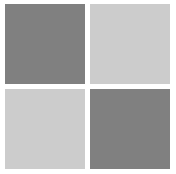




The 4 As of Development AMCHI Story



A Process Documentation of Project
Action for Mobilization of Community Health Initiatives (AMCHI)
by Population First



About Population First

Population First (PF) is a communications and advocacy initiative for a balanced, planned and stable population. It was started in March 2002, registered under the Bombay Trust Act, 1950. Our key objectives are to help reduce gender imbalances in the population and work towards gender sensitive and social development oriented health and population programmes.

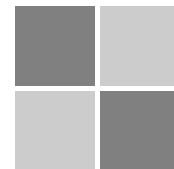
Action for Mobilization of Community Health Initiatives (AMCHI) is a rural field based community health project of PF. Besides AMCHI, PF also runs two major programmes – *Laadli*, PF's flagship girl child campaign and Madhyam – Youth for Change.

Laadli – A Girl Child Campaign

Laadli is a comprehensive communications campaign combined with action programmes to address the issue of the falling 0-6 age sex ratio of Mumbai. *Laadli* aims to develop a model communication campaign that would address the core social values that promote sex selection and male preference in society. It builds public opinion and promotes community participation for stopping the practice of sex selection in Mumbai.

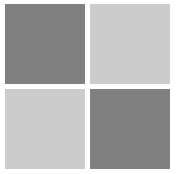
Madhyam – Youth for Change

We work with young people from over 50 colleges in Mumbai through the National Service Scheme (NSS) network. Our focus is on providing open and non-judgemental spaces to the youth to discuss and address gender and social development issues.



Contents

- 1 Foreword
- 2 Executive Summary
- 3 Introduction: The need for a field level project
Project "Action for Mobilizing Community Health Initiatives": Background
The Initial Approach
- 4 The difficult decision of choosing to be a mere facilitator
An evolving process, not agenda driven
Information is best used when shared with all the stakeholders
Make the service providers and village-level committees visible at the
village level
Deal with conflicts and differences at the village level – they are intrinsic
to social life
Strengthen and facilitate effective functioning of all the constitutional
institutions at the village level
Recognize and promote local leadership: youth and women's groups
Let go to strengthen local leadership
Be innovative and people centric at all times
- 5 Women's empowerment Key to social change
Empowerment Process involves
Identify /articulate the problem
Provide information and technical skills
Provide access to institutions
The process of empowerment
Breaking the private-public barrier
Ability to question the dominant views
Networking with stakeholders
- 6 Working with the Government
Partnering with the Health Care System
Motivating the government service providers to perform better
Creating win-win situations for people and service providers
- 7 Way Ahead
- 8 Annexure



Foreword

The Four "A"s of Development is the documentation of our field experiences under our AMCHI (Action for Mobilization of Community Health Initiatives) project in 46 villages of Shahapur block, Thane district, Maharashtra. AMCHI endeavours to empower people by taking them through a process of assessment of their health and social conditions, analysis of the situation they are in, developing community action plans to address the issues and association with agencies and institutions to achieve the goals set. These are the 4 "A"s of development. The journey through the four A's was an eye opener for not only the community members but to each one of us involved in the process.

Being closely involved in the change process from an empowerment and rights perspective, we learnt the importance of being mere catalysts in initiating change and the power of people's participation and ownership. We made many track corrections based on our experiences and responses we received. Our efforts were always guided by our belief that only community based action would ensure quality services.

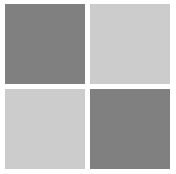
The problem in our villages is not the dearth of institutions or personnel. Every village has an Auxillary Nurse Midwife, an Anganwadi Worker (at the Early Childhood Care Centre) a School Teacher, a Gram Sevak, an ASHA (Accredited Social Health Activist) as well as a Pada Worker (Sanitation Worker). Apart from these, there are also a number of village level committees to implement and monitor government grants and programmes. Yet, misappropriation of funds and mismanagement of programmes is rampant. Apathy, cynicism, and non-cooperation on the part of the community bind the villages in a vicious circle of corruption and inefficiency.

In such circumstances, how do we work with the people to build bridges between the service providers and community? Is it possible to galvanize the existing institutional mechanisms like the Right to Information Act, Village Level Committees, Self-Help Groups, and Mahila Gram Sabhas to work for village development? A more important question is; what should our approach be like to ensure that we are able to initiate a change process? Through our AMCHI Project, we were able to find answers to these questions.

The Four "A"s of development, highlights the lessons learnt and the evolution of AMCHI from an agenda driven initiative to a project that is people driven and people centric. We are confident that this documentation report would help development planners and managers to identify the core values that should guide any community development initiative and highlight the importance of investing in people.

We are particularly thankful to Mr. Keshub Mahindra (M & M) and Mr. Deepak Parekh (HDFC) for their funding support which made this project possible.

A. L. Sharada
Programme Director
Population First



Executive Summary

Population First's rural field-based project AMCHI (Action for Mobilization for Community Health Initiatives) has completed three years. Started as a pilot project that used participatory techniques like micro planning, the project has been able to motivate and mobilize people to improve their condition in the villages of Shahapur of Thane district.

The documentation attempts to record the process of connecting with people and facilitating them to take charge of things around them. We would like to share our experiences with our sponsors, other members from the NGO sector, government agencies as well as academicians to help them identify the core elements of a transformation process that is driven by people. The documentation is a means to look back at our journey so far. While doing so, we have tried objectively to evaluate our work in terms of change and evolution of the change process. While most of it has been put together in-house, some stories have been written by Sajana Jayaraj, a consultant.

PF's project AMCHI – initial approach, present form

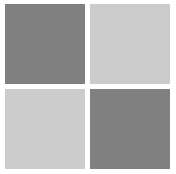
PF's work started in Thane District in 2004 with funding from Government of Maharashtra and United Nations Population Fund (UNFPA) under their Integrated Population and Development programme (IPD) in two Primary Health Centres (Dolkhamb and Kinhavali) of Shahapur. The mandate was to mobilize youth of the villages, especially those out of school, using micro planning technique and train them on Adolescent Reproductive & Sexual Health (ARSH). The project closed after eight months when the format of UNFPA funding changed under NRHM. It was re-started after a gap of two years, with the financial support of Mahindra & Mahindra and HDFC as AMCHI (Action for Mobilization of Community Health Initiatives) in 2007.

Still using the participatory techniques of micro planning, the goals set were much wider in scope and had capacity building of people of the villages and the village level service providers at its core. The determinants of health - sanitation, drinking water, education, access to services, health rights, etc. - were incorporated in the interventions to create demand for quality health services in the villages. Project AMCHI worked on both the demand side – making people aware of their rights and providing them with the appropriate information on specific health issues, as well as on the supply side - equipping the service providers with communications skills and motivating them to perform as change agents to deliver quality health services in villages.

Apart from improvement in sanitation, use of safe drinking water, mother-child care practices etc. an important outcome was the mobilization of women and youth and attracting their collective investment of time and energy for village development issues by providing them problem-solving skills and showing them legal and democratic ways of getting their demands fulfilled.

The efforts and the change

Our most important working principle has been to remain facilitators rather than be the implementers in our approach. This single most important decision has led the change process to be an evolving one instead of being agenda driven. Each village being unique picked up its own issues and worked at its own pace. What was common though, was the willingness and tendency to come together to act upon the common issues and the rise in confidence levels of people to solve those.



Exchange of relevant information is at the heart of the micro planning technique that we use when we start working in a village. Most of this information is collected from the people and presented in a way that compels them to think about underlying issues objectively. We provide our inputs by conducting training programmes, workshops, and sessions on issues like Reproductive & Sexual Health, mother-child health care, Panchayati Raj system, concept and management of women's Self Help Groups etc.

Our efforts are directed towards raising the visibility of the service providers like Auxiliary Nurse & Midwife, Anganwadi Worker, Gram Sevak etc. and village committees like Gaon Shikshan Samiti, Tanta Mukta Samiti etc. Together, they provide the basic health and education services in a village. The micro planning provides a platform where people come to know their roles and responsibilities. This motivates people to be assertive about their rights and entitlements and vigilant about any malpractices or inefficiencies in service delivery.

We recognize the inherent conflicts and differences in the communities and deal with them in such a way that the issues remain at the focus. We also recognize that good governance is at the root of change process and promote people's participation in Gram Sabha and Mahila Gram Sabha to bring in greater transparency and accountability in service delivery. Nurturing local leadership is an essential part of our work. The leaders could be members of a Women's Self Help Group or a Mahila Mandal or from a youth group. Our endeavour is to channelize their energy towards village development. As facilitators, one of our important jobs is to be innovative and interesting in our interventions with people. On the one hand, they must serve the needs of the people while on the other, they must be appealing enough for people to participate. We have successfully tried many innovative activities such as Arogya Melava and Vikas Darshan.

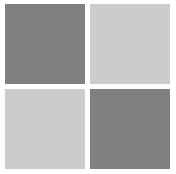
Women empowerment

A society that is not gender just uses only part of its human capital for development. We are committed to being gender sensitive in all our interventions but also for initiating an empowerment process for women, individually and collectively. We involve women in micro planning and all other activities and events. Some interventions like promotion of Mahila Gram Sabhas and celebration of International Women's Day are specially designed to provide women information and skills. For instance, while participating in fun filled competitions before Mahila Gram Sabhas women not only get an opportunity to showcase their hidden talents, they also gain confidence and learn to present their issues systematically within the rules and regulation of the Gram Sabhas.

Working with the Government

Our belief has been that when the service providers are motivated and have the requisite knowledge and skills, development in the villages is faster. We visualize ourselves as partner of the government in catalyzing the change process in villages. Our specific support to the government health system has been through our efforts to enhance motivation and communications skills of government service providers. By communicating about government schemes on health as well as other social development programmes we are able to enhance community participation in the same.

While the service providers believed that people are ignorant and not co-operative, community members saw service providers as self seeking and corrupt individuals and were apathetic and



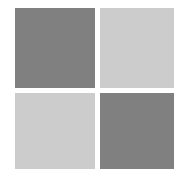
cynical towards them. By bringing them together and breaking the barriers we have created an environment conducive to efficient implementation of social development programmes.

The way forward

As we near the end of the project we can look back with satisfaction that our work has helped people progress on the path of development. There is a pool of success stories which will continue to inspire us in the future. The expectation of villages where we have not worked and the desire of the district and block level government health officials to expand our programme to many more villages is a further testimony of our success. Other NGOs working in the area are also looking up to us for innovative and participatory ideas in addition to the change we are able to bring.

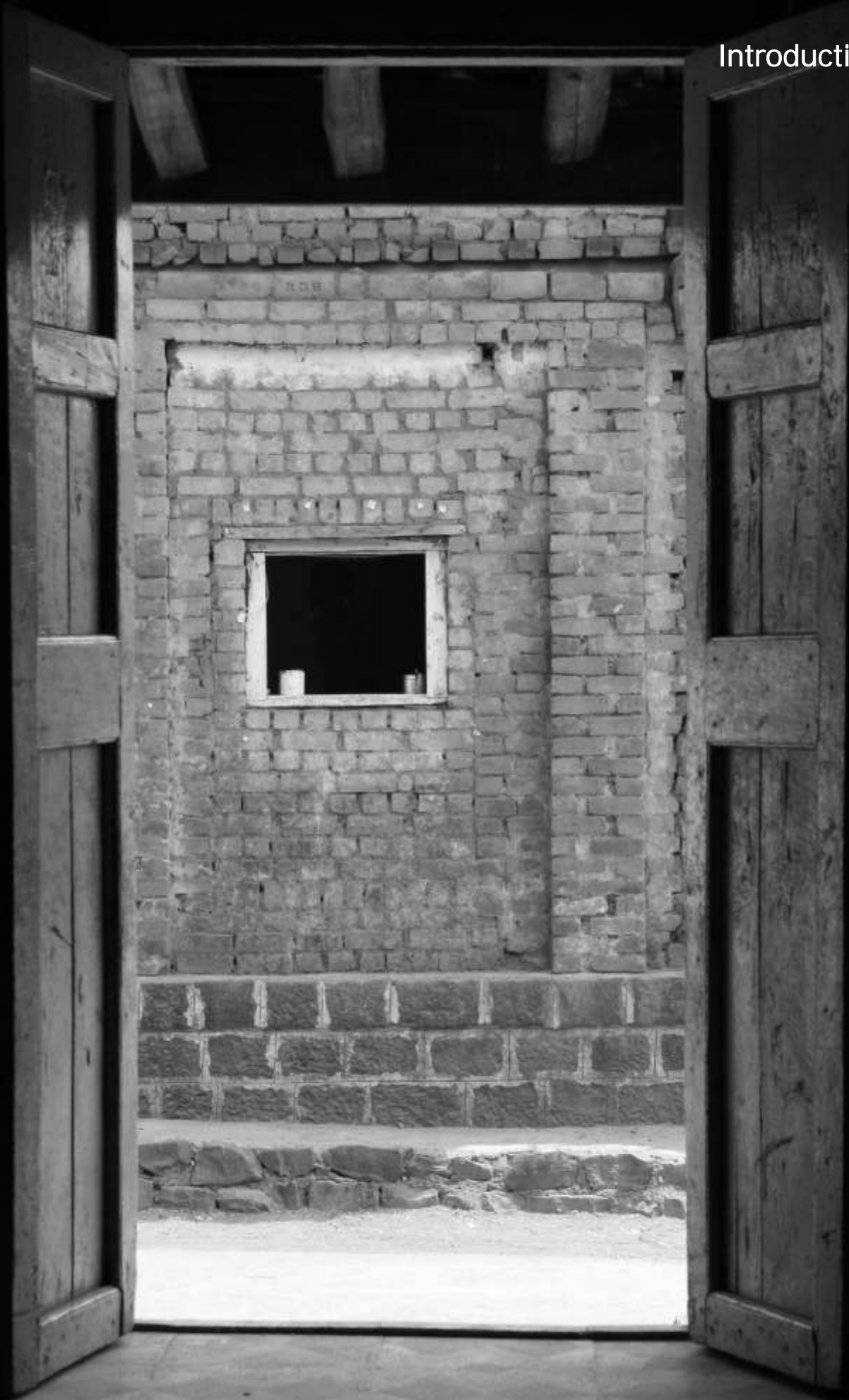
Based on our experiences we would like to focus on advocating for the following with the government departments.

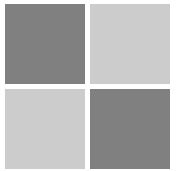
1. to truly decentralize the planning and implementation process at the village level by focusing training efforts at team building at village/sub-centre level
2. to promote interdepartmental team building rather than parallel training programmes for health, nutrition, sanitation, and education workers
3. to focus on leadership and community mobilization skills in training programmes rather than on mere information dissemination
4. to address information needs of the community in more innovative ways using wall paintings, audio-visual media and also through using Information Technology
5. to define the outcomes more in terms of processes and quality of life than in terms of service statistics which are often misrepresented.



List of Abbreviations - Glossary

Abbreviation	Full Form
AGAS	Amcha Gaon, Amchi Shaan
AMCHI	Action for Mobilization of Community Health Initiatives
ANM	Auxiliary Nurse & Midwife
ARSH	Adolescent Reproductive & Sexual Health
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
BDO	Block Development Officer
BPL	Below Poverty Line
CEO ZP	Chief Executive Officer, Zilla Parishad
DHO	District Health Officer
DRDA	District Rural Development Agency
ICDS	Integrated Child Development Scheme
IPD	Integrated Population & Development
MAVIM	Mahila Arthik Vikas Mahamandal
MCGM	Municipal Corporation of Greater Mumbai
MDG	Millennium Development Goal
MGS	Mahila Gram Sabha
MHU	Mobile Health Unit
MMR	Maternal Mortality Rate
MO	Medical Officer
MPW	Multipurpose Worker
NRHM	National Rural Health Mission
PF	Population First
PHC	Primary Health Centre
SC	Sub-centre
SHG	Self Help Group
TMO	Taluka Medical Officer
VKC	Village Knowledge Centre
UNFPA	United Nations Population Fund
Unicef	United Nations Children's Fund





Introduction: The need for a field level project

Population First (PF) envisages a future where population stabilization and social development are pursued as shared responsibilities by all. "Population is not about numbers, but about people" was a statement agreed upon by the participants at the 1994 International Conference on Population and Development. The participating governments, including the Indian, agreed that if the needs for voluntary family planning and reproductive care are met, along with other basic health and education services, then population stabilization will occur naturally, and not through coercion or control. Also, the National Population Policy 2000 has recognized the linkages between social development and population issues.

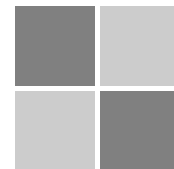
PF was started with the objective of helping the government achieve their goal of population stabilization by the year 2045. Over the years, the objective has been more clearly defined within the framework of women's rights and social development and its scope was also widened. While the National Advocacy Campaign for Population Stabilization (NACPS), a programme of PF, addresses issues related to population growth, the issue-based campaign *Laadli* focuses on the alarmingly skewed sex ratio in the country. The fact that lack of social development leads to high population growth is addressed through its field-based pilot intervention "Thane Project".

The reason the Thane district was selected for its field-based intervention was because in Maharashtra, Thane district reflects best the regional imbalances in social development. The highly industrialized and economically prosperous neighbouring city of Mumbai stands in contrast to the backwardness and poverty of the villages of Shahapur taluka in Thane district, located about 125 kms away.

According to the government website, www.thane.nic.in, Thane district is the second most populous district in Maharashtra having a population of 81.31 lakh as per the census of 2001. Its population growth rate is 2.42 times higher compared to that of the state of Maharashtra in the decade 1991-2001. The district has 1748 villages, all of which are electrified and over 90% of them connected by permanent roads. The district has health infrastructure of 9 sub-district hospitals, 79 Primary Health Centres (PHCs) and 492 sub-centres (SCs).

Shahapur, one of the fifteen talukas of the district, has 231 villages and a population of 2.73 lakh of which 4.1% are Scheduled Castes and 32.93% are Scheduled Tribes. The government has set up 9 PHCs, 60 SCs and 6 Mobile Medical/Health Units in the taluka. Shahapur gets an average rainfall of over 2000 mm per year and has huge water reservoirs at Bhatsa, Tansa and Vaitarana Lakes.

Despite adequate rainfall and water sources, scarcity of water is one of the major issues in the villages of Shahapur, as most of the water is supplied to Mumbai city. Also, access to health centres is poor as many villages are located in remote areas and in difficult terrains. Public transportation too, is inadequate, is of poor quality and is costly. The persisting issues of safe drinking water, poor sanitation, and mother-child care services lead to high rates of infant mortality and morbidity.



Project “Action for Mobilization of Community Health Initiatives”: Background

Even though the under-5 mortality rate has dropped from 116 in 1990 to 69 in 2008 India still lags behind in Millennium Development Goal (MDG) of reducing it to 41 by 2015. Similarly, it is far behind in its MDG of reducing Maternal Mortality Rate (MMR) to 109 by 2015 and figures in “High MMR Zone” with 450 deaths per 100,000 deliveries in 2005. 28% of infants are born with low birth weight in India. An UN report states that the Under-5 Mortality rate and the MMR are worse in rural areas and malnourishment is worse in girls as compared to boys. ¹

Key to achieving these goals lies in active participation of the communities in complying with immunization and child and maternal care practices. The health service providers in rural areas often lack the communication and counseling skills which are essential for effective service delivery. Despite having an elaborate infrastructure in place, it is often not functional and people are not aware of their rights to quality health services. Effective health service delivery, therefore, is possible only when the workers providing the service are motivated and skilled to perform, and people are aware of their entitlements and demand quality health services.

Project AMCHI aims to address both the demand and supply issues and specifically aims at:

1. Mobilizing communities to adopt preventive and promotive health care practices in families and communities
2. Creating demand for quality services at the community level; and
3. Strengthening the communication skills of the service providers and reinforcing their role as change agents.

Micro-planning tool for social mobilization:

Project AMCHI has used micro-planning techniques developed by Unicef in the villages to mobilize communities and to bring together stakeholders like the women, men, and youth of the villages to join hands with Gram Panchayats, village level committees and the service providers on development issues. Building capacities of people in terms of their problem-solving skills and knowledge about roles and responsibilities of service providers makes them pursue village development issues with focus and perseverance.²

Theatre workshops to motivate service providers:

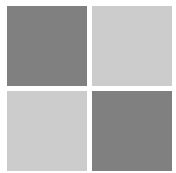
AMCHI has also used theatre-based techniques to motivate service providers and equip them with communication skills. Through residential workshops for the entire staff of a Primary Health Centre, we have been able to make them look at themselves as change agents and part of the development process. AMCHI supports the government programmes and works in conjunction with the health department at the village, block and district levels.

The envisaged outcomes of the project included:

- improvement in sanitation - near universal use of soak pits, kitchen gardens, toilets
- improved water use and hygiene - maintenance of household and community water sources
- near universal enrollment in schools and Anganwadis

¹Data taken from www.unicef.org/infobycountry/india_statistics.html and Millennium Development Goal India Country Report 2005, Ministry of Statistics and Programme Implementation, Central Statistical Organisation, Government of India

²Please refer Annexure 1



- regular organization of Mahila Gram Sabhas
- improvements in mother and child health practices – total immunization coverage, pregnancy registration, as increase in safe/institutional deliveries and contraceptive prevalence
- better performance of Auxiliary Nurse & Midwife, Anganwadi Worker, Pada Worker, school teacher, Gram Sevak, Panchayat member etc.,
- decrease in incidence of diarrhea and malaria; and
- enhanced participation of youth and women in village development process.

The Initial Approach

The Thane project, as it was known initially, was launched in Shahapur Block of Thane district in August 2003. Shahapur block was chosen as it was being covered under the Integrated Population and Development (IPD) project of UNFPA wherein investments were being made to improve the infrastructure of the PHCs and the technical skills of service providers. It was thought that augmenting the communication and community mobilization components would result in better utilization of the enhanced facilities. The then CEO of Thane Zilla Parishad, Shri Nirmal Kumar Deshmukh had given permission to work in two PHC areas and UNFPA provided funding support under the IPD programme.

One of the first initiatives of Population First was conducting innovative theatre-based motivation training programmes for the staff of the Kinhavali and Dolkhamb PHCs, called “Parivartan Ki Or” (Towards Change). These were followed by two Health Melavas organized in the two PHC areas attended by close to 3000 people and was organized in collaboration with the two PHC staff.

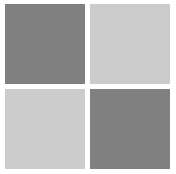
Population First adopted the micro-planning process developed by UNICEF to initiate community mobilization in two villages initially and later it was replicated in 20 more villages. Adolescent Reproductive & Sexual Health (ARSH) issues were focused upon with close to 180 sessions organized with the youth of these villages. The project was implemented for eight months. It was closed when the IPD project was scrapped with the launch of Reproductive & Child Health II and National Rural Health Mission (NRHM) initiatives.

The project was revived once again in Jan 2007 with funding support from Mahindra & Mahindra and HDFC and was renamed “AMCHI” (Action for Mobilization of Community Health Initiatives) which in Marathi means “OURS”. It was heartening to note that in spite of the time gap many villages had continued to work on health and social development issues even in the absence of direct intervention by PF. This convinced us about the appropriateness of our strategy and approach, and we rededicated ourselves to continue with our interventions in three more PHCs in addition to the original two.

Project AMCHI has covered 46 villages under 5 PHC and 11 SCs so far. (Details in annexure 2.)

The difficult decision





The difficult decision of choosing to be a mere facilitator

When we look back at our activities in the villages, the most important change in our perspective has been the acceptance that we have to play the role of mere facilitators, while the community and the various stakeholder groups take on the role of change agents. For the success of the micro-planning exercises, it is imperative that we empower the people to decide the change that they desire and work towards it.



Field Officer Fazal Pathan conducting a village meeting

In the first phase of our initiative, the schedule was packed – it followed a pattern. We were motivated by the desire to bring about change and we looked at the micro-planning activities as mere means that would enable us to bring about the change. The apparent squalor, poor schooling facilities, malnutrition and water issues made us decide that these needed our attention and so we decided to address them. Therefore, it was sort of an agenda driven initiative and we set the agenda. However, the community was not very interested in tackling these issues, as they did not regard them as major issues. Even while developing the action plan, we found that the villagers were not very enthusiastic with respect to the roles and responsibilities assigned to them. This

disappointed us, as we had put in sincere efforts at initiating micro-planning process in the villages.

While I was working with UNICEF as a trainer in micro-planning, I would undertake micro-planning exercise in a village and move on to other villages. I was not involved in the follow-up activities and had no way of knowing if the change was sustained or how it empowered communities. However, while working in PF, where I had the responsibility of following up on the micro-planning and the sustainability of change, I was forced to look at micro-planning as a more dynamic, people centric process rather than as a set of planning tools.

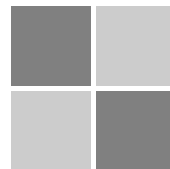
Sangita Tribhuvan, Coordinator, AMCHI Project, PF

As we continued working in the villages we had learnt many lessons and made many track corrections to ensure that the micro-planning process is truly empowering to the communities. One of the most difficult tasks was to curb our urge to directly intervene and let the community take the lead, make the decisions, and undertake activities. Some of the essential features of micro-planning, as it evolved in the last two years, are as follows.

1. An evolving process, not agenda driven

The five-day micro-planning process is just the beginning not the end. It initiates the change process by creating awareness about the existing situation among the people and makes them think about the possibilities of change. The decision regarding what needs to be changed, how much to change and how to bring about the change, are entirely that of the village community.

Each village is unique in terms of its social dynamics, levels of economic development and readiness of people to work for change. Thus, we need to help each village to evolve into a community that is aware of its needs and is willing to work towards common goals of village development. In some villages, the



change process may be more rapid and effective and in others, it may take longer than anticipated. We realized that giving time and being patient are the two most important requirements to allow village communities to transform themselves as aware and dynamic entities. Very often, our field staff felt disappointed when they realized the differences in the progress made by the various villages. The introspection and analysis that followed gave us the understanding that we cannot hasten change or treat all the villages as identical.

People's needs make the agenda

Every summer, village Koshimbde's women undergo a trial by fire. Sources of water begin drying up before their eyes. Filling up a kalashi (brass pitcher) takes longer and longer. Women begin to walk further up the river, and spend hours dredging up water from the drying riverbed. An yearly ordeal until the rain arrives.

Koshimbde's five-day micro-planning program took place in October 2008. The rains were just over, and the village was lush and green. Yet, the water issue topped every discussion, in every meeting. Toilets were scarce and cleanliness was an issue. During the micro-planning process the villagers decided to apply to the Municipal Corporation of Greater Mumbai (MCGM) to provide them a connection to the huge pipes carrying water to Mumbai city. The PF team explained the modalities. The village would have to contribute both in terms of money and labour to lay pipes to Koshimbde. Only then would MCGM release water from its main water pipes.

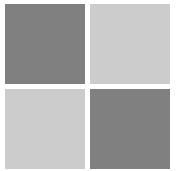
A few years ago, under MCGM's water supply scheme, Koshimbde too had received piped water connections like other villages in the region. But large amount of water thefts, and unpaid water bills began a cycle of water woes. Water dried up in the pipes, and people began queuing up for 'tankers'. A 'tanker' is actually water ferried in two large drums on a bullock cart. It would come once in two days, cost a lot, and still leave an impure taste in the mouth.

The follow-up meetings saw the youth group and the Sarpanch take charge of the task of getting water to Koshimbde. Funds had to be generated, applications had to be made, and the actual task of laying the pipes had to be completed. The youth group was hopeful of getting this done, and began their work with enthusiasm.

Only to run into hurdles.

Generating funds was no mean task. Each family had to contribute Rs. 1000/- – an amount that not everyone was willing or able to give. Some paid up, many did not, and funds fell woefully short. Acting on PF's suggestions, the youth group then approached the local private contractors working on roads and other civic amenities in the area. They too could benefit if Koshimbde had water, so contributing to the cause was only fair. Contributions were pledged, but they hardly filled up the deficit. The youth group then applied to the Water department, hoping to get some funds released. They drew a blank.

PF continued its intervention in the form of conducting meetings in the village to discuss the issue and facilitate further courses of action.



An analysis of the delays was undertaken. The results were uncomfortable to most. During rains, no one would take an interest in solving the water issue. At the height of the problem in summers, people would try and cobble up some solution. Regular meetings were not held, and applications to the government departments were not followed up. Funds were short and unity was low. Could things change?



Narash, Jayaram and others of Koshimbde discussing the water issue

At the time of the documentation, the village had decided that enough was enough. Things simply have to change! The youth group leader Naresh Shantaram Bhoir, along with Sarpanch Jayaram Namdeo Gaware and another villager Bhaskarbhau Jadhav, got the water supply scheme scrutinized and sanctioned by MCGM. This time people collected the necessary funds and the Gram Panchayat gave its share. The contractor has started laying the pipeline. A committee of villagers has been constituted to monitor the pipeline work. People have succeeded in getting the machines for digging earth for laying pipeline donated by the local contractor.

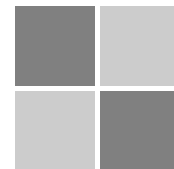
People of Koshimbde have succeeded in ending their water woes.

2. Information is best used when shared with all the stakeholders

Information gathering and dissemination in a participatory way are at the root of the micro-planning process. The focus is not so much on the information content as it is on making people assess their own situation. The various data gathering techniques – the household surveys, focus group discussions, village time lines, village mapping exercises and the various games used during the micro-planning process allow dialogue and exchange of information between the facilitators, and the people. Thus, they help in assessing the existing situation, identifying changing trends and recurring patterns of behaviour/incidents. The whole process of data collection serves the purpose of holding a mirror to the people to enable them to make informed choices about the change that they want.

One of the most interesting interactions with the community occurs when we share with them the money spent by the village as a whole on health care. When we told the villagers that a village of about 1000 people, spent close to Rs. 5.13 lakh on health care, as it was in the village Gegaon, there was stunned silence. This initiates a process of introspection as most of the money is spent on treatment of diarrhoea, malaria and chest infection which are preventable if good water, hygiene and sanitation practices are followed. This one piece of information is significant in initiating a dialogue on what the community can do to prevent diseases and improve the quality of life.

Dr. A. L. Sharada, Programme Director, PF



The key issue in micro-planning is also to give the right information to the right people in the right manner at the right time. During the daytime, most villagers are busy with their routine jobs and are not in the mood to engage in long discussions. However, when we hold the meetings in the night, after the people are through with their daily chores, there is greater participation and involvement of men and women in the meetings. The use of games and group activities further enhances the communication process.

When we have meetings in the night people are in the right frame of mind to talk and listen. Sometimes, the meetings go on until 1 o'clock in the night and a lot of energy and enthusiasm is generated in the group.

- Fazal Pathan, Field Officer, AMCHI Project, PF



"Bottle Game" being conducted in Phophodi

Sangita Madam asked us to make a circle holding hands and then said that we should make a complex human huddle by crisscrossing with each other, but all the while not loosening our handclasp. She then asked a boy from our village to come and untangle the human huddle without unclasp our hands. He could not do it in the time given. However, when she asked the group to untangle, we did it very easily and in a short time. Through this activity, we learnt that whatever problems we have

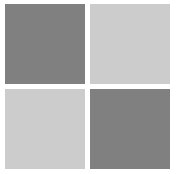
in our village, solutions can be found only by us and it would be difficult for outsiders to help us.

Dilip More, Centre Coordinator, Village Knowledge Centre, PF

Equally important is the process of information dissemination. Often the use of participatory rural appraisal techniques entail simultaneous information gathering and dissemination processes.

In the initial stages of micro-planning we would often weigh the children in the anganwadi and compare the records of Anganwadi Centre with our data. However, subsequently, we started weighing the kids in the presence of parents, guardians and the community members explaining to them where the child should be on the growth chart and where he/she is. This made people understand the importance of growth monitoring and most parents started actively seeking information from the anganwadi Tai on the weight of their child.

- Sangita Tribhuvan, Coordinator, AMCHI Project, PF



I have grown up children so I never bothered about the functioning of the school. However, after working with PF team I have realized that there are many issues with the school which we need to address immediately. Now, I am going to be actively involved in improving the functioning of the school.

- Kailas Dinkar, Vitthalgaon

Our interventions in Chinchwadi demonstrated the importance of information in initiating change. Chinchwadi was a special case for us as it was a difficult village to work with. It was a tribal village with very little economic development and education levels. The level of poverty and ignorance was mind-boggling. The major concern of the people was to get two meals a day. Other issues were of no significance to them.

Saving precious lives - Community tackles child malnutrition in Chinchwadi



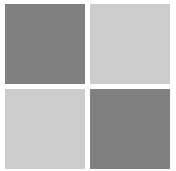
Children being weighed at an Anganwadi

In April-May 2007, the micro-planning exercise in five villages (which includes weighing the pre-school children to detect malnourishment) identified malnourishment as a major issue. Unfortunately the Anganwadis, which were entrusted with the responsibility of looking after cases of malnutrition, were not working effectively and the number of malnourishment cases recorded by them in the official records was far less than what was observed by our team during public weighing of children. We found that 38 children were in Grade III and IV i.e. severely or critically malnourished. Of these 38, 25 were from Chinchwadi. The reasons were many but for the village and these children it was important to change the situation.

PF team involved the community in the process of change by visiting each household having children in the age-group 0-6 years. Making them aware of their responsibility towards their children's health was the first step. Parents and other family members were made aware of signs and symptoms of malnutrition and its consequences. Role of Anganwadi Worker and importance of sending children to anganwadi was discussed in meetings. Severely malnourished children were admitted to the Special Camps organized by the Health Department. A committee of parents and other people was formed to monitor if the Anganwadi worker was giving medicines and supplementary food to malnourished children.

The Anganwadi Worker was motivated to do her work better and use all the resources under Integrated Child Development Scheme (ICDS) to get these children from Grade III and IV to II, I and Normal Grades. Officials of Primary Health Centre were apprised of the situation and their support was obtained to help combat malnourishment. Issues of delayed or non-payment of work compensation to parents Below Poverty Line were also discussed with them. This also helped in the BPL parents getting their dues from the department promptly, for admitting their child in the camp for malnourished children.

Another important stakeholder in the process of changing the dismal situation of malnourishment was the women's Self-Help Group that cooked food for the anganwadi



children. In a workshop, the importance of the food chart was explained to them, and various nutritious recipes were demonstrated. The workshop also provided skills to manage budgets. PF team counseled the group not to make profit by reducing the quality and quantity of food, but to take only the assigned amount due to them for cooking the food. The monitoring committee checked the quality and the quantity of food at the anganwadi regularly.

Within a span of six months - May to December 2007, PF team could help the stakeholders reduce the number of children in Grade III and IV from 25 to 4. All that we did was to make relevant information available to all stakeholders by various means and putting in place some checks and balances.

"Because of your counseling, I admitted my child to Rural Hospital. Thanks to your efforts, he is getting proper attention and service from the medical staff of Rural Hospital and his health is improving."

- Janki Khair, Mother of a severely malnourished child, Chinchwadi

3. Make the service providers and village-level committees visible at the village level

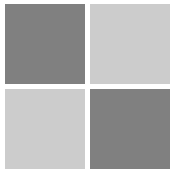
The success of micro-planning lies in recognizing and highlighting the role of the six government functionaries who actually represent the government and are responsible for providing basic health, education, nutrition and sanitation services at the village level. They are:

1. Auxiliary Nurse & Midwife (ANM), representing the Primary Health Centre, is the first contact point with the health system for many villagers. She provides preventive health care - immunization for women and children, information and care for pregnant and lactating mothers and contraceptive services.

2. Anganwadi Worker (AWW) runs the early childhood education and nutrition centre in the village for children in the age-group 0-6 years. As a worker under the Integrated Child Development Scheme (ICDS) of government, she coordinates with the ANM for various services. She is also responsible for providing nutrition and micro-nutrient supplementation to pregnant and lactating mothers as well as adolescent girls. She is assisted by a helper.

3. ASHA (Accredited Social Health Activist), the most important element of NRHM, is selected from the village and is the main link between the village and the government health system. She is responsible for ensuring that the pregnant and lactating women, eligible couples for contraception, children and adolescents avail of the health services under the various government schemes. She facilitates the use of government health institutions and health services by motivating and informing the villagers about the available services.

4. Gram Sevak is a government representative at the village level to assist the elected Gram Panchayat body. Major responsibilities of the Gram Sevak include organizing mandatory and special Gram Sabhas with proper agenda, maintaining records of resolutions and minutes of the meetings, conducting monthly meetings of Gram Panchayat body, dissemination of information of various schemes to the community, preparation of BPL list, etc.



5. School Teacher: Most villages have a primary school. Many of the schools are single-teacher schools while some have two or more teachers.

6. Pada worker is a volunteer with the health department who is responsible for surveillance during the rainy season for break up of epidemics and also for keeping the water sources like wells clean by chlorinating them regularly as per specifications.

The development of the villages rests on the commitment, efficiency, and involvement of the above service providers. Unfortunately, the performance of these functionaries is poor. In addition, there is general mistrust and apathy among the villagers regarding their performance. With the result, one finds absolute lack of accountability and monitoring of their services at the community level leading to fudging of accounts and records, which further reinforces the opinion of the community that the service providers are unreliable and corrupt. The challenge in micro-planning process is to create visibility for these service providers in the community and build bridges between the two.

For the visibility of service providers we organize an activity called "Chapatti Diagram" in micro-planning where all the villagers participate. We draw two circles - one small circle surrounded by a bigger circle. We write the name of each of the service providers on round cardboard cards and ask the community to place the card in the inner circle - if they are satisfied with the functionary's performance, in the outer circle - if they think the performance is average, and outside the two circles - if performance is poor. This activity gives us an opportunity to explain to the villagers about the roles and responsibilities of the service providers as well as undertake a public assessment of their performance. Often the discussion that follows the activity highlights the lacunae in the service delivery system and what the community needs to do to ensure effective performance by the service providers.

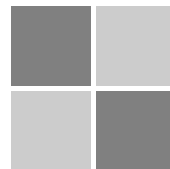


Evaluation of performance of service providers using micro-planning tool "Chapatti Diagram".

A lesson for the school teacher

Use of Chapatti Diagram in Vachkole village found the school teacher's performance far from satisfactory. He would come drunk to school and never start the school on time. When the issue was analyzed collectively, it became obvious that some action was required. It was decided that the matter would be discussed with the teacher first and then a letter would be sent to the Education Dept at Panchayat Samiti. When both did not work, the school was locked up and a resolution was passed in the Gram Sabha that they would not settle for anything less than transfer of the teacher. Women of Jai

Mata Bhavani and Saikrupa Self-Help Groups (SHGs), Gram Panchayat members and youth were at the forefront of this struggle. The teacher leveled charges that he was being harassed by villagers because he belonged to a Scheduled Caste. However, people pursued the matter with the Education Department at the Panchayat Samiti till the teacher was transferred and a new teacher was posted.



People make the Gram Sevak work

Kanva is a relatively big village with around 120 households, a school up to 7th standard and a health sub-centre. PF started its work in Kanva village in Feb 2009. Use of Chapatti diagram during micro-planning revealed the anger and dissatisfaction of villagers towards the Gram Sevak. The village had no Gram Panchayat and the Gram Sevak was working under the Administrator appointed by the Panchayat Samiti. The charges against him included not organizing Gram Sabhas, not informing people about government schemes and misappropriation of funds.

During the micro-planning and follow-up meetings, people decided to submit a written complaint against the Gram Sevak to Panchayat Samiti. Following a suggestion from the PF team, they gathered information regarding allocation and utilization of funds under RTI Act and have made the Panchayat Samiti appoint an enquiry committee on Gram Sevak's performance.

The other important individuals who have a major role in reaching services and facilities to the villagers are the members of the village level committees constituted to oversee and guide the implementation of the various government schemes and programmes. A few examples are given below. All the committees are constituted in Gram Sabha by consensus and are inclusive groups. Each comprises 10-12 members representing Gram Panchayat, women, scheduled castes and scheduled tribes, and residents of wadis and padas (hamlets, a little distant from the main village).

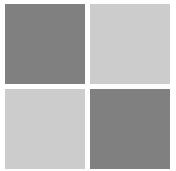
1. Gram Shikshan Samiti (Village Education Committee): School teachers and villagers constitute this committee. It monitors the funds received and utilized by the school under various government programmes as well as initiates / endorses new proposals related to the school. The committee is responsible for organizing Parent-Teacher meetings every three months.

2. Tanta Mukh Gaon Samiti (Conflict-free Village Committee): It is responsible for resolving conflicts in the village. It also tries to settle the disputes between people that are pending in the court at the village level.

3. Gram Arogya, Poshan, Pani Puravatha Va Swachhata Samiti (Village Health, Nutrition, Water Supply and Sanitation Committee) : Works on the issues of sanitation, nutrition for children, pregnant women and lactating mothers of the village under NRHM. The committee has Rs. 10000/- that can be spent at the discretion of the committee on issues like supplementary food to malnourished children, financial help for difficult cases of delivery, facilities like drinking water, toilet in anganwadi etc.

4. Paani Puravatha Samiti (Water Supply Committee): It works on the issue of water supply for the village. Preparing proposal for water supply schemes, engaging a contractor, fulfilling government requirements including financial contribution from villagers, etc. are its major responsibilities. It also looks after the availability of drinking water to the people and cleaning of water sources.

It is important to discuss the constitution of these committees and bring the members to the fore at village meetings. Often villagers do not know who the members of these committees are and what to expect from them. There is little communication between the committees and the villagers, and the decisions taken by the committees are not shared or discussed with the villagers.



Women of Apta participating in the Mahila Gram Sabha

Women question Pani Puravatha Samiti

In the Mahila Gram Sabha (MGS) at Apta on August 13, 2010, the Gram Sevak read the agenda point regarding Nav Sanjivani Yojana and informed that money had been spent on cleaning the two wells of the village. Women immediately pointed out that it was not true. AMCHI team used the opportunity to explain the existence and role of the committee responsible for cleaning of water sources. Women demanded to know who the members of the committee were and decided to question them later as they were not present in the MGS.

4. Deal with Conflicts and Differences at the village level – they are intrinsic to social life

Village social structures are often characterized by crisscrossing caste, class and party affiliations. Working on change in such circumstances is often frustrating. The temptation of aligning with any one group willing to participate in the project is strong. However, it is imperative that there is a general consensus on the development aspirations of the village so that the change is sustained. This was one challenge which the AMCHI team faced again and again during the last three years of engagement with the village communities.

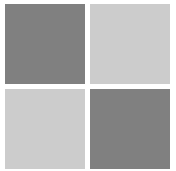
Vihigaon – Opting for development by rising above differences

At first glance, Vihigaon's issues are aplenty. There has been no electricity in the village for the past 8 years. The anganwadi runs erratically – the tai only makes an occasional appearance. Sanitation issues continue despite winning the President's award for 'open-defecation free' village two years ago. And alcoholism runs merrily in the village lanes. However, Vihigaon's troubles are much deeper. It is a village split intensely on economic, political and caste lines.

Vihigaon, situated around 12 kms from Kasara, is spread across three wadis – and deeply divided geographically and ethnically. Each wadi is predominantly populated with either Marathas or adivasis. And they are unable to see eye to eye on any issue.

Things came to a head when the traditionally powerful Marathas who held most of the posts in various village committees were forced to choose an adivasi community member as the Sarpanch. A deal was brokered with Tukaram Wagh from the adivasi community. He would be elected as sarpanch, but control would remain with the other group. Post elections, Tukaram Wagh refused to toe the line, and delineation between the two communities was complete. Despite numerous issues facing the village, each proposal forwarded by the new Sarpanch would be opposed, work stalled, and new initiatives would be hampered.

This was how things stood when PF began conducting the micro-planning process in March 2008.



Tukaram Wagh, Sarpanch of Vihigaon

The team's primary objective was to break down barriers within the three wadis. The youth were motivated to come together. These young boys had studied and played together since childhood and they all knew each other quite well. Relations, however, became strained due to the political environment. The team discussed these issues with the youth group, and impressed on them the need to take a lead in the village development process. This had to be done, irrespective of the warring factions in the village. The youth group received guidelines on starting a mandal that would streamline their activities. They were also part of regular trainings and meetings conducted by PF.

The 'Nav Tarun Mitra Mandal' was thus created by the youth of all the three wadis. The first issue they undertook was alcoholism. Children as young as 14- 15 were drinking. The group received technical guidelines on initiating and implementing prohibition in the village. The group organized a Gram Sabha and passed a resolution to this effect. They took on the brewers' lobby head on, broke their bhattis and warned them against brewing or selling alcohol in the village. To their credit, the group managed to implement prohibition for quite some months in the village.

Having broken down the barriers through the youth group, the team could make warring groups to look at issues that needed attention. The functioning of the anganwadi and the school were looked into, malnourishment in children checked and controlled, and schools raised their enrollment levels.

Enforcing prohibition in Adivali

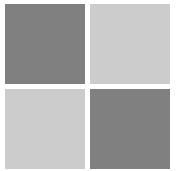
When PF conducted its 5-day micro planning process in Adivali, the youth of the village turned out to be its most active participants. They were highly motivated, and committed to bring in change. Their first task was to rebuild the village temple. Through a sustained campaign, the youth group collected funds from the villagers, roped in the village mason, gave their own time and labour and began work on the Hanuman Temple.



Members of Sangharsh Yuva Mitra Mandal, Adivali

The success of the temple-rebuilding project raised the credibility of the group among the villagers in a big way. This process also brought the village together. The youth group, felt confident about taking on alcoholism in the village head-on.

With support from the AMCHI team, the group charted out the steps to enforce prohibition in the village. In November 2008 the youth group



called for a Gram Sabha where they outlined the impact of alcoholism on women, children, and families. The women supported the youth group which demanded that alcohol be banned in the village. Despite protests from some men, people were able to pass the resolution to ban alcohol in the village.

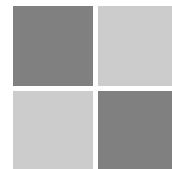
Adivali village is divided into two factions – one covertly supporting the brewers and sellers of liquor and the other opposing it. The first group is headed by ex-Sarpanch, his wife - the Anganwadi Worker, and the sitting woman adivasi Sarpanch. Their relatives were involved in the brewing and selling of liquor. The second group consisted mostly of women who suffered from their alcoholic husbands, and the youth group. The youth group, Sangharsh Yuva Mitra Mandal, formed during micro-planning in the village, had the support of Police Patil. Even though the numbers in the latter group was much higher, the former group was politically and financially stronger.

PF maintained relations with both the groups by continuously communicating with them, inviting them to meetings etc. Since PF was aware of the dynamics between the two groups, the facilitation was done skillfully so that the women and youth group together could take action. Each SHG was prepared to take action against alcoholism followed by a combined meeting. Police Patil was also involved in the action plan to make the second group stronger. When women decided to lodge a complaint against the liquor seller - the Anganwadi Helper, the Police Patil helped present the case at the Police Station. However, it was the presence of 25 angry women who demanded severe action against the liquor seller that had the desired effect – the women were given a patient hearing by the police and the Anganwadi Helper was issued a strict warning.

5. Strengthen and facilitate effective functioning of all the constitutional institutions at the village level

Apart from the key service providers and village committees under various programmes, the one institution which has the greatest potential to transform the villages is the Gram Panchayat. Increasingly more and more powers, financial as well as administrative, are being devolved to the panchayat institutions. However, these have become power centres, dominated by men and the political elite of the community. Even where there is an elected woman Sarpanch, she has a limited role and is controlled by the men. Participation of women in the Gram Sabha and in any process of decision making is negligible. Similarly, women are also hesitant to approach the police or higher authorities for any redressal of their grievances.

The Panchayat Raj Act acknowledges the gender differentials in accessing and participating in local self government institutions and has provided for organizing Gram Sabhas exclusively for women called – Mahila Gram Sabhas (MGS). The women meet one to two days before the Gram Sabha, discuss the agenda of the Gram Sabha and pass resolutions highlighting their recommendations and demands. Unfortunately, Mahila Gram Sabhas are never organized as there is no awareness about the same among women and even among the Gram Sevaks as well as the other functionaries. Women who were always expected to remain inside the four walls of the house are not empowered to discuss or present their issues in the village assemblies. The MGS provides an open and non-threatening platform for all the women in the village, giving them an opportunity to bring out and discuss their issues.



Promoting Mahila Gram Sabha - A strategy well paid

Promoting Mahila Gram Sabhas (MGSs) was a strategy PF team had in mind from the inception of the AMCHI project. The opportunity came by in September 2007 when the Upasarpach of Vachkole, Mr. Vitthal Malik wanted to work on Sant Gadge Baba Swachhata Abhiyan with women. We suggested that a MGS be organized in which women can be motivated to work on Swachhata Abhiyan. Till then MGS was a requirement of Panchayati Raj Act that remained only on paper in these villages. We decided to organize MGSs in Vachkole, Kharivali, Gegaon and Alyani Gram Panchayats. The focus was to be on sanitation issues, but the women were more interested in discussing issues like water, SHG formation etc. Although the MGSs were not held as per the guidelines under the act and no resolution was passed, women became aware of their right and responsibility of participating in MGSs. The important outcome for the project was that the women were oriented towards and mainstreamed into the developmental process in the village.

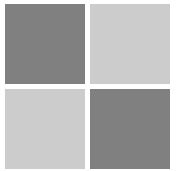
The Swachhata Abhiyan, of course, was a grand success and all the villages involved took many actions like making soak pits, constructing toilets, managing waste water etc. resulting in cleaner villages with fewer incidences of diseases.

This strategy was adopted in many Gram Panchayats subsequently.

In the meetings during micro-planning and in our follow up, as well as in our dedicated workshops we provide information about Panchayat Raj Institutions to stakeholders, especially women, as they constitute an important stakeholder group in the AMCHI project. However, our decision to promote the MGSs was owing to some interesting developments in villages like Alyani, Apta and Adivali where the women's groups had become very active and started questioning the service providers about expenditures and activities.

In Alyani they asked the AWW to give details of the funding received under NRHM and expenditure incurred by her. She refused and said she was not answerable to them. There was considerable tension in the village. AMCHI team spoke to the women about the MGS and suggested that they should organize one in their village so that they could be aware of the schemes and programmes being implemented by the various functionaries in their village and question service providers and village committees in a legal and democratic way. In August 2009, we planned MGSs in 6 Gram Panchayats covering 11 villages. To encourage greater participation of the women in MGSs, AMCHI team organized a few games with prizes for the winners.

With the help of our Village Coordinators, we started speaking to women of SHGs about the importance of MGS and the competitions that were planned. They were motivated to contact the Gram Sevak and ask him to organize the MGS. Meanwhile, we contacted the Block Development Officer and informed her of our initiative. Women's groups of most of the villages were eager to participate and were successful in getting the Gram Sevak's consent to do the needful for organizing the MGS. Some groups had to face resistance too. The Gram Sevak of Bhavsa-Tansa Gram Panchayat did not pay heed to the repeated demands made by women. He tried to tell us that there was no government resolution for holding MGSs before the Gram Sabha and he had no directions from the block or district level officials about the same.



Competition for women in Gegaon before the Mahila Gram Sabha

In all the villages, the attendance of women in MGS was about 50 to 150, much higher than in any Gram Sabha. The agenda of the MGS is the same as circulated by the Zilla Parishad for that particular Gram Sabha. Women took time to read the agenda that was displayed at prominent places in the village. Some women went a step ahead and gave a thought to it. Some others were ready with questions they planned to raise in the MGS.

The competitions before the MGSs were an enjoyable experience for the women. They were a first of their kind in the villages and helped women feel comfortable and relaxed. Male Panchayat members were made judges of the competitions in some villages, which created an atmosphere conducive to discussions.

Women listened to the information being given by the Gram Sevak and asked questions regarding it. In some villages, women required some facilitation to be able to present questions and views before the Gram Panchayat members. In some MGSs women were able to present their views appropriately and these were reflected in the minutes of the meeting.

Reaction of men of the villages varied from being supportive to being indifferent to antagonistic. Men from villages like Mohili and Nevra were supportive but not so in Bhavsava –Tansa where the Gram Sevak refused to hold the MGS. Women of Alyani had to deal with drunken men wanting to disrupt the MGS. Women of Gegaon had to face outright opposition from some men of the village. (Story in the section “Recognize and promote local leadership: youth and women’s groups”).

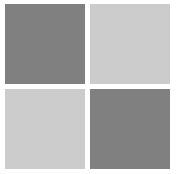
Each MGS was unique and had different outcomes. What was common though was the increase in the confidence level of women who were learning about government schemes and provisions from Gram Sevak and Panchayat body and were questioning them.



Gram Sevak Bharati Bombe with Upsarpanch Mahadeo Nimse at the Mahila Gram Sabha at Mohili

Constructive dialogue between stakeholders paves the way

Mohili and Nevra villages constitute the Mohili Gram Panchayat. As was the practice with Gram Sabhas, the MGS too was organized at Mohili. Women of Nevra village readily agreed to attend the MGS. Apart from attending the MGS they were eager to have some fun in the competitions organized by PF. After the agenda was read and information given by the Gram Sevak Mrs. Bharati Bombe, women raised issues like water scarcity, lack of roads etc.,



with the permission of the Upasarpnch Madhav Nimse. These issues were outside the agenda but were important to the women as they never had the opportunity to question and gain information from the Gram Panchayat. Although no immediate solutions came for their water and poor roads, the women were assured that the same would be addressed soon. Women understood the difficulties in laying roads including non-availability of land. It was realized that fund was sanctioned by the government to construct a road. However, no land could be acquired for the road and the money was returned to the government. As a result of MGS, women of Mohili and Nevra attended the Gram Sabha on August 15th in large numbers and participated actively in it. For the first time the Gram Sabha was held in Nevra on the demand of the women.

Following the Gram Sabha, the women went to the landowner and requested him to donate the land for road construction, however, the land was under cultivation and the owner had asked for time to think about it. By actively participating in the Gram Sabha, the villagers for the first time constructed a stop-dam in Nevra, for which funds were sanctioned long ago.

6. Recognize and promote local leadership: youth and women's groups

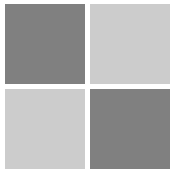
A number of exercises, follow-up meetings, and workshops were organized on leadership for the youth and women's groups during the micro-planning process. These exercises, besides being interesting and thought provoking, brought together a large number of people to address the problems. Invariably the "Brick Exercise", which is used in instilling leadership qualities, problem solving and management of resources is appreciated by the groups. The exercise involves 3-4 volunteers who are to complete a list of activities. A brick is given to a volunteer for each activity that she/he wishes to carry out. Some volunteers end up collecting many bricks and find it difficult to carry while some don't have even a single brick. The discussion then focuses on how one feels having too many bricks compared to having few or none. People do not take long to understand the importance of supporting the leaders, not expecting too much from one person, reasonable distribution of responsibilities etc.

We identify people with leadership qualities and interest towards village development during such exercises. Dilip More of Vitthalgaon is one such person. A 22 year old youth, Dilip joined PF as a volunteer helping us with micro-planning. Soon he was an active team-member and took up the responsibility of managing Village Knowledge Centre at Vitthalgaon when the opportunity came. Today, he is a leader, helping women's groups and leading a youth group, not only in his village but in other villages also. Similarly, Nisha Walimbe from Alyani got associated with PF during micro-planning and now works on various issues with people of Alyani and nearby villages.

Nisha

"I really have to thank Sangita tai for encouraging me. This organisation has helped me immensely."

Thus begins Nisha's narrative. Twenty-four year old Nisha is a young and dynamic ASHA worker from Alyani village. Having got involved into the village development sector entirely by chance, she is now one of Alyani's most active and committed workers. Her story embodies the belief "people can". Her transformation is an irrevocable proof that development processes can be sustained by people themselves, and that change is truly possible.



Nisha Walimbe of village Alyani

Here is Nisha's story in her own words.

The micro-planning was one big event in our village Alyani – different from all the other village gatherings. The village was participating in something new. People were sitting together and discussing things like lack of water, distance to the local school, and about women's role in the family! I had never been a part of such discussions, and I really found the entire process intriguing.

During micro-planning, one of the facilitators had stayed at our house. Every evening, after attending the day's meetings, I would continue talking to her. We would talk of village development and the need for young people to come ahead and work on these issues, instead of relying on external help. "We are as capable as any one", she would say, "and we can bring change if we want".

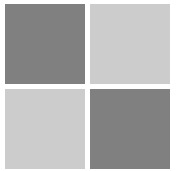
At that time, I was recently married and was settling in my new home. But my interest was piqued, and I wanted to work and learn with this team. I'm so grateful that my husband and in-laws supported me fully.

After micro-planning, when PF's Sangita tai began visiting the village regularly, I accompanied her throughout. Our first task was to organise bachat gats for women, and I was in charge of convincing village women to start one. Most women I knew kept small amounts of money at home. But they had no account of their money, or control over the way they spent it. Bachat gats help women save large amounts of money in a secure way, loans can be availed, and most importantly, give women an opportunity to come, sit and talk together. Our first two bachat gats started soon, with 20 women, each contributing Rs. 30 per month to the kitty. Now Alyani has 7 bachat gats, and the monthly contribution has increased to Rs. 50.

An important discussion during micro-planning was on the way alcoholism was disrupting so many families. Our women's groups decided to take a morcha to highlight this fact. But we were in for a shock!

The village had never seen so many women come together in full force. The alcohol brewers abused us thoroughly. Husbands and fathers would stop women from participating. "Why are you getting involved with drunkards?" they would ask. Many women dropped out under pressure. But we roped in the Gram Panchayat, and went searching out the brewers. The jungles close by are infested with brewers, all busy making alcohol. Our women just barged in and broke all their bhattis. That was one of our earlier successes. Enough to make people take us seriously.

When I look back over the last one year, I see so many changes in myself! With Sangita tai's encouragement, I applied for the post of ASHA, and got through. I've finished my ASHA training, and go around the village talking to women about immunization and child nutrition. I, who had no clue about pregnancy diets, now talk to expectant women about it. I talk to couples about contraception. Who would have thought that all this would be possible in a year!



I have completed basic computer course at the Village Knowledge Centre (VKC) at nearby Vithalgaon being run by PF. I've also enrolled at the Kinhavli College, and hope to complete my higher secondary education. My family stands by me, and I have the support of the entire PF team. And things couldn't be better, I say!

Apart from identifying individuals with leadership qualities, we have been working on development of youth and women's groups. A group is easily more powerful when it comes to solving village issues. A larger group, like a mandal (a federation) of all women's groups is even more effective in problem solving. Equipping them with information and skills is a strategy we have followed since the beginning. Our endeavour has been to build such groups and orient them towards issues that need to be addressed.

Youth group fights water-issue

The city dust wears off as you enter the heavily wooded Tansa Lake and Wildlife Sanctuary. If you look closer, you can catch a glimpse of the blue Tansa behind forest trees. The lake stands calm and pristine, brimming with water and life. A little further down the road, just before the village of Tansa, the scene changes. A group of women stand with shiny brass pots, beside a water pipe. They are waiting patiently for their turn to fill their daily quota of water.



Yashvant Raut with his youth group in Tansa

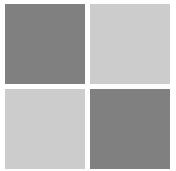
But this arrangement may not last long. Any day now the corporation will cut off the water-supply to the village, and the women will find themselves once again in a daily battle to source water. It will be a difficult summer if it happened.

This then, is the story of Tansa. A village that struggles for water even as one of its largest source flows right past. Tansa Lake is one of the main sources of water to the city of Mumbai. The lake is dammed and heavily protected, with locals being denied access to its waters. The lake though, has brought in other benefits. Being close to a government facility, the village is well connected,

and many villagers have found employment with the Municipal Corporation of Greater Mumbai (MCGM).

Following a pipeline connection given by MCGM years ago, all villages in the region were provided with sufficient water, in lieu of lack of access to the lake. For a while, things went off smoothly. The villagers themselves would collect money and clear off the monthly bills. Unfortunately, when the Tansa Gram Panchayat got involved in managing water, things started going wrong. Bills remained unpaid, and an unauthorized repair of the water-meter led to the water supply being stopped.

When PF began its intervention in the village, in March, 2008, the village was in the midst of this water-cut. Women were the worst hit. They were paying the price for the callousness of the Gram Panchayat.



The micro-planning process helped the villagers to assess Tansa's water woes. The entire village sat together, independent of the Gram Panchayat, to check its water- records. Bills were sorted and a detailed audit was done. The findings were shocking. Money collected as fines from different families was still lying with the panchayat while interest on unpaid bills was mounting. The final outstanding amount was calculated to be astronomical one lakh rupees.

The micro-planning process had a huge impact on the village youth, who were comparatively better educated, and many were working in the government sector. At the outset, the group recovered all the deposited amount from the gram panchayat members. Each family then paid up to Rs. 50 as further contribution to the kitty. Together the village was able to raise Rs.22,000. The youth group then went up to the MCGM for negotiations, paid up and thus cleared some part of the dues. They negotiated the terms of clearing up rest of the bills in a staggered fashion over the coming months. Their negotiations bore fruit, water supply was restored and the village heaved a collective sigh of relief.

Women lead the way in Gegaon

In the first phase of AMCHI in 2004 PF had formed two SHGs in Gegaon. "Ekta Bachat Gat" was one of them with Surekha Tai Dongre as their dynamic leader. By 2007 five more SHGs had been formed in the village. However, the SHGs were working independently and did not discuss any issues together. Their group activities were limited to internal transactions and collection of monthly contributions. The task before AMCHI team was to make the members think beyond mere internal financial dealings. AMCHI team started conducting meetings of all SHGs together wherein common issues like various govt. schemes and procedure for getting



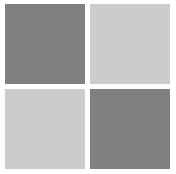
Surekha Dongre with members of Prerana Gaon Vikas Samiti

bank loans were discussed. Surekha Tai, emerged as a natural leader who would help the team invite all the women from different SHGs by going door to door.

As the groups got used to the practice of common meetings, Surekha Tai guided them to form a formal federation of the groups. After the formation "Prerana Gaon Vikas Samiti", approximately 80 women of the village now meet regularly and discuss a wide range of issues from improvement in the school to banning alcohol in the village. The federation was gradually linked to external agencies like

District Rural Development Agency (DRDA) and Mahila Arthik Vikas Mahamandal (MAVIM) so that they were able to avail government provisions for SHGs.

AMCHI team convinced the women about the power of unity by organizing Teachers Day, Savitribai Phule Jayanti and Cleanliness Week. However, the real understanding of collective power of members followed the organization of Mahila Gram Sabha (MGS) on August 11, 2009 when some men tried to obstruct the meeting. One man was particularly abusive and tried to stop them from participating in MGS. The women soon called a meeting and decided to take action against the man. Instead of confronting him directly, a group of 25 women, with Surekha Tai in the lead, went to the Police Station and lodged a complaint against him. Acting on the complaint Police locked him up for a day and issued a strong warning.



"The decision of lodging a complaint against the man has been a wise one. No man now dares to make fun of women who come together for meetings. Surekha Tai has helped us do this."

- Kamal Chenne, President, Bhimai Mahila Bachat Gat, Gegaon

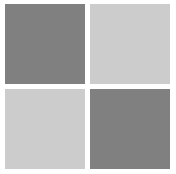
7. Let go to strengthen local leadership

As the project developed over time, we realized that maintaining regular contacts with so many villages was difficult, especially with limited resources. Another observation was that if people are given an opportunity to take initiative and responsibility, the change is sustained even if the pace is slow. PF decided to take a back seat and let people decide and do the work in the villages, even if it is at the cost of mistakes and delays. The team came up with the idea of working in clusters of villages rather than with each village independently. We selected some clusters of villages that were capable of taking up responsibility and started organizing monthly meetings. Groups of people from the four/five villages of this cluster would meet on a pre-decided date with their issues and PF would facilitate discussion and help chart further course of action. The strategy was successful in some clusters while not so successful in others. However, people of different villages benefited from each other's experiences.

Working together for change

Villages under Apta health sub-centre were selected to work at the sub-centre level. PF team started to motivate the people in this direction from December 2008 in the five villages of Apta cluster – Apta, Manekhind, Adivali, Ashta and Tikbaichapada. Meetings were held in each village and the idea of sub-centre level meetings was discussed. Except Apta all others agreed and the first meeting was held in Manekhind, wherein capacity building of stakeholders of these villages was done. Members of "Follow up Committees" of these villages were invited along with village level government and semi-government personnel. Work done in the villages so far was evaluated apart from prioritizing the key issues. Participants came to know people of other villages and communication was initiated among them. Overcoming the initial hesitation over the months, people started discussing their issues before others and immediately could see the benefit. The representatives of each village would go back and inform the entire village about the proceeding of the meeting and action plan.

When people of Adivali shared their experience of banning alcohol in their village and expressed their concern regarding their men going to neighboring villages to purchase liquor, the other villages took serious note of it. Women of these villages were also suffering due to the brewing and selling of alcohol in their villages. Meanwhile, Apta village had also joined the sub-centre meetings. By July 2009, Apta, Manekhind, Tikbaichapada and Ashta also banned alcohol brewing and selling in their villages. Today the entire cluster of villages boasts of being alcohol free.



8. Be Innovative and people centric at all times

The strength of AMCHI is its ability to treat each village as unique and important. The pride and self respect of the villagers in addressing their issues at the village level is what sustains the project. However, it was realized that, to sustain the interest and involvement of people in the project it is important that the PF team come up with innovative, people centric activities.

One such innovation is the “Amcha Gaon, Amchi Shaan” Village Development Campaign (AGAS) organized in the villages. The realization that people are willing to come together to work towards a clearly defined goal with an incentive rather than work on development issues in general was behind the project. In many villages we had done the micro-planning exercises, formed women SHGs, youth groups, co-ordination committees to monitor the action plans. However, the pressures of work and other distractions often made people complacent once again. The AGAS campaign gave them an opportunity to identify one or two issues of importance to work on and win an award at the end of six months.

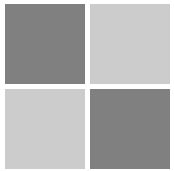
Touching the right chord

“Amcha Gaon, Amchi Shaan” – Village Development Campaign effectively involved all the stakeholders in the process of village development. The campaign period was kept from August 15, 2008 to January 26, 2009. Each village selected two or more subjects of their choice to work on out of 12, related to the health of women and children, contraceptive use, water, sanitation and education. PF's role was to provide the necessary technical and other information. Women, men, youth, children, panchayat members, school teachers, Anganwadi Workers, Pada Workers, and ANMs came together in 21 villages and made action plans. In January 2009 the jury members examined the work and decided the winners. Each award consisted of a trophy, a citation and Rs. 5000/- cash. The award ceremony was held on January 26, 2009 at the Shahapur Panchayat Samiti hall where Sabhapati of the panchayat Samiti and the Block Development Officer (BDO) were the special guests. About 200 people from different villages were present for the ceremony.



People at the “Amcha Gaon, Amchi Shaan” award ceremony on February 2, 2010

The campaign was so popular among the villages that on the demand of the people it was declared open at the award ceremony itself. Second round of the campaign, “Amcha Gaon, Amchi Shaan 2009-10” saw 28 villages participating in it. The quality of work done by the villages was much better compared to that in the first round of the campaign and so was the participation of various stakeholders. We gave away awards in all the categories except one, Sukhi Kutumb Puraskar, in the second round. The jury members from government and other NGOs, who evaluated the



Mrs. Suvrata Garge, Manager, Mahindra Tractors and Dr. G.P. Nichat, Medical Officer, Dhakne MHU at the school in Pashtepada village during evaluation

efforts put in by the people, appreciated the campaign idea as well as the enthusiasm of people for bringing change in their village.

It was a moment of satisfaction and excitement to see close to 400 people attending the award ceremony on February 2, 2010 with many villages declaring their subjects for the next round of the campaign. Villages that did not take part earlier also showed interest in participating. The Chief Guest of the ceremony, District Health Officer of Thane, Dr. R.V.Kadam was impressed with people's participation in the campaign.

The project has provided the team the space to be flexible and make use of the available opportunities to be innovative as well as to be responsive to people's needs. AMCHI team has tried to achieve this end by creating platforms with external agencies - governmental and non-governmental. When NASSCOM Foundation offered to collaborate with PF for opening a computer centre in one of the villages, we chose the tribal village Dolkhamb to be the place. The centre was supposed to provide basic computer skills to the youth of Dolkhamb and surrounding villages.

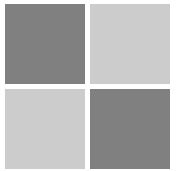
Village Knowledge Centre

A team of volunteers from Dolkhamb and nearby villages was selected and trained for teaching basic computer skills to the villagers. The team of six volunteers successfully ran the centre at Dolkhamb for over a year. AMCHI team then experimented with the idea of shifting the centre to



Students appearing in the test conducted at Village Knowledge Centre, Vitthalgaon

Dolkhamb PHC. The idea was to promote an IT based health education programme for the PHC staff and the people visiting the PHC. PHC staff could learn and use the computer for educating people on health issues who visited the PHC. Regular basic computer course for students were planned simultaneously. However, the idea could not be implemented successfully. Some of the reasons were – the PHC was quite far from the village, the PHC staff had their hands full with their work and did not show keenness to use the computers for health education purposes. Moreover, the place where the computers were kept was not easily accessible for the patients and patients/relatives of patients were not in a state of mind to learn something while waiting for their turn for examination/treatment.



Students learning computer skills at VKC, Vitthalgaon

When the centre did not work as desired at Dolkhamb PHC, AMCHI team decided to change the strategy. Two computers were shifted to a village called Vitthalgaon where a youth group was actively engaged in village development. Maji Vidyarthi Sangh showed inclination to take up the responsibility of operating the centre. It identified space for the centre and one of its members, a volunteer with PF, offered to become the Centre Coordinator. Soon the space near the temple was cleaned up for the centre and furniture was collected. The "Yuva Pragati Gramin Mahiti Kendra" was inaugurated on November 28th, 2008.

This time the strategy proved to be successful. The centre has completed more than a year and 35 students have passed out of the course. 30 students are pursuing their studies and other villages are expressing their willingness to have a centre in their village too.

Another village Kanva has come forward and started a centre in February 2010 in collaboration with NASSCOM Foundation.

Even when people were motivated and enthused to work for village development, they often lacked confidence and doubted the possibility of change actually happening. They also had very few role models and were not exposed to the outside world much. A study tour was planned to bring all the women and youth together and expose them to a few villages where community members had transformed the villages.

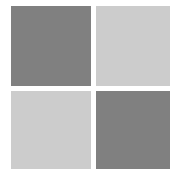


AMCHI team facilitating a discussion of the group of people at Ralegan Siddi

Vikas Darshan

Ralegan Siddi and Hivre Bazar villages of Ahmednagar district are renowned for the comprehensive and sustained development of all sections of their villages. The key to their success has been people's participation in planning and execution of programmes of village development. Anna Hazare and Popatrao Pawar respectively have led the journey of people of their village towards empowerment. Both villages have a long list of awards and recognitions from government and international agencies.

AMCHI team selected 32 people from villages of Shahapur to visit Ralegan Siddi and Hivre Bazar and interact with the resource persons and villagers. The group benefited by seeing various projects like watershed, education, milk production, agriculture and horticulture, etc. The



Vikas Darshan Group looking at a vermi-composting and nursery project run by women SHGs at Ralegan Siddi

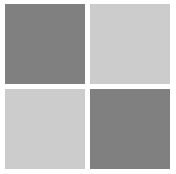
participants could see the fruits of sustained and focused efforts in the form of cleanliness of the village, well constructed houses, well maintained community properties like school, anganwadi, gymnasium, and community hall. Our group understood the effect of holding Gram Sabhas regularly with high attendance and participation. They also came to know about the rules laid out by these villages like not selling land to outsiders, use of organic manures in the fields, cooperative sale of agricultural and dairy produce, equitable sharing of resources, collective responsibility for maintenance of the resources etc.

The group also learnt about the bans imposed on alcohol, cutting trees, and animal grazing and the concept of shramadan (contribution of labour). The stories of transformation from drought prone, problem ridden villages to self-sufficient, prosperous and empowered ones inspired the group to take concrete actions in their own villages.

Pratiksha Bhere of Kanva village says, "Each house in my village must have a toilet. I will try to get people of my village together to make my village a clean village."

Women's empowerment Key to social change





Women's empowerment : Key to social change

At the village level it was observed that women face many hardships, partly because of poverty and poor development, and partly because their concerns and problems are never articulated in the panchayats or at other decision making forums. However, they bear the brunt of ill-health of their children and their own, trudge miles to fetch water, and are malnourished, overworked, abused by alcoholic husbands and worry about the future of their children in the absence of good schools and anganwadi centres. Their discontent and desire for change would make a big difference to village transformation if only we are able to channelize it in the right direction.



Women SHGs are the change agents in villages

Over the last three years, we were able to build a remarkable rapport with the women and see the phenomenal transformation in them individually and as a group. In the following paragraphs we try to capture a few salient features which made it possible.

PF has always worked within the framework of women's rights – right to be born, reproductive and sexual rights, right to education and employment, right to be part of decision making process within and outside the house etc. AMCHI has a focus on women's empowerment in terms of their participation in the

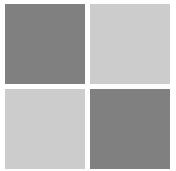
village development process which often goes hand in hand with their personal empowerment.

The formation and development of SHGs in villages have been an important step towards women empowerment. They have not only learnt to come together and create and maintain their own finances, they have also been able to contribute substantially towards common issues of the community. They are the vehicles of social change we need in our society. PF works with close to 180 SHGs in different ways. We can surely say that they have contributed to a large extent towards the change that we see in the villages where we have worked in the last few years. No intervention of ours can be complete or successful without the active participation of women.

Empowerment Process involves

1. Identify /articulate the problem

Women are so habituated to carrying on the "duties" assigned to them by society that they rarely come forward to take up leadership roles. Our first task, therefore, was to make them think of themselves as individuals, not just as extensions of their men or families and work on issues that matter to them.



Learning lessons at Bhavsa

PF began its work in Bhavsa in March, 2008, through an intensive micro-planning process. After the five-day assessment process, the erratically functioning school topped the priority list among women. "The teacher never came on time, the quality of education was low, and students were suffering", they complained. "Village men are completely unconcerned about the way the school runs, and so the teacher continues to be irresponsible", they added.

AMCHI team then began a series of meetings with the women's group. Over many weeks, the group met and discussed steps to improve the school. They started by discussing the matter directly with the school teacher. However, there was no change in the behaviour of the teacher even after the discussions. The next step was to write an application to the Education Department and get it ratified by the Gram Sabha. Eight women from the group went to the Education Department of Shahapur Panchayat Samiti and submitted the letter. In the letter, they specified the problems faced by the school-going children and demanded that the teacher be transferred, and a new teacher be immediately appointed in his place. Unfortunately, they had not contended with the bureaucracy. Despite promises, no official from the Education Department turned up for inspection. In fact, the education officer had been suspended earlier, and no replacement had been made at the higher level itself. For the past one year, most school related issues in Shahapur region have gone unchecked and unaccounted for. And Bhavsa's children suffered for it.



Women of Bhavsa at the Anganwadi

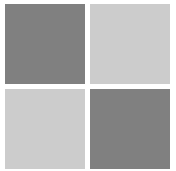
And then..

Women locked the school one day when the teacher did not turn up on time. They then reached the Education Department of Shahapur Panchayat Samiti to complain. To their surprise the teacher had got the news of their action and had placed a leave application before his reporting officer. However, the women persisted with their demand of transfer of the teacher and asked for immediate replacement. The officer-in-charge was forced to give in to their demand and post a teacher from a nearby village for the time being.

Pramila Godhade, Secretary, Laxmi Bachat Gat of Bhavsa village says, "Information from PF was appropriate and timely – earlier men had tried to change the school teacher but did not succeed. But knowing how to tackle the problem, we could get the teacher transferred."

2. Provide information and technical skills

Being aware of the problem and being able to articulate is only the beginning of the empowerment process. Guidance is crucial at this stage on how to proceed to solve the issue. It is important that the groups see success early in their efforts, even if it is small, in order to remain motivated. It is equally important that groups follow legal, constitutional and democratic ways of getting their rights. The AMCHI team helps women in preparing an action plan that ensures this. Women learn about government departments at the block level, and district level. They develop skills of presenting their problem, negotiating, and persevering in the face of difficulties.



Harbingers of change - The women Self-Help Groups of Alyani

Alyani is a village under Kinhavali PHC that already had eight Self-Help Groups (SHGs) when we began our work there. The micro-planning process revealed that the SHGs had no understanding of the operational details of micro-credit. It was found that even though some of the SHGs had been in existence for more than two years they had received no grant or loan for lack of knowledge that this facility was available. Thus the SHGs were inactive and in some cases defunct.



AMCHI Coordinator, Sangita Tribhuvan, addressing members of SHGs

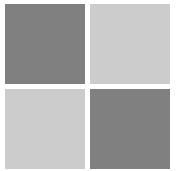
It was clear that the villagers did not appreciate the concept and the benefits of SHGs. For empowerment of the women, it was necessary to revive and revitalize the SHGs. A melava (fair) was organized in Alyani in the community temple in August 2007. About 200 women from the 10 villages – Alyani, Devlichapada, Vithalgaon, Gegaon, Nandval, Kahrivali, Gundyachapada, Chikhalgaon, Nandgaon, and Vachkhole – participated in the melava. The Extension Officer of DRDA also participated in the melava.

The concept of SHGs, the benefits to the individual, group and community and how it can empower women were explained. Following intense discussion and clarification of doubts, the SHGs of Alyani presented their records before the team for scrutiny and sought guidance in record maintenance and accounting process. The scrutiny of records exposed misappropriation of funds in some SHGs. Vandana Walimbe, President of Mahalakshmi Group pointed out that this happened where there was interference from the men. Each woman was encouraged to understand and seek accounts from office-bearers and members.

The process had been set in motion.

Some days later when the PF team visited the village, a group of men lead by Dilip Pashthe, President, Pani Purvatha Samiti threatened them saying "Why did you need to give all that information to the women? We are capable of managing our affairs." We reported this to the Gram Panchayat members and Up-Sarpanch who immediately reprimanded Pashthe and told him "whatever they (PF) are doing is at our behest and for our development. The effort should be supported by all." The women of the village also confronted Pashthe and warned him against misbehaving with the PF team. "It is only because of the micro-planning process and efforts of PF that such a programme was held in our village and the Extension Officer, Panchayat Samiti visited our village for the first time. More such programmes should be organized by the Gram Panchayat" said Usha Ghodvinde, Member of Mahalakshmi SHG.

More power to the women!



3. Provide access to institutions

Linking the women to institutions like Gram Panchayats and Panchayat Samiti, PHCs, Police Stations, DRDA/MAVIM etc. is an important step in the process of empowerment. AMCHI team achieves this by various means – inviting government officials to address the women or facilitating their way to these institutions. Some times it is planned in the form of a workshop or melava and sometimes it is achieved by spontaneous lodging of complaint at a Police Station or Panchayat Samiti. The outcome of both is the same –women gain information about the institutions and at the same time learn how to deal with them on a particular issue. The transformation in women's attitude is amazing once they have independently handled the situation successfully.

AMCHI team was pleasantly surprised to know that immediately after MGS at Gegaon on August 11, 2009 the women went to the Police Station and complained against the man who was abusing them for organizing MGS! (Refer our story “Women lead the way in Gegaon” in the section “Recognize and promote local leadership: youth and women's groups”.)

Making motherhood safe

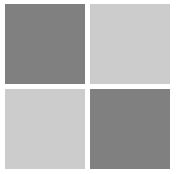
Chinchwadi is a poverty stricken tribal village of Shahapur. One of the major problems identified during micro-planning in May 2007 was maternal and infant morbidity and mortality. The reason was that the villagers did not register pregnant women with the PHC for ante-natal care (ANC) nor did they go in for institutional deliveries. A mid-wife assisted the deliveries at home.

The reasons were many. The PHC was 2 km away and no money or vehicle was readily available for transportation. Care of kids at home during hospitalization of women, expenses involved in hospitalization, and absence of ANM at the Dehna sub-centre, which caters to Chinchwadi, were the other reasons. In addition people were unaware of the Janani Suraksha Yojana (JSY) of government under which every pregnant woman is paid Rs. 100/- on registration and Rs 700/- on institutional delivery.

AMCHI team brought all the above issues to the notice of the district authorities and the Medical Officer at PHC Dolkhamb, who assured the villagers that an ANM would be appointed shortly. In August 2007, Ms. Desle joined as ANM. In the first week of September 2007, the first-ever meeting of all Ante Natal Care (ANC) and Post-Natal Care (PNC) women was held with the ANM where the benefits of pregnancy registration, blood tests, nutrition, rest, vaccinations and institutional deliveries were discussed. The incentives offered by the Government under JSY were explained.

Dinesh Patkar in Dehna, a neighbouring village had a vehicle and he agreed to lend his vehicle on payment for transporting the pregnant woman to the sub-centre/ PHC (under the National Rural Health Mission). His contact number was given to women. In October 2007, of the six deliveries in the PHC, four were of women who had earlier delivered their children at home. In December 2007 all the four deliveries took place in the PHC. Dr. Dhare, Medical Officer, PHC Dolkhamb said “Your interaction with the villagers and counseling on health issues has greatly facilitated our work”

Today all deliveries are in the PHC.



The process of empowerment

1. Breaking the private/public barrier

A group of women, when empowered, look at the issues with a new perspective. Their understanding of an issue broadens and personal problems start converting into collective issues. Alcoholic husband is no longer seen as a personal problem but as an issue faced by many women. Women's discussion on this issue with PF's facilitation, sometimes can go beyond "the counseling/treatment of the alcoholic husband" and they think of solutions such as confronting the liquor brewer, implementing the liquor ban by going to Police Station or bringing up the issue in the Gram Sabha.

The responses of empowered women towards issues change from being fatalistic like "What can I do?", "It can not change", "It is my fate" to positive and confident ones like "We have made the action plan and will implement it", "We will question Gram Panchayat in Gram Sabha", "We are in it together". They know that change is possible and they can bring it about.

Gender issues are discussed using many games and group activities. One such game is the stone exercise that consists of making two groups of women. One group writes down work done by men and the other the work done by women during the day. For every task performed by men, a stone is put in the hand of representative of "men" group. Similarly, stones are kept in the hands of a woman in "women" group. Both of them are not allowed to let the stones fall. The punishments for "women" if their stone falls is double that given to "men." Women immediately see that they share an unequal and unfair burden of labour in all areas of life– household, reproduction and care of children and old people, maintaining relationship etc. Yet, they hardly have any ownership of household things or property and do not have any say on important matters at home and in the community. This sets them thinking that if they do not assert themselves now, their daughters would also live the same way as they do.

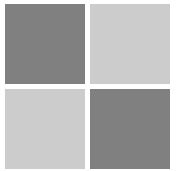
2. Ability to question the dominant views/behaviour patterns

Empowerment also entails exploring the root causes of issues. Questions like "Why women suffer more?", "Why they are forced into definite patterns of behaviour?" are discussed in the meetings. Empowerment increasingly makes them aware of the inequalities and injustices in the society and they feel compelled to act against them. Once women know that they are not alone and know their rights, change is inevitable.

Women display their strength

PF started its work in Tembhurli village in Oct 2008 with micro-planning. Women of the village had hardly participated in the village development. Most of their time was spent in getting water from far away sources. The village is divided into three hamlets and so were the women in them. PF had to conduct many meetings of women of all the three hamlets of the village to bring them together.

During the night meeting on the fourth day of micro-planning, some men standing at distance tried to disturb the meeting. They were not willing to come and join the discussion and did not want the meeting to progress. The women got up together and scolded the men.



This was totally unexpected for the men and also for those who were disturbing the meeting. For the first time they saw women standing up and opposing a group of men openly. The meeting went on smoothly after this.



Women of SHGs of Tembhurli village discuss the issue of sanitation in a meeting

During meetings, water was identified as the priority issue. Women were the worst affected due to scarcity of water as filling up and getting water consumed all their time and energy. They continuously followed up with the Gram Panchayat and Pani Purvatha Samiti and succeeded in getting piped water scheme sanctioned for the village. Even after the scheme was sanctioned the Gram Panchayat did not release funds to Pani Purvatha Samiti. Women confronted the Gram Panchayat body and made them release the money. The work on the pipeline and tank is in progress.

Learning to be assertive

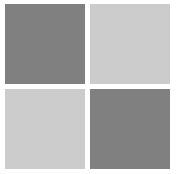
Gulab Tai Wagh was the woman adivasi Sarpanch of Alyani Gram Panchayat. Barely literate, she could not even talk to people. Especially while discussing financial and other matters of Gram Panchayat in front of upper caste, more educated and wealthy male members. AMCHI team used to encourage her to speak in small village programmes. We invited her as the Chief Guest to inaugurate the Village Knowledge Centre in Vitthalgaon. Slowly she started



Workshop on Panchayati Raj in progress at Shahapur

valuing herself and so did others in meetings. Panchayat members have started offering her chair as against earlier practice of ignoring her.

We could see the tremendous change she had undergone during our workshop on Panchayati Raj Institutions. When a Panchayat member of Alyani started blaming her for not understanding the working of Panchayat, she responded back by questioning the attitude of the member and said that they did not give information or silenced her whenever she asked questions. She asked them to change their attitude.



3. Networking with stakeholders

Empowered people are an essential part of change process. They are not marginalized from the other stakeholders of the change process. Their channels of communication with the stakeholders, at village level and higher, are open and they communicate with them on an equal footing.

Girls get bus service in Savroli

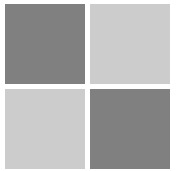


Girls get bus service
in Savroli

Girls of Savroli village studying in 8th or higher standards had to walk to Piwali village to take bus/jeep to reach their schools or colleges. Some boys managed to get bicycles for themselves, girls were not so fortunate. It was one of the issues that came up during micro-planning. While discussing this with the young girls and boys, AMCHI team suggested that, they should approach State Transport (ST) office and request for a bus service on the Savroli –Piwali route suitable for the school/college timings. The girls and boys immediately acted on the suggestion and met the ST office in-charge. Their request was considered favourably and a new bus service was introduced with timing suitable to the students. Today the girls go to schools and colleges by bus.

Working with the Government





Working with the Government

Rapport with the state, district and block level health officials has been an important aspect of AMCHI. With the support of higher officials in government, we were able to work with the PHC staff easily and effectively. The project itself was inaugurated by the then Chief Executive Officer, Zilla Parishad, Mr. Nirmal Kumar Deshmukh.

Development is faster and sustainable if villagers are aware of their rights and the government service providers are capable and motivated to perform. In line with this belief, all the health interventions were conceived and implemented in partnership with them

Partnering with the health care system

While working with health service providers and villagers, our team often works as a liaison between the two. Our regular follow up with villages help us take significant health related information to them, which is complementary to PHC's efforts. Immunization calendar, health camps for men and women, health calendars etc. are communicated to the villagers, which ensures that all the villages we work with benefit from the various health services/schemes. While we do it, we also ensure that the health service providers respond to the needs of the villagers promptly and effectively. (Refer our story "Saving precious lives - community tackles child malnutrition in Chinchwadi" in the section "Information is best used when shared with all the stakeholders".)

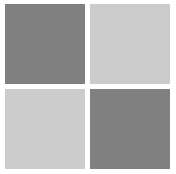
Talwada

Being ill in Talwada was always tough. It is a remote tribal village, about 35 kms from Shahapur town, having infrequent private transport service as the only means transportation. You would probably end up in the "Health Unit" that's run in a hall donated by the Gram Panchayat. If the lone bed is already occupied, you may have to take the floor. You would be afforded no privacy – the doors do not work. There would be no rack to keep your medicines, and the doctor may only visit occasionally.

There has not been a residential health worker in Talwada for years. But this was till the year 2007.

When PF visited the village of Talwada, they discovered that health services were quite poor. Here was a large adivasi community, struggling with poverty, water scarcity and illiteracy. Health services were negligible, and people were unaware of their health rights. The nearest PHC at Dolkhamb was 12 kms away. Almost all deliveries were taking place at home, and the other illnesses were being "taken care of" by quacks.

During the five-day micro-planning process initiated by PF, the team made a detailed analysis of Talwada's issues. Investigations revealed that the Health Department had allocated enough funds for a fully functional health unit in Talwada consisting of a full-time residential doctor, nurse, pharmacist, and an MPW. But there was no land to construct a building, and the villagers were unwilling to give land to build one.



Everyone trooped to the discussion table. Clearly, the health unit had to be based in the village or close to it. A farmer with land close to the village school was approached and he agreed to sell the land at government rates, and only wanted a board in the name of his father to be put up at the health unit. This condition was accepted, and with much support from the rest of the village, papers were drawn up to finalize the agreement. But just before the signatures fell on the dotted line, the farmer backtracked. He also wanted employment for a family member!

Negotiations began all over again. PF team intervened and explained to the farmer how government rules forbade such an arrangement. They suggested putting up a stall near the health unit and thus earning some money from patients, and staff who would frequent the health unit. But the farmer was adamant and talks fell through completely.

Group Impact

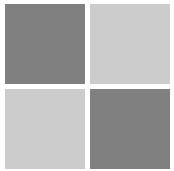
Realizing that the individual approach was not working out, PF identified and motivated a group of people in the village. This group consisted of senior citizens and youth who were interested and committed to getting the health unit. Steadily, this group worked on talking to the rest of the village, convincing farmers and seeking land for the health unit. PF team made sure that villagers were involved at every step. Regular meetings were held to update the villagers of the progress or setbacks that occurred. This transparent process meant villagers remained in the loop. It also kept the pressure on any farmer donating the land, and prevented him from backtracking on the deal under pressure from vested interests.

Their efforts have paid off, and land close to the village has been finalized. So, is Talwada's dream of getting a health unit closer to reality now? It's difficult to say.

The land in question is adivasi land, and as such cannot be sold. It can only be "gifted away". Getting the government rate for the land is also a protracted process and could take anything up to 5 years. But Talwada is hopeful that it will surmount these hurdles. Already the village group and health staff are working out the land deal. Perhaps the dream of health unit may come true after all!

Motivating the government service providers to perform better

Theatre is a powerful medium for team building and increasing motivation levels in organizations. PF organized theatre based motivational workshops for the PHC staff which involved the Medical Officers, ANMs, Supervisors, MPWs and others. The residential workshop was the first of its kind and helped the team think together about their roles and responsibilities as service providers. It also provided skills to perform better as the workshop included sessions on communication with the villagers while delivering the services.



According to Mr. Manjul Bhardwaj, a well known theatre activist and the resource person for the workshop, "Theatre provides a medium of expression and exploration to create a laboratory where learning takes place through experiencing, reflecting, hypothesising, experimenting and conceptualizing – all of it is far more effective than mere lectures. Here, the participants were encouraged to understand their own thoughts and behaviour patterns, identify their strengths and weaknesses and look at their roles from a fresh, positive perspective."

The response to these workshops was wonderful and it was gratifying to see the enthusiasm of the participants. There has been a positive change in the attitudes of the participants and this, in turn, has translated into better performance and meaningful interaction with the community.

Theatre workshop for PHC team

"I always used to work strictly according to my work duties. After the training programme, we all have learnt to work as a team. Together, I feel, we will be able to achieve much more"

- Dr. Mahesh Jadhav

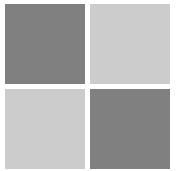
"We never had such kind of trainings in our life. There should be more training like this - at least once in a year"

- Dr. Madhav Waghmare

Recently, the Rural Health Welfare Committee got money from NRHM for village development, we all discussed and spent the money together for health programmes in the village. Similarly, when we had a shortage of funds to buy TCL*. I contacted Dr. Jadhav. At the monthly meeting the issue was discussed and the ANMs, AWWs and Gram Sevaks collected total sum of rupees 1500/- to buy TCL*.

- Mohini Ware, Anganwadi Worker, Mohili Village

These are some of the reactions from PHC staff who participated in the three day residential theatre based workshop in March 2008. This was done prior to entering new villages under Takipathar, Kasara and Aghai PHCs. Forty-five participants from three PHCs included Medical Officers, ANMs, Anganwadi Workers, Supervisors, Panchayat members, etc. The workshop was conducted with the permission from the CEO ZP and the DHO of Thane district. The objectives were to motivate the health service providers towards their work and make them sensitive to the needs of their beneficiaries, improve their communication skills, make them understand their roles and responsibilities clearly and familiarize them with the concept of micro planning, its benefits and what kind support is expected from them.



Residential workshop for government health service providers in progress

Topics like importance of people's participation, factors influencing village development etc., were discussed. Group work involved developing skits and role-plays on immunization, family planning, HIV/AIDS awareness, and malnutrition to create an understanding of the issues as well as to develop their communication skills. It also sensitized them to the thinking, fears and apprehensions of the community members. By playing the different roles they were able to develop both empathy with and sympathy for the people they serve.

*** TCL is a water purifying agent used by Pada Worker to clean water sources in the villages.**

Creating win-win situations for people and service providers

Interesting and innovative ways have been found to bring people and the service providers closer. Celebration of important days like World Population Day, International Women's Day or World Health Day in collaboration with the PHC staff has been a successful way of doing so. The Medical Officers are always consulted before important training programmes related to health. They also come as resource persons for the training programmes. People speak freely in such forums and the MOs are able to understand people's needs and difficulties better.

PF organized an Arogya Melava (Health Fair) in collaboration with the PHC on April 7, 2009. The melava had many elements which made it an entertaining and educating experience apart from providing an opportunity to make available specialized medical services.

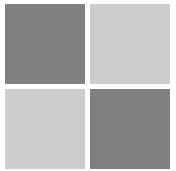
Health education with entertainment



ENT Specialist Dr. Sangita Warti examining a patient at the Arogya Melava

Arogya Melava on the World Health Day, April 7, 2009, was celebrated in collaboration with Aghai Primary Health Centre as both, the PHC and PF, had the common objective of reaching out to a large number of people with health services at one go.

The Arogya Melava had many components - a day-long health check up camp by specialists like gynaecologists, paediatrician, dental and ENT surgeons; stalls providing information on HIV/AIDS, nutrition, hygiene, contraceptive methods; health messages through gondhal,



People at the Arogya Melava watching performance by folk artists



Folk songs and dances using health messages being performed at the Arogya Melava

govada and other folk performances; games for children etc. The PHC staff was involved in the planning and execution of the Melava. The ANMs, MPWs, Supervisors, ASHAs and Pada Workers made sure that people of all the 31 villages under the PHC attended the Melava. They also helped organizing the Melava and put up the stalls. The Medical Officers got extra medicines from district health office and called additional staff from nearby PHC.

About a thousand people attended the melava and benefited from it. These people came from more than 15 tribal villages around Aghai. Many of the patients were old women and were among the first ones to arrive at the melava. The Arogya Melava demonstrated that appropriate and complete health information can be given in many different and interesting ways keeping in mind various target groups through a single event at minimum cost.

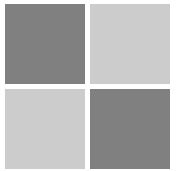
We also try to bridge the communication gap between people and government health staff. Government service providers find it easier to put forward their side of story in the presence of AMCHI team, if people are highly agitated over an issue. Our story regarding Piwali Mobile Health Unit is a case in point.

Piwali Mobile Health Unit



People of Piwali let the lock of the Mobile Health Unit open in presence of Dr. Nagare, TMO and Dr Jadhav, MO

One of the important issues that came up during micro-planning at Piwali village in October 2008 was that of the Mobile Health Unit remaining closed at nights. Piwali village and the nearby padas do not have public transport and the Aghai PHC and Rural Hospital Shahapur are situated far away. The MHU was established to address the above problems. However, the Medical Officer and ANM do not reside at the place resulting in the Unit remaining closed most of the time.



PF facilitated a series of meetings on the issue wherein women of SHGs participated in large numbers and decided to solve the problem. They came together, prepared an application and went and met Dr. Nagare, the then Medical Officer of Aghai PHC. They were told that action would be taken within two days. They waited for two days and when they saw only a peon on the third day, they locked the MHU! The MO and ANM quickly arrived when they heard the news and said sorry to the women. The MO/ANM realized that the women were serious and if they did not meet their demand, the women will complain to block level officials.

For a month the ANM lived at the MHU and was available for emergencies. However, slowly they went back to their old ways. When a woman was bitten by a snake and was brought to the MHU in the night, they found it locked. The next day women and men, including the panchayat members, went to Aghai PHC and expressed their anger. They were given assurances of MHU being open all the time by the MO but they were so agitated that they came back to Piwali village and locked the MHU. It was only after Dr. Nagare, who had just taken over the post of Taluka Medical Officer, MOs of the MHU and Aghai PHC along with their staff came to the village and pacified them in a long drawn meeting that the villagers opened the lock. It seems that the block level health officials are serious this time and would not give villagers another chance to take severe action against them.

AMCHI team played the role of a mediator when people were agitated and health officials were defensive. Our team could pacify the people, place their demands before the health officials, and present the PHC's side well. Dr. Nagare said, "People listen to you. They trust you. If you help us in our work we can be more effective."

Rohini Shelavale said, "Two deliveries have taken place at the MHU. It is convenient and saves money as we no longer need to go to the Shahapur RH."

"Adolescent Reproductive & Sexual Health" (ARSH) workshops

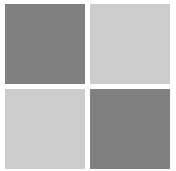


An ARSH workshop in progress in village Kanva

During the micro-planning in the villages of Apta sub-centre of Takipathar PHC in March 2008 youth groups were formed. AMCHI team had conducted sessions on "Knowledge-Attitude-Practice" exercise with the youth and found that they have incomplete and inadequate information on reproductive and sexual health issues. A workshop on ARSH was organised by PF in June 2008 in which 70 youth of 16-28 age group participated. Resource persons from NGO Alert India conducted the session on reproductive system and changes during adolescence while Dr. Mahesh Jadhav, Medical Officer of

Takipathar PHC, conducted the session on HIV/AIDS and contraceptive methods.

Dr. Mahesh Jadhav used the opportunity to tell the participants about various government schemes on health and asked them to monitor the work of PHC staff like ANM, Anganwadi Worker and Pada Worker. The youth made an action plan for monitoring activities like mixing TCL to purify drinking water, immunization of children, care of malnourished children etc.



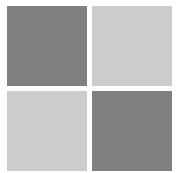
Women of Prerana Gaon Vikas Samiti presenting a song at Amcha Gaon Amchi Shaan Award Ceremony.

NRHM Board displays contact details of emergency vehicle for transportation of pregnant women for delivery.

Joining hands with government health officials and staff to reach out to people with appropriate health education is part of our strategy. Combining strengths of villagers and PF with those of PHCs not only makes the task easier but also economical and effective.

Way ahead





Way ahead

Challenges for up-scaling the activity

PF visualizes that each village has started working collectively on its development and where all the stakeholders are working together. We have successfully demonstrated that the model we are following in villages of Shahapur, can set the wheels of change into motion. We have been able to do this in a short time and within limited resources.

However, to upscale the project activities in other areas, our field experiences need to reach to NGOs working in villages on health issues. We also need a large financial support in order that our model works in many more villages through other agencies. Both the tasks are extremely challenging.

The process of change is slow and needs continuous follow up in our model, at least for two years in a village. The project duration must be sufficiently long to be able to see the changes in the people. Therefore, up-scaling needs funding for a big team over a longer time period. Managing a big team while maintaining the quality would be yet another challenge for PF.

Another challenge is to develop measurable evaluation indicators for the model. Empowerment of people may not always translate into visible changes. In some cases the villages have gone through long phases of struggle before some positive changes have occurred. Sometimes a village gets an early success without real empowerment. The indicators should be the same for all the villages yet must take into account the uniqueness of a village in terms of geographical, educational, economic, social or political factors or in terms of existing infrastructure, cultural practices and readiness for change. So far we have relied purely on our stories of change.

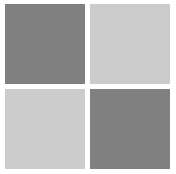
Looking forward

People from other villages are noticing the change in the villages we work with. The enthusiasm and results are palpable. The government health officials at block and district levels are impressed with our rapport with people and people's active participation and ownership of activities initiated by us. They are eager to collaborate with us.



PF team conducting training on micro-planning for The Bridge Public Charitable Trust in July 09

Other NGOs have appreciated our strategy and use of participatory techniques. Our field staff has been invited by other NGOs to conduct training programmes on micro-planning for their staff. We would like to share our experiences with other NGOs on regular basis and it would form a regular feature of our programme in future. More emphasis will be given to networking with civil society organizations.



We would also like to develop interventions towards economic empowerment of women by supporting a business project of an SHG. More energy will be directed towards good governance in the villages with higher participation of women in decision making.

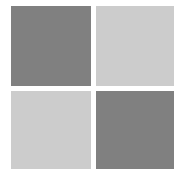
The model of AMCHI has evolved over the years in terms of content and implementation strategy and is able to show results in shorter time. The team has improved upon the techniques and added dimensions to them. From being purely

informational, they are now a combination of informational and motivational techniques. By experimenting with various ways to maintain contact with villages and follow up on people's action plans with minimum efforts, we are now ready to make difference in many more villages. The question is which villages should be taken up in the extension of the project.

As we near the end of the project we can look back with satisfaction that our work has helped people progress on the path of development. There is a pool of success stories which will continue to inspire us in the future. The expectation of villages where we have not worked and the desire of the district and block level government health officials to expand our programme to many more villages is a further testimony of our success.

We realize that in order to upscale the activities we need to work more closely with the government to streamline at least a few best practices in their systems. Based on our experiences we would like to focus on advocating for the following with the government departments.

1. to truly decentralize the planning and implementation process at the village level by focusing training efforts at team building sub-centre level
2. to promote interdepartmental team building rather than parallel training programmes for health, nutrition, sanitation, and education workers
3. to focus on leadership and community mobilization skills in training programmes rather than mere information dissemination
4. to address information needs of the community in more innovative ways using wall paintings, audio-visual media and also through use of Information Technology
5. to define the outcomes more in terms of processes and quality of life indicators than in terms of service statistics which are often misrepresented.



Annexure 1

The micro-planning process:

Based on Participatory Rural Appraisal techniques, micro-planning is a combination of tools to gather and disseminate information in a community. The most important principle of the micro-planning exercise at the village level is to give information and skills to people at a time, place and in a manner that appeals to them. The focus is on what they want to learn and not on what we want to teach them. That is the reason why often the micro-planning process leads to issues other than health as a priority for the villagers. For instance, quality of water, state of the school building, quality of teaching in the school or the implementation of the meals provided in the Anganwadi centres etc. emerge as the key issues. Thus, though we keep our focus on health, it often becomes more of a village development programme, which is as it should be for health cannot be pursued as a goal independent of overall development.

Broadly, the five-day micro-planning process includes the following activities:

Day One:



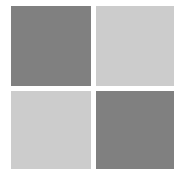
Torch March during micro-planning

Torch March of school children to announce the programme and gather people for the village meeting held in the night where the purpose of the micro-planning is explained and cooperation of the villagers is sought. The villagers take up the responsibility of providing food and accommodation to the team. The households which provide breakfast, lunch and dinner each day are decided and the details are posted on the board at a prominent location in the village.

Day Two, Three and Four:

The following activities are undertaken to generate data which can be used by the villagers to assess, analyze and act on their situation.

1. Village household survey, to get base line data on the demographic profile, service seeking behaviour as well as family expenditure on health care.
2. Knowledge, Attitude and Perception Survey among the adolescents on sexual and reproductive health, to identify information gaps and provide appropriate information.
3. Village mapping exercises to highlight the major issues related to sanitation.
4. Separate meetings with groups of senior citizens, young men and women, couples, women's groups, service providers etc. to know their needs and perceptions about the current situation of health care in their village.



5. Public weighing of children of age group 0-6 years to identify cases of malnutrition and status of immunization.
6. Games and group activities to sensitize the various groups to the health issues – HIV/AIDS, maternal health care, immunization, sanitation/ hygiene practices and superstitions/ blind beliefs.
7. Assessment of the performance of the various village level service providers.
8. Form youth groups for the girls and boys to train them as leaders and change agents at the village level. These groups are also expected to facilitate adolescent sexual and reproductive health programmes.
9. Form women Self Help Groups to train them to work collectively for village development. Already existing SHGs are brought together to form a federation / mandal.



Micro-planning tool "Seasons Cycle" for preventive and curative health measures



"Village Mapping" tool to assess and analyze resources of the village

Day Five:

1. Organize a village meeting to:
 - a. Share the findings of the information collected over the last few days
 - b. Discussion on the data collected to prioritize the issues
 - c. Develop an action plan
 - d. Form a committee to monitor the implementation of the action plan

Annexure 2

Structure of Health Delivery Institutions at the village level

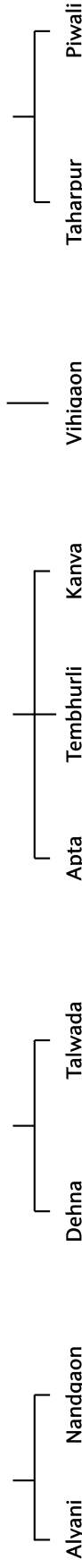
Primary Health Centre

(Provides Clinical Services, In-Patient and Basic Obstetric Care Facilities, Serves a population of 30,000, has a staff of 20 including health supervisors, male health workers, and doctors)



Sub-Centres

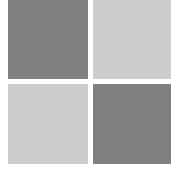
(Health education and extension services – An Auxiliary Nurse Midwife (ANM) is placed in the centre. Serves five villages – Serves a population of 5000)

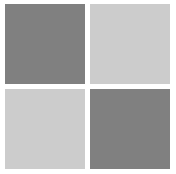


Five villages under each Sub – Centre

(Each village has access to services of ANM, Anganwadi worker (nutrition), Pada worker (sanitation), Panchayat member, and a school teacher)

Alyani	Nandgaon	Dehna	Talwada	Apta	Tembhurl	Kanva	Vihigaon	Taharpur	Piwali
Vitthalgaon	Chikhalgaon	Varpadi	Hinglud	Ashta	Belavali	Phophodi	Chintamanwadi	Mohili	Savroli
Devlichapada	Gundyachapada	Pachghar	Gandulwat	Adivali	Pashtepada		Paradhwadi	Nevra	Khor
Nandval	Vachkole	Sakurli	Met	Manekhind	Dhadhra		Mal	Tansa	Wandre
Gegaon	Kharivali	Chinchwadi	Rodwahal	Tikbaichapada			Telampada	Bhavsa	Koshimbde





Annexure 3

Team Members



Mr. S.V. Sista
Executive Trustee,
Population First



Dr. A.L. Sharada
Programme Director,
Population First



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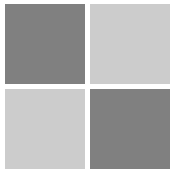
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Population First

We believe in :

*“Go to the people,
Live with them,
Learn from them,
Start with what they know,
build with what they love.
With the best leaders,
when the work is done,
the tasks are accomplished;
the people will say “we have done this ourselves”*

- Lao Tse, Founder of Taoism

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