'Swayamsiddha'

Women's Health and Empowerment

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Acronyms

ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife (a government trained nurse working in rural areas)
BAIF	BAIF Development Research Foundation, Pune
BMI	Body-Mass Index
Cast related:	NT – nomadic tribes; OBC – other backward tribes; Open – open castes; SC – scheduled castes; ST – scheduled tribes
CBOs	Community based organizations
CCG	Cross Cutting Group - there were 4 CCGs in the project: Gender, Health, Research, M&E
CPCT	Central Project Coordination Team
CL	Cluster Leader
CNA	Community Needs Assessment
EHR	Ecosystem Approaches to Human Health Research
EPA	Entry Point Activities
FTO	First-Tier Organization
FTW	First-Tier Women
GO	Government Officers
GPIH	Gender Perspective In Health (a three days training facilitated for all PCTs.)
GST	Gender Sensitization Training
HMF	HALO Medical Foundation, one of the project partners in Maharashtra
IGA	Income Generation Activity
IHPP	International Health Policy Planning
LFA	Log Frame Analysis
M & E	Monitoring and Evaluation
NGOs	Non-Governmental Organizations
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
Partners:	Nine Partner Organizations who implemented the project. In LFA, this is 10 partners including BAIF.
PCT	Project Cluster Team, an implementation team of 3-4 persons at project locations
PIC	Project Implementation Committee
PHC	Primary Health Center
PIP	Project Implementation Plan (Submitted to CIDA/IDRC in April 2001)
PL	Project Leader
PRI	Panchayat Raj Institutions
PSC	Project Steering Committee
PTC	Primary Treatment Center, run by trained women health workers
RA	Research Associate
RBM	Results Based Management
RRM	Regional Review Meeting
SGSY	Suvarna Jayanti Swarozagar Yojana
SHG	Self Help Group
UFE	Utilization Focused Evaluation - 2 UFE studies were undertaken by the project.

Glossary of Vernacular Words / Phrases

Anganwadi: a nursery school, run by Integrated Child Development Scheme (ICDS)

Ashram School: Residential school for tribal boys and girls, run by state governments

Balpanchayat: Children's Groups

Bharat Vaidya: Trained women health workers at HMF

Chulha: Traditional cooking stove

Gramsabha: General body of local self government consisting of eligible voters

Grampanchayat: A body for local governance, which is elected through a democratic voting; 30% seats are reserved for women

Melava: Gathering/get together

Sarpanch: Elected head of Grampanchayat; Reserved for women by rotation

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Action Research:

- *Self-Help Groups and Women's Empowerment: Analysis of the Impact of Credit for Agriculture Purposes*, by Ms. Kalpana Pant, Chaitanya, 2005. Pune, Maharashtra, India.
- *Study on Best Practices in SHGs and Participation of SHG members in Development*, by the Central Research Station (CRS), Urulikanchan Office, Taluka Haveli, District. 2005. Pune, Maharashtra, India.
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Ecohealth Research:

- *Ecohealth Research, Swayamsiddha Project: Overview Paper* (2005). BAIF Development Research Foundation. Pune, Maharashtra, India. Includes as Anexes:
    - *Demystifying the research enterprise*. Harsha Joshi (2005). BAIF Development Research Foundation. Pune, Maharashtra, India.
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- *Diversity of Food Sources and Practices among tribal communities from Vansda block District Navsari, South Gujarat*. Rashmi Dixit (2005). DHRUVA. BAIF's Vrindavan Campus At Lachhakadi, Po. Gangpur. Tal.Vansda, Dist. Navsari, Gujarat, India.
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- *A Study of Malnutrition in Women and Number of Pregnancies in Vidisha District, Madhya Pradesh*. Mukta Dhavale (2005). SPESD. Madhya Pradesh. India.

Use Focus Evaluations:

- *Evaluation Report of Health Capacity Building Strategy*. Shriniwas Indapurkar and Angela Kaida (2005). BAIF Development Research Foundation. Pune, Maharashtra, India.
- *Final Evaluation Report: Women's Empowerment in Swayamsiddha Project*. Donna Podems & BAIF Team (2005). BAIF Development Research Foundation. Pune, Maharashtra, India.

FINAL EVALUATION REPORT

WOMEN'S EMPOWERMENT

IN SWAYAMSIDDHA PROJECT

(IN DHRUVA PROJECT AREAS)

SUBMITTED BY:

DONNA PODEMS IN COLLABORATION WITH THE BAIF TEAM

SUBMITTED TO

BAIF DEVELOPMENT RESEARCH FOUNDATION

SUBMITTED IN

JANUARY, 2005

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1. SWAYAMSIDDHA PROJECT

Swayamsiddha is a five-year project that began in June 2000 to improve the health and empowerment of women and girls in rural India. The project involves nine partner organizations in six Indian states and is funded by CIDA (Canadian International Development Agency) and IDRC (International Development Research Center). Overall co-ordination of project activities is provided by BAIF.

'Swayam' means self, and *'siddha'* means 'capable'. Swayamsiddha in short, means 'empowered'. Swayamsiddha connotes a group of self-reliant and empowered women. In the mainstream concept of development, women's needs are often sidelined due to issues related to gender norms and access to and control over resources. Unless women are in a position to influence the decision-making processes, their lives and the structure of society would not change. Swayamsiddha aims at creating local organizations of women and men who would explore and initiate processes for increasing women's participation in all spheres of life.

'Swayamsiddha' is a comprehensive project to empower women by addressing their health and socio-economic development needs. In order to focus interventions on gender integration and to consolidate the scattered and diverse but rich field experiences, BAIF contemplated a project focused on women's health and empowerment.

Swayamsiddha objectives:

The objective of the project is "to improve rural women's (and girls') health, and empower them to address their own needs by initiating gender-responsive collective actions and institutionalising processes in 10 selected project areas in seven states in India and building on the ongoing work of BAIF and selected NGOs."

Swayamsiddha project has been developed on a 25-year history of collaboration between IDRC and BAIF and is designed to reach about 75 villages and provide benefits to the women members of community-based organizations as well as their families. By the end of the project, it is anticipated that there will be an improvement in the health of rural women and girls. To support the changes needed for these improvements to occur, the project has following objectives.

- Development and strengthening of networks among concerned organisations.

- Improved availability of reproductive healthcare information within the villages.

- Greater awareness of the need for gender equity and changes in the allocation of work that is traditionally gender based.

- Improved access by women to physical and natural resources and financial services.

- Better understanding of how to plan and implement sustainable programmes that will improve the health of women and girls.

Implementation

The project was started in July 2000. It is being implemented at nine locations in six

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states by nine partner organizations.

No	State	Area	Implementing Organization
1	Gujrat	Vansda (Valsad)	DHRUVA*
2	Gujrat	Nava Maldha , (Mandavi)	GRISERV*
3	Karnataka	Tiptur (Tumkur)	BIRD-K*
4	Maharashtra	Junnar (Pune)	CHAITANYA
5	Maharashtra	Jawhar (Thane)	MITTRA*
6	Maharashtra	Andur (Osmanabad)	Halo Medical Foundation
7	Madhya Pradesh	Lateri (Vidisha)	SPESD*
8	Rajsthan	Ghatol (Banswada)	RRIDMA*
9	Uttar Pradesh	Chitrakut	BIRD-UP*

Note: Marked with * are BAIF states societies.

Approach

Gender integration, action research, health, ecosystem approaches to human health, institutionalisation and networking are some of the major components of this project along with monitoring and evaluation.

It is expected that this project will create a significant impact and generate substantial learning on approaches and strategies for initiating gender-responsive development

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process, which will specially address women's health and empowerment issues.

The project has been designed to integrate gender equity into the project activities and approaches. Right from the beginning gender equity was a critical component in the project design. Throughout the design stage, there was a clear attempt to identify and address gender biases in developing outcomes, identifying barriers, and selecting activities. In framing many of the project objectives, care has been taken to move beyond a WID approach (or simply targeting women) to a more integrated understanding of gender and equity.

The implementation approach is to initiate empowering processes with groups of local women and men, form of community-level organizations, and build capacities of women and men.

2. INTRODUCTION

Swayamsiddha Project planned to carry out a Use Focused Evaluation. The policy makers (Core Management Group, CMG) of BAIF Development Research Foundation (BAIF) were selected as the primary users of this evaluation. After a couple of rounds of consultation with them, it was decided that the evaluation should help understanding **"what women attribute their empowerment to".** The CMG expressed that they want to use this learning for formulating future projects to ensure that BAIF programs contribute to women's empowerment.

Dr. Donna Podem was selected to facilitate the process of designing a qualitative study

on "empowerment", collecting data, analyzing it and generating findings for adoption by CMG in to future programming. This report captures the process of evaluation carried out in DHRUVA project area. Along with Dr. Podems, CPCT and one selected staff member from DHRUVA participated in the process. The following draft is written jointly a jointly by Central Project Coordination Team with Dr. Podems as a lead writer

The findings are to be used for preparing an intervention plans for other locations as well, along with the CMG.

3. METHODOLOGY

The Evaluation Team recognizes that the methodology sections are not often required to be this lengthy. However, the primary use of this document is to demonstrate the Evaluation Team's knowledge of qualitative research to the donor who funded the qualitative research and evaluation training. The second purpose of this section is to provide the reader of our research with a firm understanding of our methodological choices that led to the empirical data in this report.

3.1 Overview

As the lead author of this section, I compiled this methodology section from my workshop notes, the Evaluation Team's notes, and from individual interviews with each team member throughout the study. I then circulated the methodology section to each Evaluation Team member ensuring that each Evaluation Team member had the opportunity to add, delete or debate its contents. Thus, prior to submitting this section

for the final report, I confirmed the accuracy of this methodology section with the Evaluation Team.

As an Evaluation Team we shared our data, compiled one data set, and performed a preliminary analysis of the cleaned evaluation data as a team. I suggested that each team member, through a participatory process, be accountable for analyzing data and writing individual sections of the report. Thus, although one team member took responsibility for individual sections, all team members reviewed, added to, and challenged the analysis of each section, and its supporting data. When analysis could not be confirmed with valid research data, the Evaluation Team removed the finding from the report. As such all team members collectively wrote, and thus take responsibility for, the findings in the report.

The basic tenet of the evaluation remained constant throughout: BAIF management intended that this evaluation process would provide classroom and field training in the utilisation-focused evaluation (UFE) approach and, more specifically, in qualitative methods. Through this learning, useful data would be collected that provided insight regarding BAIF's women's empowerment program.

The Evaluation Team members included three female BAIF staff, and two partner organizations staff. The partner staff included one male Halo Medical Foundation (HMF) staff member, and one female Chaitanya staff member.[1]

UFE guided our approach, thus we focused the evaluation with elements of reality testing, understanding who will use the information and how it will be used. Primary

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[1] Seema Khot, Savita Kulkarni, Jyoti Desai from BAIF along with Kalpana Pant (Chaitanya) and Rajesh Paikrao (HMF) were members of the Evaluation Team.

users include: the Swayamsiddha team and the BAIF CMG that includes BAIF's President and Vice Presidents. Secondary users include the staff at sites where we conducted the study and the Evaluation Team.

3.2 Background and Evaluation Team members

UFE is a continuation of evaluation training and evaluation fieldwork conducted in June 2004. The June Evaluation Team consisted primarily of BAIF and partner staff members who where introduced to UFE and qualitative evaluation. In strong contrast, this team consisted of five people familiar with UFE and qualitative research and evaluation. Three team members received approximately one month of training and field experience in June. Two of those three members had qualitative research experience, or at least exposure to the qualitative paradigm, prior to UFE. The remaining two members had extensive fieldwork experience employing qualitative methods.

3.3 Evaluation questions

The broad evaluation questions were:

- What observable changes and/or benefits resulted from what Swayamsiddha activities?
- How do women participating in the project define empowerment?
- What should the project address in future planning?
- What was the overall outcome or impact of the project at DHRUVA?

3.4 Evaluation team's strengths and challenges

The Evaluation Team's strengths included: experience in qualitative evaluation; substantial experience working in the field and gathering data through observation, focus groups and interviews, language and translation abilities; and dedication to understanding the evaluation questions. In addition, their dedication to learning from the process resulted in constant questioning of data gathering and analysis techniques. Ultimately we believe that these qualities strengthened the data collected and thus the findings presented in this report.

Challenges should also be mentioned. The Evaluation Team members' primary weaknesses, and thus focus and purpose of the training, included capturing and analyzing data. In addition, Evaluation Team Members had notable experience in working with women and thus brought their own assumptions and biases to the process. Although this can also be viewed as a strength as it provided insight into the data, the reader of the evaluation should also consider the complexity that this element added for gathering and analysing data.

3.5 Addressing the Evaluation Team challenges

As the lead trainer, I addressed these challenges in various ways. First, I conducted mini-training sessions that included technical information, and writing exercises with field data. Second, I conducted a one-day workshop with the Evaluation Team. Third, at a personal level and through group reflection on evaluation experiences and views towards women's empowerment programs, we identified and made explicit our

personal biases.

Fourth, during and/or immediately following fieldwork, as the trainer I discussed relevant issues with each evaluator. Fifth, I did not permit any analysis from any Evaluation Team member to go unchallenged. I constantly asked "where is your supporting data for that?" In addition, during the final analysis, Evaluation Team Members consistently challenged their colleagues' interpretation, judgements and recommendations.

By observing the Evaluation Team's fieldwork, and listening to their ability critical analyze their and other Team Members' experience, I observed considerable growth of each team member regarding their understanding and use of qualitative research. Five facts provide me with substantial confidence in the credibility of the Evaluator as the research tool[2]. The Evaluation Team's ability to:

- React to and change their methods and approaches in the field,

- Write and reflect on those changes,

- Explore and understand how those choices possibly impacted on evaluation data

- Challenge each other's data on a daily basis

- Consistently challenge each other's analysis

3.6 Location - DHRUVA

Originally, the team members that conducted evaluation in June 2004 decided to conduct the evaluation in two locations – one BAIF and the other non- – BAIF location.

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[2] In qualitative research, the primary research "tool" is the evaluator/researcher.

The Evaluation Team selected DHRUVA and Chaitanya due to the proximity to Pune Office. However, due to time constraints and the presence of only one trainer, the Evaluation Team decided to conduct the evaluation in one place.

3.7 Method choices

The Evaluation Team used the following methods: focus group, group interviews, individual interviews, and observation. For focus groups and all interviews we used semi-structured and unstructured interview schedules.

3.8 Use of evaluation translators

The Evaluation Team required additional translators for the following: one focus group (FGD), six interviews with SHG members, and interviews with men. Male DHRUVA staff members served as translators. The Evaluation Team members explained the purpose of the questionnaire and instructed translator to rephrase the questions as necessary, cautioning him not to use leading questions.

In addition, only one member of the Evaluation Team is fluent in the local language Gujrati. All other Evaluation Team members understood the local language to the extent that they were able to take field notes. In order to translate the women's statements into English, the Evaluation Team collaborated in translating and, at various and necessary times discussed the inference of the literally translated statement.

3.9 Time frame

Data gathering for the evaluation took place from November 18 2004 to November 20,

2004. Data cleaning and data analysis began on November 18, 2004 and concluded on November 26th, 2004.

3.10 Data gathering detailed

As with quantitative research, qualitative research is empirical. It is not simply a matter of asking an off-handed leading question by a non-trained researcher. This is not research.

Rather, questions are carefully constructed, answers recorded, and data cleaned. The Evaluation Team deleted any questionable data, and carefully analyzed answers in tandem with their questions. Thus one way the Evaluation Team sought to minimize researcher bias was to ensure that respondents were simply not repeating what the researcher questioned. When this did happen, the response was omitted from the final analysis.

3.10.1 Focus Group (Three): Overview

BAIF (DHRUVA) organized three focus groups. Two focus groups occurred on the first day, November 18th, at the BAIF centre, and one focus group took place on the last day, November 20th, in the community.

DHRUVA organized the first focus groups prior to the Evaluation Team's arrival.

3.10.2 Focus group facilitation

All focus groups participants are current members of SHGs and were either members or

leaders in their groups. Each focus group had one primary interviewer, and at least one note taker. A male evaluator implemented one focus group, assisted by a female staff member and male translator. A female evaluator conducted the second focus group with one note taker and the English-speaking trainer.

3.10.3 FGD participant selection: Overview

For the first two focus groups, the DHRUVA staff invited female SHG members based on the criteria provided by the Central Program Coordination Team (CPCT). The criteria were:

- Current SHG members/leaders

- Ability to express themselves

- Shared experience of Swayamsiddha work

- Members selected to implement the government Mother and child program

- Village Health Guides (VHG)

- Village head (women)

- Representation from four different villages

The first two focus groups had 7-8 participants selected by DHRUVA staff. Group size is discussed in the following section.

For the third focus group, the village VHG selected the women by calling women from the village who were members of the SHG. This focus group conducted had 12

participants

3.10.4 First focus group participants: dividing the first FGD into two

For the FGD, approximately 16-17 women arrived to the BAIF campus. The Evaluation Team discussed the size of the group and determined that two smaller groups would provide more in-depth data.

The DHRUVA staff members, who work directly with these women, had the most knowledge regarding how to divide the groups. Thus, DHRUVA staff divided the group into two after a determination that the group was homogenous regarding length of time in the program and experience program relate activities. Thus, a majority of the discussion focused on whether or not vocal members should be put together in one group. DHRUVA, in discussion with the Evaluation Team, determined that splitting the most vocal women would be advantageous to the evaluation process, thus ensuring that one group was not dominated by three or four stronger women.

We based the decision to take one lead facilitator, one co-facilitator and one note taker on the size of the Evaluation Team. In addition the group that did not have local language speakers used a translator. The translator was a male member of DHRUVA staff.

3.10.5 Third focus group

Holding a third focus group, located in the community on the last day of the evaluation, resulted from discussion among the Evaluation Team members. The Evaluation Team made this decision for the following reasons. First, we decided that we should gather

information from women in their community so that it is more convenient for them. Second, the opportunity to obtain data in a group setting had proved more useful than individual interviews. Third, we wanted to understand the possible difference among participants based on their proximity to BAIF DHRUVA. Finally, we anticipated the possibility that this focus group may lead to the additional time and opportunity to interview men.

Since the Evaluation Team wanted to compare data between close and distanced sites, the third focus group took place in a village that is approximately 25 kilometres from the DHRUVA campus. In comparison, the other seven program villages are within a radius of 10-12 kilometres from the DHRUVA campus.

3.10.6 Focus group questions

The following were the major questions discussed in FGDs.

- What were the changes in you in the past four to five years?

- What are the changes in your family?

- What are the changes at the community/village level?

- What are the reasons for these changes?

- What were the challenges that you faced?

- How did you overcome those challenges?

- What other activities do you want to do?

- What are your dreams for your daughter?

- What would you like the CMG to do to bring changes/improvement in women's development program?

- Any questions for us?

One focus group interviewer noted that one questioned appeared difficult for the women to answer: "what dreams do you have for your daughter". This resulted in a discussion among the Evaluation Team. This discussion resulted in a decision that for the third focus group and for individual interviews, various questions could be used to obtain data on what women wanted for their daughters. Thus, during the data analysis process, the Evaluation Team recognised that we used various questions to obtain this data.

3.10.7 Focus group time

The first two focus groups lasted approximately two hours. The second focus group lasted approximately one hour.

3.10.8 Groups interviews (men)

Holding the focus group in the field allowed the Evaluation Team to gather additional data from men through a group interview. The Evaluation Team's one male member facilitated this process.

The VHG chose men to participate in this group who were part of a male SHG and husbands of the women in the female SHG group. For example, two of the men were also members of male SHG; with one of them playing the role of the deputy leader of the SHG. The FGD lasted about 30 minutes. The Evaluator focused the questions on: what where the changes they observed? How do they feel about those changes? And

what changes did they wish for their daughter? The Evaluator concluded the group interview by asking if the men had any additional questions, or anything else to add.

3.10.9 Lessons learned for three focus groups/group interviews

For this evaluation, we identified three benefits to having focus groups in both places. First, implementing the focus group in the village permitted additional observation time for the Team Members. Second, we also suggest that holding the focus group in the village, especially during harvest time, benefited the women in saving them travel time to DHRUVA. Third, holding the focus group at BAIF centre possibly allowed the women the luxury of focusing on the evaluation questions without the sound of harvesting in the background. Fourth, the third focus permitted time to identify men for a group interview. These reasons suggest that for this evaluation, having the focus groups in different locations, and on different days, benefited data collection.

3.11 Interviews

The Evaluation Team determined that interviews would be conducted. After the first day and implementation of two focus groups, the Evaluation Team provided feedback to DHRUVA staff regarding the criteria for women to be selected for interviews the following day. The selection criteria included: SHG members, non-leaders, and women that did not participate in the focus groups. DHRUVA staff chose the two following villages to implement the evaluation: Limzar and Mindabari.

We divided our Evaluation Team into two interviewing teams. Each team consisted of three people: one person responsible for interviewing and one person responsible for

taking notes. One Interviewing Team consisted of non-Gujrati speaking staff and thus included a BAIF DHRUVA staff member who served as the translator. The second Interviewing Team includes the Trainer.

Combined, the Evaluation Team conducted seven interviews with female SHG members, one interview with the husband of a SHG member, and three staff interviews.

The interviews conducted lasted on average 30-45 minutes. Interviews with female SHG members (including the man) took place at their houses in the afternoon. The Evaluation Team interviewed the staff at the BAIF offices.

3.11.1 Interview Team 1:

The first interview team consisted of one woman, one man and a male translator. The interviews conducted through the translator used a different process. Here, the Team instructed the translator and instructed him to not use leading questions, but to modify the question in order for it to be understood by the interviewee.

3.11.2 Interview Team 2:

One female, native speaker conducted three interviews while her female partner took notes. I (female) chose to accompany this interviewing team since I had not trained/worked with them in June. Given the short responses and inability to receive answers even when probed, the Evaluation Team changed their approach in order to facilitate their conversation with each woman.

Community and/or staff members were present at all interviews. Their influence on the

data is debatable.

3.11.3 Staff interviews

The Evaluation Team chose Swayamsiddha staff for interviews based on their knowledge of the program and availability for the interviews at the BAIF center. On average these interviews lasted 45 minutes. Prior to the interview, the interviewer provided the staff with the questionnaire. One Evaluation Team member, a non-BAIF person, conducted these interviews.

3.12 Observation

From the first day until the last minute, the Evaluation Team used observation techniques to gather useful data. We used this data for analysis of our focus group and interview data, but observation provided some of the most useful data for in-depth understanding of the Swayamsiddha project.

A key focus of the training, the Evaluation Trainer used various methods to ensure that the Evaluation Team captured observation data. First, the Evaluation Trainer required that the Evaluation Teams noted at least 10 observations at each data collection implementation. Second, by informally interviewing individually and holding group sessions that focused on drawing out the Evaluation Teams' observations at least twice daily, and insisting on the documentation of these observations, resulted in strong observation data.

3.13 Lessons learned

3.13.1 Focus groups

It is the evaluators' responsibility to finish the questions when we promised to end the session. When we gave women permission to leave at the end of the focus group and we ourselves did not move and continued with various questions, most women did not leave but stopped participating or continuously looked at the clock. **Thus, verbally indicating the end of the meeting must be combined with our physical action of removing ourselves.**

In this evaluation, respondents (excluding BAIF staff interviews) did not greatly vary their answers when questioned by a male or female interviewer or facilitator, or between a native speaker and translator. In other words, regardless of who asked the questions, we were all were able to probe to the same extent. This led to the interpretation that the women and men viewed the entire Evaluation Team as homogenous. Thus the lesson is that perhaps **who interviews women is not as important as how well they are trained to do the interviews**.

3.13.2 Interviews

Memorising the questions before entering the field, thus not having the 'formal' notebook, provides a less intimidating and more conversational style of data gathering that we found useful in this evaluation. However, a second evaluator needs to be present to record questions, body language, and other variables that could impact on the respondent's answer.

3.14 Data Cleaning and Data Analysis

The Evaluation Team entered and cleaned data in the field and at BAIF. Initial group analysis began after the first day of data gathering providing field time to confirm and more importantly seek to negate these findings. Our sincere attempts to negate our initial findings and initial analysis provide the evaluation with even stronger data and analysis than if we had not built this process into our approach.

Thus we conclude with a short paragraph on data credibility. All data was triangulated through various methods during data collection in the field and prior to our final analysis. If the Evaluation Team determined that the data was not credible the Evaluation Team deleted it from our data set. Further, we attempted to ensure the credibility of our data through persistent observation, peer debriefing (a kind of external critic) and progressive subjectivity (continuous checking of developing constructions against records of constructions that were expected prior to data collection).

We suggest that to further confirm this data, the findings be confirmed with member checks. Member checks are the continuous testing of hypotheses, data, preliminary categories, and interpretations with members of stockholding audiences.

The management of BAIF tasked the Evaluation Team with three objectives: 1) To define what empowerment meant to women, men, and staff at the project site; 2) To understand what changes are taking place as a result of the Swayamsiddha project; and 3) To make recommendations for future planning. Thus, by allowing the women and

people in the field to define empowerment, the evaluators site the changes as reported by women in SHGs, BAIF staff members and men who were related to women SHG members. The recommendation section is based on the findings in the first two sections.

4. DEFINING EMPOWERMENT

CMG tasked the Evaluation Team with determining if the Swayamsiddha project contributed towards women's empowerment. However, the CMG, nor BAIF-Pune staff, had a set definition of the word empowerment. Thus, the first difficulty faced by the Evaluation Team was being asked to assess the project without a pre-determined definition of empowerment, or any set criteria, and at the same time define the term.

A daunting task, the Evaluation Team defined empowerment from two perspectives: 1) women members; and 2) the BAIF staff that work with project. At the same time, the Evaluation Team attempted to use these developing definitions and criteria to evaluation the project.

Thus, the Evaluation Team attempted to understand the definition from the two perspectives, and use those definitions to understand if the Swayamsiddha project contributed towards women's empowerment. Understanding these perspectives proved challenging in the reality of defining a word that has a contentious, political, abstract, and elastic definition.

4.1 Process to define empowerment

During the interviews of SHG members in the first phase of data collection in HMF, we asked the following questions:

- Who is the most empowered woman in the community; and

- What are her qualities that make her empowered?

- Women were not able to think in this abstract manner. Therefore, we changed the question to

- How would you like to see your daughter when she grows up?[3]

The responses of the women highlighted that empowerment is defined as the ability of woman to fulfill her various roles. Thus, the following definitions and practical application of the word "empowerment" provide the basic understanding of both field staff and SHG members regarding their understanding, not the evaluators, definition of empowerment. Based on their definition, we constructed analysis, conclusions and recommendations on the Swayamsiddha project.

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3 Some of the probe questions included – what are your dreams for your daughter, what is it that you could not do but want your daughter to do, what are the qualities that you want to see in her.

4.2 Productive Roles

A majority of the women focused on the importance of education, general knowledge in areas such as health, community politics, a secure job, an ability to solve ones own problems, and income generation/financial self-sufficiency. One highlight discussed by SHG members and BAIF staff was the selection of five SHG members as Anganwadi teachers. Men also highlighted women's increased ability to educational opportunities and increased access to government schemes as positive outcomes of the project.

In addition, women stressed the importance of organizing themselves and discussed various examples of collective action that resulted in changes in the community. These included addressing issues of alcoholism to ensuring that vaccination days took place in the community.

Finally, some data gathered from men indicated that some men supported their wives becoming (financially) independent. For example, in one interview the husband of a group leader stated that today his wife does not depend on his salary as she has an independent source of income.

4.3 Reproductive roles

Although economic benefits are important to women that we interviewed, women also defined empowerment as a personal quality. Some of the personal traits mentioned by women who were admired/empowered included being clever, loving, courageous, having good values as a mother and ability to listen to community members.

'4.3.1 Community management role

Some women, in particular the leaders of the group, go beyond defining empowerment only in terms of personal changes to being able to influence the world outside as well. Women's ability to support others extends to community. An empowered woman should not just be a clever, independent, and a loving woman, but also a woman who addresses the issues of the community's poor. For instance, women believe that if a woman has knowledge she should teach others or engage in health care activity in the community.

Men in the FGD expressed an expectation from the women's SHGs to start various activities like herbal garden, Wadi (comprehensive farming system program), mango grafting and micro-irrigation schemes. This is a good example of the acceptance of the SHG as a conduit for accessing various profitable ventures. However, it should be noted that these programmes are associated with BAIF and men are aware that women's SHGs are related to BAIF. Thus, men may have seen the Evaluation Team as a way to tell BAIF that they wanted these activities.

4.4 Staff and leaders' responses to what is empowerment

The female cluster leader defined empowerment as women's ability to understand, articulate and seek solutions for ones' own problems. This included the right to take decisions, independence to do what she likes, have a control over their income, increased status within the family and community and ability to articulate their issues in the gram-Sabha. Data collected from women's SHG members support this definition.

The male staff defined empowerment more in terms of something to be acquired. For example knowledge, income and changed behaviour as a result of the two. The female cluster leader highlighted a change in relation to the others as being fundamental to empowerment process.

All staff highlighted that empowerment is defined differently for different people and is situated within their local context. However, new staff involved in the programme place the onus of empowerment completely on the woman, thus not recognizing or acknowledging structural inequalities that exist and are not addressed through this project.

4.5 Challenging existing gender roles

The roles of women appear to be accepted as complementary to their existing roles as wives, mothers and home managers. For example, when women and men discussed an increase in knowledge, a majority of responses focused on health and nutrition – the 'softer' areas so far relegated to women.

Only one area appeared to challenge traditional gender roles. Documentation suggests that, prior to the women's empowerment project only men could be *bhagats* (traditional healers). However, the project trained women in herbal remedies. The women and men interviewed reported that women are now successfully running the naturopathy centers.

5. PROGRAM'S PERCEIVED AND REPORTED RESULTS

The changes that women, men and BAIF staff report are grouped into eight categories:

- Knowledge of health related issues

- Family and community support for SHG

- Capacity to deal with Violence

- Acceptance by community of additional roles for women

- Drudgery reduction

- Self confidence

- Mobility

- Financial ability

Each of these categories will be discussed in-depth in this section, further divided into the responses from women SHG members, BAIF staff, and men who are somehow (father, brother, son, husband) related to the women SHG members.

5.1 Knowledge of health related issues

In all focus groups and during most individual interviews with women, teaching other women about health and nutrition appeared to be a primary activity (formal and informal) of the SHG. Most women members described changes by sharing examples of different learnings. For example, they talked about the importance of nutritious food for pregnant women and children, and change in practice of consuming drinking water after

filtration.

Some women mentioned how their children and/or children in the villages had begun to mimic these practices. For example, a few mothers described that their children playing the game of dispensing medicines or chlorinating water.

An additional change discussed by some women was keeping their house clean. The 'Clean home' competition organized by the BAIF Project Team provided them with additional criteria to maintain cleanliness at their homes. The Evaluation Team questioned this answer regarding clean homes, as it appeared that houses had been kept clean before the SHG or the Clean Home competition.

Finally, some women, particularly the leaders of the groups, discussed the linkages that they helped to develop with the health department. One example numerous women provided was the SHG taking a lead in immunisation drives at the village level.

Both male and female BAIF staff provided similar responses. Staff emphasized that the project has provided women various avenues to access new information. For instance, staff mentioned that herbal garden, linked to naturopathy centers, yielded benefits to women. Interestingly, example provided by the staff did not always reflect the examples provided by the women. This may indicate that staff perceives different projects to be more empowering than the women SHG members.

Much of the data gathered from women and the BAIF staff members are further supported by the data collected from the men. The men have stated that the women keep the house cleaner and their food habits (intake / cooking) have changed**.** Two questions

remain unanswered: What is the result of the "cleaner" home; and what food habits have changed? DHRUVA staff should further probe these questions.

This data suggests that health issues related to every day living are important areas of knowledge acquisition. The data also suggests that the changes are encouraging women to be "better" at their traditional roles, as opposed to challenging the social norms. The more interesting and perhaps important finding is that women are now being recognised for their unpaid work through a fun and supportive means.

5.2 Family and community support for SHG

The interviews and focus groups conducted resulted in lively discussions regarding changes in women's relationship at the family and community level.

Most women reported different ways that men and children in their family supported their involvement in the SHG. A majority of women mentioned shared housework when the women attend SHG meetings. The extent of this housework done by other family members was not clear, as demonstrated in the next sentence. Some men reported they *did not mind if work at home or in the field was postponed* if the women had to attend an important SHG meeting. Regardless, these data indicate family support for women to attend SHG meetings.

In addition, the following three examples from different women suggest that family supported women attending the SHG meetings in other ways. One woman stated "my husband is doing important paddy work today and I am here in the meeting." Another woman reported that her child said to another child, "my mother is clever as she attends

SHG meetings and learns about different things." The third example is from a woman who shared that she was suffering from a backache in the morning and her offered to and did bring her to the meeting venue.

Regarding male support, most men interviewed stated that they supported women's attendance at SHG meetings, and a few mentioned that they now help to cook food for the family. Finally some men said that they believed that if both men and women work together work gets done faster, so they help women. It was not clear however if they held these beliefs before the implementation of the SHG.

These data suggest that immediate family members support women attending SHG meetings. What can be inferred from this is that family members either value a women's right to attend these sessions, they value the women's increased knowledge in various issues, her access to awareness and other benefits that SHG members receive, or all parts of the above.

What should be considered, however, is what women are not attending SHG meetings, and why not? Are their families not supportive? Do these women simply not want to join? This is a question that should be further pursued by the project management team.

Some other examples quoted by the women, which indicate the support of the family, are shared in **Annexure 1.**

At the community level, there are instances when men not related to the SHG members extended their support. First, community members were reported to have assisted the SHG members to organize the 'Women's day' programmes in the village. Second, an

example was given by various women in two different focus groups whereby women SHG members are invited to join Education Committees at the village level and to attend the Gram Sabha.

5.3 Violence

During interviews or focus groups, women did not speak about violence at home or in the community. Further, the Evaluation Team did not ask questions regarding this issue. However, two incidences during the FGDs raised questions on whether violence is as an issue at the domestic level.

In the first example, at the closure of one FGD the facilitator asked if there were any questions for the Evaluation Team. In this FGD, the evaluation trainer, who is from South Africa, was present. The women in the group directed questions at the trainer, focusing on domestic violence in South Africa. When the Evaluation Trainer responded that domestic violence was prevalent in South Africa, the women appeared to empathize with the situation by nodding their heads and asking further probing questions.

A second example came from the evaluation question regarding what women wanted for their daughters. A few women mentioned that they wanted their daughters to have physical strength to retaliate against attacks and/or protect themselves. Based on the two examples it is difficult to conclude to what extent domestic violence affects the lives of women. This and other data raised the following questions: from whom do the women want protection from; and is domestic violence a major concern for the women?

5.4 Acceptance by community of additional roles for women

Most women interviewed agreed that traditionally only men could be *bhagats* (traditional healers). Through SHGs, women were trained in herbal-based medicine and naturopathy. Some women now report that they are confidently managing their naturopathy centers. This indicates that women are using knowledge that they acquired through SHGs, and suggests that the community accepts women in this traditionally male role.

Almost all women mentioned that they wanted their daughters to have a different role then they had in the community. For example they expressed that they would like their daughters to study and lead a more comfortable life, take up jobs (although what jobs were not mentioned) and not labour in the fields like them.

These examples indicate that perhaps there is a changing mind set among women in the SHG and the larger community regarding traditional roles of women. However, it should be noted that these new roles, with the exception of the medicinal person, do not conflict with nor challenge men's current position within the community. Even with the medicinal example, it is not clear what would happen if a man had already offered the same service in the community prior to the women's project.

5.5 Drudgery reduction

The reporting of housework shared by men and children would appear to have reduced to some extent the drudgery of women brought about by daily-unpaid work. The extent of this reduction is unclear. Apart from this, women mentioned the installation of the

Samip pump; water tanks for cattle that helped to reduce time spent fetching water.

5.6 Self confidence

Observation by the Evaluation Teams, on various days, indicated that some women (majority being SHG leaders) had a certain level of self-confidence. For example, we noted that women initiated introductions in the FGD where most members were SHG leaders. A second example is that some women reported that when they are invited for a meeting they want to know the purpose of the meeting. This helps them to prepare and to also ensure that there is a reason; to acquire knowledge or discuss issues, not to just sit around and talk. Finally, the Evaluation Team observed that these women also asked questions and maintained eye contact with the speaker throughout the interview.

The Evaluation Team compared these observations with observations made by BAIF staff prior to the SHGs implementation, evaluation Team Members, and the women themselves. First, a few BAIF staff mentioned that women were shy but now appeared to overcome their shyness and speak to visitors. Some members of the Evaluation Team also had pre-SHG interactions with some of the interviewed women and confirmed these statements. Perhaps the strongest data comes directly from the women themselves. During the two FGDs held predominantly with SHG leaders, the women acted out their shy responses in initial meetings and then spoke about how they have changed. They reported that now they can express themselves without any inhibitions.

5.7 Mobility

Some women mentioned, and most women agreed, that prior to SHGs women felt that

they were confined to "their own space". The SHG meetings have resulted in women coming together, and thus leaving "their own space". In addition some women reported that prior to SHGs they rarely went out of their village, but now they travel frequently to, for example, purchase clothes from other cities.

Finally, most women shared that these meetings also facilitated their knowledge of what is happening at the village level. This shared knowledge and group empowerment resulted in the women describing how they have been able to influence other people in the community to give up excessive consumption of liquor.

5.8 Financial Ability

All men and some of the women interviewed mentioned income generation as an important result of the SHG. For example, during focus groups one point mentioned by most women and nearly all men was the benefit of easy and quick access to credit through the in SHGs. This was also one of the few areas that interviewees freely expressed ways that BAIF could improve their services. Suggestions included support for income generation activities, such as providing vocational training.

The ability to handle money and engage in monetary transactions was acknowledged by most of the men interviewed. One man stated, "Earlier I had to give my wife money for her personal expenses, but now she managed using money earned from income generation activities."

This statement was not probed further. However, it appears to indicate that the woman had control over the money that she earned from her activities.

6. MEN'S PERCEPTIONS

While developing the scope of the evaluation, the users (CMG) asked the Evaluation Team specifically to solicit men's perspectives. Although we incorporated this data into the main text, we have summarized their perceptions that do not come through as strongly in previous section.

How did men define empowerment?

- To assist others to solve common problems
- Entrepreneurial ability linked to income generation
- To be able to access to government development schemes by the community
- To be able to access knowledge

Most men suggested that income generation was an important outcome of the SHGs. For example, men expressed happiness that women have started earning more, thought that "easy" and "quick access" to credit is helpful, and mentioned that women have learnt to save. The Evaluation Team did not confirm the amount earned or saved by women, or women's control or access of her earned income. However, one mane stated that earlier "we had to give them money from now women have their own money we do not have to give them money ".

6.1 Specific changes in women SHG members mentioned by men

Men also mentioned other changes, but did not clarify them. For example, they stated

that women can express themselves now. However does this mean that women now have the knowledge to say something, or the self-esteem to express themselves? Express themselves to whom about what?

Some men mentioned that women are now better managers and organisers. They keep house cleaner and their food habits have changed. Again, men did not comment on how this changed, or what about a cleaner house was helpful. However, what should be considered is that men did recognize women's unpaid work.

Most men mentioned their increased expectations from women in their family. These included:

- Herbal garden
- Wadi
- Mango grafting
- Irrigation

6.2 Conclusions

This data implies two results that are additional to the first section. First, some men look at SHGs as a conduit for accessing projects and/or money for their family or village. Second, it may also imply that with the women's perceived increase in knowledge and access to information, money (through loans and income generation), and to BAIF, may have resulted in increasing a man's expectations of women in a way that increases her workload.

7. POINTS FOR DISCUSSION

Defining empowerment is more in terms of changes at personal level and economic benefits that helps the individual as well as the family to become independent and financially self- sufficient. At a personal level, the change in women has been in terms of increased self- confidence as demonstrated through an ability to articulate their problems, issues and solutions. Finally, the project appears to be legitimized by the acceptance of the community.

Based on the responses made by the women and observations of the Evaluation Team, there are some additional findings based on empirical data that should be taken into consideration for future planning of similar programmes.

Levels of impact and perceived impact vary by women's position in the SHG. It appears that the capacity building process has been more intensive at the Village Health Guide (VHG) level and among more active members. For example, VHG and leaders responded eagerly as compared to SHG members. The VHGs and leaders were more articulate, while the SHG members needed some amount of prompting to evoke responses. Thus, although women appeared to value the SHGs, accessing leadership and other authority roles appears to have been the privilege of VHGs and SHG leaders.

Finally data suggests that SHGs resulted in women and men valuing knowledge as an asset. This appears to have had two impacts. First, it has impacted on men's views towards women; it appears that men have respect for women that have what they (men) consider to be practical knowledge.

Second, this increase in knowledge appears to have impacted on women's increase in self-confidence. Women interviewed were willing and able to share acquired knowledge. Further, most women interviewed indicated a strong urge to acquire additional knowledge. In fact, they expected that any outsider should bring and share knowledge with them.

A woman's age appeared to influence her involvement in the SHG and her level of self-confidence. Most of the women members, less active compared to the SHG leaders, interviewed were young mothers. This raised the question: did their age and motherhood status hinder their active involvement in the SHG activities?

Data suggests that SHGs may serve as a platform leading to:

- Recognition and support at the family/community level of women's potential roles

- Recognition for women's unpaid work

- Access to money through group savings and credit that result in women's ability to supplement the family income.

The success of the SHG appeared to depend largely on the contribution of VHG. It appeared that the VHG plays a very significant role in formation of groups and sharing of knowledge. In addition, the VHG in general leads all the SHGs at the village level and women appear to rely on the VHG for guidance.

Thus this project is based on a large and rather key assumption: It is assumed that that the VHG will gradually transfer her knowledge to the other members and hence play a key role in the growth of the other women. Further, transfer of this knowledge and

support from the VHG will eventually result in acceptance of women's involvement in different SHG initiatives at the community level.

In conclusion, there are various areas that SHGs appear to making a difference. However, based on empirical data, the evaluation indicates that the Swayamsiddha programme is not perceived as a threat to the existing gender relations. Therefore its effectiveness in challenging the existing power relations and addressing structural gender inequality is limited.

8. RECOMMENDATIONS FOR FUTURE PLANS

In the sites visited by the Evaluation Team, women, men, as well as staff, reported that the current interventions in Swayamsiddha have resulted in observable changes in women's confidence and knowledge levels, as well as their capacities and roles. The following suggestions focus on improving the current SHG intervention.

8.1 Specific suggestions

8.1.1 Women SHG members suggestions (3)

1. Approach whole community before forming SHGs, so that they are sensitized about situation of women, local problems (they mentioned health). This can be best done through street plays, puppets, songs etc, by involving local youth.

2. Seek support of established (*Panchayat*) leadership for working on local issues with women; otherwise they leadership may perceive the intervention as an

"intrusion".

3. Carry out a baseline survey that is shared with the community. This will involve the community, and help to focus the intervention on the community's actual as opposed to perceived needs. For example, VHGs suggested, as part of the baseline, a health Check up for all villagers.

8.1.2 Evaluation Team suggestions (3)

- **Engage men in the SHG process as part of a planned intervention**

Apart from working directly with women, it is necessary to work with their family members, specifically with men. There are several examples in the data illustrating that men's understanding and support to women attending SHG meetings increased after they experienced/ participated in SHG meetings, read the SHG minutes, attended the health education sessions, and/or interacted with the project staff.

This interaction resulted from women conducting meetings in rotation in different households so that family members understand what happens in SHGs. *It is suggested that this type of participatory initiative is part of the SHG implementation plan.*

- **SHG members address adolescent issues**

Women expressed the desire to work with adolescents**.** They specifically mentioned that health knowledge, body awareness, change in their hygiene and sanitary practices should be passed on to younger generations. One leader mentioned the plan of developing health educators from amongst the adolescents for reaching out to all in community.

- **Develop sessions for women and girls on career choices**

Women have specific dreams about their daughters, which are better education, job opportunities and economic independence. As mothers they wanted to know what options are available in degrees and careers for girls. Thus it is suggested that c**areer guidance** that explains what careers are available, and what one needs to do to obtain that career, is suggested as an additional intervention for SHGs.

8.1.3 BAIF staff suggestions (3)

1. Assessment of capacity needs of the staff and VHGs should be done to implement the project more efficiently and effectively. It is suggested that a set number of days every month should be identified for capacity building.

2. Continue to use diverse communication strategies such as puppets, songs and plays are useful.

3. Evaluation data indicates that multiple components within this one project negatively impact on the project's effectiveness and efficiency. It is suggested that SHGs focus on specific interventions.

8.2 General suggestions

- Emphasis on capacity building of women leaders regarding SHG formation.

- Development of a phased strategy for BAIF's withdrawal from implementer's role.

- Development of plan for transfer of skills and knowledge from leaders to members and the larger community

- A shared understanding of empowerment should be understood by project implementer's at all levels.

- Suggested areas for exploration for improving or implementing women's empowerment projects or components are:

- Providing exposure to and educational opportunities for women

- Sensitizing men to issues addressed by SHG

- Strengthening women's organizations and their federations, so that they are able to address their own problems

- Fostering linkage of SHGs with mainstream institutions like PRIs, thereby improving the likelihood of increasing access to services, education, credit, and other development scheme

8.2 Suggested activity focus

The evaluation in the three Swayamsiddha sites suggests the following activity areas to be considered. The specific activities should take into consideration data gathered from a baseline survey and community needs assessment, staff abilities, and the context where the programme will be initiated.

Information dissemination in practical areas such as health, education, and income generation

- Promotion of girl child education including forums where career opportunities and how to access those opportunities are in place

- Adult education in identified areas. This evaluation indicates a wide variety of interests for women and their communities

- Livelihood projects that benefit the family

- Credit facilitation for women

- Drudgery reduction activities such as water standpipes or other needs identified by women

- Self defense/community safety

ANNEXURE 1

Five stories capturing changes in the families and in the women.

ONE

"Now we ask who is coming for the meeting. What is the purpose of the meeting?"

> When I was informed about this meeting, I asked why this meeting immediately after Deepavali? Can't we have it after some time? Then I asked who is coming, how many people are coming, from where are they coming, which topic they want to discuss? Earlier I never used to ask such questions. If there was an invitation for the meeting, I used to come. Now I need to know the topic in advance so that I can think about it and I can consult with other members. I feel that we need to come prepared for the meeting. That is why I ask the theme of the meeting. I also share the meeting with my family members.

- A tribal woman, age 40, associated with DHRUVA as VHG for the last 12 years.

TWO

"Now I do not have to explain much to women."

Now women trust each other. When recently guests came and asked women about local food, they all answered without taking much time. Earlier they would have

kept quite. I might have needed a lot of time to explain the question to them. But this time, I hardly needed to speak. I did not even remind the women about the meeting. They came on their own. Earlier they never understood that single woman cannot do much work and we need to help her. Now they help each other without asking for it. Now when women come for meeting, they feel that they should learn something new. In the meeting, the guests came very late. So, we ate the food prepared by the women and meeting ended. Women were very disappointed at not having opportunity to learn. They said, "We do not come together just for eating. Next time the guests should keep enough time to give us some new information." **-** *A young tribal woman, age 25, working as leader of SHG*

THREE

"Fifteen women cannot have similar brain (thinking)."

Initially there were 16 members in our group. One woman fought with others on the issue of loan and left the group. I am a tailor. For my purchases, I often have to go to Vansda. Because I go to Vansda, I deposit the money in the bank. The leader of the group did not trust me. She used to take away the records and asked her husband to check the SHG records. I thought that involving other women in going to the bank would help. Now every time some member accompanies me to the bank. Thus they also come to know about the bank. The mistrust, misunderstanding and the fight over the issue have ended. Now other women have understood the bank work.

- A tribal woman, age 30, SHG leader

45

FOUR

" Family members say, no problem, do the work tomorrow. " (Quote by tribal women)

I do not have in laws at home. But whenever there is SHG meeting or program my son and daughter say that they would take care of the home. They always want me to attend SHG meetings.

My husband was to go to Dang today. We had to the paddy cutting work on priority. I told him that I have to go to BAIF for a meeting. When he insisted on paddy cutting work, I told him to postpone his going to Dang. He is doing the paddy work today and I am here in the meeting.

In the morning I forgot my husband to tell that I will be attending this meeting today. He goes to a nearby town for his job. Paddy cutting work was to be done on priority today. In the evening, he would definitely ask me about paddy work. But I would tell him that I came here for a meeting. I will do the work tomorrow and he would not mind.

FIVE

"Would you like your daughter to be a driver?"

We were interviewing Sundar, a 25-year-old woman in a remote tribal hamlet. Nimadi, the health worker was accompanying us. Sundar is a deputy leader of a 4 year old Self-Help Group (SHG). She is illiterate. She has one six year old son and a three year old daughter. The daughter was sitting in the lap of the mother when the interview was

going on.

Nimadi had participated in a FGD on an earlier day. During the FGD, when the theme of 'dream about your daughter' was discussed, the facilitator had asked questions and put different ideas. Most of the women said that they want their daughters to study and get a job. Probing on this, the facilitator had asked what type of job they want their daughters to do - whether a doctor, a teacher, a driver, a conductor…..

When we were talking to Sundar about the same point, Nimadi probed "Would you like your daughter to become a driver?" Sundar said that she would like her daughter to become what she would want to be.