Oxfam New Zealand Report

Improved Community Health through Natural Resource Management. RUCHI, Himachal Pradesh, India

Oxfam New Zealand

Transforming lives

“Helping those who help themselves” is an apt description of this Oxfam New Zealand/RUCHI project. Begun in 2003, seeking to improve community health and environment in 30 villages at the foothills of the Himalayas, five years later at the completion of the project, the lives of 5200 people have been transformed.

This is largely thanks to the development of Self Help Groups in each village: made up of local women and steered by a Community Health Motivator (a village woman trained in basic health, hygiene, and sanitation). Acting as agents of change, these groups have united the community behind development, disseminated health education, co-ordinated villagers’ labour, loaned enterprising locals money to start businesses, and proactively pushed for their dues from government.

Yes, they now have clean water, improved sanitation, better health, kitchen gardens and increased incomes. But the project has had also had deeper impacts. Empowered and engaged, women speak of increased confidence, more harmonious lives, of forging friendships instead of bickering, and of better relationships and communication with their husbands based on mutual respect. Given the skills, knowledge and confidence gained, while the project is at an end the changes certainly are not.

This report is an edited version of a comprehensive evaluation report prepared by Mandy Fitchett, an independent consultant. Fitchett spent seven weeks, based at the Rural Centre for Human Interest (RUCHI) campus in Himachel Pradesh, India developing methodology, and collecting, compiling and analysing data.

As part of the evaluation process, this report reflects on a two-fold purpose. Firstly, on what has been accomplished in the past five years, emphasising the project’s impact on communities. Secondly, it will reflect on how RUCHI can learn from its experience in these communities to help it better implement future projects.

Both Oxfam New Zealand and RUCHI strongly believe that active community participation is crucial to effectively achieve objectives. Thus a key element of the evaluation approach was to incorporate the feedback from the key stakeholders: the people in targeted communities.

August 2008

Cover photo: *RUCHI Community Health Motivator Meera Kanwar of village Kot Beja and Mrs Kaushalya Devi, member of the Self Help Group of village Barag, beside cash crops on irrigated land. All photos by the author.*

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Executive Summary

In investigating the project's impact and effectiveness against the objectives and key indicators, this evaluation shows that RUCHI interventions brought about many positive changes in the project villages. This evaluation also makes recommendations for future RUCHI-implemented projects (agreed to by project staff). At the time of evaluation, the project had been completed (March 31 2008) and was one month into the 'transition year', a scheme funded by Oxfam to phase out the project at a pace which would ensure sustainability of community structures developed in the past five years.

Project output accomplishments are;

- 30 Self Help Groups developed
- 21 Irrigation tanks
- 60 Percolation tanks
- 170 Soak pits
- 130 Sanitary Latrines
- 44 Natural Springs protected
- 55 Ferro-cement tanks
- 171 Trash bins
- 9 Streams for gully plugging
- 11 Floriculture demonstrations
- 200 Kitchen gardens
- 40 Compost pits
- 20 Cattle troughs
- 18 Natural Resource Management training sessions completed with farmers and Self Help Groups
- 12 Community Health Motivator training sessions
- 5 Self Help Group training sessions
- 20 Project Advisory Committee Meetings
- Field trainings a minimum of 1 per month over 5 years.

The overall project objective is:
To improve overall health and environment in 30 villages, home to 5200 people (48 per cent female) of Dharampur Development Block through education, provision of safe drinking water and soil & water conservation practices.

To accomplish this objective, RUCHI's key motivating principle was "people's participation is paramount". As a result, active community participation has been a fundamental building block in empowering communities. The evaluation found that only 2 per cent of community-meeting participants felt RUCHI made project decisions, while 65 per cent felt the community's women made the decisions. Integrating this empowerment and engagement of women with natural resource-management interventions and health awareness has vastly improved lives in the community.

The range of interventions and activities undertaken depended on each community's various needs.

Given that the villages rely on land for their livelihood, the project's natural-resource and human-resource interventions adopted a holistic approach, linking all project designs to deliver a physical infrastructure. All 30 communities formed a Self Help Group – a village-level women's group – as a mechanism for delivering education (particularly health messages) and uniting the community behind village development. One Community Health Motivator was selected from each of the targeted villages for her leadership potential and trained in basic health, hygiene, and sanitation, mainly at the RUCHI campus. These "motivators" acted as bridges between RUCHI project staff and the villages: raising community awareness, assisting in conflict resolution, and coordinating village development

via infrastructure interventions. The Evaluation found that the motivators were effective 'catalysts for change' within the villages.

The Self Help Groups were a platform for the Community Health Motivators to identify problems and solutions within the community for RUCHI interventions, in particular regarding infrastructure needs. In this way, the project effectively applied a grass-roots, 'bottom-up' approach.

From the outset the project was demand driven, focusing on fostering the local people's competence as Community Health Motivators and ensuring community participation at all stages. The following participatory measures were adopted:

- Selection of Community Health Motivators from local villages within the project area.
- Creation of Project Advisory Committee (PAC) with representatives from each stakeholder group;
- Participating in selection of sites for structures;
- Community contribution of cash, materials and labour to the construction of structures;
- Free manual labour from the community in constructing individual household structures;
- Community maintenance of structures and management of plantations; and
- Extension of indigenous knowledge and dissemination of information on development schemes, RUCHI's interventions, evaluating performance of the schemes and building capacity of Self Help Groups to motivate community members.

Successfully maintained project-long, this demand-driven approach has resulted in well-maintained infrastructure, low dependency on RUCHI, and actively-involved communities. With the adoption of new technology freeing up additional time, women have been able to meet and discuss village development. Meanwhile, greater awareness of government processes has increased the community's ability and likelihood to demand government services.

Impact

Fifty per cent of village meetings reported that the greatest impact in the community over the project period was the unity of the village. Women reported in meetings that this '*harmony*' overflowed into the household, leading to a large improvement in women's lives.

Thirty per cent of villages reported that the greatest impact on communities was reducing disease through the provision of safe drinking water, hygiene and sanitation awareness. Increasing awareness of the relationship between sanitation and disease boosted villagers' willingness to change behaviours. The protection of natural springs and provision of ferro-cement tanks enabled the villagers to keep their water safe.

An increase in income in the targeted villages - resulting from a shift from traditional crops to cash crops and the increase in productivity - was reported by 20 per cent of villages as having the greatest impact on the community. In villages where RUCHI provided water infrastructure, this rise in income was attributed to the increase in water available for agriculture, with irrigation tanks having the greatest impact.

To summarise the impact of RUCHI's involvement in the targeted villages (in comparison to other villages in the area) a Panchayat member reports from her experience of the three RUCHI villages located in her Panchayat of 50 villages:

> *'There is a lot of change in the area, in all villages, but the biggest changes of all I have seen in 'RUCHI' villages. Women from other villages have noticed this too and have come to me to help them copy what women in 'RUCHI' villages are doing' - Ajudhya Devi of Dhrova Village.*

Women working together on a village mapping exercise undertaken during the evaluation in Ganguri Village

Effectiveness

During the evaluation, it was observed that the project has both achieved the outcomes proposed by Water for Survival in 2003 and exceeded the expected outcomes for empowering women. The evaluation noted that empowering women has been most effective in creating 'agents of change' to further village development. The women are increasingly engaging with the Government, which should continue to ensure the villages' development and improve the lives of community members.

The project has been effective in improving the health of the community, improving access to safe drinking water, increasing incomes, and providing a mechanism (in the form of Self Help Groups) for sustaining the communities' ongoing development. RUCHI has effectively disseminated knowledge, technology and potential benefits beyond immediate beneficiaries within targeted communities and between villages. Utilising village labour and financial contributions to construct some physical infrastructure has also been effective in creating a strong sense of ownership of all interventions.

Relevance

Tailoring the interventions to be relevant to community needs has added to their effectiveness in solving village problems. Community involvement in decision-making about what infrastructure was most urgent, the location and the beneficiaries ensured the relevance of interventions. As water scarcity was identified as the villages' major barrier to development, RUCHI provided appropriate infrastructure, technology and Natural Resource Management training to help farmers manage this problem.

The evaluation observed that the communities not only utilised all parts of the new infrastructure but also understood both the infrastructure benefits and RUCHI's training sessions. No uncertainty regarding the purpose of any part of the project was observed.

Efficiency

Though there were no total cost savings across the five project years, cost savings made in some areas could be reallocated if needed elsewhere. Over the past five years the increasing global cost of steel and cement required RUCHI project staff to be very efficient in their use of these primary project materials. The annual monitoring and planning meetings between RUCHI and Oxfam enabled close monitoring of intervention demands. The flexibility Oxfam allowed in the budget for reallocation of funds between project areas ensured that only a maximum of 10 per cent annual budget increase was required. By decreasing targets in some areas and increasing targets in others, maximum efficiency has been maintained throughout the project life without reducing positive impact.

Sustainability

It was observed during the evaluation that the communities are maintaining infrastructure well. Based on the RUCHI design, latrines funded by private households were constructed (as reported by Community Health Motivators) in 83 per cent of project villages since 2003. Of the 14 Self Help Groups met during evaluation, only two groups advised they could not continue to operate (though an additional year of funding aimed at supporting continuing work will attempt to sustain all groups). Each group also keeps a portion of their savings for maintaining RUCHI infrastructure.

The establishment of Community Health Motivators in local villages has ensured that skills fostered during the project will continue to be available to the communities to some extent. A transition year programme aims to empower the Community Health Motivators to continue their role. When problems arise in the village they will be able to tackle them using their skills, and the villagers' confidence in them.

Community participation, financial sharing and effective networking outside the village are also essential ingredients in the project's sustainability.

Table 1. Table of Observations and Recommendations

	Observation	Means of Verification	Recommendation
1	No clear baseline assessment performed.	Evaluators' observations	• Perform clear baseline assessment for future projects. • Controls (comparing blocks within the District and Districts within Himachel Pradesh) needs to be developed and data collected before the project commences to assist with ongoing monitoring and evaluation. • The baseline can also be used as a justification for project design.
2	Men's participation in community meetings for evaluation was very low. Only 20 per cent of participants in community meeting were male.	Evaluators' observations	Make time that is more suitable for men to meet, if necessary women and men could meet separately so they can divide the farm work.
3	Panchayat telling non-beneficiary villages to 'wait RUCHI may help them in the future.' Panchayat understanding that RUCHI will continue to 'provide infrastructure'	Evaluators' observations	Involve Panchayat in the transition year programme. Ensure Panchayat are clear on future role of Self Help Groups as mechanism for sustainability of village development, e.g. groups' engagement with Government. Clarify RUCHI's role from next year.
4	Pocket Charts: 'RUCHI (Community Health Motivator) has the information about village development'	Pocket Chart	Transition year programme to include transfer of Community Health Motivators knowledge and skills to Self Help Groups. To reduce dependency on Community Health Motivators. Identifying women within the Self Help Groups with more capacity to develop an administrative body for Federating the groups.
5	Still insufficient water storage capacity in some villages during summer. Water sources not enough to meet needs of new behaviours of population in summer with higher water usage as a result of sanitation and hygiene training.	Focus Group Discussion with community, Community Health Motivators interviews	Applications to Government by communities for increased storage capacity. Encourage rainwater harvesting for existing Ferro-cement tanks. Investigate the potential of combining private funds for community or shared Ferro-cement Tanks.
6	Not all latrines can be used in summer due to water shortages. Six of the 14 villages visited reported not using latrines for 1 – 2 months due to water scarcity.	Focus Group Discussion, Community Health Motivator interviews	Promote water-recycling practices within the community; develop information sheets for Self Help Groups to distribute on grey water collection and use. Investigation by project staff into potential for composting toilet technology in project area.
7	Some Self Help Groups will not continue to function without Community Health Motivators assistance. Community Health Motivators report 40 per cent of groups will not continue without Community Health Motivator assistance despite only 7 per cent of groups interviewed reporting they would not continue without the Community Health Motivator assistance.	Self Help Group, Focus Group Discussions, Community Health Motivators meeting	• Transition year programme should include building capacity of Self Help Groups to achieve the following: • Develop strong administrative body for Self Help Group Federation. Select only women with time to attend meetings. • In Self Help Groups where literacy was reported as a barrier build capacity of younger literate more educated members to become involved in groups. (secretary) • Where members do not have time to meet outside village, foster relations between Self Help Groups in neighbouring villages (either to merge groups or for purposes of regular information dissemination). • Develop relationships between weaker and stronger Self Help Groups within *'cluster groups'*. Group 3 – 7 groups with different capacity levels together (depending on Geography). Two representatives from each group to attend monthly cluster meeting. • Increase exposure trips in transition year, in particular to Government departments. • Expose women to other Self Help Group networks in India
8	Community eager to attend more training but do not have time to leave village. In 12 of the 14 villages visited participants wanted to attend further training by RUCHI. Three of these village reported that due to time constraints could not travel to RUCHI for training.	Farmers interviews, Focus Group Discussion s	• During transition year identify community 'demand' for training. • Develop mechanism for villages to request training sessions in villages involving surrounding villages. • Trial shorter training sessions with 'take home' information sheets (some pictorial) expect financial contribution from participants. • Develop low-cost mechanism to keeping beneficiaries (particularly farmers) updated on technological developments and Government schemes.
9	Shortage of latrines in communities. Community Health Motivators and project staff report that 50 per cent of communities still need latrines. Pocket chart results show that 59 per cent of participants are not using latrines. As all participants reported that *'People who have latrines use them'*, this indicates that approximately 59 per cent of participants in villages visited for the evaluation do not have latrines.	Focus Group Discussions, Community Health Motivator Focus Group Discussions, Pocket Chart	• Investigate the potential for sharing construction costs of a latrine between 2 households as a temporary measure. This may only be appropriate in a small number of cases, small families, or where there's good relationship between families. • Self Help Groups encouraged to increase number of applications to Panchayat for contribution to financial costs, technical assistance provided by RUCHI in transition year. • Develop booklet for 'village masons' on technical specifications for larine construction.
10	Female Foeticide is still a problem in the target villages. Though there has been an improvement in the sex ratio since 2003 the rate of improvement and actual ratio is poor in comparison to the rest of India.	Community Health Motivator data and interviews	• Continue awareness raising among Self Help Group s on female foeticide • Teach advocacy skills to Self Help Groups for sharing awareness with community. • Ensure all family members are involved in community awareness not just women.

Findings

Health

Health education, safe drinking water, trash bins and sanitary latrines were provided by RUCHI to improve environmental and community health in the project areas. The RUCHI health-improvement approach has been to build the capability of the Community Health Motivators (as women living within the project area) to deliver health-related messages to the villages, using the Self Help Group as a platform. The evaluation found that this approach was highly effective. The Chandi Block Medical Officer reported that, in these communities, the Government had also found that '*the most effective method of raising awareness of health issues was female health workers visiting households.' Dr. A. Kumar, Chandi Block Medical Officer.*

An overall improvement in villagers' health was reported by all evaluation participants. In particular the communities and Community Health Motivators reported a significant decrease in the occurrences of water-borne diseases since 2003. Reductions in the rate of diarrhoea, vomiting, and jaundice in the project area was reported by 30 per cent of communities as having the greatest impact on community lives. The community identified women and children as benefiting the most from reduced occurrences of water borne-disease. The Chandi Block Medical Officer reported that while water-borne diseases are reducing across the rest of the Chandi Health Block, the rate is not as substantial as reported in the RUCHI-targeted villages.

Table 2. Indicators of Change for Health

	India		**H.P.**		**Solan**		**Project Villages**	
	2002	**2007**	**2003**	**2007**	**2003**	**2007**	**2003**	**2007- 08**
Birth rate	25	24.1	20.7	19.2			16.63	11.18
Infant mortality rate	63	58	50.2	49	52	49	72.46	32.25
Diarrhoea cases reported					**38746 (Solan DMO)**	**34621 (Solan DMO)**	103 (Community Health Motivator data)	61 (Community Health Motivator data)
Sex ratio	933		968	970	852	860	867	876

Note: Blocked-out cells indicate statistics that were not available. 2008 statistics were not available at time of Evaluation.

These figures support the qualitative data collected, indicating an increase in health awareness and practices. The project area's birth rate is significantly lower than the birth rate for the controls in India (Himachel Pradesh and Solan District) and, over the five-year period, the birth rate decreased much more markedly in project villages than it did in the controls. This decrease can be attributed to improved family-planning awareness and the 'two-child' concept. The Community Health Motivator education focussed on condoms, oral contraception and sterilisation (provided free of cost by the Government).

During the evaluation, women reported these to be the most accepted family-planning methods. Community Health Motivator Coordinator Poonam Sharma reported that approximately 80 per cent of target-village women are now opting for sterilisation after having two children. (Condoms and oral contraception are used mostly as a child-spacing measure.) Sharma attributed this to the education and training provided by Community Health Motivators while also noting that the real pressure to choose sterilisation comes from other village women.

The greatest improvement shown in the Table 2 health indicators has been the reduction in the infant mortality rate in the project villages since 2003. This can be attributed to the pre- and post-natal health awareness, increase in attendance of trained health workers at births, and reduction in disease. Over the five years the infant mortality rate has more than halved in the project villages.

Across Himachel Pradesh and the rest of the Solan District there has been very little change in the infant mortality rate.

The reported decrease in diarrhoea cases supports the qualitative data collected during village visits. This decrease in case numbers was much greater than the decrease experienced in Solan District. However, as the figures are reported case numbers rather than rates, and do not take into account growing populations over the 5 years, they indicate potential change only.

All the 14 villages visited attributed the reduction of water-borne disease - diarrhoea, vomiting and jaundice - firstly to improved access to safe drinking water and secondly to improved hygiene and sanitation behaviour. Other improved sanitation behaviours reported to the evaluator included:

- Washing hands with soap or ash after defecating;
- Washing hands with soap or ash before handling food;
- Not purchasing pre-cut food from the market;
- Washing dishes and keeping kitchen clean;
- Bathing daily (dependent on the availability of water); and
- Use of latrines and reduction in open defecation.

Eight of the 14 Self Help Groups reported that the Community-Health-Motivator provided health awareness which had the greatest impact on their lives was improved awareness of hygiene and sanitation. The remaining six villages identified the greatest impact as improved maternal and natal health. The ten Community Health Motivators were trained in modern healthcare techniques and are responsible for pre- and post-natal care, health surveys and awareness campaigns in the villages.

The main components of health education delivered under the project were:

- Mother and child health;
- Awareness creation on common diseases, water borne disease;
- Health and nutrition education;
- Safe water;
- Education for adolescent girls including about STDs;
- Personal hygiene and sanitation;
- Promoting family welfare and values;
- Provision of first aid medical facility in every village; and
- Immunisation of mother and children.

The communities reported that the awareness gained through the RUCHI project empowered village women in with knowledge they could use to protect their whole family. As a result, the families gained greater respect for the women.

Immunisation

The increased child immunisation rates since 2003 indicate improved awareness of health issues. The Self Help Groups and Community Health Motivators report that all children in the targeted villages are now being immunised, though not always on schedule. This was confirmed in the groups' Focus Group Discussions.

The Community Health Motivator awareness-raising was supported by national television and newspaper campaigns about child immunisation. The village women reported that, prior to education by the Community Health Motivators, myths and stories circulating around immunisation meant mothers were hesitant to have children immunised. Sharing positive experiences of immunisation at Self Help Group meetings was reported by the motivators to be the most effective method of changing the behaviour and dispelling the myths. With little prior awareness about immunisation, the women of Danger Ke-Ser had reported to their motivator when she first started meeting with them that: *'...because the vaccine is free it must have no value so there is no point in getting it*.' - *Premi Devi Community Health Motivator, Danger Ke Ser.*

This lack of trust in Government health services, which kept immunisation rates low, is also a concern for other Government services. A positive immunisation experience is an opportunity to overcome this general distrust and restore confidence in the Government. The Community Health Motivators reported that (as shared at group meetings) a good experience with the government health services and an increasing confidence in hospitals encouraged women to seek assistance for other health issues.

Pre-Natal and Post-Natal Health

The Community Health Motivator provides all pregnant women with education on pre- and post-natal health. Motivators stress the importance of having well-equipped, trained birth attendants attend all births. The impact of this message has been an increasing number of births occurring at hospitals, reducing the maternal death rate and infant mortality rate.

While previously women had suffered without any knowledge or understanding of STDs, the Focus Group Discussions reported that the Self Help Group meetings had provided a platform to discuss and learn about STDs. Creating a safe environment to discuss and seek medical help has led to improved female health. The increased awareness of STDs was also reported by the Chandi Block Medical Officer, with patient numbers increasing as women feel more comfortable seeking help.

The sex ratio in the project villages indicates that female foeticide is still a problem (see Table 2). The statistics show an improvement since 2003 in the target villages, which could be attributed to increased awareness based on Community Health Motivator information. However, the actual sex ratio is still much lower compared to India and Himachel Pradesh. The rate of improvement over the five years is also not as substantial as experienced across India and Himachel Pradesh. Four of the seven Community Health Motivators interviewed believed that female foeticide is still happening in their villages. The extent of the problem is difficult to quantify as it is illegal, attracting severe punishments for anyone involved, including doctors. Families therefore hide the practice, so it is hard to find cases which could help identify where to target an awareness campaign.

However, it wasn't lack of awareness but parents-in-law that were reported to be the biggest pressure on women to practise female foeticide. The Self Help Groups provide a platform for women to speak out against this pressure. It's considered that this platform has had as much of an impact on reducing female foeticide as an awareness campaign, as people already know that female foeticide is wrong. A number of the groups sent members to a rally in Solan against female foeticide in 2007. This not only increased awareness but also provided members with important experience in advocacy which could apply to both their group roles and other areas of their lives.

Nutrition and Food Security

Self Help Group training on the relationship between nutrition and health, and the provision of soak pits and seeds by RUCHI, has contributed to the rise in the cultivation of kitchen gardens in targeted villages. Where households already had kitchen gardens (before 2003), women reported in community meetings that additional soil moisture had increased production.

A woman in the Seri Paratpur group tells of the impact of the soak pit on her kitchen garden:

> '*Before I could only grow a few potatoes in my kitchen garden, after the soak pit I got 5kg of potatoes from a very small piece of land*' – *Gudea Devi, Seri Paratpur.*

The greatest reported impact of the kitchen gardens was that it *'saved time and money'*, freeing up extra time and money for other areas. In the 14 villages, there were four examples visited of excess kitchen-garden crops being sold at markets.

Another impact of the kitchen gardens was the effect of improved nutrition on families' health. Women in the Focus Group Discussions reported *'feeling stronger'.* The benefits of greater access to '*fresh food'* were also reported by women, as market vegetables are often not fresh and sometimes rotten.

Pushplata of Piplata Village working with her family in their kitchen garden. A soakpit provided by RUCHI has increased the productivity of their garden providing the family with surplus food.'

Eating fresh food was linked to better health benefiting the entire household. RUCHI also supplied fruit saplings to the villages. These trees, observed during all 14 village visits, already provide additional nutrition to the communities.

Water and Sanitation

Water Supply

To deal with the lack of access to safe drinking water in villages, RUCHI provided a number of infrastructure solutions. The community, using the Self Help Group as the platform for discussion, decided on what type of intervention should be provided (within the Community Health Motivator-provided guidelines). The relevant hygiene messages - in particular the handling of drinking water and water treatment - were delivered in conjunction with the infrastructure.

The provision of ferro-cement tanks and the protection of natural springs in target villages have been effective in improving access to safe drinking water. Though all villages visited had a government supply tap or pump, in the majority of villages this runs dry for a portion of the year.

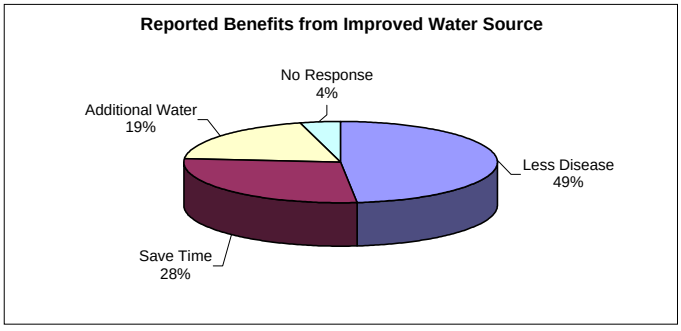
The greatest impact of improved water supply has been the reduction in water-borne diseases, due to the protection of water from animal contamination, improved water treatment, and cleaning of the water source. Women and children were reported to have benefited the most.

The provision of ferro-cement tanks has provided an alternative safe water supply for households during the dry season. By providing separate drinking supply for animals, water supply is further protected from contamination.

A further identified impact was a reduction in the time spent collecting water. For 12 of the villages visited a time saving of up to five hours per day was reported. The concrete base constructed around the spring allows the water to collect, therefore reducing the time spent waiting for the water to flow - this was reported by the majority villages as the greatest time saver. At some springs in summer it was reported to haven taken up to half an hour to fill a 2-litre pot; now in Kamli Village the daily water required by a family can be collected in approximately 50 minutes a day. Freeing up additional time to work in the household and farm can increase on the productivity and quality of villagers' lives.

Having greater access to water and greater awareness of hygiene has led to women using more water. The women reported washing dishes, clothes and themselves more regularly.

Figure 1. Reported Benefits from Improved Water Source



With the provision of Ferro-cement tanks and the protection of natural springs women have greater access to water for use around the home.

Sanitation

The provision of sanitary latrines has affected villagers' lives in a number of ways. The greatest impact reported in all the villages was *'less disease'* due to '*less flies and a cleaner village*'. Secondly '*time saved'* was reported where previously villagers would walk for up to half an hour to get privacy for defecation (women in particular). The greatest time saving is 30 minutes for one trip.

Three villages reported that sanitary latrines were the greatest benefit of the RUCHI project. Within every village, the women and elderly were reported to be benefiting the most from the latrines.

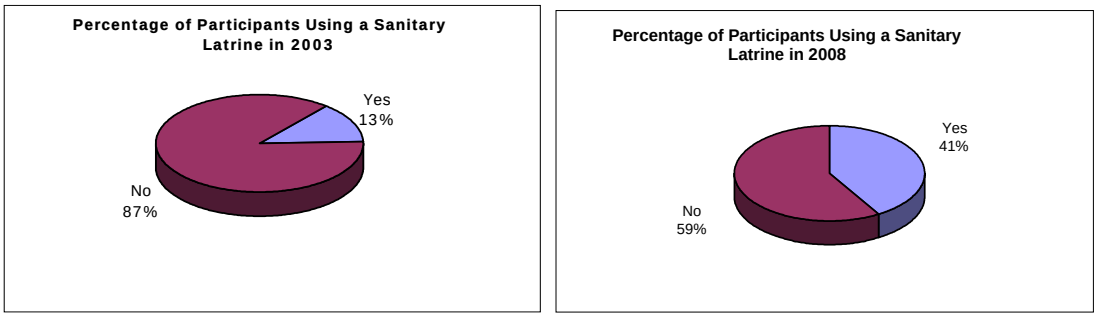
The latrine benefits reported were:

- Less disease;
- Less flies;
- Time saved;
- Safer for women, children and elderly at night or during monsoons (slippery and risk of snake bites);
- Healthier not having to 'hold on';
- More comfortable not having to walk far, can be painful with diarrhoea; and
- Improved access to water, soap and ash.

The extent of these benefits now, compared to 2003, is shown by the results of the pocket chart voting. Results showed that 13 per cent of respondents used sanitary latrines in 2003 compared to 41 per cent using sanitary latrines today. The community reported that those with access to latrines are

using them. In summer, when water is scarce, four villages reported not using latrines for approximately the driest month. Latrines observed in the villages visited were well maintained, clean, and had water, and soap or ash easily available.

Figure 2. Percentage of Participants Using Sanitary Latrine in 2003 and in 2008



The Community Health Motivators reported a shortage of sanitary latrines in 50 per cent of targeted villages. Since 2003, 83 per cent of these villages (as reported by community members) have constructed latrines with private funds, applying the technology provided by RUCHI elsewhere in their village. In Katli Village, loans from the Self Help Group are aiding the latrine-construction costs. The Chandi Block Medical Officer reported that the Government is also providing some funds for latrine construction.

Livelihoods

Agriculture is the primary source of income for 90 per cent of the population in Himachel Pradesh, as reported in the State Annual Report for 2007. Most of this agriculture is dependent on rainfall, 70 per cent of which occurs over the three-month monsoon period. The increasing unpredictability of this rainfall (confirmed in interviews with farmers during the evaluation) and longer dry seasons limits the cultivation period, crop type, quantity of crop and therefore household income.

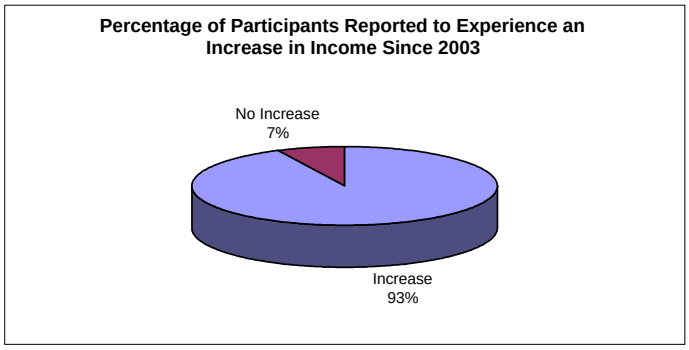
Jassi Ram of Katli Village, and member of the Panchayat, reported that 80 per cent of people in his wards depend on their crops for survival. He reported:

> '*the unpredictable rains and longer dry seasons means people want to work in factories and outside the village as a more reliable means of income.'*

In an attempt to reduce the limitations on agriculture and income, the project provided irrigation tanks, percolation tanks, gully plugging and training in agriculture techniques, seeds and saplings to target villages. Another mechanism to diversify livelihoods and therefore dependency on agriculture is the provision of micro-credit financing through Self Help Group loans.

Since 2003, the main impact of these interventions has been an increase in household income. The increase in water (supplied by irrigation tanks) has allowed farmers to develop more of their cultivable '*wasteland*' into farms and to shift to cash crops.

Figure 3. Percentage of participants reported to experience an increase in income since 2003



The provision of this irrigation tank in Bharag village has meant a large area of 'wasteland' has been turned into ginger and garlic crops.

In two of the Panchayat interviews it was reported that:

> '*farmers are extending their farms as much as possible with cash crops to improve income for purchasing luxury items for the house.' – Mr Ravinder Sharma, Bharag Village.*

Evidence of increased village income was observed in the ongoing shift from mud to concrete for house construction. Given the current cost of cement, a relatively substantial increase in income is required to build houses in concrete. All villages visited had both recently-constructed concrete houses and houses under construction.

Ravinder Sharma, a Panchayat member of Bharag village, reported that since income increases more people are '*sending their children to better schools'* and in their village ten to 12 new income generation activities (IGAs) have started up since 2003:

> '*Ten years ago I had the only shop in Bharag now there are 20 shops for me to compete with.' Ravinder Sharma, Bharag Village,*

Modern convenience items such as fridges, fans and televisions were also observed in a number of households. There has been an increase in household purchases of gas stoves, which replace traditional mud 'chulha' stoves that rely on burning wood for fuel. These 'chulha' stoves negatively impact on the local environment and add to the burden of household chores.

In Katli Village a range of different building materials can be seen throughout the village. With increasing income families are replacing their mud houses with brick and concrete construction.

A farmer in Merhata Village waters her garlic crop with water piped from the new irrigation tank. Cash crops at this dry time of year were not viable without the water provided by the new tank.

The rise in income was attributed to the increase in water from irrigation tanks. This allowed farmers to shift from traditional crops to cash crops. Neelem Anand, a Community Health Motivator co-ordinator, commented that:

> *'Water is half the problem. Give the villages water and you immediately have solved half their problems'.*

Over the last five years, as farmers have gained more confidence in shifting to new crops, the traditional crops of wheat and maize have slowly been replaced with cash crops using irrigation-tank water. Tomato is the highest income-generating crop and all 14 farmers interviewed had diversified to using (at least) this crop. Irrigation tanks also enabled the farming of other crops such as onion, garlic, and capsicum. In addition to greater income benefits, the diversification of crops means more scope for crop rotation, which maintains soil fertility.

Farmers in four of the 14 villages visited are practicing the floriculture they learnt at RUCHI training. The farmers who completed this training but have not yet started floriculture reported being hesitant as '*with limited land there is always a risk changing crops, especially trying new crops*.' However a trickle-down effect is taking place: after one farmer succeeds trying a new crop or technology then others in the village are more likely to adopt the change. As incomes improve, farmers are also better placed to risk different crops and farming techniques.

Gudea Devi of Seri Paratpur Village with the handloom she purchased with the help of a Self Help Group loan. Her whole family now help her to supplement the family income from agriculture.

The more farmers who shift to cash crops, the greater the income increase. In Bagi Kyartu, the one-hour drive to the main road and then two-hour trip to the Chandigarh market to sell produce is, for an individual farmer, prohibitively expensive. The cost for one farmer to transport his produce exceeds the money made from the sale of his crops. After RUCHI agricultural training, many more farmers had the confidence and skills to shift from traditional crops to cash crops. With all farmers interviewed now producing cash crops, they've been able to shared transport cost and remove the barrier to selling produce at the market. This had led to a greater increase in income for the entire village.

Interventions which encourage livelihood diversification and reduce dependency on agriculture (especially given increasing unpredictability of weather) have the potential to benefit the entire community. This relationship between wealth and dependency on agriculture was observed in Bagi Village where most families have a member working in the nearby watch factory. As a result, the

evaluation observed a higher level of wealth, reported by the Community Health Motivator as a result of the number of '*people working on the outside'*. This increased wealth was evident in the construction of more two-storeyed concrete houses, and more home furnishings including fridges, fans, televisions and other modern utilities.

While the impact of RUCHI-provided gully plugging in erosion-affected villages was not volunteered by community members, the benefits could be quantified via direct questioning of farmers.

Mr Ram Lal, a farmer from Panjali, reported:

> '*I was losing 10,000 to 20,000 rupees worth of my crop each monsoon from erosion. Since the gully plugging was constructed above my farm I can sell all of my crops.'*

Another benefit was identified by three farmers interviewed for the evaluation who reported using the fertile silt, built up behind the dams on their farms, to increase soil fertility. For some the gully plugging is also providing additional water for irrigation that pools behind the dams.

Dhani Ram, a farmer in Bagi Village, is benefiting from the RUCHI-provided gully plugging:

> '*The gully plugging has stopped the soil erosion on my farm, earlier the stream would shift eroding in different places, it was shallow in some places and deeper in others now it is stable with silt collecting behind the wall which I use on the farm. Now that I do not lose any crops I have extra income, last year I bought a buffalo with my savings.'*

Self Help Group inter-loans and income-generating activities

All except one of the Self Help Groups formed in 2003 are practicing inter-loaning to varying degrees (the Shangela Village group has closed, but an additional group in Piplata Village has started up). The majority of groups' interest rate is 2 per cent, and they mostly loan only within the group and to family members. The average total interest earned over the five years is 2546 Rupees per group. Collection of fines from members is an incentive for group attendance, timely repayments and adherence to the group rules. This also provides minimal but additional income to the group.

The impact of inter-loaning on many women is that for the first time in their lives they have access to their own money. A member describes the change in her life during an interview:

> *'Previously I felt I always had my hand out asking my husband for 10 Rupees for this or 20 Rupees for that, now my husband has his hand out asking for 5000 Rupees' – Shantosh Virma, Paplog Village.*

Within the community, inter-loaning's impact has seen greater opportunity to engage in new income generation activities, or to deal with family emergencies such as health problems. This increase in opportunity to access money was described by Panchayat member Devi Chand of Ganguri Village:

> '*Before 2003 there was no avenue for poorer people to get loans and they had to rely on relatives for any extra money, which was often difficult in emergencies.'*

Ram Peri of Bagi Kyartu village, is a widow with five children. She is a dedicated member of the RUCHI supported self-help group near her village. With three daughters, the burden of expensive weddings meant she had to look for income to supplement her widow pension. Trained by her mother in sewing, she received a loan from her group of 4000 Rupees, to purchase a sewing machine.

Ram Peri works on the floor of her house most of the day, making clothes for local villagers and now has secured the local school contract to sew school uniforms. With her sons, she also manages a farm producing cash crops. Increased confidence and understanding of saving and loaning has meant she could receive a much larger bank loan in 2006 to expand her farm.

Environment

Waste Management

Trash bins were provided in 48 of the 70 targeted hamlets and villages, with the Community Health Motivator delivering hygiene and sanitation training to the Self Help Groups. Trash bins were also provided at schools, police stations and dispensaries.

Communities reported that the bins' greatest impact was that rubbish could now be collected in one place rather than *'flying around the village'*. '*The trash bins reduced flies around the village and made our village cleaner'.* This reduction in flies and rubbish in the village was identified as one contributing factor to reducing disease, in particular diarrhoea.

Another impact reported was on the health of village animals and crops. Over the past ten to 15 years, a rising reliance on plastic packaging has increased plastic littering in the villages. When the RUCHI project started in 2003, buffalo, cow and goats were eating the plastic and becoming ill. Plastic landing on crops was also affecting agricultural productivity. With the introduction of rubbish bins, these problems were reported to have vanished from those villages visited.

As a result of the provision of 40 compost bins in 21 of the 70 targeted hamlets or villages, three different benefits were reported. Firstly, the provision of high-quality compost for personal use on farms increased the productivity of the crop. Secondly, the sale of excess manure generated extra income. And finally, the compost reduced dependency on expensive, potentially harmful fertilisers.

> *'Before, we were dependent on fertilisers we must buy at the market, now we are making our own up to 40kg of manure from just 1kg of dung. Now we make our own we can save money and it is healthier for us. – Ram Prakesh, Tuzar Village.*

Engagement and Empowerment

The evaluation found that the project's greatest impact was on women's lives. The pocket chart results showed that 81 per cent of community members believed women received the most benefit from the project.

Together, RUCHI's different mechanisms have achieved a high level of women's empowerment. Previously, women had reported that they '*could not talk to outsiders'* and *'could not leave the village'.* The evaluator found that within the five years of the project, women who were previously excluded from household decision-making began taking a lead role in village development. Since 2003, this empowerment has been central to village development and improvement of community health and lifestyles. By demanding improved services from the Government, women can continue to steer the ongoing development of the village beyond the life of the project.

While the extent to which the women have '*changed'*, as reported by communities, can be attributed to a number of factors, it is considered that women's strong desire to change was most important.

Given the effectiveness of RUCHI's approach in achieving this desire to change, the evaluator investigated previous Government efforts in an attempt to understand why these did not successfully empower women. Before the Self Help Groups were formed, the Government Mahila Mandels were operating in some of the target villages. The evaluator asked women who have been part of both groups about the differences. Firstly, the women reported that:

> *'we did not do any loaning or saving as part of the Mahila Mandel so we were not organised and did not have any money*, *so couldn't do anything*'.

Training in composting and assistance in constructing compost pits in villages has allowed farmers to save money on fertilisers and provides a healthy alternative to chemical fertilisers.

A woman from Tuzar Village reported:

> '*that the government started the project but no one came from the government to teach the whole village what a Mahila Mandel was, they would meet with just the women, which made the men suspicious of what the group was for. Women were not allowed by their husbands or father-in-laws to attend the meetings*.' - *Keshwanti Devi, Tuzar Village.*

When RUCHI's Community Health Motivators first visited the villages, they called for a meeting with everyone (men and women) to educate and raise awareness about the project's potential benefits for everyone in the village. The men were therefore more likely to be supportive as they understood the purpose of the group so had no concerns about the women getting together.

> *'My husband encouraged me to go to the meeting and would ask me about everything I learned at the meeting as soon as I got home which always made him very happy' - Vidya Devi, Bagi Village.*

The initial motivation behind Self Help Groups was establishing monthly meetings for training in health, natural resource management and management of micro-economic activities such as savings and loans. The more formal nature of these groups has contributed to the empowerment of the women as an entity. The Community Health Motivators identified the following processes as necessary for formalising the groups:

- Regularity of meetings;
- Monitoring of changes within their community;
- Keeping of minutes;

- Recording information about members;
- Record of births, deaths, disease in the village;
- Keeping attendance records for meetings;
- Keeping financial records, savings, loans and interest; and
- Records of training.

Record-keeping has contributed to the women's knowledge of the village and its development. During the village visits many women reported '*before we were not organised'.* Specific roles defined within the groups (president, secretary and treasurer) supported each member's official position within the community. Furthermore, the registers have provided important information for community based monitoring and evaluation of the project over the past five years.

The benefits of the groups became quickly apparent to communities as they shared in increasing project benefits such as an improvement in income and health. RUCHI has succeeded in equipping and empowering women to become economically self-reliant and effective agents of change in their villages, through participation and shared problem-solving.

Status of women in the household and village

Greater respect for women by family members has led to an improvement in status of women within the household. With increased knowledge and access to savings, women have become more involved in family decision-making. It was reported in the villages visited that increased confidence and skills has meant men and women are sharing jobs, allowing for greater understanding between them.

Having the opportunity to provide an income to the household and increased knowledge to offer family members was reported by women to have the greatest impact on the status of women within the household.

Vidya Devi of Bagi Village says of her new circumstances:

> '*Due to the money I earn I get more respect from my husband. Earlier when I didn't have any money of my own I would have to ask my husband. Sometimes he would give it to me and sometimes not. Now that I earn money he always gives it to me. Sometimes my husband asks me to get loans from my Self Help Group on his behalf. When it is time to pay interest and he says he can't, I threaten him that if he doesn't pay all the women will come to our house.'*

An impact of women's change in status, reported in all villages visited, was that women and men increasingly share their workloads. In 2003, in most households the women worked in the house and the men on the farm. In Self Help Groups discussions, 70 per cent of villages indicated that women collected water before 2003 and now everyone in the family collects water, depending on whoever is available.

Gudea Devi of Danger Ke-ser told the evaluator that:

> '*now we share the jobs every face has a smile and we laugh a lot more so we are more healthy.'*

Nargu Lal, a farmer in Bagi Kyartu, says:

> *'If I am not at home my wife can do jobs outside earlier. The men had to do everything it is better for everyone if we share jobs.'*

The men reported that involving women in community problem-solving means '*everyone is happier*' and the communities are '*more united'*. Ram Lal, a farmer in Panjali, says:

> '*Men are also united now in their work if something needs doing in the village the men will assemble to do the work together, last year they all worked together to construct a footpath.'*

Women are increasingly becoming involved in animal husbandry as an additional income-generating activity. This woman of Bagi Kyartu Village also helps her husband with other work in the farm.'

The unity of the women has also improved their status at village level. It was reported by the Panchayat members that the Self Help Group regularly attends Panchayat meetings and has become a stronger 'force' within the community.

Women's knowledge, attitudes, skills and confidence

New skills, increased confidence, changing attitudes and greater knowledge have empowered the women. During the village visits, both men and women shared examples of these changes.

- **Knowledge**

The women reported that being '*more aware'* as a result of the Community Health Motivator education initiated changes in them, and they then initiated changes within the household.

> '*Before the Self Help Group I didn't know anything and so my husband did not listen to me, now when there needs to be a decision I am included in making it' – Nirmala Devi, Katli Village.*

RUCHI Community Health Motivator, Raksha Devi, reported that when she first started holding meetings:

> *'the women would come very dirty from the farm and handling cow dung, she said the meetings were awkward she could tell the women felt embarrassed. After the women learnt about sanitation the women would come bathed and in clean clothes to the meeting'*.

She says that they:

> *'feel more proud and confident now they are clean.'*

Increased communication between village women promoted more effective dissemination of this knowledge to other village members and also between villages. Promela Devi of Ganguri village reported:

> '*that sharing of information among women is one of the benefits of the group, so that we can learn more and more'.* She goes on to say: *'Our group met with a much larger women's group in another village and the women were discussing the issue of the dowry system being a big problem and burden on the family, we did not think about this before and now we discuss it in our group.'*

Increased awareness of the rights of women and rural communities has led to women utilising more Government services, in particular health services. A Panchayat member for Seri Paratpur Village reported that:

> *'the Self Help Group is now aware of the rule that 50 per cent of those attending Panchayat meetings must be women and that they can be ward members. As a result they are more involved in local Government.' - Krishna Ram, Seri Paratpur Village*.

The Community Health Motivators provided information to the Self Help Groups about the 'Right to Information Act'. The Piplata group put this knowledge to use. When the Government allocated money to the Panchayat president for the construction of the new road to their village, the Piplata group members visited the Public Works Department demanding to know how much had been allocated. The Government had provided 80,000 rupees to the project and yet no work had started on the road. With this information the women went to the Panchayat and demanded that work start on the road now funding was available. The group put pressure on the Panchayat until work finally started.

- **Confidence**

In group discussions, women reported to the evaluator that previously women had *'suffered quietly alone'*. When the women first started meeting they realised they shared many common problems. The meetings became a platform for sharing '*our happiness and sorrow'*. Knowing they had the support of the women in their group '*that we are not alone'* gave individuals the confidence to make changes in their lives.

Evidence of increased confidence in women reported during village visit:

- Involvement in decision-making at home;
- Leaving the village;
- Talking to '*outsiders';*
- Attending Panchayat meetings (all Self Help Groups reported having attended);
- Visiting Government officers;
- Open bank accounts, taking out bank loans;
- Going to the hospital when sick;
- When Panchayat offer outside-village training, women now volunteer to go;
- Some women are going to Chandigarh to sell their crops at the market;
- Starting new income generating activities; and
- Preparing application to the Panchayat for Government assistance.

Surendra Kumar of Bharag Village provided an example of women being more involved in family decision-making:

> '*If I do not agree with my husband I can stand up to him, when my son was old enough my husband said that he would no longer go to school and instead help in the farm, I said 'no' I will help in the farm as our son needs go to school.'*

The RUCHI project staff reported that initially the Self Help Group members were so afraid talk to female Community Health Motivator Coordinator Poonam Sharma that many wouldn't come out of

their houses. The next hurdle was talking to male project staff member, Suneel Gupta, when he visited the village. By the time of the evaluation, these women were speaking openly and freely and travel to Chandi to make demands of the Block Medical Officer.

- **Skills**

The Community Health Motivators, project staff, and Self Help Groups reported that women had acquired a range of new skills since 2003. These included communication skills, decision-making, conflict resolution, savings and loaning, and problem-solving.

Evidence of improved communication skills was apparent in all discussions with the women. In all but one group visited, the women were extremely vocal, easily volunteering opinions and experiences. The Community Health Motivators reported that before 2003 the women would not have talked so openly to an '*outsider'.* The Panchayat member for Pilplata and Tuzar Villages reported that before 2003 when a policeman came to the villages:

> *'Women did not know how to talk to them, feared them, now they come out of their houses and ask them what do they want'. Ajudhya Devi of Dhrova Village.'*

RUCHI Community Health Motivator Premi Devi has taught the women of Danger Ke-ser how to talk to their husbands. The group's women reported that previously they didn't know how to communicate effectively with their husbands, and if they ever disagreed:

'*we used to get angry and shout rather than talk to him politely, this has led to a more harmonious household and village*.'

Improved communication and sharing workloads between husband and wife has led to greater awareness:

'*our husbands have problems too; we didn't understand our husbands before.'*

– Virma Devi, Danger Ke Ser

With these skills, women are better equipped to deal with problems as they arise, such as alcoholism, which was beginning to become a problem in the project area.

Another change in the lives of women since 2003 is improved decision-making at all levels. The pocket chart results showed 65 per cent of respondents believe that the majority of project-related decision-making was done by the women, with only 29 per cent of respondents indicating that men made the decisions. Because engaging women in decisions represents a wider range of needs, it results in a more equitable outcome and a more sustainable and effective solution.

The skills learnt to operate each group as a micro-credit institution were identified by women members as being of most benefit to the group. The Self Help Groups reported that without the financial access that their savings and inter-loaning has provided, some changes in their lives would have been difficult if not impossible.

In Panjali Village, alcohol was causing quarrels and conflict among families, mostly due to men spending money on alcohol. The evaluation found that women now have the confidence and skills to stand up to their husbands. The women reported that::

'men were afraid to get drunk now. The men know that if there is a problem in the village or household the women will discuss it and could go outside the village and meet with the Panchayat or RUCHI, which will bring shame on the men. There used to be a problem in the village of men getting drunk now there is no problem.' *Bimla Devi, Panjali*

Nirmla Devi took a loan from her Self Help Group to purchase these goats for rearing and sale.
By undertaking animal husbandry she has learnt about saving, loans and money management.
She has also found that, by supplementing the family income, she is now a part of family decision-making.

All but one Self Help Group visited had opened a bank account for deposits. Four of the groups reported taking bank loans then dividing the money up between members of the group, mostly for income generation activities. For instance, in Paplog group received a 20,000-Rupee bank loan and divided it up between the women. With the repayment of that loan complete, they're planning their next, 50,000-Rupee loan:

> '*We could never get this amount of money from the bank on our own.' – Shantosh Verma, Paplog Village.*

Exposure trips with the Community Health Motivator to banks, hospitals, and Government offices have contributed to group members' increased skills and confidence. Bringing new ideas, experiences, and knowledge back to the village has also gained further respect from family members.

- **Attitudes**

The majority of villages visited reported that, before its Self Help Group formed, the women were not united. Many women reported that *'before we had the Self Help Group we didn't understand each other'.* In fact, there were many quarrels and a lack of trust between women.

Now there are numerous examples of unity among women. At the very festive Self Help Group meeting in Bagi Village, each meeting ends in singing, dancing and drumming. The women said that attending the group is their highest priority. Vidya Devi reported:

On days we have meetings I work very hard to finish all of my jobs as quickly as I can so I have time to go the meeting. I am always happy on meeting day, before the only time women in the village got together was at marriage ceremonies.'

In Katli Village the group's women used their savings to collectively purchase large pots and utensils to hire out to people outside the village for weddings and ceremonies. As they no longer need to rent pots from others for their own ceremonies, they save as well as make money.

Government Engagement Initiatives

Beyond the transition year, the continued development of the villages in the project area largely depends on the village's demands for Government services.

To measure the extent to which the project has been successful in stimulating Self Help Groups to engage with Government, the evaluation assessed the amount of applications made by groups for Government assistance. The type of assistance requested and concrete actions are wide-ranging, from larger infrastructure projects to social assistance; and since 2003 the total number of applications from the 30 groups is 208, with 84 ensuing concrete actions. This is evidence that Self Help Group engagement with the Government is relatively widespread. As more actions result from applications to Government, it is considered that confidence will build amongst communities stimulating demand for further development of villages.

It was reported that the majority of groups send members to every Panchayat meeting. Jassi Ram of Katli Village and member of the local Panchayat reported that:

'*with the Self Help Group members attending the Panchayat meetings important points are raised in the meeting that the Panchayat members hadn't thought of before, especially about development within the village.'.*

Ram Lal, a farmer in Panjali, says:

'*If there is a problem in the village, especially water, then the women get together and go to Patta to see the Irrigation and Public Health Department.'*

Five Self Help Groups visited had initiated the construction of a road to their village. In all cases this development was reported to be the group's greatest impact on the village. As the groups reported, they applied for the road construction to the Member of Legislative Assembly (State Government level). The Panjali Village group met with the Chief Minister for the State. Meeting with someone at this level for a group of women, who in 2003 could not go 'outside' their village, is further evidence of the increased empowerment of the women in target villages.

Before 2003, the members of Panjali Village did not have enough money to cover their daily needs including food for the family. With traditional crops of maize and wheat, and a few kitchen gardens, the people in the villages were merely '*surviving'.* As the nearest market was over two hours walk from the village, this restricted community access to sell cash crops at market.

After the Self Help Group formed, it made an application to the Government for a new road to the nearest town, Patta. After pressure from the group, including its meeting with the Chief Minister when he was in Patta to personally hand him their application, a road was constructed with some labour assistance from the village. Previously, farmers could only visit the market once every three days, and having to take mules or carry their crops cost them almost half what they earned at the market.

The new road and a new delivery truck, purchased by one village family as an income generation activity with loans from the Self Help Group and bank, has meant they can go to the market every day. They all put in money to pay the delivery-truck driver. As farmers shift to cash crops with confidence, incomes have increased and villagers' lives have improved.

The drop in alcohol price and influx of new liquor shops in small, relatively remote villages has led to an increase in alcohol-related social problems. The women of Bagi-Kyartu village reported that once the Government granted a license to open a liquor shop near their village, the previously prohibitive bus fare to Chandi to buy liquor no longer stopped men from drinking.

A story was told of a man who went to buy the family's food at the local market but spent all the money on alcohol, sleeping and drinking at the liquor store for three days before returning to a hungry and angry family.

The Bagi-Kyartu Self Help Group wrote a letter to District Officer in Solan highlighting the alcoholism problem in the community. Though the letter was sent by the group, the women insisted nothing could be achieved without village support. The pressure on the local Panchayat resulted in the closure of the liquor shop.

Hearing of this success the women of Piplata are now planning to write a letter to the District Officer regarding a liquor shop in Kandol where drunken men are causing problems for local residents.

Ram Pyari of Bagi Kyartu Village reported that before 2003 there were no health services in their village. The village's Self Help Group group applied to the Chandi Block Medical Officer for a dispensary to be opened in their village. As a result of this pressure, the Government opened a dispensary and for the first time a health worker from Chandi started visiting the village.

The Government health worker has attended their group meeting and the women report that they are benefiting more and more from her knowledge. The good working relationship forged between the Community Health Motivator and the Government health workers as a result of the project work has resulted in more regular Government-health-workers visits to all targeted villages.

Acting as a 'pressure group', the Piplata Village Self Help Group has attained improved Government services. Its first project involved encouraging village males to request that the primary school be extended to Standard 8, when children are 12 years old. As the nearest school was up to an hour's walk, most children were leaving after primary school.

With greater awareness of the importance of education, gained from the group and in part from recent government campaigns, the women explained to men the long-term benefits of improving the quality of village children's lives.

Once the surrounding groups and communities had united, the group asked local politicians, the education officer, and Member of Legislative Assembly (state level) to extend the school. The Government approved the extension but failed to supply the building. Again the women applied pressure and this was granted.

One final hurdle remained: a new teacher. Taking the initiative, the group asked an educated village boy to hold classes for the additional students, paying him as much as its funds could afford. While the classes carried on, the group revisited the education officer demanding the new teacher be paid properly. The teacher is now paid: a job for a local village boy and a classroom!

Keshwanti Devi says:

'*Getting the new school from the government gave us all new confidence in what we can achieve'*.

Overcoming the lack of confidence which communities had in Government has been part of the project challenge. Jassi Ram, a Panchayat member from Katli Village, reported that:

> '*within my ward villagers are losing confidence in the Government to deliver services as it takes so long*.'

However, this confidence is slowly increasing as shown by success stories (told during the Evaluation) of Self Help Groups pressuring Government departments and achieving action.

Community Health Motivator Coordinator Poonam Sharma shared her experience of another type of 'Government assistance'.

A young woman, whose husband was working outside the village, was being tormented by her father-in-law. The women of her Self-Help Group soon identified that the problem was more than she could deal with and told her *'this is no longer your problem it is our problem'.*

The group sharing of problems also meant sharing the solution. Together the women wrote an application to the Panchayat outlining the father-in-law's abuse; then the entire group met with the Panchayat and demanded the problem be solved. The Panchayat visited the father-in-law advising him that it his duty to look after the young woman and that the abuse must stop.

It did, and the young woman is now living a happier, more dignified life.

The Partner - Donor Relationship

The relationship that RUCHI has forged over the past 5 years with the Oxfam New Zealand office, and before that Water For Survival, was reported by RUCHI to be a '*true partnership*'; a relationship based on mutual understanding of each other's needs and capabilities. RUCHI reported that Oxfam and Water for Survival provided the necessary flexibility for its operations, and were responsive, realistic and understanding in the many changes in circumstances (including personal staff issues) throughout the project. The strengths of the relationship were founded on open communication, regular monitoring, and effective, realistic annual planning which ensured efficient budget allocations while maintaining maximum impact in the communities. These strengths contributed to the project's success.

Rather than just supporting the project outcomes, Oxfam's approach has supported RUCHI as an organisation. By investing in the NGO, Oxfam has supported its partner to do the necessary work rather than using the organisation to do the project work. Oxfam reported that RUCHI demonstrated on-time reporting, very transparent financial recording, and a high level of both face-to-face contact and flexibility. Neither the donors nor the partners reported weaknesses in the relationship between Water for Survival, Oxfam New Zealand and RUCHI.

The evaluation observed that RUCHI's community-based approach to development was well founded. All aspects of project work practised community participation. RUCHI's approach to engaging community contributions in all interventions has ensured the sustainability of the impacts and changes in community lives. Efforts aimed at achieving financial sustainability include payment for services, as well as encouragement of cost sharing and labour contribution. Essentially, the project-area communities are active stakeholders. For example, the impact of community contributions is evident in the 2006 Annual Survey, where sapling provided free by RUCHI were demonstrated to have a low survival rate (approximately 50 per cent) while the survival rate of bought saplings was much higher (about 90 per cent). Such initiatives have helped RUCHI maintain its position in communities as firstly as a teacher and knowledge source rather than as a hand-out provider. As observed during the evaluation, the project's impacts can in part be attributed to its participatory process. Further evidence of the strength of this approach is that major feelings of inequity within the villages was observed or reported.

A sustainable approach to development was evident in the project's long-term focus of empowering Self Help Groups and communities to engage with Government schemes. Communities have to engage regularly with local Panchayats to follow Government policy and programmes. However

communities must also be informed and demand access to Government schemes and financial and technical assistance. Numerous Government schemes to assist the 'rural poor' were identified during the evaluation.

Conclusions and Recommendations

After compilation and analysis of quantitative and qualitative data, some overall observations were made.

The qualitative data shows many positive impacts and changes in the community resulting from the five years of the project. Some of this change-supporting quantitative data are the improved health statistics, number of Self Help Group applications to Government, savings and loaning activities, women's involvement in decision-making, time savings related to latrine use and water collection, increased income, and spending patterns. No stakeholders, beneficiaries or partners reported negative project impacts.

The greatest impacts on target villages resulted from the increased empowerment of women, health awareness and increased income. The skills and capabilities forged during the project have enabled communities to identify their own problems and seek community-based solutions from a number of sources.

It was observed in the evaluation that the project has paved the way for village development while maintaining independence for communities. Since 2003 the change from passive to active, from individual to group, from knowledge to action, from external to internal, from student to teacher and from dependence to independence has been reported by the communities in different ways in both the qualitative and quantitative data.

Other Benefits

- The evaluation observed the strong relationship that Community Health Motivators developed with families in their villages. The motivators are highly regarded and a source of knowledge and inspiration, especially to women. This regard and respect will not just 'switch off' at the end of the transition year. Meera Devi, the Community Health Motivator for Bagi Village, has as part of her role even become involved in resolving marriage disputes. Though they will not be as active in their role at the completion of the transition year they will continue to support the Self Help Groups and promote ongoing engagement with the Government. Local women and families in the villages will continue to seek assistance, advice and inspiration from their motivator.
- The Solan Medical Health Officer reported a shift in Government approach to health policy. The approach promotes village-based health planning by framing health problems within rural village: supporting communities in identifying their health problems and involving them in sustainable solutions. Though there is no evidence of current implementation of this approach, it is positive news which could mean more support for Self Help Group engagement with Government in the future.

Other Issues

- The District Health Officer has observed a decrease in the emphasis of government-sponsored awareness-raising campaigns. It may be necessary for Self Help Groups to demand information rather than wait to be reached by Government awareness campaigns.
- Villagers' water use may potentially be compromised as a result of the recent re-zoning of the project area for 'industrial' purposes. During the evaluation large industries and factories were observed in the immediate area. Though the provision of employment provides greater opportunity for the increasing population, this must be weighed up against the competition between domestic and industrial water-use. Already in summer both surface and groundwater sources dry up in the villages, and this would be exacerbated by high-water consuming-industries.

At the end of each Bagi Village Self Help Group meeting, one woman plays a drum and others sing and chant while each takes her turn dancing. Here the report author Mandy Fitchett performs a regional Himachali dance with Usha Devi, a RUCHI field coordinator who works with the Community Health Motivators.