Uttar Dinajpur.

1.2. Brief Profile of the two districts: Uttar Dinajpur & Dakshin Dinajpur

Uttar & Dakshin Dinajpur districts were created on 1 April 1992 by the division of the erstwhile West Dinajpur district. Both the districts are among the backward most districts of West Bengal. Both are predominantly agricultural; While, as per Census 2011, about 65% of the total work force in Uttar Dinajpur depend on agriculture (23.9% cultivators & 41.1% agricultural labourers), in case of Dakshin Dinajpur the agriculturist account for 67.31% (27.49% cultivators & 39.82% agricultural labourers) of the total work force. Other relevant particulars of the two districts are presented in the table 1 on next page.

1.3. Itahar CD Block

Itahar is one of the four community blocks that comprise the Raiganj sub-division. It occupies a geographical area of 362.82 km² and lies on the extreme south of the district. The CD block is bounded by Raiganj and Kaliaganj CD blocks on the north, South Dinajpur district on the east, again by South Dinajpur and Malda district on the south and by Malda district and Katihar district of Bihar. The NH34 has bisected the CD block in a south-north direction and the CD block is well connected with outer world.

There are 221 inhabited villages and these are divided into 12 Gram Panchayats. Census 2011

Table 3.1

Geographic and demographic particulars of Uttar Dinajpur and Dakshin Dinajpur

Particulars		Uttar Dinajpur	Dakshin Dinajpur
Geographical area (km ²)		3,142	2,219
Administrative divisions		Two sub-divisions, nine CD Blocks and four Municipalities.	Two sub-divisions, Nine CD Blocks and two municipalities.
Population (Census 2011)		3,007,143	16,70,931
Sex ratio (per 1000)		939	955
Proportion of child population (%)		16.10	11.22
Child sex ratio		953	957
Decadal growth (%)		23.15	11.52
Proportion of SC (%)		26.90	28.78
Proportion of ST (%)		5.40	16.12
Literacy [7+ population] (%)	Persons	59.10	64.50
	Male	65.50	75.50
	Female	52.20	55.10
Total rural population (%)		88.00	85.90
Special status	Both the districts are included in the list of country's 250 backward districts (out of a total of 640) by the Ministry of Panchayati Raj in 2006 and receive funds from the Backward Regions Grant Fund Programme (BRGF) along with 10 other districts in West Bengal.		

*source: Census 2011

recorded a total of 66041 households in the block with a total population of 303678 (51.3% male). The decadal growth is 21.71%. The sex ratio is 949 females per 1000 males. The proportion of 0-6 population to total population is 14.34%. The scheduled caste communities account for about 25.74% of the block population and scheduled tribes communities 8.34%. The overall literacy rate for the block is 50.5% (male 55.43% and female 45.3%). It is far below

the district figure (59.10%). However if one leaves aside the 0-6 population from the purview of literacy the figure improves significantly (total 58.95%, male 64.68% and female 52.90%). The proportion of total workers to total >6 population comes about to 44.61%. About 74.63% of these total workers are males. The main workers account for 75.49% of all total workers and an overwhelming 81.37% of the total workers of the block are dependant agriculture (36.0% as cultivators and 45.37% as agricultural labourers).

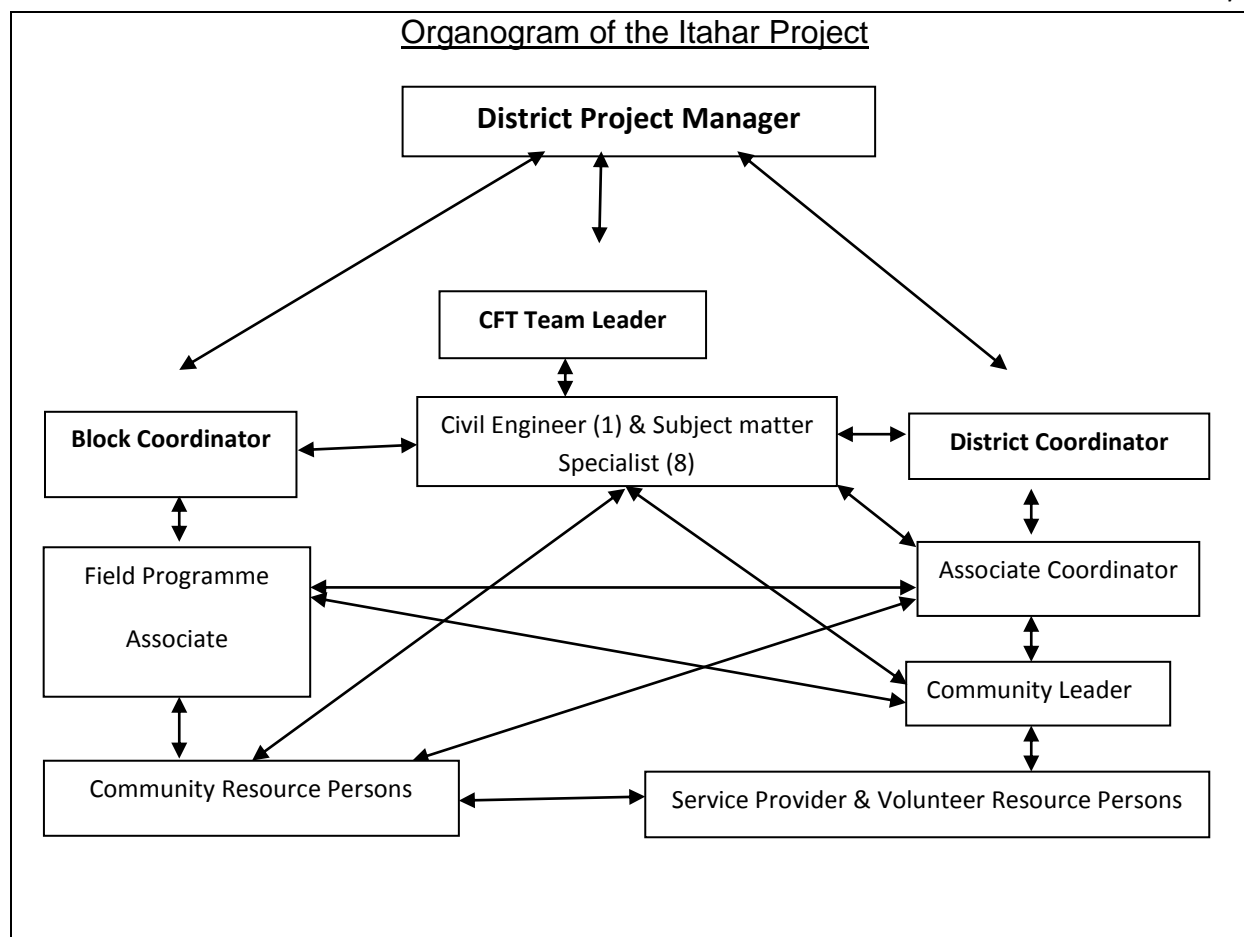
Though no official figure is available, it was verbally communicated to the study team by officials and members of public that in this CD block the people of religious minority community (Muslims) account for majority.

II. IEC-III: The Project Organization and Implementation

2.1. Project Organization

Though there is a personnel structure for the IEC- III project, in reality the personnel of all the three projects, viz., (i) MKSP project, CFT project and IEC-III project, jointly called the Itahar Project, are integrated with one another so far as their responsibilities are concerned. Only three personnel (District Coordinator, Associate Coordinator and one Community Leader) draw their salary from IEC-II project. Therefore, all personnel of the Itahar Project, irrespective of their specific mother project also take full care of activities/responsibilities other two projects at their own level. As a result, the personnel of all the three projects currently being implemented by LKP here appear as an integrated whole. The organogram of the Itahar Project presented below makes the scenario clearer.

At the very grass root level of the IEC-III project there are Service Provider-cum-Volunteer Resource Persons. There are nine such volunteers in all in the IEC-III project inclusive of both the districts. Above these grass root volunteers there is one Community Leader (CL) who gets salary from IEC-III project and is placed at the Surun-I GP. The responsibility of the Community Leader of IEC-III in other seven GPs is discharged by the Community Resource Persons (CRP) of MKSP project side by side with that of MKSP. There are 32 CRPs



(four per GP). And 31 of these CRPs are females. They (CL & CRPs) report to the Field Programme Associate of MKSP or to the Associate Coordinator of IEC-III and/or to the Civil Engineer and 8 Subject Matter Specialists of CFT project. Next in the ladder come the Block Coordinator (MKSP), CFT Team Leader and District Project Coordinator (IEC-III). And at the helm of all the three projects is the District Project Leader.

2.2. Project Implementation

2.2.1. The very first step in implementation of IEC-III project was an administrative one-- signing memorandum of understanding (MoU) with (i) selected GPs and two (ii) CSO partners:

- (i) MoUs were signed with eight GPs directly served by personnel of LKP in the two districts: (1) Surun-I, (2) Durlavpur, (3) Kapasia, (4) Marani and (5) Joyhat in Itahar

block of Uttar Dinajpur and (6) Gokarna, (7) Sirshi and (8) Bairhatta in Harirampur block of Dakshin Dinajpur.

- (ii) MoUs were signed with two CSOs under LKP-CSO-PRI convergence: (1) with KASS for Bochadanga GP in Kaliaganj block of Uttar Dinajpur and with (2) SRHEDS for Deul GP in Kushmandi block of Dakshin Dinajpur.

2.2.2. Implementation Strategy adopted

To achieve the prime goals of IEC-III, i.e., (i) poverty reduction, (ii) reduction of infant mortality rate (IMR), (iii) reduction of maternal mortality rate (MMR) and (iv) improvement of status of universal primary education-- the project organization adopted the following strategic approaches:

- Inclusion of the project goals in annual plans of the selected GPs;
- Ensuring electorates participation, particularly of women voters, in formulation and implementation of the GP plans;
- Building convergence network of SHG, GP and various line departments related to poverty alleviation and rural development.
- Demonstrative technique: instead of going for the entire universe of each of the selected GPs, a few of the Sansads were chosen from each GP to develop as Model Sansads. These model Sansads, at the end of the project, having ideal residential houses, ideal Anganwadi centres, ideal FP school and ideal SHGs will serve as ideals for other Sansads and GPs to emulate.

Table 3.2:
Project GPs and Model Sansads in two districts

District	No. of selected GPs	Total Sansads in the GPs	Sansads chosen as models
Uttar Dinajpur	6	69	21
Dakshin Dinajpur	4	44	18
Total	10	104	32

To translate the above project approaches into a reality the Itahar Project organization of LKP had adopted the following strategic programme schedule:

- Capacity Building Workshops: A number of capacity building workshops for the personnel of LKP, its two CSO partners, PRI members (ZP, PS, GP) and office bearers and concerned government officials of line departments from GP to district levels were conducted. The workshops at the district and block levels also included the local MLAs and MPs. Separate capacity building workshops were also conducted for members and staffs of each selected GP;
- Awareness campaign: Awareness in the form of wall writings, posterings and distribution of printed materials (handbill, pamphlets etc), exhibition, group meetings and door to door campaign were conducted;
- Networking of different stakeholders;
- Regular field visits by LKP personnel and volunteers;
- Regular bottom up reporting;
- Organizing various days such as 'Gram Rozgar Dibas' on the first Wednesday of every Bengali month;
- Providing handholding support to various stakeholders etc. etc.

The project has two types' strategic stakeholders: (i) direct and (ii) indirect.

(i) Direct stakeholders:

- Women Self Help Groups, Upa-Sangha & Sangha of NRLM;
- Gram Panchayat and
- Line Departments at various levels; and

(ii) Indirect stakeholders:

- ICDS personnel (Anganwadi worker, Supervisor) and
- ASHA worker.

II. Findings: Within Project Area

3.1 **Vibrant SHGs:** The institution building of women self help groups, as the project personnel prefer to call it, appears as the corner stone of IEC-III project. Rural women folk united under SHGs are viewed as vehicles of rural poverty alleviation and empowerment and all other millennium goals by LKP in all its advocacy programmes, including IEC-III project. This component of the project included (i) organizationally strengthening the SHGs, Sub-Clusters and Clusters etc. through imparting training and handholding programmes on Pancha Sutra, (ii) enabling the women of SHGs to exercise their lawful social (to put a stop to domestic violence, school dropout, home delivery, malnutrition and IMR and MMR, complete sanitation), economic (livelihood activities) and political rights (taking part in decision making in local self governance) through a series of training and workshops programme, (iii) forming new SHGs to include more women in journey of change (vi) helping the women of SHGs to acquire and develop various productive skills.

LKP in both the districts of Uttar and Dakshin Dinajpur is associated with SHGs since 2008-09. But with the covert opposition from the SGSY functionaries of DRDC at grassroots level the LKP personnel could not make much headway into the functioning of SHGs here. As a result when the project implementation began the SHGs were not in their ideal shape. The SGSY-SHGs, including also the sub-clusters and clusters were confined within their own confinement and were not playing any role outside the confinement of group.

“The BRP (Block Resource Person) and GPRPs (Gram Panchayat Resource Person)”, related a leader of on Sub-Cluster to the ISS study team, “used to insist us privately not to mix with Didis of LKP.” This was due to clash of interest: these grassroots level SGSY functionaries (BRP & GPRP) were getting fees from the respective SHGs in lieu of services (updating of records and registers) they rendered. The LKP personnel rendering these services free of charge were depriving those official service providers from their “lawful” claim! But with

the abolition of SGSY structure and simultaneous introduction of NRLM (2013) and also with the signing of MoUs with GPs (2011) the opposition ceased to exist.

Records shows that the achievement made in organizing more and more women under SHG during the project period (2011-2015) is quite apparent; in Itahar block in number the SHGs increased from 832 to 1139 – an increase of about 36.90% and in Harirampur block from 456 to 557 – an increase of about 22.15%.

The ISS study team had visited Kapasia GP of Itahar block in Uttar Dinajpur and also a Sansad of Joyhat GP of the same block. Both the visited areas are within the project area of IEC-III.

The Kapasia GP had 241 SHGs (SGSY 209 & SHG 32) when the field implementation of IEC-III project began. Now the number has increased to 284, an increase of about 18%. Of these 254 SHGs are united under 12 Upa-Sanghas at Sansad levels and these 12 Upa-Sanghas are again united under one Sangha at the GP level. The remaining 30 SHGs are yet to following the Pancha Sutra principals properly and, hence, are outside the umbrella of Sangha-- Upa-Sangha. Of the 254 Sangha-SHGs, 194 have passed gradation assessment tests (158 1st grading, 21 2nd grading and 15 3rd grading) and these are getting CC loans (Cash-Credit) from banks with associated revolving funds from government to pursue economic activities.

Case Studies:

ISS study team had met the members of two Upa-Sanghas and of the Sangha of the SHGs at Kapasia GP and also of a collective of four SHGs venturing fish farming etc. at Sansad 11 of Joyhat GP and had three separate open ended discussions with them to understand and assess progress achieved in project goals: poverty irradiation, empowerment of women and gender equality, participation in local governance, bottom up planning, prevention of domestic violence and child marriage etc. etc.

Case Study 1-- Upa-Sangha: The Upa-Sanghas are Uttar Kapasia Golap Upa-Sangha (18 SHGs) and Maddya Kapasia Jaba Upa-Sangha (13 SHGs). These two Upa-Sanghas belong to Sansad No. 14 (Kapasia Modhil), a model Sansad of the project. In all about 66 women SHG leaders were assembled in the Sangha room at the GP office. They all hail from the Muslim community. The following came out of the meeting:



Members of Golap & Jaba Upa-Sangha narrating their success stories

- ✓ All SHGs regularly follow Pancha Sutra principals;
- ✓ Individual members of all groups pursue various economic activities like back yard kitchen garden, rearing animals and birds, cooking midday meals at schools etc., both as group and as individual members; these have added to their family income significantly;
- ✓ All groups receive necessary support from their respective Upa-Sangha in the form of handholding, updating of group records, conducting group activities and economic activities, making arrangement for grading test, assistance in getting job in MGNREGA etc.;
- ✓ All groups received training support from LKP on record keeping, updating of group records, bank account, vermin compost pits, liquid manures, organic kitchen garden, SRI cultivation, bottom up planning etc;
- ✓ Though mostly neo-literates they all are very vocal and have no inhibition to spoke their mind in front some unknown male surveyors and argue with them;

- ✓ Groups see to it that the ICDS centres in the area function properly; mothers send their >3 kids to Anganwadi centre regularly, >3 kids are spot feed, ANC-PNC & mothers of <3 kids also attend Anganwadi centre regularly for supplementary meal and monthly mothers meeting;
- ✓ Groups also see to it all ANC-PNC mothers and children of 0-6 age group attend monthly VHND camp at their respective Sansads for check ups and immunization;
- ✓ Groups and Upa-Sanghas play active role to prevent gender harassment and child marriage. In one case at Kapasia village Upa-Sangha had prevented the parents of a boy of only 16 years of age from getting him married. On another occasion at the Churamon Sansad a house wife was being bitten by her mother-in-law, sister-in-law and brother-in-law. Her husband was migrated to other state in pursue of better income. The news had reached the Upa-Sangha there which was in the mist of its meeting. Upa-Sanghas members quickly reached the spot and found that the woman was severely injured all over her neck, face and other open parts; they threatened the culprits and informed the Loka Adalat. Within next 6 days the Loka Adalat came and in-laws gave assurance that such an incidence will not happen again;
- ✓ Groups also see to it that the village environment becomes clean and pursue the residents to construct sanitary latrines; More than 77 percent of the SHG leaders assembled at the meeting already have sanitary latrines at their respective homes; those do not also have deposited their beneficiary's contributions but central matching grants are yet to come;
- ✓ All groups have took part in bottom up planning exercise at group level to enlist and prioritize their family needs and local needs as well in view of the Sansad meetings;
- ✓ Members of all SHGs also took active part in all open Sansad meetings during last three years;
- ✓ About 25 of the participants of the meeting complained that they do not have MGNREGA job cards and hence are not in a position to seek job under 100 days' job

- ✓ programme and also cannot vouch for Individual Beneficiary Scheme (IBS) under MGNREGA and NRLM convergence;
- ✓ About 20 of these ladies are now the natural heads of their respective households as their husbands have migrated to far of places like Delhi, Kerala, Chennai, Bangalore, Mumbai and Nepal etc in search of jobs.

Case Study 2: Sangha: Kapasia Birangana Sangha was formed in 2011 as per the advice of

the District Women Development Officer (Panchayat and Rural Development Department, GoWB). Its account and performances were audited by DRDC in 2012 and the Sangha scored 85 out of 100. But it has not yet received the revolving fund and building grant from DRDC as the GP is yet to provide land space for building



Members of Kapasia Birangana Sangha

construction. However, the GP has temporarily allotted a room for the office of Sangha. ISS study team met the Sangha leaders and members (leaders of 12 Upa-Sanghas) in that room. The three hour long open-ended discussion centered around Sangha composition, livelihood development, role of LKP and bottom up planning (GP's annual planning=SHG→Ups-Sangha→Sansad→GP; planning for MKSP=SHG→Ups-Sangha→Sansad→line departments).

- a. Sangha composition: It comprises representatives (leaders) of all the 12 Upa-Sanghas of Kapasia GP. Of the total 285 SHGs in the GP 254 are under the umbrella of Sangha. Of these 254 member-SHG, 194 are graded and have received CC loans from bank; 33

have been selected for 1st grading assessment and 27 are yet to attain grading stage. The quantum of CC loans is as follows:

Table 3.3:
SHGs at Kapasia GP: Grading and CC loans

Grading stage	Amount of CC loan (Rs)	RF* amount (Rs)	Loan amount (Rs)**
1 st	60,000	10,000	50,000
2 nd	3,01,220	1,00,000	2,01,220
3 rd	3,00,000	80,000	2,20,000
* RF= Revolving Fund for group; **loan amount per SHG			

The loan amounts are to be repaid by each SHG in 60 equal installments. Till now no SHG is found as defaulter by the banks.

b. Livelihood Development: Here two cases of livelihood development activity pursued by the two loanee SHGs; one as individual member and another as the group as a whole.

- (i) *Individual Pursuit*: Smt. Anju Das is a leader of Chhilimpur Nirala SGSY Mahila Dal. The SHG has 14 members. The group received 3rd stage grading bank loan. The loan amount was equally divided among its members to pursue their individual economic activities. Smt. Anju Das grew a banana orchard on 0.41 acre of land of her own. It was about two years ago. She procured 450 young banana shoots from the neighbouring Malda district @Rs four a piece. The transport cost was Rs 3000. Total cost of cultivation was Rs. 23,000. The total sale proceed was Rs 1, 00,000. Last year she had cultivated summer paddy on leased-in land and had earned a profit of Rs 21,000. These earnings have helped her to meet the expenses of her son's college education. She pays her monthly loan installments regularly.

Had she not given the bank loan, added Smt. Anju Das, she would have to borrow from private money lender @ 120% interest per annum. But bank charges only 11% interest per annum.

- (ii) *Team Pursuit:* Smt. Layala Arjuma is one of the leaders of Nabarun Mahila Dal. The SHG has cleared the 1st grade assessment test a year back and was granted an amount of Rs 85,000 bank loan (loan amount+75,000; RF=10,000). Of the loan amount Rs 45,000 was equally divided among the group members to pursue individual income generation activities and the remaining Rs 30,000 was invested in a collective venture—buying and selling of paddy. The group spent an amount of Rs. 3,000 to construct a granary to store paddy they would buy during harvesting season. Last year they had stored about 40 quintals of paddy in their granary. About 20 quintals of that paddy had already been sold and the group had earned a net profit of Rs 12,000. They spent an amount of Rs 5,000 to procure a plot of land (0.13 acre) on mortgaged. They grew mixed vegetables on that plot during last summer season. The vegetables that grew there were mainly consumed by the individual families of the group members and surplus quantity was sold in the local market. The group had earned about Rs 3,500 from the sale of the surplus vegetables. A part of this sale proceed was again deposited in group account and the remaining amount is kept in box with lock an emergency fund to meet any sudden crisis such as accident and a child suddenly needing medical attention. The box and its key are kept with the group leader.

The assembled Upa-Sangha leaders emphasized that it was after forming into groups they get rid of from the clutches of private money lenders.

- c. Role of LKP: The list of value inputs the SHGs of Kapasia GP, according to the assembled leaders and members of Kapasia Birangana Sangha, have received from LKP is quite enormous:

- A significant section of SHGs were lacking in maintenance and updating of records; LKP has pulled them up with training and hand holding;
- It taught us how to conduct group activities;
- It train us, women how to pursue agriculture, horticulture and animal husbandry scientifically and profitable;
- It brought us out from the confinement of home into the bigger world outside;
- Helped and assisted us to participate in Sansad Sabha actively;
- It had conducted many a training sessions and workshops on various topics with us;
- It brought us, the Muslim women, out from the confinement of home;
- It transformed a number of our group members into trainers and resource persons.

On being asked whether they face any opposition from the adult male members of their families, particularly their husbands, they laughingly replied: “No, they are now happy as we contribute money to the family coffer.”

- d. Bottom up Planning: The SHGs and their Upa-Sanghas and Sangha were given extensive training on planning. They were taught to prepare two types of plan: (i) MKSP plan and (ii) Sansad plan.
- (i) *MKSP Plan*: The MKSP plan is in fact a livelihood development plan and mostly listing of agricultural (including horticulture and animal husbandry) inputs, both material and technical, each individual member of the SHGs may need during a particular agricultural season. Needs may include certain quantity of a particular vegetable seed or a number of chicks of hen or duck etc. and in some cases also include training too. Last time about 100 SGHs were chosen by the Upa-Sanghas to prepare and submit their MKSP plans. The members of each of these groups sat among themselves to decide which inputs they needed and in what quantity. They then recorded each member’s requirements in the group’s resolution book. Next

each such group sent an application in a plain white paper to the Secretary of its respective Upa-Sangha requesting her to provide the required inputs. A photocopy of the resolution was also attached with each such application.

The Secretary of each Upa-Sangha after receiving such applications from all member-groups forwarded those to the Secretary of the Sangha (Kapasias Birangana Sangha) with a request to do the needful.

The Kapasias Birangana Sangha after it received all requirement list from all member Upa-Sanghas, classified the all input needs according to related line departments (agriculture, horticulture, BLDO etc, etc.) and submitted the classified input lists, thus, prepared to the respective line departments. Last time (Rabi season) the input lists included the following:

- Vegetable seeds: carrot, coriander, pumpkin and leafy vegetables like Palong etc. etc.
- Vermi compost pit,
- Cheeks of hen and duck,
- Fish seeds and training for fish farming and
- Training.

Last year they had received all inputs they sought for except those of pisciculture as the fishery department did not respond to their need. The training inputs were provided by LKP.

- (ii) *Sansad Plan*: The Sansad Plan prepared by SHG and Upa-Sangha is also a list of personal, social and local/village level needs (old age and widow pension, latrine, tube well, road, culvert, repair and maintenance of ICDS centre and FP school etc.). Like MKSP plan the Sansad plan also begins at the SHG level. At the SHG level the personal, social and local needs are listed and prioritize adopting PRA method and are sent to Upa-Sangha (Sansad level). The respective Upa-Sangha then chose 3-4 comparatively advanced members from each constituent SHG to prepare draft Sansad Plan based on those need lists send by SHGs. Here

again the needs are prioritized through consultation among the assembled participants. In addition Upa-Sanghas also prepare social and resource maps of the respective Sansad. Next these are placed at the open Sansad meetings.

Smt. Nurefa Khatoon, one of the assembled SHG/Upa-Sangha leader, said that earlier they were ignorant that too can prepare such MKSP-Sansad-GP plans themselves. After the training they received from LKP “the task appears easy. Now onward we would do it themselves without any outside assistance.”

Case Study 3: Livelihood Development: A Collective Endeavour of Fish Farming

Sanbandhapara is a small hamlet of about 50 Santal households. It comes under two mouzas of Joyhat GP in Itahar block-- Dakshin Mahespur and Nahanipur and comprises the Sansad No. 11 of Joyhat GP.

The area is endowed with many a large stagnant water bodies (pond) most of which are Debattar properties dedicated to the service of one Radha-Madhav Jew (another name of Lord Krishna) many years back big *Zaminders*. Many of these large water bodies were without any custodians, legal or otherwise, for a long time and due to absence of any maintenance and care became unusable with thick weed cover and siltation. Now many of these water bodies are re-excavated by GP with fund from MGNREGS and have been leased out to the SHGs and MKSP groups for fish farming. One such water body of about 7.33 acre lies very close to Sanbandhapara. About 20 years ago it so filled with thick aquatic weed cover and silts that cows and goats used to used to graze into it. In the year 1997 there was a big flood in Itahar block and the flood water washed away and the weeds and large amount of silts from the water body. And from then on it used to retain accumulated rain water for a part of the year. But the water remained uncared for as usual and floating vegetation was growing in it.

In 2005 LKP personnel motivated three women-SHG, viz., Jaharbaha Dal, Jarbari Dal and Baadli Dal of Sanbandhapara to clean up the pond and cultivate fish there. It was a collective of 36 women of three SHGs. In the same year Joyhat GP had decided to excavate the pond under 100 days’ work programme of MGNREGA and it took the GP about a month

to clear the pond of silts. From there on the collective the three SHGs were cultivating various fresh fishes there. In 2009 one more SHG, the Jhilimili Dal had joined the collective. At present has 43 members.

The collective resolved the following:

- Each member SHG, irrespective of its membership strength, will contribute equal amount of money towards the cost of cultivation of fish;
- Net earnings will also be divided equally among each member SHG;
- All members the four member SHGs will give physical labour equally towards cultivation of fish in the pond;
- Every individual will maintain a compost pit in her home to be used as organic manure and feed for the fish; she will put a bucket of cowdung, vegetable waste and accumulated tree leaves etc every day and will also add a bucket of rice bran whenever possible in the compost pit;
- Fishes will be netted after six months and will be sold out.



The Fish farming Collective narrating last year's account

It is interesting that membership strength of the four member-SHG of the collective is not equal. Yet it divides both monetary cost of farming and net profit equally among member SHGs! Do they have any dispute among themselves about the division profit? “No, Sir. We women do not bother about such minor inequalities,” said a leading member of the collective.

In 2014 the collective was converged with Fishery Development Department of the district and were taught scientific method of fish farming both by LKP and the officials of fishery department. Earlier they did not know how much quantity of fish seed per Bigha (0.33 acre) they would put in the pond and were putting much more than the required quantity and as a result fishes were not growing as they grew naturally. Now they know almost all intricacies of scientific fish farming. The cost and income account of fish farming venture last year's (July 2014-June 2015) is presented below:

1. Initial capital collected in the beginning [Rs. 13,000 per SHG X 4]=	Rs. 52,000.00
2. Cost of farming: (i) Cost of fish seed on eight occasions	--- Rs. 42870.00
(ii) Cost of netting including labour	--- Rs. 7540.00
(iii) Cost of marketing including labour	--- Rs. 15400.00
(iv) Total Cost [(i) + (ii) + (iii)]	--- Rs. 65,700.00
3. Total sale proceeds	-- Rs. 2,11,260.00
4. Net cash profit	--Rs. 1,45,560.00

Rs. 71,000.00 from this net cash profit was spent towards construction of two places of worship (Majohi Than and Jaaher Than) for the community. Another Rs. 15,000.00 was kept as cost of fish seed for the next year. The remaining amount was equally divided among four groups.

But to get the actual picture of total income two more covert incomes are to be added with the above net cash income: (i) home consumption of fish by the member households and the 17 non-member neighbouring households of the hamlet and (ii) fish yet to be harvested.

Covert income:

(i) Home consumption (members 215kg) + (neighbours 42.5kg)	= 257.5 kg;
(ii) Fish yet to be captured	= 500.0 kg
(iii) Total fish consume & donated [(i) + (ii)]	= 757.50 kg
(iv) Cost of 757.50 kg fish @ Rs. 140/kg	= Rs.106050.00

If an amount Rs 10,000.00 is subtracted towards the cost of harvesting & marketing of the till un-harvested fish the covert income comes about to Rs. 96050.00.

Thus the actual net income of the collective from fish farming would be Rs. 1,45,560.00 + Rs. 96050.00 = Rs. 241610.

The above data on the cost of fish farming and income are collected from the resolution book of the collective maintained specifically for the purpose. They have recorded all the minute income-expenditure details in the book quite meticulously although in their own way rather than in standard accounting format. It was suggested to them that they should learn how professional accountants maintain accounts. The material inputs given by the District Fishery Development Office last year are also recorded in the resolution book:

- (i) Fish feed: 20 bags X 40 kg = 800 kg
- (ii) Fish seed = 20 kg
- (iii) Lime: 8 bags X 5 kg = 40 kg

Last year they sold their catch in one of the wholesale markets of Purnia district in Bihar. Earlier they used to sale their fish at the local markets (Itahar, Raiganj and Malda). But they were not getting the right price for their organically grown fish in these markets. But in the market of Purnia their fish fetch better price as the buyers there easily identify that these fish are grown organically.

The collective added that last year's income was about three times than the previous years. Last year they followed the method taught by personnel of LKP and fishery department. Yet, they confirmed that due to paucity of home grown inputs, like rice bran etc. they could not provide fish required nutrients. And also in absence of a boat they were not able to take regular care of the fish, like forcing the fish to move around. Besides fish farming, each individual member of the collective grows vegetables organically on the land space of the bank of the pond earmarked for each member. They consume the vegetables grow here.

The water of the pond is used for irrigation during Rabi and summer seasons by the farmers of the adjacent plot around the pond. This is a mutual oral understanding between the collective and the cultivators of the surrounding lands. As a result the pond can sustain water only for 6 months. However last year it retained water throughout the year due to excessive precipitation in the region.

The collective had raised some of their demands related to collective fish farming at a Sansad meeting in 2013, such as, fishing net, training, large Handis to carry fish, construction of watch room and roads etc. and a resolution to this effect was submitted to the GP Pradhan for her perusal and action. In response it got fishing net, some inputs and training from DFDO.

Ownership status of the water body: Nobody knows the owner or holder of the pond. It appears a communal property with no custodian, legal or otherwise. The collective has taken it on lease from GP ether. They are using it for fish farming on their own and there is a silent social sanction towards them.

LKP's record shows that all these 43 members of the four SHGs engaged in fish farming as a collective are also beneficiaries of MKSP programme of LKP and are engaged in cultivation land (vegetables and cereals) and animal rearing of domestic animals (pigs and goats) and birds (hens and ducks) on individual capacity. And net yearly income per MKSP beneficiary last year from all ventures together, individual and collective, according to LKP's estimate was Rs. 26,506, i.e., about Rs. 2209.00 per month!

3.2. *Infants and Mothers' Nutrition and Pre-school: Anganwadi Centres*

There are about 170 AWCs in the five GPs under IEC-III project in Itahar CD block. Of these 39 are in the Kapasia GP. ISS study team had studied two of these 39 AWCs – (i) Uttar Kapasia AWC No. 153 and (ii) Uttar Kapasia Purbapara AWC 155 (Gachhtala). Both the AWCs are situated in model Sansad No. 14.

Some common basic features of these two AWCs are presented below in a tabular form:

Subject		Uttar Kapasia AWC No. 153	Uttar Kapasia Purbapara AWC 155
First look: Accommodation etc.		AWC has own building, a one-room one of fairly large size. It was 9 O'clock in the morning. On one side of the room the pre-school activity class was going on in full swing. On the other half about 30 mothers (escort & ANC-PNC) were seated on mats.	AWC is housed in a one-side open Katcha but spacious room of the Anganwadi helper's residence. Rent free. It was 10-30 in the morning. The room and the open courtyard were packed. While the AWC worker was conducting the pre-school inside the room, About 53 mothers (some with toddlers on their laps) were assembled on the courtyard.
Personnel		Anganwadi worker = in position; Helper = in position	Anganwadi worker = in position Helper = in position
Children beneficiaries	3-6 yrs	45	52 [boys= 30; girls= 22]
	<3 yrs	55	47 [boys= 22; girls= 25]
Nutritional status of kids	Green	79	90
	Yellow	21	8
	Red	0	1
Mother beneficiaries	ANC	21	12
	PNC	7	4
Service area statistics		Households = 89; Population= 557 (Male=281; female=276)	Households = 78; Population= 448 (Male=225; female=223)

The team had separate discussions with the Anganwadi workers and helpers and also with the assembled mothers at both the centres. The salient points of those discussions are noted below:

❖ **Discussions with Anganwadi workers & helpers**

- Enrollment: At present all 0-6 kid of the service areas of the two AWCs are enrolled with the centres; so are the cases of ANC-PNC mothers.
- Attendance of pre-school activity class: Now a day's all pre-school kids attend class on egg-days (three days a week egg is served with supplementary meal)

and on vegetable days (three days a week) about one or two remain absent in both the AWCs.

But previously, i.e., LKP intervention took place; the attendance situation was quite opposite at both the centres; only a few among pre-school kids who lived near used to attend pre-school classes and those who lived at comparatively distant location seldom attended the pre-school.



Pre-school activity class going on at AWC 153 (Kapasias GP)

- Spot feeding of pre-school kids: On egg days about cent per cent pre-school kids are

spot-feed at both the centres and one or two who fail to attend class due to illness etc. send their elders to collect the egg. Scenarios on vegetable days are nearer to same on egg days. The Anganwadi workers and helpers at both the centre take care that all 3-6 kids wash their hands properly before eating meal; buckets of water and mugs are there for the purpose at both the centre.

But the scenarios were altogether opposite before LKP intervention at both the centres—no one was interested on spot feeding; each pre-school kid used to collect his/her supplementary meal on can and plate he/she used to carry with and took the meal home.

- Red or SAM¹ child care: According to LKP, officially there is no SAM child in West Bengal and as a result no Anganwadi worker can show the number of SAM child present in her service area. But one AWC at Kapasia (AWC No. 155) showed a SAM child in its <3 population. It is a female child. The child is given one pouch of

¹ SAM stands for Severe Acute Malnutrition and is designated with the colour red.

'Pushtee Chhatoo' made of mixture of powder of gram, wheat, lentil, leafy vegetable and sugar. In addition she is given some more quantity of supplementary meal and her mother is advised to give more green and fresh vegetables to cope with the problem. [This pouch of 'Pushtee Chhatoo' is prepared by Aamara Swadhin Maha Sangha of SHGs of Itahar on behalf of DRDC Uttar Dinajpur.]

- Mothers Meeting: Only a few among mothers used to attend mothers' meetings at both the centres before LKP intervention; those living in comparatively distant locations would never attend any mother meetings. Now-a-days two mothers' meetings are held in AWCs every month; about 25-40 mothers on an average attend each mothers meeting.
- LKP intervention: It is revealed from the discussions with Anganwadi workers at both the AWCs that LKP's grassroots personnel had about 10-12 meeting cum training sessions with them. Those meetings covered among other things the following topics:
 - (i) Nutrition of the 0-6 kids and ANC, PNC mothers,
 - (ii) Pre-school of the >3 kids,
 - (iii) Spot feeding of the >3 kids,
 - (iv) Immunization of children and pregnant mothers,
 - (v) Health advice to the ANC and PNC mothers,
 - (vi) Importance of mothers' meeting,
 - (vii) Infant mortality,
 - (viii) Maternal mortality and
 - (ix) Personal hygiene and cleanliness and
- The LKP personnel also held, revealed the Anganwadi workers of both the centres, several meetings with the mothers through SHGs about regular attendance of both infants and ANC-PNC mothers in AWCs and also about mothers' meeting.

- AWC → SHG → ASHA → ANM → convergence is now more lively. This has, emphasizes the Anganwadi workers, changed the AWC scenarios for better.

❖ **Mothers' Feedback:** At one centre about 40 mothers took part in discussion with ISS team and at the other 53 mothers joined the discussion. Discussions revolved round the services they receive from the AWCs. The mothers were unanimous that since the LKP came in the picture (a) services rendered by AWCs and ANM became far better, (b) every child and expectant mother is immunized, except for a few of those who migrate outside along with family for better employment opportunity in every lean season, (c)



AWC 155: Mothers providing feedback to ISS study team

most of the households in the service areas of both the AWCs have proper sanitation arrangement, (d) general cleanliness and personal hygiene have improved a lot

(one should clean one's

hands with soap every time one takes one's meal and also after using toilet), (e) mothers meetings are more interesting now -- in the mothers meetings they are told about tidbits of child and mother health care and also of locally and easily available healthy and nutritious foods.

The mothers assembled at the two AWCs said that most of them come to the respective centre every day (Monday-Saturday) and stay there from 9 o'clock in the morning to the closer of AWC; this they do (a) to escort back their kids, (b) to take the meals of their <3 children, and (c) to take their (pregnant and post natal mothers) supplementary meals homes.

They also add that (i) all >3 kids now take their supplementary meal on the spot and are eager to attend the pre-school for the sake of egg and (ii) they (mothers and kids) attend all VHND at the Sansad.

3.3 **Primary Education**

Kapasias Prathamik Vidyalaya is a government free primary school and serves two Sansads of the Kapasia GP.

Teachers: The school has four teachers: three in permanent positions and one is a Para teacher. Two of the teachers are males and two females.

Students: Present roll strength is 133.

Building: The school building is a brick-built one with RCC roof and cemented floor. There are four class rooms and one teachers' room. It has an adjacent small ground also. The building, it was felt by the study team, can be cleaner.

Child Parliament: The school has a child parliament consist of Pradhan Mantri, Shwastha Mantri, Khadya Mantri and Paribesh Mantri etc. The Head Master of the school had arranged a short meeting with the portfolio holders of the Child Parliament. Representing both the sexes they appeared quite smart children knowing their specific responsibilities. This Child Parliament was formed with the initiative of the Head Master. This child parliament was however not as well-formed as the child parliament seen by the study team in the project area of Joygopalpur Gram Vikash Kendra at Basanti Block. The clothes that the children were wearing were also not clean enough.

Dropout & enrollment: The Para teacher of the school, a local lady, surveys door to door of the two Sansads (158 & 159) once a year to find out the dropouts and never enrolled children. As per her account there exists no school dropout and never enrolled 6-14 children in these two Sansads at present. About 7-8 years ago she had recorded about 8-10 school dropouts among 6-14 children here. But she never encountered any never enrolled children in these Sansads during last 7-8 years.

LKP inputs: The LKP representatives at the grassroots maintain regular contact with school to help the school to sort out difficulties. They along with SHGs also actively take part in the monthly Mothers' committee meeting of the school and also look after the quality of mid day meal. The Head teacher also added that students' attendance has become more regular after LKP started taking interested in the school matters.

3.4 ***Mother-child healthcare: Kapasia Sub-Centre***

Kapasias Sub-Centre (Health) is housed within the premises of the Kapasia GP. The 1st ANM (Ruma Ghosh) and Health Assistant-Male (Pratap Ghosh) are in position. The position of 2nd ANM is vacant.

Coverage: The Sub-Centre covers a population of about 10,000. There are 12 ICDS centres within its service area.

Impacts of LKP linkage: LKP's linkage with the Kapasia Sub-Centre, as per the 1st ANM, dates back to 2010. The Sub-Centre has benefited from this linkage in the following ways:

- Assembling of people (children and mothers including ANC-PNC): Earlier special immunization and check-up camps were arranged only at outreach locations. Now VHND is held in every ICDS service area. LKP and the SHGs nurtured by it help to bring children and mothers in VHND camps. The VHNDs are now a day's attended by all potential beneficiaries.
- Assistance in home visit: The SHGs nurtured by LKP also help the Health personnel in home to home check up during field visit. They convince people the importance of the services the Sub-Centre render. It makes the task of Health personnel easier. The service area of the Sub- Centre is a predominantly Muslim area and they were generally reluctant to the preventive health services.
- Mother & child care services last year(2014-15): The data on the coverage of mother & child care services at the Sub-Centre last year(2014-15) are as follows:
 - ✓ Children's immunization – 100% since 2013. Earlier it was about 60-70%.
 - ✓ Antenatal and natal care:

Total antenatal cases registered		235
3 rd ANC check up received		235
Place of delivery	Institutional	164 (70%)
	Home	71 (30%)
	All	235 (100%)

The 1st ANM relates that institutional delivery was less than 50% five years ago. Now with the advocacy of LKP personnel it has increased to 70%. Two factors, according to the 1st ANM, act as hindrances towards raising proportion of institutional delivery. One is the inadequacy infrastructure; health centres with safe delivery arrangements are quite far off, particularly for the cases of 3rd and 4th gravida. As the delivery track of such mothers is quite accustomed to child birth, labor, in such cases, is quick and less stressful and delivery takes place much before Matri Jaan arrived at the spot. The second hindrance is the reluctance and shyness of the Muslim women towards institutional delivery where, they fear, male doctors may assist delivery.

- 2nd & 4th Saturday meeting: the 1st ANM says that the SHG women take part in both the 2nd and 4th Saturdays' meetings.

3.4 **LKP and GP**

An open ended discussion was held in between the ISS study team and almost all the elected members of Kapasia GP and staff members including the GP Pradhan. The Pradhan and the GP Secretary related that Kapasia GP had benefitted from collaboration with LKP in the following matters:

- ✓ Intensive Participatory Planning (IPP) becomes possible in every Sansads with active assistance from LKP;
- ✓ LKP taught people how to make general Sansad and GP plans;
- ✓ LKP taught people how to prepare resource and social maps;

- ✓ LKP taught people (SHG members) how to prepare IBS plans for MGNREGS and NRLM convergence;
- ✓ LKP helps to converge livelihood activity plans (agriculture, horticulture and animal husbandry etc.) with line departments;
- ✓ LKP nurtures the Anganwadi centres and Health Sub-Centres at the GP;
- ✓ LKP motivates people to attend Sansad meeting; attendance in Sansad meeting has increased now; women surpass men in Sansad meeting attendance; women are now more interested than men about Sansad meetings;

Table 3.4

Attendance in all 12 Sansad meetings during last three years

Year	Total electorate	Attendance in Sansad meetings		
		Total attendance	male	Female
2012	15835	1639 (10.35%)	768 (46.86%)	871 (53.14%)
2013		1874 (11.83%)	742 (39.59%)	1132 (60.41%)
2014		1580 (9.98%)	682 (43.16%)	898 (56.84%)

- ✓ Frequency and number of people, particularly women, visiting GP office increased markedly;
- ✓ Both the 2nd and 4th Saturdays' meetings are now well attended;
- ✓ Each child is now going to school or ICDS; people become more education oriented now a days;

The GP personnel relate that prioritization of general plan at the Sansad level is also maintained at the GP level as far as budget allocation available. The individual beneficiary oriented livelihood activity plans are sent to the respective line departments.

Problems:

- Out of 52 ICDS centres 49 do not have own accommodation. Land space for construction of ICDS building not available.

- There is scarcity of teacher in primary school. As a result comparatively well off people are sending their children to private school;
- GP maintains do data base on education. The Shiksha Bandhus (Para teachers) are reporting only to the SIs.

IV. Situation outside Project Area

The study team has visited the Chhayghara GP under Itahar block to study the situation of poverty eradication, women empowerment, participatory local governance, pre and primary education, nutrition and mother & child healthcare programmes and activities there. The following are captured there:

4.1 SHG/Upa-Sangha/Sangha:

The GP has about 34 SHGs. According to Smt. Pramila Roy Pradhan, the GP Pradhan of Chhayghara GP, who is also a member one SHG, about half of these SHGs are in a bad shape now. They do not follow Pancha Sutra. Upa-Sangha and Sangha are formed only six months ago. The study team met office bearers of some of the SHGs there. The following came out of discussion with them:

- ✓ Almost half of the SHGs are serving only as savings banks of the members; no rolling of money among themselves;
- ✓ Some SHGs roll group fund among themselves to pursue economic activities, like poultry, goat rearing etc.;
- ✓ Only one or two SHGs are graded at present; these graded SHGs have received CC loans (Rs. 50,000 per SHG) and divided the amount equally among members; they gave the amount to their husbands to invest family business;
- ✓ Contributing in family business has increased their status in the eyes of their husbands and they are now being loved more;
- ✓ Some faced opposition from husbands initially; but now as they bringing in money home the opposition subsided;
- ✓ Monthly meeting is held almost regularly;

- ✓ All have bank accounts;
- ✓ They visit Sub Centre to immunize their children and also for AN-PNC care, if necessary;
- ✓ Leaders of Sangha, Upa-Sangha and SHG now getting training at BDO office;
- ✓ None have clear idea on the role women and their SHGs may play in local social and political fronts.

4.2 Anganwadi Centres: Nutrition and Pre School

As per the GP Pradhan there are 12 Anganwadi centres in Chhayghara GP area. Six of these functions under roofs while the rest in the open. ISS study team visited two of these Anganwadi centres: (i) 214 No. Kochpara Anganwadi centre and (ii) 390 No. Santipur-Goaldhi Anganwadi centre. Some common basic features of these two AWCs are presented below in a tabular form:

Subject		Kochpara AWC No. 214	Santipur-Goaldhi AWC No. 390
First look: Accommodation etc.		About 15 odd half naked kids were playing among themselves seating on a tarpaulin sheet of polythene spread under the shadow of a bamboo bush. Behind them were placed in a linear order their plates and cans for taking the supplementary meals home. It was time to serve the meal, an egg one. Some mothers (ANC, PNC, lactating and, <3 infants and absentee pre-school infants') were also waiting with their cans.	An open courtyard of a private home. Arrangement and infrastructure of per school absent; Kids and mothers already went home with day's meal along; Anganwadi worker and Helper were waiting for us;
Personnel		Anganwadi worker = in position; Helper = in position	Anganwadi worker = in position Helper = in position
Children beneficiaries	3-6 yrs	40 [boy=27; girls=13]	14 [boys=7; girls=7]
	<3 yrs	41 [boys=23; girls=18]	14 [boys=8; girls=6]
Nutritional status of kids	Green	60	25
	Yellow	20	3
	Red	1	0
Mother beneficiaries	ANC	15	17
	PNC	8	7
Service area statistics		Households =88; Population= 435 (Male=219; female=216)	Households = 65; Population= 398 (Male=208; female=190)

The salient points that emerge from open discussions the study team had with the two ICDS workers are noted below:

- ✓ Both the AWCs function in the open;
- ✓ Almost no pre-school activity held;
- ✓ In one AWC (Kochpara) meal is cooked in the open;
- ✓ No spot feeding; all carry their supplementary meal home;
- ✓ Hygiene and cleanliness ill maintained at least in Kochpara;
- ✓ In both the AWCs attendance is full on egg-days; on vegetable-days some remain absent at both;
- ✓ At Kochpara no AWC→SHG→ASHA→GP member convergence exists; at Santipur-Goldhi, however, an feeble AWC→ASHA→ANM convergence is there;
- ✓ Both the AWC workers have convergence with ANM; both attend 3rd Friday's meeting at Kochpara Sub-centre;
- ✓ Mothers meetings held at both; attendance poor.
- ✓ The caste background of the helper had played a fascinating role in the history of the

AWC here. "To begin with the Kochpara AWC," said the Anganwadi worker, "was housed at the Namosudra Para. The helper of the AWC was a Rabidas by caste." The Namosudras are a sub-caste of the Sudra. But in caste hierarchy they are much higher than the Rabidas.



Kochpara AWC 214 functioning in the open under a bamboo bush

The Namosudras consider the Rabidas untouchables. "But when her (helper) caste identity became public, the Namosudras stopped sending their kids to the AWC ... and

the centre was shifted to its present location Kochpara. Kochpara is inhabited by the people of two communities mainly—the Mahaldars (a fisher folk sub-caste) and Adibashis (tribes). These communities have no problem with a Rabidas cooking meals for their kids and mothers.” The Namosudra Para is now allotted two AWCs. While the helper of one of these AWCs is a tribal woman, the other is a Muslim by religion. The Namosudras have accepted the tribal helper, but refused to have meals cooked by a Muslim helper. As a consequence the one with Muslim helper is dysfunctional at present.

4.3 **Primary Education**

The study team could not visit any primary school under Chhayghara GP. But it gathered some basic information from the GP Pradhan, members, SHGs and also from AWCs and ANM on situation of primary education there:

- ✓ There are six government primary schools, seven SSKs and two private nursery-cum-primary schools in the GP area;
- ✓ All alleged that the teachers at the government primary schools do not come to schools every day and maintain any punctuality;
- ✓ Preference for private nursery-cum-primary school is increasing among the comparatively well off families;
- ✓ There are about 30% never enrolled-dropout children in the age group of 6-14; among the never enrolled-dropouts both boys and girls proportions are equal; they hail mainly from scheduled castes and scheduled tribes families; being poor the fathers of these children have migrated to other states for employment while the mothers work in others home or land and as a result these children are being neglected;
- ✓ There is no village education committee in the GP.

4.4 **Mother-child healthcare: Kochpara Sub-Centre**

Kochpara Sub-centre is the only health Sub-centre Chhayghara GP has. The Sub-Centre has a well furnished separate building. The study team had a discussion with the 1st ANM in her office room on the status of mother-child health in Chhayghara GP.

- ✓ The GP has 8 villages; All villages are Muslim dominated;
- ✓ The Sub-Centre covers a total population of 9574.
- ✓ Majority of the people are poor wage earners; about 25-30 adult males from each village migrate to other far of provinces for employment; sometimes even a whole family migrates in lean season—this hampers immunization;
- ✓ There about 950 children of 0-6yrs age group in the GP; Of these children seven are in Red category at present-- about two months ago the number was 12;
- ✓ Child immunization coverage is almost cent per cent;
- ✓ Last year (2014-15) the Sub-Centre registered total 187 ANC cases; the natal care scenario of these ANC cases is as follows;

Institutional delivery	Home delivery
103 (55.08%)	84 (44.92%)

The apathy of the Muslim women towards hospitalization for natal care is the main reason of low occurrence of institutional delivery. They fear that in hospital male doctors may examine them;

- ✓ ANM work in convergence with Anganwadi and ASHA workers;
- ✓ Anganwadi workers help to mobilize people in VHNDs;
- ✓ No SHG→ANM convergence exists.

4.5 **At the GP**

The Chhayghara GP could not function for 10 years from 2003 to 2013 due to litigation. A section of residents wanted to have the GP to be annexed with Dakshin Dinajpur during bifurcation of erstwhile West Dinajpur district while another section led by former MLA late Joyanal Abedin though otherwise. Hence the litigation. However, the new GP was formed in

2013. Pradhan is a woman, elected from a reserved seat. This the first time she joined electoral politics and no one from her family has ever fought any election. The following general information on primary education, mother and childcare services, women empowerment, GP and Sansad planning, Sansad meeting, village economy were provided by her. And she spoke almost without any assistance from male GP members and GP staffs present there.

- ✓ GP is inhabited mainly by poor people; adult male members of about 25-30 households from each village migrate to places like Kerala and Delhi in search better employment opportunities; in some Sansads such families add up to even 60. As a result for a significant section of the households wives have become natural family head;
- ✓ Pradhan wants to rejuvenate the SHGs so that women of her GP may stand on farm and independent footings;
- ✓ The Sansad Sabhas are attended by about 20% of the electorates most of whom are women; this is due to outmigration of significant section of adult male folk;
- ✓ Women do raise their demand at the Sansad meetings; in No. 5 Beldangi Sansad women of a SHG demanded a nursery of plants to be used for plantation by GP and some skill trainings; in No. 1 Sansad women of a SHG demanded a pond on lease from GP for fish farming;
- ✓ Incidences of institutional delivery is not up to expectation due to two reasons – first the hospitals (Raiganj and Balurghat Hospitals) are about 40 km away and it is not safe to travel such a long distance with pregnant woman in labour pain and secondly the women, particularly Muslim women prefer home delivery.

V. LKP and Line Departments

The study team was able to meet the officials of BDO and BLDO offices. In BDO office they met the BDO and the Joint BDO and at BLDO a veterinary surgeon. The observations of these officials on the convergence with LKP are noted below:

4.1 BDO & Joint BDO

- ✓ LKP's Community Facilitation Team (CFT) is helping in MGNREGS and NRLM convergence;
- ✓ LKP helping in Sansad meetings; last year it helped to prepare Sansad plan successfully in about 197 Sansads of the 12 GPs under the block;
- ✓ Women of SHGs are taking leading role in plan preparation in Sansads;
- ✓ LKP plays a catalytic role in Sansad meetings facilitation; but attendance in Sansad meetings is yet reach its desired level;
- ✓ As a result of IEC-III, BDO office's contact/relation with peasants and SHGs has increased;
- ✓ Performance of the GP's and SHG-clusters are now better as a result of IEC-III;
- ✓ LKP arranges various kinds of trainings and workshops on agriculture, horticulture, fishery for SHG members.

5.2 BLDO office

- ✓ SHG women rearing cow, goat, hen and duck etc. as livelihood activities, need training to do it profitably. LKP in association with BLDO arrange these training sessions.
- ✓ Domestic animals and birds need vaccination and treatment time to time. BLDO has no provision to do outreach treatment and vaccination camps. LKP provides infrastructural facilities of the outreach camps in its project area.

VI. Observations

The following general observations may be made on the basis of the above presentation:

- The project strategy of working with the government and developing women-SHG as vehicle of propagating the message of IEC-III appears to be a success. It is a strategy that is likely to achieve the MDG targets in this backward area.
- Previously the SHGs were doing mainly economic activity and concerned mere with themselves till 2011. But now the SHGs and their umbrella organizations of Upa-Sangha and

Sangha, in the project area, are developing into vibrant women CBOs acting almost on their own on important local social, political, economic and environmental issues. The neo-literate women, mainly of Muslim origin, are now feeling empowered and arguing face to face with their male counter parts in public forum. This was evident from the FGDs that we conducted with them.

- The project strategy of ensuring peoples participation in local governance has, to a great extent, been implemented into reality. Preparing of about 197 Sansad plans, as reported by the BDO, in the Sansad meeting itself in Itahar block alone is a testimony of people's participation in local governance.
- The plan documents (list of necessities with prioritization) of individual SHGs covering individual, collective, local and social needs and integrate these group plans into Sansad plan involving PRA and IPP method suggest that the less educated and neo literate women of SHGs are capable of making plan quite well. The plan methodology is simple enough for them to master.
- The project objective of integrating livelihood development plans of poor women of SHG platform with that of Sansad/GP plans seems a success at least in the model Sansads. The project goal of poverty eradication through development of livelihood activities of women of poor households also appears as success to a great extent. Success achieved by women of SHGs in livelihood activities pursued by one individual, group and collective levels is indications of successful poverty eradication actions. Women's natural inclination towards group formation acted as asset to this mission.
- The programme also has its impact on pre-primary education. After LKP-SHG-Anganwadi convergence Anganwadi centres are running almost full houses in the project area, no matter whether it is housed in own house or otherwise; kids attending pre-school activity classes regularly; almost cent per cent spot feeding ensured; cleanliness is assured in preparation

and feeding of supplementary mid day meals; mothers meetings are well attended and interesting. There is no never enrolled and dropouts among the children of 6-14 age group; students attendance become regular; mothers committee meetings are held regularly.

- With LKP-SHG-ANM convergence started working, performance of Sub-Centre (health) has improved to a great extent. The VHNDs are well attended now. Immunization coverage improved from 60-70% four years ago to 100% at present. The same almost holds good for mother care services too. All the ANC cases (235) registered at the Kapasia Sub-Centre had received 3rd ANC check up and the proportion of institutional delivery raise from 50% five years ago to 70% presently, and this in spite of the general aversion of Muslim women towards institutional delivery.

- Empowerment of women in the SHGs who are now preparing plans has received challenges from local patriarchal society. Some male members of Kapasia GP were heard passing derogatory remarks about the Sansad plans prepared by SHG women: “How can you people call this a plan?”, remarked a GP member of Kapasia GP in the meeting the study team had with the GP. In another instance in Bora Sansad of Sirshi GP in Harirampur block of Dakshin Dinajpur the SHGs prepared Sansad plan in Sansad meeting itself using IPP model and the meeting had approved the plan. The plan included a number of IBSs on the convergence of MGNREGS and NRLM. But in the final annual GP plan names of beneficiaries of those schemes were changed and replaced by names of relatives of GP members who were no party to Sansad meeting and plan. It created turmoil. The SHG women planned to Gherao GP office. SHGs contacted local leaders of all political parties and also the BDO. The BDO rejected the annual GP plan and asked the GP to submit a fresh annual plan incorporating the approved original plan of Bora Sansad. Therefore it will be necessary to support the SHGs in future also.

- There exist some gaps in entitlement documents, particularly the Job cards. For instance, of the total 6069 households of the Kapasia GP about 90% have job cards at present and of the job card holders households only 6% got job last year under MGNREGS. Moreover some

original job card holder households are now divided into more households. These newly divided households have no job cards. GP is not issuing fresh job cards on the plea that it won't be able to give job under 100 days programme at present as it has no allotment. It is revealed that MGNREGS labour payment money reaches late at the block as the job holders hold post office accounts which are yet to be digitalized. However, this appears as a lame excuse of not issuing Job cards. Without job cards a considerable section of SHG members are not being able to enlist them as beneficiaries of IBS under MGNREGS and NRLM convergence.

- In spite all efforts on the part of LKP, Sansad attendance in the adopted GP of Kapasia, as the Sansad attendance records of last three years suggest, are barely 10% of the total electorates of the GP. Last year it was even less than 10%. However women constituted about 53-60% of the total attendance on every occasion. One may wonder what was actually happening prior to LKP intervention.
- While the project has done good work in strengthening the SHGs and has initiated a planning process through the SHGs there seems to be a gap in terms of strengthening the elected members and the Upa-Samities of the project Gram Panchayats. The study team got the impression that the participation of members and Upa-Samities in the development process is not as impressive as perhaps it should be.
- The study team was somewhat under-impressed by the work with primary schools. The primary school that was visited did not appear to be clean enough and child parliament was present but not impressive. The project management team is requested to look deeper into the matter as it was not possible for the study team to probe in detail because of shortage of time.
- Support to other Civil Society Organisations constitutes a negligible part of the project. This does not seem to be very effective. This aspect of the project should either have a substantial allocation or should not be included in the project in future.

and 88°60' E. The district is bounded to its due south by the Bay of Bengal, by Bangladesh across the Raimangal and Kalindi rivers to its east, by Kolkata and North 24 Parganas districts to its north-west and north-east respectively and by the districts of Howrah and East Medinipur across the Bhagirathi river to its west.

Table 4.1
Demographic Particulars of the district as per Census 2001 and 2011

Description	2011	2001
Actual Population	8,161,961	6,906,689
Male	4,173,778	3,564,993
Female	3,988,183	3,341,696
Population Growth	18.17%	20.85%
Area Sq. Km	9,960	9,960
Density/km2	819	693
Proportion to West Bengal Population	8.94%	8.61%
Sex Ratio (Per 1000)	956	937
Child Sex Ratio (0-6 Age)	963	964
Average Literacy	77.51	69.45
Male Literacy	83.35	79.19
Female Literacy	71.40	59.01
Total Child Population (0-6 Age)	1,025,679	1,050,120
Male Population (0-6 Age)	522,552	534,626
Female Population (0-6 Age)	503,127	515,494
Literates	5,531,657	4,067,343
Male Literates	3,043,277	2,399,713
Female Literates	2,488,380	1,667,630
Child Proportion (0-6 Age)	12.57%	15.20%
Boys Proportion (0-6 Age)	12.52%	15.00%
Girls Proportion (0-6 Age)	12.62%	15.43%

Source: census2011.co.in

As per the Human Development Report on West Bengal which was published in 2004, the district of South 24 Parganas was a middle ranking district and was ranked 8th among 17 districts of the state.

Table: 4.2
Human Development Index, 2004

Index	West Bengal	South 24 Parganas
Health Index	0.70	0.71
Education Index	0.68	0.69
Income Index	0.43	0.40
HDI	0.61	0.60

Source: West Bengal Human Development Report, 2004

1.2 History of Joygopalpur's interventions

Joygopalpur Gram Vikash Kendra is the outcome of the initiative of local youths of Basanti Block who came together in the 1990s. The organisation was formally registered in 2001. It works in the districts of South 24 Parganas, North 24 Parganas, and Birbhum in West Bengal and Balasore and Bhadrak districts of Odisha. Head office of JGVK is located in Joygopalpur village about 100 km from Kolkata. It has 215 staffs and volunteers and has a reach of 120 villages with 250,000 population. The organisation works on education, health, water & sanitation, environment, disaster resilience, livelihood and women empowerment. The key strategy of JGVK is to improve the capacity of women through empowerment of SHGs. Through its work it has won the respect of all political parties in the region which has facilitated the work of the IEC III project since the project is potentially a dangerous one. Empowering SHGs with information can upset local elite and political bosses but that did not happen in case of JGVK as the earlier work of JGVK has earned them significant amount of respect from all political parties in the field area. JGVK's work has also earned them respect from the administration and this has helped in linking SHGs with line departments.

2. Findings

2. 1. Project Implementation Strategy of JGVK

The evaluation team carried out a discussion with the project team in the JGVK office regarding the implementation strategy of the project. From the discussion it came out that in order to implement the IEC III project JGVK has adopted the following strategy:

- (a) Identify certain Gram Panchayats as project area

- (b) Identify certain Sansads as Model Sansads for intensive work.

Table 4.3
Project Implementation Area

Name of Districts	Number of				
	Blocks	GPs	Sansads	Model Sansads	SHGs
South 24 Parganas	2	6	85	28	1573
North 24 Parganas	2	2	35	5	330
Total	4	8	120	33	1903

Source: JGVK

- (c) Provide training on various issues to stakeholders (SHGs, GPs and partner NGOs) centrally at JGVK head office, and in the communities.
- (d) Provide exposure visits to SHG, Clusters and GP functionaries to other districts.
- (e) Appoint a GP level coordinator to coordinate activities of the project in the GP. This includes linkage activities with GP, ICDS, Line Departments, Primary Schools and ASHA. The GP coordinators report to the District Coordinators. The District Coordinators report to Project Coordinator. The Project Coordinator reports to the Project Leader and the Project Leader reports to the Project Management Body. However, as we saw in the field, the team works together rather than in terms of the strict hierarchy mentioned above.
- (f) Below the GP level in every Sansad or village, as the case may be, of the project SHGs were trained and motivated to carry out various activities. In all 1281 SHGs in 5 GPs benefited from the project. The SHGs of the Sansad (in case of Basanti GP) or village (other four project GPs of Basanti block) level combine together to form a Sub-Cluster or a village committee and at the GP level form a Cluster. The SHGs are the units through which development activities were primarily carried out. A key component of the activities of the SHGs was to create SHG level plans which were passed at the Sansad and then integrated into the GP plan.
- (g) Provide support to 2 small partner NGOs to replicate the work in their project areas.

(h) Advocacy with line departments and Gram Panchayats.

While the above is the formal structure of the project implementation, it must also be remembered that the project was not implemented in isolation from other projects/activities of JGVK. Rather the IEC project added value to the total work being done by JGVK in the project area. Thus the SHGs which have received support from the IEC III project have also received support from other activities of JGVK. Indeed at the field level it is impossible to distinguish different projects of JGVK as the stakeholders can identify the organisation, but not the specific project.

2.2. Analysis of IEC materials

The Evaluating team received the following list of IEC materials (table 4.4) produced and distributed by the project partners. Out of this list the ones which were collected for evaluation is marked on the right hand side column.

From previous field experience it can be said that information gap is a serious problem in rural areas. Although Government of India and West Bengal has created a series of programmes and schemes for rural poor, these schemes often have complicated guidelines and therefore for a person of little or no education it is extremely difficult to understand what to do in order to get the benefit from a particular scheme. Similarly although the institution of the Gram Panchayat was created to bring the government close to the rural poor, over the years the institution has acquired a complex structure and it is often found that the rural poor do not have a clear idea as to what a Gram Panchayat is, what are the various committees of the Panchayats, what is meant by Gram Sansad and Gram Sabha, what is GP based planning etc. This significantly reduces the effectiveness of the efforts made by the Government to support the poor and the vulnerable population.

Hence the need for IEC materials is a serious one. However producing IEC materials is not an easy task. Several problems are usually faced – (a) lack of experts who have clear understanding of the issues and who also have the ability to clearly explain a scheme or guideline to non- experts; (b) lack of human resource who can convert the complicated

guidelines and government documents into easy-to-understand text material; (c) lack of production designers who can design attractive looking materials with words and images that a semi-educated person can understand.

Table 4.4
Analysis of IEC materials

Name of the material		Checked for evaluation
Government Schemes, Programmes, Functions of Gram Panchayats		
1	Apni O Apnar Panchayat	✓
2	Panchayat er Barshik Parikolpona O Apnar Bhumika	✓
3	Janasasthya O Panchayat	✓
4	Panchayati Byabosthyay Rupayito Mukhya Prakalpagulor Sarkatha	✓
	Ati Apushtitey Bhugtey Thaka Shishu Somporkito Tathya	✓
6	Matrityokalin Mrityu Kamonar Lakshya Proyojonio Byabasthya	✓
7	Ganabantan Byabostha Somporkito Tathya	✓
8	Mid Day Meal Somporker Janun	✓
9	Anganwari Kendra Somporker Janun	✓
10	Sahay Karmasuchi Somporker Du-char Katha	✓
11	Eksho Diner Kajer Prakalpa Samparker Janun	✓
12	Sarbik Sasthya	
13	Sakaler Jonwo Sikhya	✓
14	Sahasrabder Unnayan Lakhya	✓
15	Paschimbanger Sarkari Chikitsa Byabasthar Sansthan O Tar Adhikar: Apnar Ki Paoar Kotha	✓
16	Poulomider Katha	✓
17	Best Practice Experiences from the IEC III Project	✓
18	Sasthyer Adhikar Ain	
Water and Sanitation		
19	Pond Sand Filter	✓
20	Jal-e Jibon: Arsenic Mukta Jal Chai	✓
21	Apnar Souchagar Panchanda Korey Nin	✓
22	Arsenic Gyan Chakra	
Livelihood: Agriculture, Poultry		
23	Krishak Math School	✓
24	Sundarbaner Matitey Salpo Baye Adhik Laabh	
25	Karp Galda Misra Chashey Mourala	
26	Gharoa Paddhatitey Desi Murgir Chaash	

The project seems to have done a good job in terms of production of IEC materials. Or analysis of the materials collected show that:

- ✓ The choice of the topics is judicious. These are definitely issues on which information need to be passed on.
- ✓ They are written in a lucid Bengali that can be easily understood by people who have low level of education. While the language used is not colloquial or dialect Bengali, nonetheless they are likely to be understood by a person responsible for passing on the information to the villagers via SHGs.
- ✓ The issue is explained through short sections, using question -answer format which helps in retaining attention.
- ✓ The font size used in most cases is large enough for easy-reading.
- ✓ The sentences are usually simple sentences which facilitates easy reading (barring some exceptions).
- ✓ The text material is supported by illustrations which clearly explain the text. The illustrations are made in colour wherever possible to help make important distinctions. For example, an IEC material on public distribution system illustrates the difference between an APL card and a BPL card by showing two different images – one showing a woman holding a white card and the other showing a woman holding a green card. Then it goes on to explain through images the pink card for Antodyaya Anna Yojana and a yellow card for Annapurna Yojana.
- ✓ The quality of designing and printing is good showing that lot of care has been taken to produce these materials.
- ✓ The IEC materials produced are such that they would be of use to NGO workers and SHG leaders even after the project period is completed. The material can be useful to other small NGOs and CBOs working in other areas of West Bengal.

- ✓ Apart from the printed materials the IEC campaign was also carried out through exposure visits, information dissemination through local events and one-to-one communication by GP Coordinator.

2.3 Field Observation

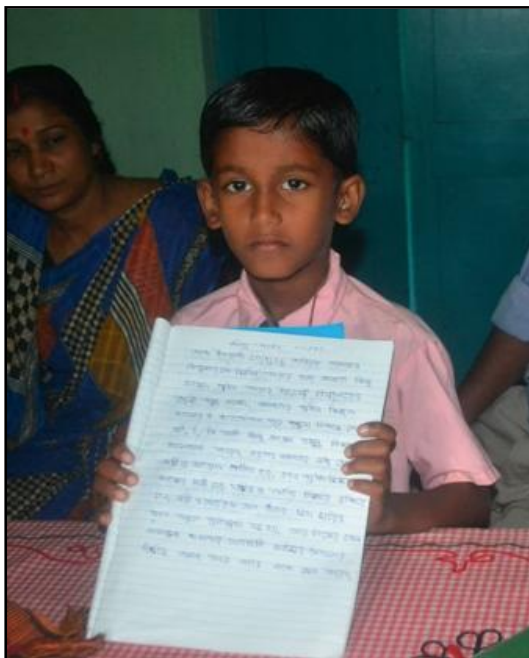
The field staff of JGVK informed the evaluation team that as a result of the IEC campaign: (a) 247 families got job card; (b) 2112 people were motivated to demand their entitlements from the PRI like ration cards; widow pension; PROFLAL; SASFAU; Aam Admi Bima Yojana; Krishan Credit Card; farmer's loans; Artisan Loans; Ayela benefits; IGNOAPS; IGNWPS; IAY; NFBS etc.; (c) 105 families started fish farming; (d) 66 families started kitchen gardens; (e) Vaccinations camps for 1625 animals were made possible from the Block Livestock Development Office; (f) 129 families started poultry and cattle farming.

It was not possible for the evaluation team to ascertain the validity of the specific numbers, but the SHG members have more than once said that they were shown the way forward on various issues through the IEC campaign by JGVK. This does not however mean that the rural poor get whatever they want now after the IEC campaign has been done. In course of one group discussion it came up that getting the Scheduled Tribe certificate is a problem in the area. The JGVK staff present in the discussion explained what needs to be done in order to get the ST certificate. This showed that they were aware of the rules and they also explained that without shelling out some money to agents it is very difficult to get the SC/ST certificate. This is an area where more effort is required in future.

2.4. Support to Primary Schools

The IEC III project has worked with the mainstream government run primary schools in the region to reduce drop outs and develop child parliaments among students. In West Bengal/India basic education is free up to standard 10 and education is now considered a right as per the Right to Education Act. The Ministry of Human Resource Development at the Union level and the School Education Department at the State level are responsible for the

education of the children. School buildings, teachers' recruitment, teachers training, preparation of text books are done by the State Government while financial support is provided by the Union Government. Apart from primary school there is also another form of school for children known as Shishu Shiksha Kendra, which were created by the Panchayats and Rural Development Department as low cost schools in hamlets which do not have primary schools.



Prime Minister & resolution of Child Cabinet of
M e n a k a Sundari Prathamik Bidyalaya

Since the education system that IEC project has worked with consists of mainstream education system the evaluation team tried to find out from the school teachers in the two schools they visited what exactly has been the contribution of the project to the improvement of primary

education in the project area. Our discussions with teachers of Debnagar Colony Menaka Sundari Prathamik Bidyalaya showed that the project has contributed in the following manner:

- Formation of child cabinet
- Students have received personal hygiene training.
- Students have learnt to plant trees.
- The project has provided additional sports materials to the children.
- The project has ensured that Village Education Committee meeting is held every month
- School students have taken a lead in ensuring that the particular Sansad has become open defecation free Sansad.

- The SHG responsible for cooking mid day meal was formed by JGVK and hence JGVK can ensure that they do their job diligently.
- Except in case families migrating there is hardly any drop out from the school. If necessary the GP level Coordinator of the project helps out in tracking the children who do not come to school. The GP Coordinator mobilises the SHGs to track children who are not going to school.
- The teachers were unanimous that JGVK is providing them good support whenever they need any support.

The most impressive achievement is clearly the child cabinet. The children of the school have a 'child cabinet' where there is a 'Prime Minister', a 'Sports Minister', a 'Food Minister', an Education Minister and an 'Environment Minister'. They are collectively responsible for various functions related to the school. The evaluation team had a detailed discussion with the children of the school to understand what the different ministers do. The Food Minister for example is responsible for observing whether the kitchen is clean, the Health Minister is responsible for monitoring whether the students have cut their nails properly and whether they are wearing clean clothes or not. The Education Minister monitors the cleanliness of the toilets and whether the children are cleaning their dishes properly after the mid-day meal. The Environment Minister is responsible for ensuring that the switches are turned off. The children keep a watch on the quality of the materials used while preparing the mid-day meal. The various Ministers report to the Prime Minister and the Prime Minister reports to the Head Master of the School.

It was evident to us that the children immensely enjoyed the concept of 'child parliament'. It has made them more self confident and involved in the affairs of the school. In the second school that we visited, Nilkanthapur Prathamik Vidyalaya, the students took us around their school with great pride. That they love their school was evident. Here the students have received first-aid training and can do first aid on their own. Like the previous school here also the students were involved in improving sanitation facilities in the locality.

Another positive side of the child cabinet is that the cabinet can continue to function after the end of the project as it does not depend on financial support of the project. Once the students have started enjoying the process of looking after their own school the child cabinets can continue in the future even after the project comes to an end.

JGVK's efforts at creating Child Cabinet have however faced difficulties. The GP Coordinator of Nafarganj Gram Panchayat told us that till date 6 Child Cabinets have been formed while 11 were in progress and not yet formed. There are schools where the teachers are less willing to cooperate and shortage of staff is also a problem for follow up activities.

- ✓ *Possible Future Action Area:* JGVK may think of working on attendance and ensuring that the students are acquiring the age appropriate learning skills in language and arithmetic. In other words, JGVK may work more on ensuring quality of education in the primary schools.

2.5. Support to Integrated Child Development Services Scheme

India has a Union Government supported programme for children in the age group of 0-6 and the pregnant mothers known as the Integrated Child Development Services Scheme, better known as ICDS. The Objectives of ICDS are:

1. To improve the nutritional and health status of children in the age-group 0-6 years;
2. To lay the foundation for proper psychological, physical and social development of the child;
3. To reduce the incidence of mortality, morbidity, malnutrition and school dropout;
4. To achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and
5. To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

In order to achieve these objectives, the following services are supposed to be provided in each ICDS centre, also known as *Anganwadi* Centre:

- i. supplementary nutrition,
- ii. immunization,
- iii. health check-up,
- iv. referral services,
- v. pre-school non-formal education and
- vi. nutrition & health education.

In West Bengal and in other parts of the country the ICDS programme has both made a positive impact but has also suffered from several problems. For example, in many areas the ICDS centre as a physical structure still does not exist, the capacity of the staff is not always good, vacant posts are not always filled up, pre-school education is often neglected and in spite of the best efforts of the ICDS workers families of the children are not as careful about their responsibilities as they should be.

In this context we wanted to find out how exactly is the IEC III project helping to improve the ICDS scheme in the project area. We visited Birinchibari Tripureswari 365 ICDS centre in the Nafarganj GP of Basanti block. The Centre has a concrete building but it is a rather small one with inadequate facilities. We were warmly invited by the ICDS



365 AWC of Nafargunj GP: Anaganwadi worker & Pre-school kids

workers, some of the family members and children. After

initial discussion on the regular activities of the Centre, we wanted to know what support the Centre received from JGVK. The following were mentioned by the ICDS workers:

- The GP Coordinator of JGVK helps in linking the ICDS workers and the ASHA

workers² with the rural society in case there is any problem. For example there may be a hamlet or a family which is reluctant to send children to the Centre for some reason. If the female ICDS workers and ASHA workers fail to have any impact then they call the GP Coordinator to look into the problem. He then visits the area and mobilises the local SHGs or talks with community leaders to solve the problems.

- The GP Coordinator is also responsible for ensuring that there are regular meetings of the Mother's Committee regarding the nutritional aspects of the children. This meeting is held every month before the 10th day of the month.
- The inputs from the GP Coordinator have helped to raise awareness regarding the need of institutional delivery.
- The GP Coordinator ensures that the 4th Saturday meeting on health issues of the Gram Panchayat where the concerns of the ICDS centres are raised. This meeting is attended by GP Pradhan, Upa Pradhan, ASHAs, ICDS supervisors, ANMs³, NGO workers, SHG members etc. It is the most important coordination meeting on health issues at the GP level. The reality of West Bengal is that in many cases these meetings are not held even though they are supposed to be held as per government directives. Thus the role of the JGVK's GP Coordinator is vital in ensuring that the meeting takes place.
- The JGVK GP Coordinators also helps in ensuring that the second Saturday meeting of the SHGs is held regularly. Here also the JGVK Coordinator raises issues of the ICDS Centre. The second Saturday meeting is also something that is supposed to happen across the state as per Government norms, but it is seen that in many places this does not happen. Hence the GP Coordinator plays a vital role in ensuring that the meeting actually takes place.

² For details on ASHA workers see <http://nrhm.gov.in/communitisation/asha/about-asha.html>. Accessed 18.07.15

³ For details on ANM see <http://www.tanionline.org/april-09/8.htm>. Accessed 18.07.15

- JGVK GP coordinators supported infrastructure development by negotiation with the land owner to donate land and through Panchayat Anganwari centre was constructed.
- ✓ *Possible Future Action Area:* In future JGVK may think of providing special training to the ICDS staff on pre-school teaching methods and develop model ICDS Centres.

2.6. Support to Community Delivery Centre (CDC)

Apart from the mainstream Health Centre, under the National Health Mission (NHM) there is a provision for Community Delivery Centre which is funded in a public-private-partnership model. We visited one such CDC which was created in 2010 with partial support from Rama Krishna Mission of Belur (Belur Math). NHM provides a partial financial support of Rs 5000 per delivery to the Centre. We discussed the work with Dr. J.L. Samanta, and the supervisor Mr. Dulal Chandra Das. There are 2 Nurses, 1 ANM and 1 Aaya. The Centre has 5 beds and covers 5 nearby GPs. The Centre provides services related to delivery of children free of cost and is open 24x7 hours. We observed that the Centre is clean and hygienic.

Regarding collaboration with JGVK, the Doctor and the Supervisor told us the following:

- In Nafarganj GP more than 15 awareness camps have been held in last 2 years.
- One medical camp has been held where doctors treated patients for free and provided free medicine
- JGVK staff of IEC III project supports by linking the Centre with the Villages. Whenever a pregnant woman needs to go to the Centre the JGVK staff helps to bring them to the Centre.

2.7. Support to Line Departments to promote animal husbandry and agriculture

- We met the Block Livelihood Development Officer and the Karmadhyakshya (Secretary) of Animal Resources Standing Committee of the Panchayat Samiti (Block Level Panchayat) to understand whether they are receiving any support from JGVK. Both of them were unanimous that they receive lot of support from JGVK. Whenever they need to organise a camp in the villages on animal husbandry issues, they approach JGVK who knows the village society. JGVK organises the camps where the technical resource persons are provided by the Department. Many of

the SHG members have been transformed into local level resource persons. They are now capable of providing vaccine to the domesticated animals. Number of cows has gone up. More children are now fed eggs from the chickens that are grown at home.

- We met the Block Technology Manager and the Assistant Technology Manager of the Agriculture Department. Like the BLDO, they also said that JGVK is useful to them in organising the farmers camps in which they provide the technical knowledge. Marginal farmers have shown lot of interest in SRI agriculture⁴. Nearly 3000 farmers have been reached in this process with the help of JGVK.
- The officials of the Sundarban Development Board also said that JGVK is useful to them to provide training on fishery and land shaping⁵. They also benefit from the newsletter produced by JGVK.

2.8 Support to Gram Panchayats

- The evaluation team met the Pradhan and the functionaries of the Nafarganj Gram Panchayat to understand the support the project has provided to the GP. According to the GP Pradhan and other functionaries the support that was received was as follows:
 - Child marriage, child birth at home and child trafficking has been reduced.
 - Since many of the representatives are relatively new in the Panchayat, JGVK has supported them to understand their work.
 - The GP is now regularly keeping health related data which is the result of the advocacy of the project.
 - JGVK has helped in planning of National Rural Employment Guarantee Scheme. The average number of days of employment in the last financial year was 55, which is higher than the state average.
 - JGVK helped in organizing “ Panchayat Diwas” , VHND observation

³ For explanation see https://en.wikipedia.org/wiki/System_of_Rice_Intensification. Accessed on 18.07.15

⁵ For an explanation of landshaping see <http://www.nicra-icar.in/nicrarevised/index.php/component/content/article?layout=edit&id=236>. Accessed on 18.07.15.

2.9. Support to CSO partners

Under the project a small financial support has been provided to two CSOs: (a) Sreema Matritirtha Mahila Samity (Gosaba, South 24 Parganas) and (b) Kishalaya Tarun Tirtha (Gaighata, North 24 Parganas) One person from each CSO has received an honorarium of Rs 5000/- per month. The CSOs have also received capacity building support under the project. The two representatives of the two CSOs present during the field visit said they were happy with the support. However this aspect of the project seems to be somewhat ineffective. Either the project should have had a fairly significant component of CSO support or not at all.

2.10. Support to SHGs

At the core of the work of JGVK is the strategy of empowering Self Help Groups of women (SHGs). The support to Self Help Groups has two components – (a) support related to livelihood and (b) support related to gender empowerment and social activism. The SHGs are linked to the mainstream government system of providing credit to the SHGs under the National Rural Livelihood Mission and its earlier form – SGSY. JGVK does not do microfinance on its own. The IEC III project has built on the earlier work of JGVK to strengthen the SHGs. We met representatives from several SHG groups in course of the field visits. On one occasion we met SHG members who are also members of the Village Committee, which is the agglomeration of SHGs at the village level⁶. The name of the Village Committee was Raninagar Village Committee. This village has seen large scale out-migration by the male folk who have mostly gone to Andamans or Kerala to work as labours. The SHGs have turned out to be a source of additional income for the women members of the family although the primary income still comes from the remittance sent by the their husbands. The various types of livelihood activities that the SHGs carry out are: (a) Cultivation of vegetables (b) Small-scale poultry farming (c) Tailoring (d) Preparation of the turmeric and other spices in dust form (e) Fish cultivation etc.

⁶ Village here refers to inhabited mouza or census village

In terms of loan intake their capacity has gone up from about Rs 1000 in 2011 to about Rs 5000 in 2015 on an average, the maximum being Rs 40000. Under the IEC III project the benefits that the groups have got are: (a) the groups came to know of the various schemes of the central and state government; (b) the groups have learnt to do micro planning; (c) the groups have gained in confidence and their participation in Sansad Sabhas have increased, (d) some of them have stood for Gram Panchayat elections and have won, (e) the groups have gone for exposure visits to other districts from where they have picked up the knowledge of seed banks.

In course of our group discussion we got an interesting story which reflects the empowerment that the group has received. A particular group named *Jyotirmoyee* had the contract of mid-day meal in the local primary school. However because of some local level corruption they were told by the Gram Panchayat to manipulate the mid-day meal data so that siphoning of some funds is possible. This *Jyotirmoyee* SHG refused to do. As a result they lost the contract for the mid-day meal and that contract was given to some other SHG. The women of *Jyotirmoyee* SHG did not however give up. They went to Canning town and talked to a lawyer who advised them to go to High Court. When we met the group they said that they have started the litigation process in High Court and the next day there was a meeting with the Block Development Officer on this issue.

Another example of the empowerment of the SHGs is the micro planning that they have learnt from the project. The group explained to us how the planning is done. First, there is a group meeting to determine what the needs are at the level of the individual families. Then a few groups come together to discuss the problems at the Sansad level. At this level the more general aspects of the Sansad are incorporated within the plans. They also learn to do resource mapping of the Sansad area. The plans are then presented as Sansad plans in the Gram Sansad. After that the plans of each Sansad goes to the GP. In this particular case the plans were submitted to the GP but the GP was in a state of limbo due to political rivalries and hence plans could not be implemented. But in other cases the plans were incorporated and implemented. What is perhaps most important is that the SHG women showed confidence that they can prepare a plan in future without the support of the project.

On another occasion we met three more groups, *Sonar Sansar*, *Sonar Tari* and *Ma Durga*. They explained that because of JGVK the women could come out their home for the first



Members of a village committee of SHGs of Nafargunj GP

time and talk to the outside world. They are involved in different kinds of livelihood related activities and have also participated in social activism. As a result they have improved economically through credit at a lower interest rate and various livelihood activities and have also had an impact in the society around them by demolishing illegal liquor shops, monitoring local schools, campaigning against open defecation, promoting institutional delivery etc apart from doing micro planning.

The difference between the JGVK supported SHG groups and the average SHG groups became clear when we had a discussion with some SHGs of the control GP which was in Uttar Mokambaria GP. These groups – Nabina, Africa and Peter – were involved in micro credit and livelihood activities through such loans. However they did not do any social activism or micro planning. They told us that they did not know what to do in this regard. The economic activities and level of credit intake were roughly similar to the JGVK supported groups. The additional inputs received from JGVK have made the SHGs look beyond the economic benefits of their own family.

2.11. Support to SHG Clusters

We met members of *Basanti Srishthi Sangha*, a Cluster of SHGs at the Gram Panchayat level. There are in all 141 groups in this Cluster. The key question that we explored was how J G V K has benefited the Cluster. As has been said before, for the respondents it was not always possible to distinguish between the work of JGVK as a whole and specifically the IEC III project. So the answers which came from the group explained to us how JGVK helped

them. The discussion was unstructured and hence it was not possible for the group to give us answers that were prepared from before. What came out from the group was:

- JGVK helped them to get out of home about ten years back and open bank accounts. So the first steps towards forming SHGs were taken with JGVK support.
- Under the IEC III project the second Saturday meetings of the SHGs and the Gram Panchayats have been regularly held. This meeting discusses issues like poor roads, tube well, soil erosion, how to prepare nurseries, how to improve tailoring, etc.
- The groups have protested against exploitation of women. JGVK has supported this initiative.



Seed bank of Basanti Srishtih Sangha

- Through the initiative of the Cluster a “Nari Jagaran Committee” (Awakening of Women Committee) has been created in the GP. The Committee includes members from every Sub-Cluster, one ASHA worker, one ICDS worker, the Upa Pradhan of the GP who is a woman and a group of advisors – BDO, GP Pradhan, BMOH, OC and Sabhapati of the Panchayat Samiti. This has been formed in May 2015.
- JGVK has helped the Cluster by taking them for exposure visit to other districts of West Bengal. The idea of Nari Jagaran Committee came from the exposure visit to Birbhum.
- The exposure visit to Birbhum has also inspired the Cluster to build seed banks.
- The Cluster has learnt to create nurseries. The cluster has entered into a

contract (MoU) with the Gram Panchayat to develop the nurseries and plant trees. This generates income for the group and at the same time resists soil erosion and improves the environment.

- The GPs have received book keeping training from JGVK.
- The SHG has received training on MDG.
- The SHGs are regularly participated in Gram Sansad meetings.
- The SHGs have learnt to do micro planning (explained earlier in section on SHGs).

The difference between the Cluster supported by JGVK was evident to us when we met a leader of SHG Cluster in the control GP. Here the cluster was primarily into economic activities only. The social dimension of their work was missing in the cluster of the control GP.

3. Conclusion

Our field visits were aimed at understanding how JGVK is trying to achieve the MDG goals – how they are trying to reduce poverty, improve health of mothers and children and promote education for all. Our approach was not to study statistically whether this effort has resulted in poverty reduction or improved health indicators. We also wanted to see the best work that they have done in order to ascertain whether the work has any large scale policy implication. The discussion above shows that the IEC III project has created an enabling environment through which MDG goals can be achieved. The major achievements that we have seen can be summed up as follows:

(a) Income generation:

- ✓ The project has clearly improved the capacity of the SHGs and the SHG Clusters to improve their livelihood prospects. Exploitation of money lenders has been reduced because of bank linkage; loans have resulted in livelihood activities which have opened up the possibility of secondary income in the family.

- ✓ JGVK has linked project villages with various livelihood related Government departments – Agriculture, Animal Husbandry, Fisheries, Sundarban Unnayan Parshad. This has improved the scope for the improvement of livelihood for the villagers.
- ✓ JGVK has provided training on how to create nurseries and seed banks

(b) Maternal and Child Health

- ✓ JGVK has regularized the second Saturday and Fourth Saturday meetings of the Gram Panchayats which deal with such issues.
- ✓ The Gram Panchayat level coordinators help the ICDS workers and ASHA workers.
- ✓ The JGVK workers connect the villages with the Sub-centres and the CDCs.

(c) Education

- ✓ JGVK and the SHGs regularly work to ensure that children do not drop out of school.
- ✓ Several Child Parliaments have been created in the school. This helps to build the confidence of the students as well as ensures that mid-day meal is properly cooked, open defecation is reduced, students adopt hygienic practices.

(d) Gender Empowerment

- ✓ Development of SHGs is the cornerstone of the activities of JGVK. There is a clear difference between the SHGs created by JGVK and the SHGs created in the control GPs. The JGVK supported SHGs were clearly more aware and confident than the ones we met in the control GPs.
- ✓ A key achievement of the project is that SHGs are now able to do micro planning and plays an important role in the Gram Sansad meetings.

Chapter 5

Purulia

1. District Profile:

Purulia district is one of the twenty districts of the state West Bengal. The town of Purulia is the administrative headquarters of the district. The district Purulia was formed in the year 1956, when Manbhum district was partitioned between Bihar and West Bengal by States



Reorganization Act. Purulia is the western most district of West Bengal and acts as a gateway between the developed industrial belts of West Bengal and the hinterlands in Orissa, Jharkhand, Madhya Pradesh and Uttar Pradesh.

The district lies between 22.60 degrees and 23.50 degrees north latitudes, 85.75 degrees, and 86.65 degrees east longitudes. Several rivers flow across Purulia, like- Kangsabati (Kasai), Kumari, Silabati (Silai), Dwarakeswar,

Subarnarekha and Damodar. However, the water of the river runs off due to the undulated topography. It has a sub tropical climate nature and characterized by high evaporation and low precipitation. Temperature is very high in summer and low in winter that varies from 2.8 degrees in winter to 52 degrees in summer thus causes dryness in moisture. As per Satellite Imagery data, 52.47% of total area is used for agriculture, 29.69 % under forest coverage and 10.15% identified as wasteland. The natural forests of the district are mostly of mixed nature.

The soil of the district is not fertile and irrigation facilities are hardly available. However, the people of the district practice paddy cultivation in some single cropped agricultural land. Due to the rough weather and soil, Purulia lags behind in agricultural arena from the other

districts of West Bengal. The industrial sector is the backbone of the economy of the district. In 2006, the Ministry of Panchayati Raj named Purulia one of the country's 250 most backward districts (out of 640 districts). It is one of the eleven districts in West Bengal currently receiving funds from the Backward Regions Grant Fund programme (BRGF).

According to the 2011 census, Purulia district has a population of 2,927,965 and amongst them 504652 were tribal (18.46%). The district has a population density of 468 inhabitants per square km. Purulia has a sex ratio of 955 females for every 1000 males and a literacy rate of 65.38%.

The district comprises three subdivisions; Purulia Sadar East, Purulia Sadar West and Raghunathpur. Purulia Sadar East consists of Purulia municipality and seven community development blocks, which are Manbazar-I, Manbazar-II, Bundwan, Purulia-I, Purulia-II, Hura and Puncha. Purulia Sadar West consists of Jhalda municipality and seven community development blocks, these are Jhalda-I, Jhalda-II, Joypur, Arsha, Bagmundi, Balarampur and Barabazar. Raghunathpur subdivision consists of Raghunathpur municipality and six community development blocks, which are Para, Raghunathpur-I, Raghunathpur-II, Neturia, Santuri and Kashipur. There are 20 Police Stations, 20 Development Blocks, 3 Municipalities, 170 GPs and 2459 inhabited Villages in this district.

2. Implementation Process:

2.1 Induction Process

Loka Kalyan Parishad (LKP) selected Jhalda-II & Joypur community development blocks of Purulia Sadar West sub-division for the IEC-III project. Previously, in 2007, Jhalda-II was included under the IEC-II project and then Joypur was selected at the later phase of the project. In the third phase of the project, same area was selected, except Ghagra GP which has newly been brought under in the present phase. In 2011, LKP conducted a baseline survey which revealed very poor situation like low female literacy, poor entitlement scenario etc. Model Sansads were fixed up on the basis of a discussion held among the staff. It was decided to select those Sansads which can influence the others. Jhalda-II & Joypur

block were located about 40km from the Purulia Town. These two blocks are economically and socially backward and LKP is also running their MKSP Project in this area since.

IEC-III is running in total 6 Gram Panchayats (GP) under these two blocks of Purulia district:

District	Block	Name of the Gram Panchayat
Purulia	Jhalda-II	Majhidi
		Chitmu
		Tatuara
		Nowahatu
	Joypur	Joypur
		Ghagra

LKP targets 19 Sansads to convert them as Model Sansad under IEC-III out of 74 Sansad in these 6 GPs. LKP dealing with 73 Self Help Groups (SHG), which cover 8102 households through these Model Sansads.

2.2 Staff Pattern

The project team consists of one District Coordinator, 1 Block In-charge and five PPs for this project. In every GP, there is a PP, who monitors the project. However, due to lack of staffs, one PP is monitoring in two GPs. In the field level, all the members of the LKP work together as a team without following the positional hierarchy of the project. At the initial stage, some resource persons imparted training to higher level staff of Purulia unit who in turn provided training to the field level staff. Even now a study circle is organized every Saturday where different issues and problems the team is facing are discussed.

2.3 Components of the Project

The LKP, Purulia primarily works on awareness, education, health, environment, livelihood activities and women empowerment. In IEC-III, the LKP deals with three objectives of Millennium Development Goal (MDG). Their key strategy is to improve the capacity of women through empowerment of SHGs.

2.4 Project Activities

After selecting the Blocks, GPs and the Model Sansad, LKP played a great role by linking its activities with all the government and non-government institutions including SHGs, and also with ICDS, ASHA, ANM, Primary Health Centre, Primary Schools, GPs, line departments including BDO. LKP provides training to the GP members about the Panchayat Acts, role of the members, how to arrange Gram Sabha and Sansad Sabha etc. It trains SHGs on how to practice Panchasutra like organize meeting, maintaining resolution book and other register books etc. They also provide training to develop the livelihood of SHG's members.

LKP provides exposure visits to SHG, Clusters and GP functionaries to other districts which can help to enhance performance of these stakeholders. Along with this, advocacy with Line Departments and Gram Panchayats helps the beneficiary to get the benefits of various governmental inputs. LKP helps the SHGs to open bank a/c, by which they can deposit their savings and could use them in need. They could apply for the bank loan to improve their secondary source of income by using this bank loan.

LKP links the ICDS workers with the ASHA workers better implementation of health related programmes. They are also trying to improve the infrastructure of ICDS centres. LKP organises meeting with the authorities and the local people to find some open spaces to build ICDS centres. They are motivating people to donate land for the centres and convincing GP to build by using governmental fund. SHG workers are now monitoring the attendance of the children by the influence of LKP. This is how LKP implements the project goal of IEC-III. They are reaching each corner of the project area with a very less number of staffs. However, the other projects staff of the LKP helps them to run the project in this large area. At field level, it is impossible to identify the IEC-III worker from the other projects worker (like-MKSP, IWMP, CFT). In the field, we found, every worker of different projects helping each other to fulfill the goal of the each project.

2.5 MDG Goals:

(i) Poverty Reduction-

Government of India has various programmes to eradicate/reduce poverty in the rural areas. However, implementation of such programmes is often not up to the mark. The final beneficiaries are often not aware of the programmes aimed at benefiting them. Therefore the project is aimed at linking government programmes with the final beneficiaries through IEC campaigns. Some of the activities carried out are as follows:

- LKP generates awareness and motivates people to register their name in the Job



Rally for joining Gram Sansad at Purulia

Card for MGNREGS. They explain the process of how to demand 100 days work from the GP. LKP also informs them how to lodge complain to the higher authority. In most of the cases, LKP plays the role of mediator during meeting between the authority and the villagers. In the 6 GPs, there is 100% public disclosure

of beneficiaries and schemes for public. During this project, number of job card increased by 50%.

- LKP trained SHG members for animal husbandry, optional cultivation (as Nutrition Garden in the courtyard), handicraft etc, which opened up the possibilities of secondary income of the family. During this project, 45 capacity building programmes were organized for improving agriculture under NRLM programme. Total 466 families started animal husbandry and 943 families started own kitchen gardens in the courtyard of their house.

- Linking up with the various government departments like Agriculture, Animal Husbandry, Fisheries etc. for the benefits of developmental inputs that help the villagers to improve their livelihood. SHGs are getting loan from the Bank to develop their secondary income generating activities. LKP's direct intervention for the Bank loan reduces the chance of exploitation from the private moneylender.



Home nutritional garden at Majhidi GP

- LKP also tries to aware people for entitlement of various centrally and state sponsored schemes. Till 2014, LKP conducted 322 camps for awareness generation and providing hand holding support on the related issues. The following table shows the details of it.

Table 5.1: Number of Camps organised by LKP under IEC III for Awareness Generation on Entitlement

Name of Scheme	No. of Camps organized by LKP (Till 2014)
MGNREGA	64
SASPFUW	37
PROFLAL	7
PDS	162
Animal Vaccination	21
Kanyashree	31
Total	322

(ii) Mother & Child Health

A healthy child is the source of healthy adult, the backbone of the society as well as the



CDPO Jhalda II explaining some points to ISS team

country. A healthy mother is the source of healthy children. It is impossible to develop a society/ country without developing the health status of the mother & children. LKP takes steps to aware & motivate the villagers & GP functionaries regarding governmental plans & programme on health.

- Nutritional Awareness camp conducted with the help of CDPO Office. In about 44% Sansads, VHND programme is been observed regularly.
- In every month, Mata Committee Meeting is conducted, where mother and health worker exchanges the information on health.
- Birth registration and issuing birth certificates have become easier. If any problem arises, LKP takes initiative.
- Two mobile health centres started after a large number of women submitted a deputation to the higher authority with the help of IEC staff of LKP.

Table 5.2: Some health statistics before and after IEC III

Activity	Before IEC-III (2011)	After IEC-III (2014)
SAM Child	97	70
Institutional Delivery	193	262
Child Death	16	7

(iii) Education

- During training and meeting, LKP repeatedly stated that, the SHG members must monitor the regularities of the student in the school. Now a day, all the SHG members of model Sansads collect information about non-attending students from the school authorities. If a student remains absent in the school for a several days, the SHG members visit the house of the student and discuss with parents about the problem behind the absent. Sometimes, SHG and sub-cluster members jointly motivate the parents of the student to continue the studies. By this way, school dropout has gone down. SHG members brought ICDS & Primary school children from their houses to the school if their parents were unable to do so.
- Educated SHG members are helping and motivating illiterate members to become literate with the guidance of LKP. Therefore, one can observe that in recent times, in the resolution book of the SHGs, number of thumb impressions is going down while that of signatures is going up.

(iv) Women Empowerment

Socially and economically empowered women can bring positive changes in the society. Their contributions in the family enrich the livelihood. LKP has tried to make improvement in this aspect.

- Formation of SHG plays a significant role in empowering women. LKP motivated local women about the benefits of forming a SHG. In the Model Sansads, about 80% women have joined SHG.
- LKP helps them in opening bank accounts where they deposit a certain amount (fixed up by the SHG members) regularly. In need, SHG helps the members by withdrawing the money from the bank, which reduces exploitation of the private moneylender. By this way, a woman can help the family economically in need. Many SHG members are now baring cost of children's education, medical expenses etc.
- LKP teaches SHG members to arrange¹⁰ meeting, generating new ideas to enhance their economic condition and maintain register book regularly. These are the

essential part to get any governmental benefits and bank loan. The SHG members are now improving secondary source of income of the family by using the bank loan.



Sangha members of Majhidi GP

- The SHG members and sub-cluster & cluster members stand by each other if violence against women takes place in any household. They visit the houses of the victims, arrange meeting with the household members to stop the violence, and

resolves the matter. Sometimes they inform police. Today domestic violence against women has become rare in the project area. LKP has provided them support wherever necessary.

- The SHG member, sub-cluster & cluster members together arranged rally to destroy/ demolish illegal liquor shop. In every rally about 400-500 women participated. In some cases, they themselves demolished illegal liquor shops.

During IEC-III, LKP arranged some awareness programmes and training among the SHG members on issues related to women empowerment (Table 5.3)

Table 5.3: Number of programmes organised by LKP on Women Issues under IEC III

Issues	No. of programmes (up to 2014)
Violence against the women	201
Under age marriage	82
Deputation for drinking water	11
Rally against wine-shop	5

In spite of all these efforts, women empowerment still has a long way to go. There may be some constraints to do the job which will be discussed later, but after talking to the GP Pradhan (Female), it is understood that even after two years of becoming the Pradhan she is not aware of all functions of GP. The function of cluster is also not very clear to her. GP also could not provide us any record of attendance in the gram Sansad in the last three years which were they asked for. LKP needs to give more focus on the capacity building of elected women representatives.

(v) Planning

LKP assisted the SHG, sub-cluster and cluster for the bottom up planning. These plans were incorporated into the Annual Action Plan of the GP. This bottom up planning is of two types – one sansad level planning which is submitted to GP and the other one is seasonal planning for the development of agriculture.

- ***Sansad Planning***

The process that is followed for Sansad planning to annual action plan is like-

1. SHG members arrange hamlet level meeting (Para Boithok) or arrange meeting to determine the essential needs of the individual families. This micro level planning includes developmental aspects of the locality.
2. The plans are then discussed in the Sub-cluster (equivalent to a Sansad or electoral booth) and adopt some important plans. Here, sub-cluster incorporated some other necessary plans for the development of the village/Sansad. These plans were also discussed in the Gram Sansad.
3. Following this the Sub-clusters submit their plans to the cluster. Upa-Samitis of the cluster verifies these planning. In a meeting, cluster members finalize the plans and submit to the GP. In some cases, cluster includes some plans for the development of the entire GP.
4. Cluster submits the plans to the GP to incorporate in the annual action plan. In the Gram Sabha meeting, the GP announces the plans to be carried out in the upcoming financial year. Most of the plans submitted by the cluster accepted in the annual action plan depending upon the funding.

In each level, assistance and advocacy of LKP is significant. LKP followed up every stage of this process to ensure the acceptance of this micro level planning. The table (5.4) shows the assistance of LKP from bottom up planning to annual action plan during IEC-III:

Table 5.4: Assistance Provided by LKP in Bottom Up Planning

Step taken for Sansad Planning	Number of times (up to 2014)
Para level plan related meeting	173
Meeting with SHG group	227
Sub-cluster	331
Cluster meeting	199
GP meeting with staff & members	19

- ***Seasonal Planning***

The soil and weather of Purulia is not ideal for cultivation. The soil of this region is not much fertile; the amount of rain in the district is much less than others and rain water doesn't stay in any water body. Paddy cultivation is only possible in the rainy season. Rest of the year, the agricultural land became unusable due to lack of proper irrigation system. Thus, the large amount of the agricultural land became mono cropped/ single cropped land.

LKP motivated and assisted SHG members for seasonal planning of agriculture by the convergence of IEC-III and MKSP project. LKP trained SHGs to cultivate during pre-kharif and Rabi seasons along with Kharif. They have created opportunity to cultivate vegetables after the rainy season, when the land becomes unsuitable to cultivate paddy. LKP introduced the concept of Nutrition Garden, a method to produce nutritional vegetables in the homestead land without much expenditure. Along with training, LKP provides vegetable seeds to the SHG members. Linking up SHGs with the Line department and GP helps to continue seasonal planning in a large scale.

In last 3 years, a large number of SHGs adopted seasonal planning. All of them were trained, motivated and assisted by the LKP.

Table 5.5: Participation SHG women in Seasonal Planning during 2012-2014

Season	Number of SHGs & Women Participated in Seasonal Planning					
	2012		2013		2014	
	SHG	Women	SHG	Women	SHG	Women
Pre-Kharif	161	1785	184	1904	201	2117
Kharif	191	2085	231	2517	418	4885
Rabi	182	1920	302	3149	344	3777

2.6 Challenges Faced:

In Purulia only 65% people are literate. However, in villages, the rate drops to about 45%, and female literacy rate is often below 20%. Thus the awareness level of the people is still quite low.

The politicians and the GP functionaries of this region are not open to new ideas. It is very tough to discuss new ideas of development to them. Initially, the politicians and the GP functionaries were doubtful of the role of LKP in their areas.

The people of this area are of mixed culture. It is the border area West Bengal & Jharkhand. They are prone to migration to the industrial areas for their livelihood. It is very tough to convince them to stay in their own locality and play a constructive role in developing the locality.

Caste based discrimination is widespread in Purulia. Such discriminatory practices make development work much difficult as it prevents people from coming together to implement development programmes. Such divisions within the society have proved to be a big challenge for LKP in the district.

Scarcity of drinking water in this region continues to be serious problem. People of some parts of the district continue to survive by drinking unfiltered pond water. The situation becomes worse during the summer, when the ponds tend to dry up. It creates much difficulty to motive people to be aware of health and hygiene components.

Superstition is still strong among village people. Witch hunting was common till quite recently. There were resistances to vaccination as well because of prevalence of superstition among the poor villagers.

The most important constraint of the project area is inaccessibility. Some villages are located in very remote places. Transport facility is also very poor. People need to walk a long distance to avail bus to go to block office. GP office is also quite far. It creates two types of problems. Firstly, it is not possible for LKP staff to cover a large area on a single day. Secondly, villagers also do not want to visit GP and block offices as it will result in loss of workday affecting their income.

3. Control GP

We visited Rigid GP of Jhalda-II block which is not one of the project GPs to understand the difference with the project GPs. We met the members of SHGs, Sub-cluster and cluster of this GP. Rigid is the Control GP for IEC-III evaluation. However, other projects of LKP, like MKSP is being implemented here for quite some time. In this GP, there are total eight Sansads and LKP has appointed four Community Resource Personnel for their MKSP project. Our observation in this GP during the field visits summarized below.

3.1 Mid-day Meal

The students of the ICDS centre located in Rahan Sansad of Rigid GP were very much irregular. Parents of the children told us that the food quality of the Mid-day meal were very poor. Most of the days of the week, they provide mixture of cooked lentil & rice (*Khichuri*). The food has bad odor, therefore, the children and the pregnant women don't want to take. The centres provide egg not more than twice a week. On Saturday, they do not provide Mid-day Meal to the students.

3.2 SHG & Sub-cluster

The Rahan Upa-Sangha (Sub-Cluster) started in the year 2007 and consists of 11 SHGs. The oldest SHGs of the Rahan Upa-Sangha started since 2005 and after initiation of MKSP programme in 2013, 20 more SHGs formed. However, due to lack of interest, few SHGs

stopped functioning. The members of the SHGs have very less ideas regarding alternative economy and bottom up planning. Most of them demanded for the bank loan not to improve their secondary source of income, but to use it for the household purposes. Even some SHGs wish to discontinue, they do not want to deposit their subscription amount in the bank. Lack of regularities in meeting and co-ordination between intra and inter SHG members were found. Community activities (awareness creation among villagers, helping ICDS & ASHA worker) were very less amongst these SHGs; even they do not know anything about SAM (*Lal Shishu*).

3.3 Cluster

Eight Sub-clusters of Rigid GP formed the cluster *Shishu Nari Kalyan Sangha* and it consists of 120 registered SHGs. Two members from each sub-cluster are selected as the cluster member. They don't have any building to conduct their meetings and activities. They are using a room of GP office for the meeting which remains unavailable most of the times. Cluster submits their plans to the GP. GP Pradhan and other GP functionaries do not take part in the 2nd Saturday meeting conducted by the cluster. The SHG members attend the Sansad Sabha. However, very few of them know about the function and the purpose of that Sabha.

SHGs & Sub-cluster of Mohanpur Sansad has set an exceptional example in the Rigid GP. The oldest SHG was formed in 2005 and since then 18 SHGs have been formed under this sub-cluster. They monitor the activities of the ICDS and ASHA workers. They forced ICDS centres to provide cooked rice and lentil and boiled eggs at least thrice a week. Sub-cluster members took initiative to stop violence against women in the Mohanpur Sansad. The main reason behind the strong and effective activity of SHGs and sub-cluster of this Sansad is the education. Most of the women were at least class VIII passed. Most of the household heads in this Sansad have migrated in search of income and send remittances back home. Mohanpur Sansad is situated near the Majhidi GP, where IEC-III project is running. There may be some demonstrating effects of IEC III project on this Sansad of the control GP resulting to the better situation of it than other Sansads.

4. Conclusion

Implementing a project like IEC-III in the district like Purulia is a tough task. Scarcity of drinking water, lack of accessibility, low level of education, superstition poses a difficult challenge. The project team seems to have worked hard to overcome the challenges. During our field visits, we found that the field workers are very much motivated, experienced and determined to successfully complete the project. Their efforts in the sample GPs of Jhalda-II block to reduce poverty, improve health of mothers and children and promote education for all is admirable.

Still they have lots of scope to improve the overall situation of the GPs under this project. Some of the activities that may be considered in future are:

- Strengthening of SHGs through experts
- Enabling the SHGs to create strong linkages with the cluster and federation for collaboration with major govt. schemes.
- Creation of a group of adult educators for enhancing female literacy particularly amongst SHG members where the level of literacy is very poor.
- Awareness campaigns through fairs (*Mela*) and cultural activities to reduce superstition.

Chapter 6

General Observations

To conclude this evaluation, the study team would like to collectively make the following observations:

- Based on review of secondary data and field visits the study team is of the opinion that the IEC III project has been implemented diligently by a dedicated team. The team members have worked hard to achieve the targets of the project.
- The IEC III project is a good example of how NGOs and Government departments can work together to strengthen the Government programmes aimed at achieving the MDGs. This is a form of collaboration that is widely replicable provided the NGO has the trust of the people at the village level. We have found in course of our discussions with Government officials that they find the support of JGVK and LKP quite useful. The NGOs help the Departments to organize various kinds of capacity building programmes for the villagers and also help them in identifying the correct beneficiaries.
- The partner NGOs have helped in bridging the last mile between the villagers and the government system. It is found that in India there are many government programmes but the less informed villagers miss out on the opportunity because of inadequate knowledge. This reduces the effectiveness of the development schemes. However IEC III project has shown how government programmes can be energized with the support of committed NGOs to bridge the last mile. For example ICDS centres have been made operational, second Saturday and fourth Saturday meetings have been regularized, the SHGs have been trained and provided exposure visits, the messages of the Health Centres have been taken to the people to improve institutional delivery, SHGs have learnt to plan livelihood programmes as well as produce plans for the Sansad meetings.¹⁴ This is a model of bridging the last mile that policy makers need to look at for larger replication.

- The study team found a marked difference between the SHGs and clusters of SHGs of the control GPs and the SHGs of the project GPs. The ones which have received input from the partner NGOs are clearly much better. They are able to do basic micro credit and also take part in social activities. There is a strong gender component in the work of the project which has helped to transform the lives of the poor women who have now become more self-confident and are showing signs of becoming change agents in their villages. In course of field visits it was evident that SHGs have learnt to do micro planning and are regularly participating in Gram Sansad meetings. This is a major improvement compared to their earlier stage of being semi-educated women living as house wives, completely dependent on their husbands and in-laws for survival. Here again, the SHGs have achieved what the government programme envisaged thanks to the support at the end of the chain by the partner NGOs.
- The quality of the IEC materials produced under the project is good. The usually complicated guidelines of various government programmes have been communicated in easy-to-understand Bengali. Apart from printed material the project has also communicated key information through cultural programmes and painted messages on the wall. This is an important work in development communication that can be utilised by other NGOs and also as well as in the next phase of the IEC project.
- The monitoring of the Project Management Body (PMB) has been quite regular. A format has been prepared under which activity wise information is sent by the partner organisations and maintained by the PMB. The PMB also visits the project areas quite regularly. A team from IGF has also visited the field and given some fruitful suggestions.
- The project has been implemented at a point in time when West Bengal has seen a change in the ruling political party following the 2011 Assembly elections. This has

been a period of transition and turmoil in the state which has affected the work of several Gram Panchayats across the state. Given this background, the performance of both the partner NGOs is definitely praiseworthy. The effective implementation of the project could be possible only because the two partners have over the years built their reputation in their respective field areas and are respected by political leaders across party affiliation and administrators.

- The GP Coordinator (of JGVK and Community leader/Community Resource Person of LKP appear as the key project personnel at the grassroots level) is an important innovation introduced by the project. While there are many government departments implementing various types of schemes at a time, it is often found that there is lack of coordination among them. Here the GP Coordinators and Community leaders/Community Resource Persons and other staffs at the sub-GP level have played an important role in bringing the different programmes together. These are the posts that have linked the GP, the ICDS Centre, the Primary Health Centre, the Primary School and the SHGs. These are the innovations that have wider policy implications.
- Developing the women-SHG as change agent is another important innovation of the project. At the Sub-GP level the SHGs in the project area are emerging as an alternative to the Gram Unnayan Samity, which is now almost dead. The SHGs of the project area have shown that they are capable of doing GS level planning. This is also a matter that has larger policy implications.
- The project has not been much of a success in terms of building a CSO network. The allocation under this head was too small to effectively build a district level network. Small support to one/two NGOs looks more like tokenism than a serious effort. In future for any such endeavour there should be either a substantial allocation of budget on this activity or it should be scrapped altogether.
- The child cabinets developed by JGVK should be a model for a more large scale intervention in future. This will have a positive impact on their self-confidence and

also help to monitor the quality of mid-day meal, personal hygiene of the students, cleanliness of the school and also the maintenance of school assets.

- The work related to primary schools in this project was largely related to enrolment and prevention of drop-outs. In future the JGVK and LKP may consider working on the pedagogical aspects of the students to ensure that all children do not simply go to school but also learn and may act as potential and natural diffusion agents in larger rural domain in future.
- Although it is not directly related to the IEC III project, It was found in all project areas visited that migration is an important livelihood strategy. It was however not clear how far the migration was out of choice and how far it is a result of distress. If there is lot of distress migration then this is a matter that the next phase of project would have to seriously look into. SHG based livelihood strategy is a subsidiary income of the household and the primary earner needs to be supported more in the future.
- The study team was able to see some examples of pre-primary education in some of the ICDS centres they visited. This aspect of ICDS may be further strengthened during the next phase of the project. There is some effort underway in the state under Women and Child Welfare Department to establish model ICDS centres. The next phase of IEC III if any, may try to link up with this effort.
- Sensitization and orientation of the elected representatives have not been found at the adequate level. This is more so in case of women representatives in general. This is an area where the partner organizations have much scope to work in their future programmes.
- The present scenario of the project area is not just the result of IEC III only. It is rather the cumulative reflection of the earlier works (advocacy/service delivery) that the partner organizations have been pursuing for a considerable period. This is evident while comparing the performance of different project districts visited. LKP

Purulia unit has started functioning much later than other project districts. It also faces more challenges than its other counterparts. The difficult terrain of the district appears as another contributory factor to the unit of not being at par with other districts.

- Most of the primary observations are based on visit to the model Sansads where the partner organizations have pooled most of their resources. The demonstrative effect of them on the non-model Sansads will be an area of interesting study.

(MDG) সহস্রাব্দের লক্ষ্য

- চরম দারিদ্র ও অনাহার দূরীকরণ।
- সকলের জন্য প্রাথমিক শিক্ষা সুনিশ্চিত করণ।
- লিঙ্গ সমতা ও নারীর ক্ষমতায়ন। • শিশু মৃত্যুর হার কমানো।
- নিরাপদ মাতৃত্ব সুনিশ্চিত করণ।
- এইচ,আই,ভি/এডস, ম্যালেরিয়া এবং টি,বি সহ অন্যান্য মারাত্মক রোগ প্রতিরোধ করা। • পরিবেশের স্থিতিশীলতা বজায় রাখা।
- বিশ্বব্যাপী উন্নয়নে সমস্ত দেশ একযোগে কাজ করা।

আমাদের দেশে মোট গোল ৮, লক্ষ ১২, সূচক ৪৮

আন্তর্জাতিক স্তরে " ৮ " ১৮ " ৩৩

লোককল্যাণ পরিষদ



বাতি কার জি.পি
ইলামবাজার ব্লক,



Institute of Social Sciences



Joygopalpur Gram Vikash Kendra



Loka Kalyan