

Large Scale Participatory Learning and Action (PLA) with Women's Self-Help Groups, Delivered through Government and Civil Society Partnerships in Odisha State, India: Challenges and Lessons

Partnered by



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ODISHA

**Participatory Learning & Action (PLA) in
15 High Burden Districts**

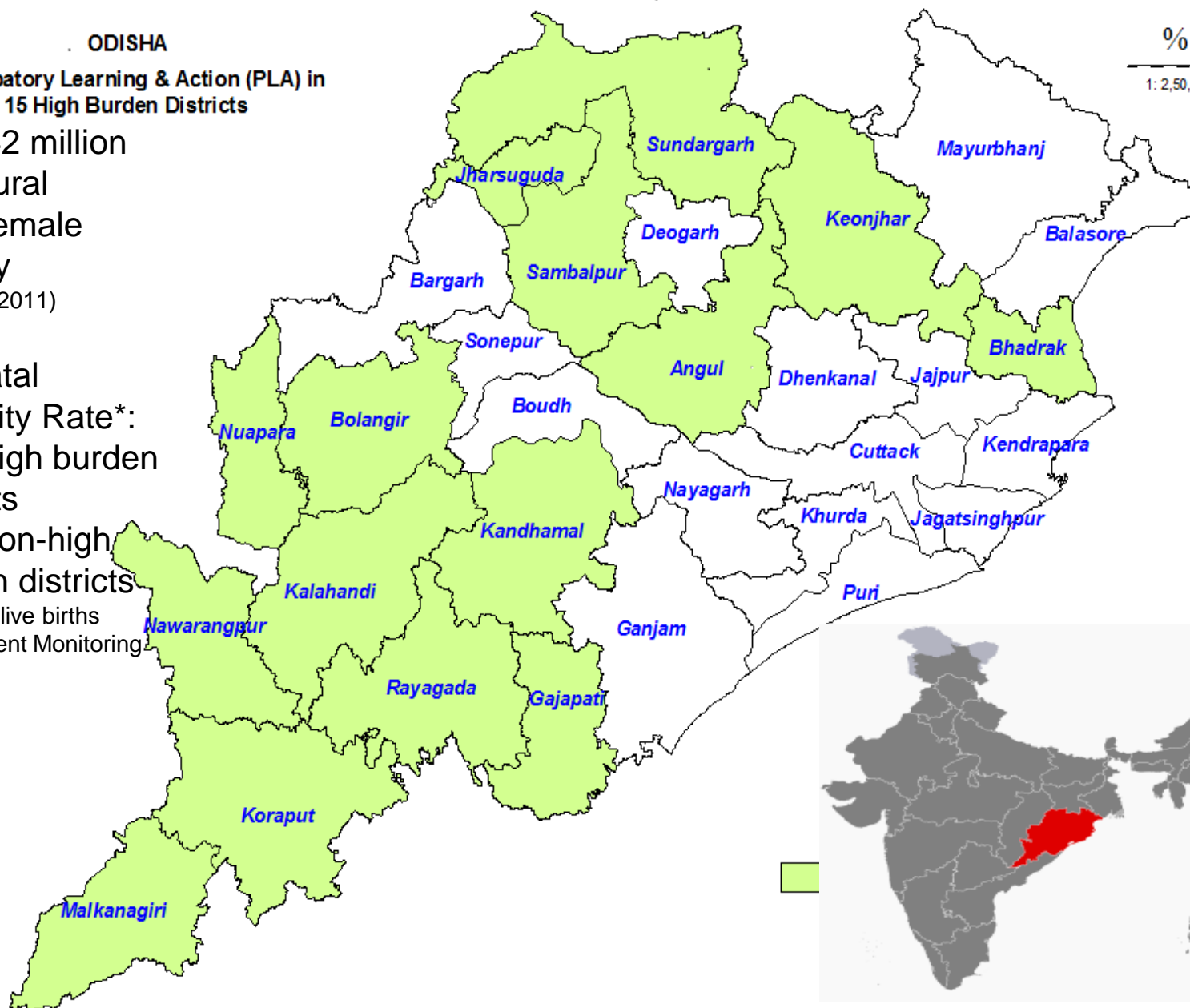
Pop. 42 million
83% rural
64% female
literacy
(Census 2011)

Neonatal
Mortality Rate*:
25.8 high burden
districts
17.9 non-high
burden districts

*Per 100 live births
(Concurrent Monitoring
2014)

%

1: 2,50,000



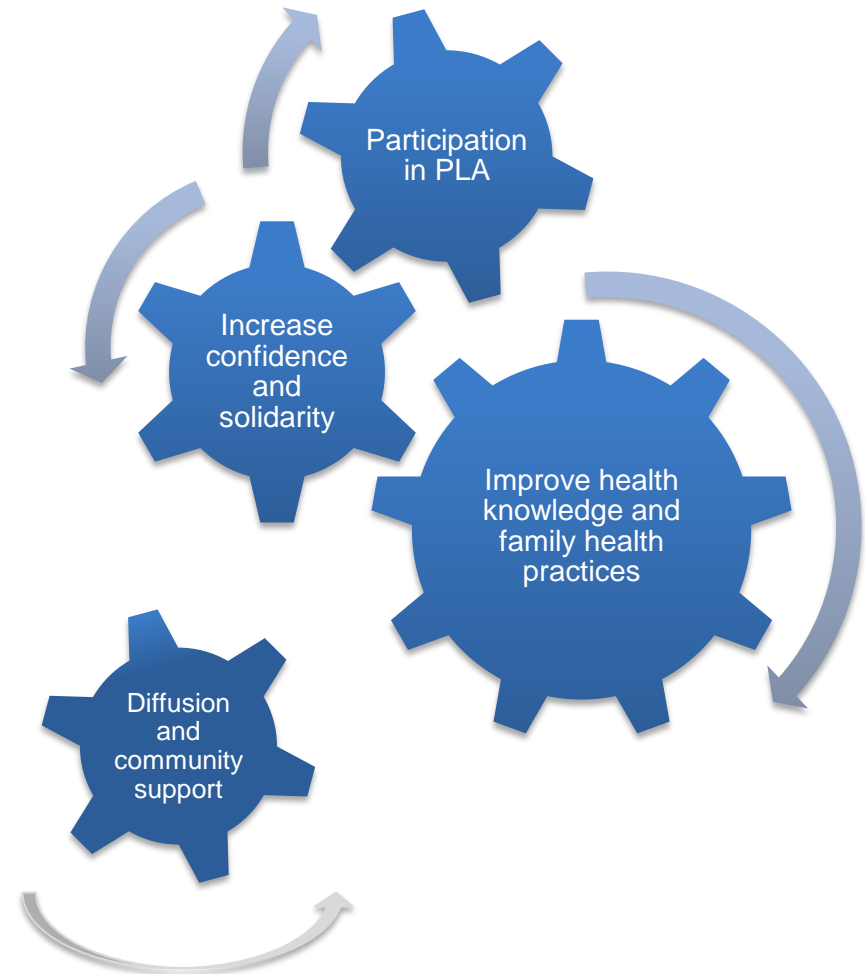
Participatory Learning and Action (PLA) in brief

- A process of community mobilisation.
- Engages group participants in a reflective process known as a PLA cycle.
- Capacitates local women to facilitate the PLA process.
- Uses engaging interactive tools such as story-telling, picture cards and games.
- Mobilises local leaders and men to support the change process.



The evidence behind PLA

- PLA with women's groups in low-resource setting reduces maternal and newborn mortality.
- Meta-analysis of seven randomised controlled trials by Prost et al (2013) found exposure to women's groups resulted in:
 - 37% reduction in maternal mortality
 - 23% reduction in neonatal mortality
- In 2014, WHO recommended the use of facilitated PLA with women's groups in rural areas with low access to health services.



Shakti Varta PLA: ownership and coverage

- Government of Odisha (GoO) applied evidence to design a *large scale* PLA program for the state: *Shakti Varta*.
- 3 Departments: Health and Family Welfare, Women and Child Development, Rural Development.
- Mission Shakti, the government's program supporting women's self help groups (SHG).
- UK's DFID provided financial assistance and technical support from a state Technical and Management Support Team (TMST).

Coverage

- 15 High Burden Districts with high IMR and child under nutrition
- Two waves of implementation



Shakti Varta design

Design

- PLA cycle includes MNCH, nutrition and water, sanitation and hygiene (WASH) objectives and messages.
- Women's SHG Federations the platform for PLA.
- Health and nutrition front line workers (FLWs) support the mobilisation process and link women and families to basic services.
- PLA cycle = 20 SHG meetings
- 1 meeting every 14 days.
- 2 community meetings to mobilise community leaders, men and the broader community.
- 1 Shakti Varta group for 500 population, dropping to 300 in remote areas.
- PLA cycle to be completed within 20 months.
- 1 facilitator for 8-10 SHGs.

Different to PLA trials:

- Massive scale of operation
- Breadth of messages
- Meetings held more frequently
- Timeframe: much shorter than WHO's recommended 3 years
- Low financial incentive for facilitators

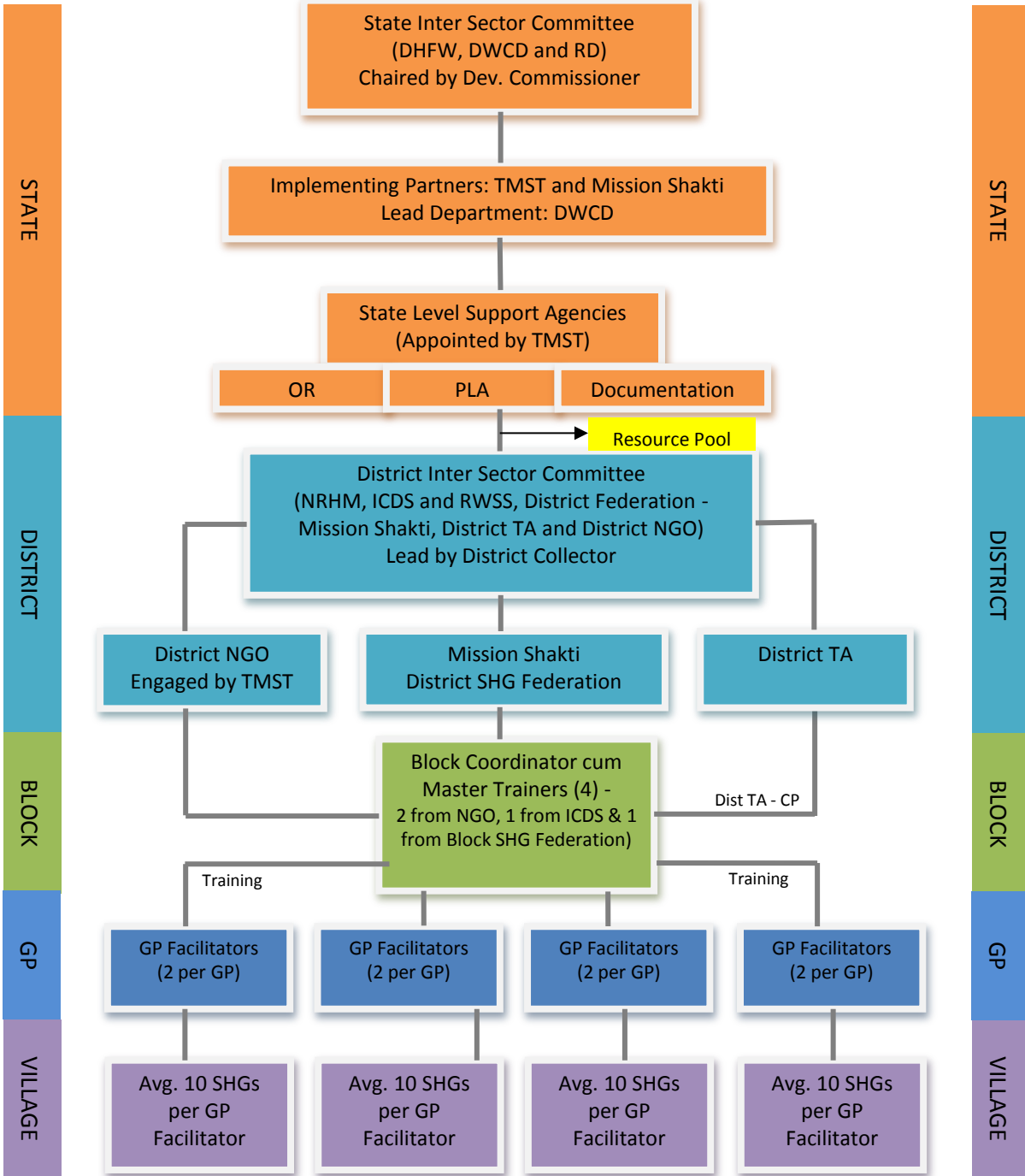


Delivering Shakti Varta

- The challenge: To select, train, supervise and motivate 5,800 female village level facilitators with limited education to facilitate a cycle of 20 meetings in up to 10 SHGs each across 152 blocks in the 15 poorest districts of Odisha.
- GoO ownership paved the way for integrating Shakti Varta into government structures and systems.
- Financial aid was channeled through Government agencies.
- The human resources and structures of the ICDS nutrition program and SHG Federations were leveraged but staff and capacity gaps was an issue.
- To fill the gaps TMST positioned technical assistance:
 - State Technical Agency was hired to support design and implementation of the PLA cycle and
 - District NGOs hired to supplement government human resources
 - Consultants positioned at district level to support program management and coordination.
- A complex web of partners was established.



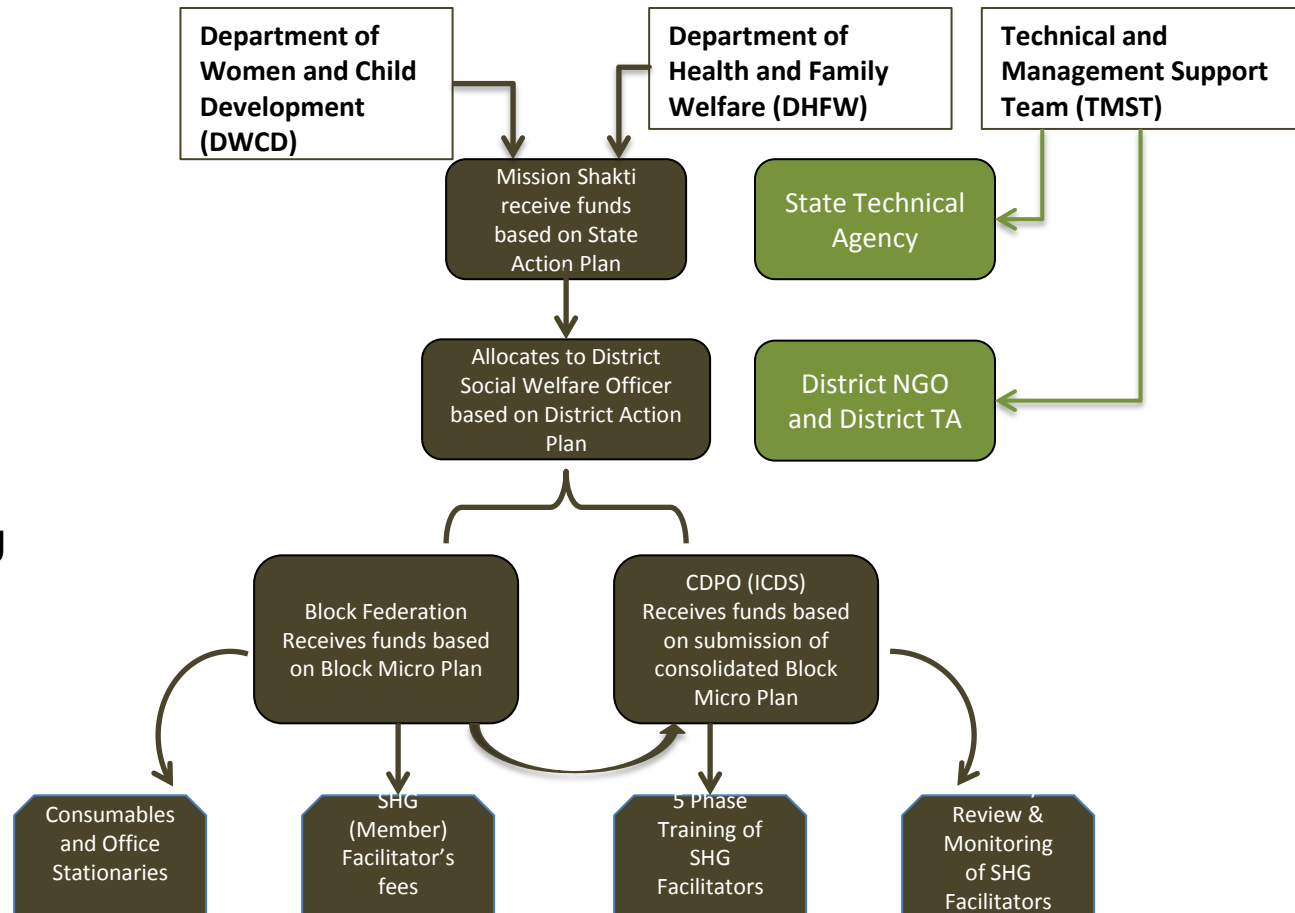
Implementation structure



Main implementation challenges

Fund flow

- Major delays in transfer of funds from state department to districts; 13 months delay in the first tranche of training budget in Wave I.
- Budget heads underfunded at centre.
- District officers unwilling to procure MIS forms due to complex and time-consuming procedures.
- E-transfer of incentives to facilitators has long waiting period.



Main implementation challenges

Timeline

- Delays in fund release delayed training and PLA meetings and squeezed meetings to 1 per 7-10 days in the second half of the cycle in Wave I.

Quality

- The short interval between meetings reduced participation levels and potential assimilation of messages into practice.

Breadth of messages

- Possibly too many and too shallow.

Training

- 3 days residential for each of five phases of training was too short.
- Standardising training happening across more than 5000 sites at the same time.

Remote and conflict affected areas

- Difficult for facilitators to reach.
- Difficult to mobilise women to meet as a group in conflict affected areas.

Facilitator capacity and retention

- In remote areas difficult to find women with 8+ years of education.
- Less educated women needed mentoring and support.
- Low compensation of Rs 100 per meeting with no travel compensation affected motivation, led to drop out and discouraged coverage of remoter villages.
- 25% drop out but tight budgets prevented mop up training.



Strengths of the partnership

PLA methodology and materials

- Interactive and participatory; highly appreciated by women participants
- High quality PLA products particularly the picture cards.

Training approach

- Interval and cascade training has worked well with experts from outside and within government acting as a state resource pool.



Community resource

- Strong supportive relationship between Shakti Varta facilitators and the two FLWs (ASHA and AWW).

Strengthened government nutrition program (ICDS)

- Extended reach of communication and community mobilisation.
- Strengthened block level planning and monitoring.

Strengthened SHG Federations and SHGs

- Revived dormant Block SHG Federations
- Introduced new skills such as financial management and raised their credibility.
- Stimulated SHGs into being more active and engaged with village development activities and FLWs.



Strengths of the partnership



Information management and communication

- Combination of traditional and modern information and communication tools.
- Repository of information to support training, supervision and monitoring and try to reduce the training loss inherent in conditions of scale up
- Online training and reference materials, hard copies to blocks with poor internet connectivity.
- Helpline resource for Block Coordinators and GP Facilitators.
- Online and offline MIS translated into dashboards for policy makers.
- Limited access to the online features due to poor internet connectivity in some blocks.

Field monitoring

- Spot checks and back checks by TA Quality Managers deployed at district level reduced false reporting and claims.

SHAKTI VARTA RESOURCE CENTRE

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Update: Flex no 67, 68, 69 are uploaded under Phase III and IV of Training materials Upd

Announcements

Sundargarh District.

- 6 – 8th January 2016 Phase III Batch 1 and 2 BC Training is going to be held at Keonjhar District.
- 28 – 29th December 2015 Wave I and Wave II district Quality Managers

Monthly Planner 2015

January

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----|-----|-----|-----|-----|-----|-----|
| | | | | | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
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| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 31 | | | | | | |

ASK YOUR QUESTIONS
If you have any questions, click here to ask.

Photo Gallery

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Technical Partners
Esjuit Management Consultancy Pvt. Ltd and
New Concept Information Systems Pvt. Ltd.

Extending the reach of government



Shakti Varta partnerships extended the reach of government in areas which typically stretch its limits.

Early results from Wave I districts

After 20 months of implementation in Wave I:

- Improved newborn care practices with >50% putting the baby to the breast within an hour of birth.
- Slight increase in knowledge and awareness related to pregnancy and IYCF.
- Pregnant women increased rest (80%), sleeping under a bed net (68%) and handwashing (47%).
- Increased awareness of the harm of open defecation.
- 48% of women who had attended a Shakti Varta meeting reported being involved in a community activity.

Impact evaluation due after Wave II meetings completed.



Conclusions

- Delivery structures of government and women's SHGs provided a platform for scaling up PLA; local SHG Federations and NGOs were essential to deliver training, supportive supervision, and quality management.
- Information, communication and training demands of large-scale PLA requires innovative solutions and partnership with civil society organisations to address areas that often stretch government practice.
- Implementing PLA in remote and conflict-affected areas requires tailor made approaches that are difficult to introduce in a government norm based program.
- The strong equity focus of the program resulted in high participation of vulnerable communities as participants and as facilitators.
- Delivering PLA through government systems takes time and any delay in fund flow hinders momentum.
- Financial incentives to facilitators were low which affected retention and motivation but is unlikely to be raised given government norms.
- Partnership arrangements and the blending of government and non-state human resources to implement PLA at scale are difficult to sustain without additional technical support.



