

IF WE WALK TOGETHER

*Communities, NGOs, and Government in
Partnership for Health—The IPP VIII
Hyderabad Experience*

Kirrin Gill

The World Bank
Washington, D.C.

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Foreword

The Municipal Corporation of Hyderabad took early and creative advantage of the support offered through India Population Project VIII (IPP VIII) to form partnerships with local NGOs and women's community groups to improve the lives and health status of the city's slum dwellers. Previous India Population Projects had gained valuable experience through their work with local NGOs in two specific areas, running selected Family Welfare Program health facilities serving slum areas and carrying out sterilization-related activities planned by the national Family Welfare Program. But, as the Census of 1991 indicated, the country's urban areas were growing rapidly, as were their slums—and with this geographic growth came growing health care needs.

In mid-1994, implementation of IPP VIII was beginning, with the goal of supporting expanded and improved provision of Family Welfare services to those living in the slums of these cities. Provision of these services would then contribute to fertility reduction, as well as to the lowering of maternal and infant mortality and morbidity levels in the slums. The project document noted the intent that Family Welfare activities be run as “a people's program,” and that inclusion of local NGOs in projects could “increase the pace of program implementation by supplementing governmental activities and bridging gaps in communication between the municipality and the slum communities.” Few municipal corporations, however, had invested significantly in health facilities for slum dwellers, and few if any possessed the resources to expand their existing levels of coverage.

IPP VIII was the fourth World Bank-supported India Population Project to

include NGOs in its activities, and the second urban project to do so (after IPP V). IPP VIII's design incorporated elements of these activities from the three earlier projects, and it also incorporated the flexibility to adjust design specifics to accommodate differing local realities (in terms of both health status and NGO capacity) and use lessons learned from experience. Among these innovative design elements were the importance given to the inclusion of community women's groups, as well as NGOs, in project activities and recognition of the need to foster the working relationships of these groups, as well as the more visible relationships between municipal authorities and NGOs.

The project offered local NGOs and women's community groups the chance to carry out a wide range of participatory activities related to program goals, including health promotion, vocational training, and social clubs for women living in the slums, and environmental sanitation and selected health services. Each of the four project cities—Bangalore, Calcutta, Delhi, and Hyderabad—have in fact met these challenges to some extent, but none so comprehensively as Hyderabad, both in terms of the range of responsibilities carried out by NGOs and women's groups and in their willingness to offer and accept such responsibilities.

One challenge faced at the start of the project was how to define the relative roles of NGOs and community groups in relation to each other and to government. How can these interactions be fostered in a manner consistent with government and Bank procurement and disbursement guidelines? This case study describes the range of participatory activities being carried out in Hyderabad, the factors responsible for

current achievements, and the status of efforts to assess health status outcomes of these activities. The study offers one approach to these issues, which we believe is helping to create a "sum" in Hyderabad that is greater than its various parts.

A recent study of these issues by the Operations Evaluation Department of the World Bank recognizes that, although participatory activities may not absorb as large a share of project resources as other components, they do need a reasonable and timely level of monetary support and management attention to succeed. The need for management attention applies at all levels of project implementation, including the

Bank's own project review allocations. Focused resources are needed to understand and facilitate these activities, as well as to provide appropriate systems support in key areas such as procurement and disbursement. We at the World Bank are grateful to the Fund for Innovative Approaches to Human and Social Development (FLAHS) for monetary support, to Aubrey Williams for wise advice about monitoring these activities in IPP VIII, and to the Consultant Trust Funds of Spain and Switzerland for subsequent support—and our deep thanks to all in Hyderabad who joined us in preparing this case study.

Catherine Fogle, SASHP
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Summary

"If we walk together, a path will emerge"

(A local saying in Andhra Pradesh, translated from Telugu.)

In the slum communities of the city of Hyderabad, the capital of the southern Indian state of Andhra Pradesh, a remarkable partnership is taking place between the women of the slums, non-governmental organizations (NGOs), and government health workers. These three groups have joined together to work toward improving the health and well-being of women and children in some of the poorest neighborhoods of the city. This partnership is occurring under the Government of India's Family Welfare Urban Slums Project (in Bangalore, Calcutta, Delhi, and Hyderabad), also known as India Population Project VIII (IPP VIII). This World Bank-supported project is collaborating with NGOs and communities to make a qualitative change in the lives of women and children who live in the slums of four major Indian cities.

In Hyderabad, NGOs and community members are integrally involved in project activities. NGOs work in partnership with government health staff to mobilize community members to form women's health groups and networks of voluntary community health workers. These workers, known as Link Volunteers, act as the link between their communities and health staff. Women from the slums are chosen to be Link Volunteers on the basis of their communication skills, not their formal education. In fact, some of the most effective Link Volunteers are illiterate. The Link Volunteers provide women in the slum communities with health and contraceptive information and services and keep the government staff informed of the health status of the community.

Link Volunteers do not receive individual payment for their work. Instead, their communities are given a financial incentive through women's health groups and community revolving funds. This money has enabled the women of the slums—perhaps for the first time—to finance improvements in their neighborhoods. They have used these seedling funds to improve civic amenities, such as sanitation systems, wells, and toilets, and to establish income generation schemes, such as tailoring centers. NGOs help the women identify and carry out these initiatives.

The IPP VIII experience in Hyderabad is exceptional because it has succeeded in gaining an unusually high extent of both NGO and community participation and has shown strong health-related results. There are 22 NGOs delivering family planning and maternal and child health services in 662 slums of the city, with each NGO having autonomous authority over all project activities in 20 or more slums. Women from the communities have formed 586 women's health groups (WHGs) and more than 5,500 have become Link Volunteers. Thousands of other community members have joined the project's innovative schemes, such as workshops for first-time mothers, nutrition education programs for girls, and nursery schools for children. Since the start of the project in 1994, outpatient registration has increased from about 615,000 to 908,000, the rate of institutional deliveries from 70 percent to 84 percent, and prenatal care coverage from 91 percent to 95 percent.

This booklet describes the partnership between the government, communities, and NGOs. It examines NGO and community involvement in Hyderabad and explains how the partnership functions and how, by using an integrated development approach, the partnership helps the project reach the women and children of the slums. It elaborates on the roles of the Link Volunteers, women's health groups, and NGOs and provides details on IPP VIII activities and the other community development schemes

begun by the project. Engaging people's participation in a development project is not an easy process. Few projects have been able to achieve meaningful involvement of communities, and even fewer have tapped the potential of NGOs. This booklet describes how IPP VIII in Hyderabad has been able to succeed. It identifies some of the factors that enabled IPP VIII in Hyderabad to engage both communities and NGOs, making partnership with the people a reality.



Improving Health and Well-Being in Hyderabad

The Family Welfare Urban Slums Project (IPP VIII) was founded on the belief that collaborating with communities and NGOs on a development initiative can help make real and lasting change. Since 1994, the project has been active in the slums of Bangalore, Calcutta, Delhi, and Hyderabad to improve maternal and infant health and reduce fertility. A \$79 million interest-free credit from the International Development Association, the World Bank's concessional lending affiliate, is financing the project to expand and upgrade health and family welfare services and increase demand through awareness programs, women's empowerment activities, and community participation. To improve the reach and quality of health and family welfare services in the slums, IPP VIII is working to build and renovate health facilities, train medical staff, and provide medical equipment and supplies. It is also using innovative strategies and schemes to increase women's awareness, status, and participation in the project. The project design integrated a participatory approach into the overall project strategy, and it encourages NGO participation in several project activities. As a result, all four IPP VIII cities are working with NGOs and have mobilized communities to form networks of community health volunteers.

In Hyderabad, these participatory approaches have resulted in an unusually high level of involvement of both NGOs and communities. Twenty-two NGOs collaborating with the project are managing community-based activities in the 662 slums in the project area. They have trained 5,581 community health volunteers and started 586 WHGs to help reach women and children in the slums. But what makes IPP VIII in Hyderabad unique is the way and extent to which it has involved NGOs and communities.

The project has engaged NGOs and communities in identifying and planning project activities and has provided support for their own initiatives. Creative ideas, such as giving NGOs autonomous control over project areas and enabling women from the slums to finance improvements in their communities through revolving funds, have transferred control over decisions and resources to NGOs and communities, catalyzing the process of empowerment. This partnership with NGOs and communities complements the project's improvements in service delivery, which include 26 new Urban Health Posts, 5 new maternity centers, and the reinforcement of the infrastructure, staffing, and supplies of the 34 existing Urban Family Welfare Centers. The involvement of communities and NGOs eases delivery of services and raises demand, and thus plays a critical role in reaching the beneficiaries of the project.

Such an initiative in Hyderabad has not come about easily. Reliable statistics on Hyderabad are not available, but research on the urban populations of Andhra Pradesh indicates that the well-being of women and children in the cities is poor. One child in 16 dies before reaching the age of one. Only 58 percent of children 12 to 23 months old are fully vaccinated, and one in nine has not received any vaccination at all. Mothers received prenatal care for 93 percent of births, but only 70 percent of births took place in a health institution (Population Research Center [PRC] and International Institute for Population Sciences [IIPS] 1995).

The situation is worsened by high female illiteracy and early childbearing. Although reproductive health statistics for urban areas in Andhra Pradesh are generally better than all-India averages for urban populations, two weak spots

stand out—female illiteracy and teen pregnancy (IIPS 1995). Both undermine the reproductive health of women. Among urban women, 33 percent are illiterate and the average age at marriage is 20. Early marriage inevitably means early pregnancy, because few women use contraceptives to delay childbearing and space pregnancies. Fifty-six percent of married women use a modern method of contraception, but for the vast majority this has meant sterilization. Only 4 percent of married women use modern methods of spacing, such as the pill, IUD or condom (PRC and IIPS 1995).

These statistics on the urban populations of Andhra Pradesh give only a partial indication of the conditions of the poor in that state's cities. Even in the capital city of Hyderabad, physical proximity to infrastructure has not meant access to services for the people of the slums. The available statistics on the slum populations of Hyderabad confirm that reproductive and child health among the poor in the city is similar to statewide urban averages despite the proximity of the state's best health and educational institutions (Rao, Babu, and James 1998). As in many cities in the developing world, Hyderabad's social development has been neglected. Central and state-level government support for health infrastructure in India has concentrated on rural areas and statewide

programs. As a result, public health services in Hyderabad are weak and inadequate to meet the needs of the large and growing population of the poor in the slums. A survey conducted in 1992, before the initiation of IPP VIII, showed that fewer than half of the women in the slums were aware of the existence of Family Welfare centers run by the government (D. V. Rao 1992).

Health problems are compounded by other strains on the rapidly growing, diverse population of Hyderabad, which is both a seat of traditional culture and a rising center for new technologies. Friction between the Hindu population and the large Muslim minority has become a way of life in the city, periodically breaking out into severe violent conflicts. The slum populations include a large percentage of Muslims and other minority groups, so tensions are particularly high in the IPP VIII project areas. Since the 1970s, the slum population has increased more than fourfold. According to the Office of Urban Community Development, Municipal Corporation of Hyderabad, in 1971, 282 slums housed 300,000 people in the city. At the start of IPP VIII in 1991, there were 662 slums housing 860,000 people, who became the beneficiary population of the project. The rapid growth continued, however, and, by 1997, the Office of Urban Community Development noted that this population had grown to 1,260,000 people in 811 slums.

In Partnership with NGOs and the Community

"If local people are involved, the community will really listen. Link Volunteers speak in the communities' own language. If the motivation comes from both sides, then we can achieve our aims. Link Volunteers are particularly good with tough issues such as fears about side effects of contraceptives. They can help reassure community members because they belong to the community."

—Dr. V. Anantha Kumari, who has been working in the slums of Hyderabad for seven years

Under the difficult circumstances in Hyderabad, IPP VIII project management staff recognized early on that change could not be imposed from the outside. It would have to come from within, with the active participation and commitment of community members. To mobilize community involvement, project staff sought help from agencies with close links with the community—NGOs. In Hyderabad, as in many cities in India, NGOs were engaged in community development, women's initiatives, and health improvement. In exchange for the active involvement of NGOs, IPP VIII project staff were also prepared to give something critical—a degree of control over the project.

In most development projects that involve NGOs, such groups are given responsibility for specific, often isolated, activities. In contrast, under IPP VIII in Hyderabad, NGOs are integrally engaged in and responsible for all community-based activities. In all of the 662 slums in the project, 22 NGOs manage project activities at the field level and act as intermediaries between health staff and community members. (See appendix A for a list of the NGOs.) Each NGO oversees maternal and child health and family planning activities in 20 or more slum communities. They motivate community women to form women's health groups (WHGs), called *Mahila Arogya Sangams*, and identify and train community health volunteers—the "Link Volunteers."

Link Volunteers serve as communicators of important messages and information related to health, family planning, and the well-being of women. They also provide some basic health and family planning supplies to the community, and collect information on its health and development status. The Link Volunteers report this information to Auxiliary Nurse-Midwives who then follow up on community members who need services, such as pregnant women, infants needing immunizations, and newly married couples requiring family planning advice and services. NGOs also help collect information from the Link Volunteers and report on progress to health staff and project management staff.

NGOs and Link Volunteers hold two meetings each month to ensure regular communication between all the groups. One meeting is held in the slum so all the women of the community can attend. The other meeting, held at the local Urban Health Post (UHP), brings the Link Volunteers and NGO representatives from three slums together with the Auxiliary Nurse-Midwife, the Medical Officer of the UHP, and an IPP VIII Women's Development Officer. These meetings ensure that information about the communities' health needs and status reaches the health staff. They also provide women with a forum to discuss their other community concerns, including those not directly related to health or family planning. Holding one meeting in the UHP helps familiarize the Link

Box 1. Integral Involvement: The Multiple Roles of NGOs in Hyderabad

Unlike many development projects in which NGOs are engaged in isolated tasks, such as managing a health center or vocational training program, in IPP VIII Hyderabad, NGOs are involved in all community-based activities. Their responsibilities include the following:

- oversee maternal and child health and family planning activities in 20 or more slum communities
- identify, train and manage Link Volunteers
- organize and manage women's health groups
- maintain a regular dialogue with community members and health staff through
 - monthly meetings at the Urban Health Post for NGOs, health staff, and IPP VIII Women's Development Officers
 - monthly WHG meetings in the slum for Link Volunteers, NGOs, and women from the community
 - monthly meetings in the IPP VIII project office for NGOs and project officials
 - quarterly meetings in the IPP VIII project office for NGOs and Medical Officers
 - annual meetings of all the Link Volunteers in the city
- raise awareness of health and family planning issues by organizing
 - health camps
 - competitions for Link Volunteers and adolescent girls in the slums
 - special programs, such as World Health Day and the Pulse Polio Campaign
- register vital events
- manage IPP VIII community-based health and development activities such as
 - revolving funds for WHGs
 - nursery schools
 - schools for former drop-outs
 - adolescent girls' workshops
 - first-time mothers' workshops
- establish additional community development activities according to community needs, such as legal literacy programs and income generation schemes

Volunteers with the health facilities and staff, so they will feel more comfortable using the services and referring other community members to them.

Each monthly meeting lasts about two hours. The meeting in the UHP consists of a half-hour health talk given by health staff, which is followed by an open dis-

cussion. During the discussion, Auxiliary Nurse-Midwives collect information from the Link Volunteers about the health and family planning status and needs of the community. The Link Volunteers also bring up other problems and social issues facing the communities, and the representatives of NGOs, Women's Development Officers, and the health workers

Figure 1. The Partners in IPP VIII

IPP VIII government staff	Health staff	NGOs	Link Volunteers & women's health groups	Community members
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help suggest appropriate actions and solutions. The exchange of ideas during these monthly meetings has generated numerous other activities—both official

IPP VIII activities, such as workshops for adolescent girls, and unofficial activities that were established by IPP VIII NGOs, such as schools for working children.



Expanding Outreach through NGOs

"In this area there is no hospital or health center nearby. The people don't know about the IPP VIII health center. The people here wouldn't take medicine from government health staff who came to the slum. They were afraid that medicine meant family planning and would sterilize them. Then we started these health camps and convinced the people to come. They now come and meet with government doctors, get medicine, and know where the health center is."

—Gita Devi, NGO Coordinator from the Confederation of Voluntary Agencies (COVA)

The Role of NGOs

Community health workers and WHGs are widely used in health projects. However, they are usually established and managed by already overstretched health staff. Although health staff, such as Auxiliary Nurse-Midwives, benefit from having additional hands at the community level to carry out their tasks, the management of the community-based networks places an additional administrative burden on them that they may be unwilling or unprepared to take on. By allowing NGOs to manage the Link Volunteers and WHGs, IPP VIII Hyderabad planned to benefit from community-based networks without adding to the responsibilities of its health staff.

Project officials recognized that working with NGOs had other advantages as well. NGOs are able to effectively manage community-based networks of health volunteers and women's groups because of their understanding of cultural contexts and experience in community mobilization and promoting local participation. Many NGOs are community-based organizations and are known to and trusted by their communities, increasing the credibility of the project and facilitating its activities. NGOs concentrate on filling the gaps that are not addressed by existing programs and are better equipped to handle neglected

groups, such as the poorest populations, and controversial topics, such as the reproductive health of adolescent girls. NGOs are also flexible and able to devise innovative approaches and low-cost solutions (Malena 1995, Sundar 1994). By involving NGOs in the project, IPP VIII in Hyderabad was able to tap all these strengths of NGOs. In addition, it gained another cadre of project staff closely linked with the slum communities, which increased the outreach of the project in Hyderabad's slums.

NGOs also benefit from collaborating with the government. First, they gain resources and a source of support. They are also able to gain legitimacy by working with the system, as well as pilot their own innovative activities and work on innovative government schemes. If successful, their schemes may be expanded to a far larger beneficiary population than one NGO alone could reach, facilitating a process of institutional change and reform (PRADAN 1996).

Despite these mutual benefits, in many development projects—if NGOs are involved at all—NGO participation is limited to discrete activities, which are often peripheral to the project. For example, NGOs may participate in health activities by helping to mobilize communities and raise awareness, a role for which they are not likely to get

any financial support. NGOs also may be involved in such health-related activities as managing a health center or conducting an Information, Education, and Communication program. Alternatively, they may be involved in social development, such as vocational training or managing a day care facility for children. Other than such clearly defined activities, NGOs often have a minimal role. They have little say in the planning or evolution of the project. They are provided with support for their project-related activities, but they have little control over those resources, since the activities and costs have been defined by project management.

Responsibilities of NGOs in Hyderabad

In IPP VIII in Hyderabad, the role of NGOs is considerably different. NGOs are involved in identifying and planning activities and manage all project activities in the communities. NGOs help bring IPP VIII services to the community and the community to IPP VIII health facilities. As an intermediary between the health staff and the community, they inform the people in the community about available health services and reassure them about any doubts and concerns. They also help keep health staff and project management staff apprised of the needs of the community. Their main responsibilities are establishing and managing networks of Link Volunteers and WHGs. To date, NGOs have trained 5,581 Link Volunteers and have started 586 WHGs. In addition, NGOs promote access to reproductive health care by encouraging registration of pregnancy, prenatal care, immunization of pregnant women and children, and deliveries in health facilities. They work with health staff to increase demand for project services, such as temporary and permanent methods of contraception. Monthly reports and meetings at the IPP

VIII project office give NGOs a chance to report on progress to the project management staff.

NGOs conduct baseline surveys in the slum communities to assess the current status of family health. They work with health staff to raise community awareness about health and family welfare concerns, such as hygiene, nutrition, and the need to delay marriage until the legal age of 18 years. They organize activities such as health camps and mobilize community members for such special programs as the government's Pulse Polio Campaign. In addition to these IPP VIII health activities, some NGOs are collaborating with other government departments to bring programs for tuberculosis, leprosy, and disabled children to the slum communities.

Innovative NGO Activities

NGOs also manage and mobilize community members to participate in the diverse range of innovative schemes supported by IPP VIII Hyderabad. Health staff come to the communities only for short periods, but NGOs, by contrast, are an ongoing presence in the community. As such, they can judge the community response to the activities and suggest changes to existing programs and ideas for new activities. NGOs, Link Volunteers, and WHGs help identify, plan, and manage these activities and encourage community participation. These activities include saving programs, nursery schools, school for former drop-outs, adolescent girls' workshops, and first-time mothers' workshops. Some of these activities focus on broader development concerns, such as education and women's empowerment, while others focus on key reproductive and child health concerns, such as adolescent reproductive health awareness. Because of the high rate of teenage pregnancies in Hyderabad, several project activities focus on adolescents as a key target group.

Box 2. An Impressionable Age

In Aman Nagar, the IPP VIII Adolescent Girls' Workshop made a lasting impression on the young girls in the slum communities. Sixteen-year-old Najma Begum talked candidly about her experience at the workshop:

I had heard about the pill on TV, but I didn't know much about it—what it was for, how to use it. I was too embarrassed to ask, but at the training, we learned all the details. Some people believe that if you keep taking the pill for years, that you will never be able to have a baby, but the doctor said that is not true. I also learned about the IUD. I had never heard of it before. I liked the third day best. We learned about the development of a woman's body. We laughed a lot and felt shy when we saw the book, but the teachers told us not to be ashamed. They said, "You will be married one day, and this is what you will face." Then we realized the importance of the book. My mother doesn't tell me about these things because she is ashamed. I am going to show the book to my older sister. She will be upset at first, but I will explain things. My mother was nervous about my coming to the workshop. She came the first day and saw that they were all women—no men—and that it was a nice place. Then she let me stay.

Since the excitement of the adolescent girls' workshop ended, the girls in the community have been requesting more activities. With the help of the Confederation of Voluntary Agencies (COVA), they have formed an adolescent girls' group that meets every month. They also began a cultural troupe for adolescent girls. The girls in the troupe have developed their own plays about issues they think are important to their health. They perform the plays in their own community and in other slum communities of Hyderabad. Said 15-year-old Zaheeda Unissa, "We made a play and went to the other slums to show the girls there our play. Since the training program and these plays, we have made about 300 friends!" Added 16-year-old Aishiya, "They were all Hindu girls where we went, but they didn't want us to leave. They followed our rickshaw."

While carrying out health activities and innovative schemes under IPP VIII, NGOs are also able to respond to the broader development needs of the slum communities. NGOs have helped communities to identify and establish other needed development schemes and raise the funds for these additional activities. Collaboration with NGOs began in May 1995, and their involvement has sparked numerous activities, such as adolescent girls' groups, legal literacy programs, income generation schemes, and NGO-run nursery schools. (See the "Innovative Schemes" chapter of this booklet for more details.)

Some of the additional development schemes started by NGOs arose from

IPP VIII innovative activities. For example, the adolescent girls' workshops created much excitement and interest in further activities for adolescent girls. The girls who attended the program voiced the need to have a group of their own, with regular meetings. NGOs helped them organize groups, and 150 slums now have active adolescent girls' groups.

Benefits of NGO Involvement

The flexibility provided by IPP VIII has given NGOs the freedom to establish these supplementary schemes. The needs of slum communities differ from one area to another, and the skills of NGOs also vary. Each NGO has tailored

they conducted a review of NGOs in Hyderabad. They then held a two-day orientation workshop for NGOs in which 80 organizations participated. Staff introduced objectives of the project and asked NGOs about their areas of interest and possibilities for collaboration with the project. Initially, 40 NGOs applied to work with the project, and 8 were chosen to take over slum areas and set up networks of WHGs and Link Volunteers. Each year, more NGOs have joined the project to take over the management of other slum areas. Selection of the NGOs was based on several criteria: (1) registered status as an NGO, (2) expertise and experience, (3) structure and participants of the governing body, and (4) an audited statement of accounts for the three years preceding the application.

At the same time, project management staff also instituted procedures to establish and encourage NGO involvement. A request to the state government to issue an order outlining government-NGO collaboration provided the legal framework for approving NGO activities in a government project. The project team developed a standard contract, which specified the administrative, technical, and financial responsibilities of the NGOs. The contract was flexible enough that it could be used for each of the 22 NGOs, so time was not wasted developing tailor-made contractual arrangements for each NGO. Clear reporting requirements and a standard monthly reporting form for NGOs eased the review of progress. After some initial delay in clearing project activities through government channels, the project management officers decided to develop an annual action plan for all community-based and NGO activities. This plan allowed all activities for the year to be cleared simultaneously, reducing the chances of delay in approval or problems with funding flows.

A diverse range of NGOs is collaborating with the project. Although most of the

NGOs specialize in community development, about a quarter of them focus on health, while another quarter focus on women's concerns. The majority of the NGOs are local organizations, but some are national and one is international. (See appendix A for the list of the NGOs.) Monthly meetings with project management staff give the NGOs an opportunity to discuss problems and progress. The meetings also provide an opportunity for all the representatives of the NGOs to meet each other to raise common concerns, exchange ideas, and build on each other's strengths.

To prepare the NGOs for collaboration with the project, IPP VIII provided a 10-day training course for all the selected organizations. The training involved four days of practical field experience and six days of theory. For field experience, new NGOs are attached to an NGO already working with a project to help them understand field activities and how to mobilize community networks. The process of selecting Link Volunteers is emphasized because it is one of the most difficult and important aspects of creating a good network. The six days of theory focus on several topics, including general health, reproductive and child health, gender, thrift and income generation programs, and the girl child and education. Once they have been trained, NGOs are responsible for training Link Volunteers in their areas. Health staff also receive training to help them collaborate with NGOs. IPP VIII training for Medical Officers and Auxiliary Nurse-Midwives includes a session on collaborating with NGOs, which explains the rationale for working with NGOs and outlines the process of working with NGOs and Link Volunteers and related issues, such as management of community revolving funds.

IPP VIII provides each collaborating NGO with funds for the salaries of project coordinators, training of NGO staff and Link Volunteers, travel, administration,

Box 4. Encouraging Participation: How Did It Happen in Hyderabad?

Getting NGOs and women from the slums involved in the project was not easy. Numerous steps were taken:

1. The administration of the project created a dedicated, all-female management structure for overseeing women's participation and community-based activities:
 - one program officer with management skills and experience working with government and NGOs and in the field
 - three assistant program officers for extensive field-based work
2. Project staff developed procedures to promote NGO involvement:
 - a request to the state government to issue an order outlining government-NGO collaboration, thus providing the legal framework for approving NGO activities in a government project
 - guidelines and selection criteria for NGO participation
 - a standard contract for NGOs, specifying terms and conditions of collaboration, including the administrative, technical, and financial responsibilities of the NGOs
 - reporting requirements and a standard monthly reporting form for NGOs
 - an annual action plan for all community-based and NGO activities
3. Project staff selected and prepared NGOs for collaboration with the project by
 - developing a comprehensive profile of NGOs in Hyderabad, with help from other government departments and development agencies
 - organizing a two-day workshop for NGOs to introduce IPP VIII and discuss possibilities for collaboration
 - providing a 10-day training program to prepare the selected NGOs for project work
4. NGOs established networks of community health volunteers and women's groups in the slums by
 - holding IPP VIII orientation meetings in each slum
 - holding additional meetings in slums to measure sustained interest of Link Volunteer candidates
 - working with community members to select one Link Volunteer for every 20 families
 - training Link Volunteers for four days
 - initiating WHGs in each slum
5. NGOs established other IPP VIII innovative schemes in slums, such as adolescent girls' workshops, first-time mothers' workshops, and nursery schools.
6. Project staff expanded collaboration with other groups by
 - holding orientation meetings for other influential groups in the communities, such as local private medical practitioners, women entrepreneurs, and female community leaders
 - collaborating with other government departments and private groups to bring other community development activities to the slums, such as the HUDA Urban Forestry Nursery Scheme
7. NGOs and community members were given the flexibility to plan and establish community activities:
 - NGOs identified and began additional development schemes needed by the slum communities.
 - WHGs planned and funded community schemes using revolving funds.

and supplies. NGOs also are given health education materials, including videocassettes, charts, and books. The project also requires NGOs to contribute some resources to the project. The purpose of this contribution is two-fold. First, the NGO contribution is a demonstration of its firm commitment to the project. Second, the contribution helps ensure the financial stability of the NGO involvement. Past experience had shown that government funding can suffer from irregularities and delays. When an NGO

did not have an adequate level of its own resources, such delays threatened a project and even the existence of the NGO. To avoid such problems, the project requires the NGO to show that it has a certain level of financial stability and can provide some of its own resources for the project. Specifically, IPP VIII asks each NGO to contribute some funds for supervision of the program, the salary of its NGO coordinator, travel, administrative expenses, and provision of resource persons and materials.



The Link to the Community

“We are Hindus. We used to be afraid to come to Muslim slums to work. But we've never had a problem. The Link Volunteers help us with everything. They made us feel comfortable in the neighborhood. They give us tea, invite us to their homes. They bring us children for immunization.”

*—Sujata, Shanta, and Marilama, Auxiliary Nurse-Midwives from Aman Nagar,
Part B Urban Health Post*

Responsibilities of Link Volunteers

As their name suggests, Link Volunteers provide the connection between the Urban Health Post and the community. Community members and NGOs work together to nominate a Link Volunteer who will be responsible for every 20 houses in each slum area. In the slums of Hyderabad, each house is usually the home of one or more extended families. IPP VIII management staff chose the house, rather than the family, as the unit for the Link Volunteer for the sake of simplicity. Although they initially tried to use families for this purpose, it was easier to allocate and keep track of houses. The Link Volunteer provides these families with information on health and family planning and keeps track of their well-being and current status, and she informs the Auxiliary Nurse-Midwives about the households' marriages, contraceptive use, immunization status, pregnancies, births, deaths, occupations, and school drop-outs.

Each Link Volunteer has a small target population, so her responsibilities do not require an extensive time commitment and she is able to give greater individual attention to each family to whom she is assigned. Her responsibilities also include referring patients to health facilities and distribution of some medical supplies, such as oral rehydration salts

to prevent infant diarrhea, iron supplements, paracetamol (acetaminophen), vitamin B complex, condoms, contraceptive pills, and cough tablets. In addition to raising awareness about good health practices and family planning, Link Volunteers discuss other concerns that can affect the well-being of women and children, such as women's empowerment, education, legal literacy, and the special needs of adolescent girls. They also manage community savings groups and assist NGOs in carrying out other health and community development activities, such as health camps. Link Volunteers are not required to work during any specific hours to carry out these activities. They can meet with the families in their houses at any time that is convenient for their own normal activities and schedules.

Link Volunteers do not maintain record books. Instead, they orally report to the NGOs on their activities and the health status of the families in their 20 assigned houses. Reporting takes place at the monthly meetings in the slum and at the Urban Health Post with NGOs and health staff. During these meetings, NGOs work with Auxiliary Nurse-Midwives to transfer the oral reports of the Link Volunteers to record books, a process that otherwise would have been the sole responsibility of the Auxiliary Nurse-Midwives. Having NGOs as intermediaries between Link Volunteers and health staff aids the project in working

Box 5. Link Volunteers in Action

Networks of Link Volunteers in Hyderabad expand the outreach of IPP VIII by

- reporting on the well-being of the occupants of 20 houses, including births, deaths, occupation, marriages, school dropouts, contraceptive use, handicapped children, and widows
- assisting Auxiliary Nurse-Midwives with outreach activities in the slums
- communicating important messages about mother and child health, family planning, gender issues, legal literacy, women's status, thrift schemes, and special health programs
- acting as depot holders for oral rehydration salts, contraceptive pills, and condoms
- helping organize IPP VIII community development activities such as WHG revolving funds and nursery schools.

with volunteers of all educational levels. Two monthly meetings with NGO representatives and health staff and an annual meeting of all Link Volunteers in the city promote the exchange of ideas and build a sense of communal strength among the Link Volunteers. Table 1 provides a comparison of Hyderabad's Link Volunteers with community health workers in other IPP VIII cities, to explain what makes Hyderabad's volunteers exceptional.

The Process of Involving Link Volunteers

There is no minimum level of education required for Link Volunteers. Some of the most active and articulate Link Volunteers in Hyderabad are illiterate. They are selected on the basis of communication skills and age. The requirements are simple: women between 15 and 45 years of age who are able to convey a message. The level of education of Link Volunteers ranges from no education to degree holders, but is, on average, at the fourth or fifth grade level. The women selected are often respected and older members of the community whose advice will be taken seriously by their neighbors.

Link Volunteers in Hyderabad are not paid individual salaries or honorariums. Instead, their community receives a

small amount of remuneration as a group, through the revolving funds provided to each community WHG. Women are encouraged to become volunteers not just for monetary compensation, but to gain skills and access to information and benefit their communities. Despite this lack of personal monetary benefit, NGOs report that dropping out is not common among the Link Volunteers. Since many community volunteer programs suffer from high dropout rates—even those providing monthly salaries of Rs. 500—the low dropout rate in Hyderabad is an achievement. Most of the Link Volunteers are employed and so earn their income from other sources. The purely voluntary nature of the Link Volunteers program also strengthens the sustainability of the project and helps avoid the politicization of the Link Volunteers. This is important, because local political parties have interfered in programs with paid volunteers to ensure that their supporters get the positions.

NGO representatives train the Link Volunteers to prepare them for their work. Initial training lasts for four days, and this is followed up by two days of "reinforcement" training twice a year thereafter. The training includes sessions on maternal and child health and family welfare; women's empowerment; women and legal literacy; and the girl child, adolescent girls, and education.

Box 6. Two Link Volunteers

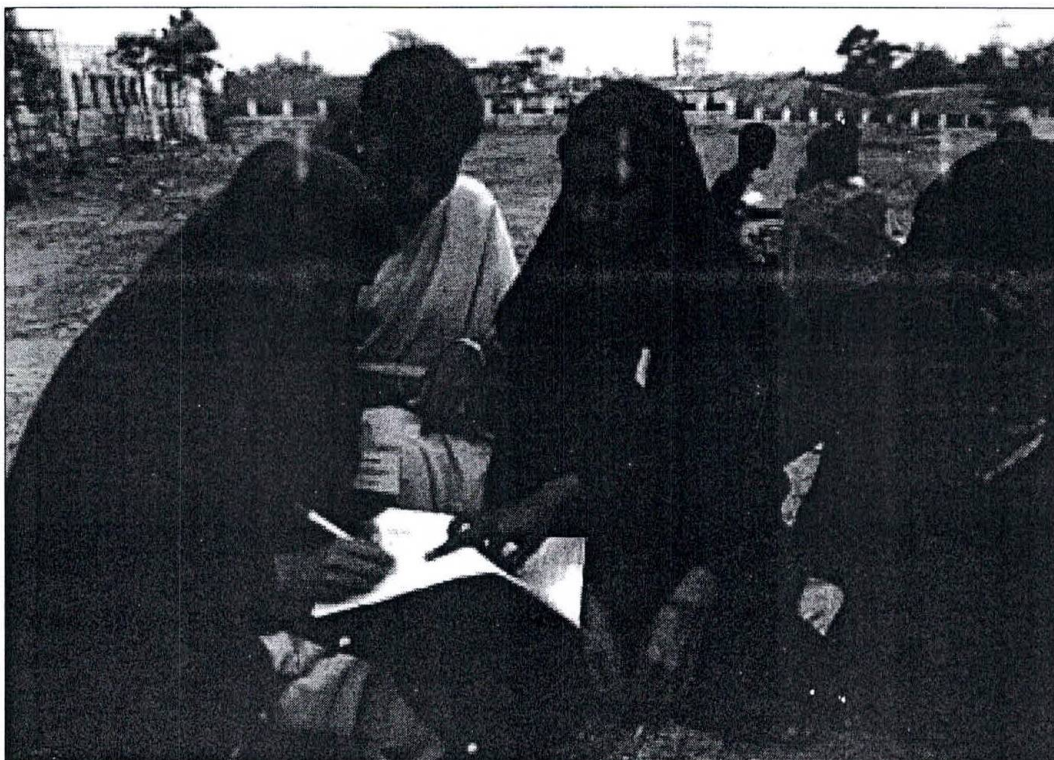
G. Ellu Bai has been a Link Volunteer since IPP VIII began in her community. To make her living, she washes dishes in a middle-class neighborhood near her home in Muggugudusilu slum. She dropped out of school after seventh grade and isn't sure of her exact age but thinks she is about 50 years old. She has a great deal to say about the changes in her community since the start of the project:

In our slum a lot of progress has occurred. Before, everyone used to have five to six children and their health would be ruined. Now they have two or three. We used to go to private doctors, but now we go to the government health center. Private doctors charged a lot of money. This wasn't a clean slum before. Then IPP VIII helped us learn how to clean the area, to put trash in plastic bags and collect it. Before, women used to only listen to what their husbands said. Now they tell their husbands to listen to what they say!

Vijay Laxmi, aged 24, has been a Link Volunteer in Kutchi Bouli slum for three years. Her husband is a car mechanic. She explains, "I learned a lot after becoming a Link Volunteer. We used to sit alone in our houses. We were scared to go out. Now women have the courage to go out and talk to people. We used to be told that if you eat a banana when you are pregnant, you won't get a male child. We learned better in our training, and I want others to learn too. By doing this work, I am doing something for the betterment of the entire slum."

Table 1. How are Hyderabad's Link Volunteers Different?

	<i>New Dehli</i>	<i>Bangalore</i>	<i>Hyderabad</i>
Required education	4th grade	10th grade	None
Population	2,000	5,000	20 houses
Reporting	Informal notes	Three record books	Oral reports
Incentive	Rs. 500 per month	Rs. 500 per month	Community revolving funds



Women's Health Groups and Community Revolving Funds

To build a strong relationship between health staff and the slum communities, IPP VIII has formed women's health groups (WHGs) in the slum areas of Hyderabad. Established by NGOs, these WHGs give NGOs an opportunity to raise community awareness about health and development concerns and to learn about the health status and needs of the community members. WHG meetings are attended by NGO representatives, Link Volunteers, and other women of the community. Each Link Volunteer is automatically a member of the WHG within her community. During the meetings, NGOs catch up on what has happened in the community in the past month and find out about births, marriages, pregnancies, illnesses, and deaths.

Most important, such meetings give women in slum communities a chance to raise their concerns, get their questions answered, and work toward solutions with assistance from NGOs. The NGOs do not restrict the discussions to health or family planning. The women who attend are encouraged to talk about any topic of concern to them. This allows the women of the community to lead the discussion, rather than the NGO representatives. Women discuss a wide variety of topics, from problems with water and sanitation to domestic violence, tensions between religious groups, and alcohol abuse among the men in the communities.

IPP VIII provides seed money to each WHG for community revolving funds. Depending on the size of the population of the community, IPP VIII contributes from Rs. 150 to Rs. 300 per month to the

fund for each slum. The funding responsibility is a shared one, with each household in the community contributing one rupee per month. Women belonging to the WHG decide how to use the funds with guidance from NGO representatives. The community contribution to a plan must be at least 30 percent of the total cost of the scheme, and the Medical Officer at the Urban Health Post maintains the accounts. Funds must remain in the account for a year before they can be used; thereafter, the only constraint on the use of the money is that it be for the betterment of the community.

IPP VIII management staff originally thought a revolving fund would be a good way to build community ownership of project activities and familiarize community women with banking procedures. The success of the funds, however, has exceeded expectations. Despite the short time since project start up and the limited amounts available, the funds have sparked numerous initiatives. WHG members have financed a wide range of activities, including a library for girls, repair of community wells and drainage systems, construction of toilets and community halls, and initiation of income generation and training schemes. Income generation schemes include tailoring, embroidery, wedding equipment rentals, and the construction of a building for a child care center. One community that established a program to rent tents and utensils for weddings is using the profits to fund a low-interest loan program for community members. Private lenders usually charge 10 percent interest per month, but the new loan scheme charges only 2 percent per month.

Box 7. Fostering a Community Spirit: Women's Health Groups and Revolving Funds

Even crowded slums can foster isolation. Women in the Hyderabad slums have often remarked that before the initiation of IPP VIII, they never got together as a group. Now, even though many WHGs have been meeting for several years, there is still a sense of excitement as the women gather for their monthly meeting. In the Sunder Nagar slum, women at the WHG meeting talked about what brings them to the meetings. "We used to get bored in our houses. Nobody came to our homes. Now we go to meetings and we have become a bit cleverer," said Nagamani. "We had no experience. Now we know about everything. Everyone in the area knows who we are. When any official from the government comes to our slum, they come to see us," added Bismillah Bee.

The revolving funds have instilled community women with a sense of achievement. In Nanda Nagar, the drainage water was getting mixed with the drinking water pipeline. The WHG used the fund to construct a septic system to ensure that the drinking water would not be contaminated. The Link Volunteers purchased all the materials and supervised the entire construction process. In Muggugudusilu, the WHG used the fund to buy equipment for weddings. Indian weddings are huge affairs, and they often result in large debts, particularly among the poor. The WHG uses the equipment to subsidize community weddings and other events, as well as to earn additional income. G. Ellu Bai, a Link Volunteer in that slum, explained, "We spent Rs. 5,000 on dishes, pots, and pans for weddings. We rent them out at half the market rate. We put all the money we've earned back into the fund. Next we want to buy a wedding tent." The revolving funds have also increased the recognition and importance of women in the communities. Women in many of these slum communities can now walk through their neighborhood pointing out the improvements they have made possible. The fact that women—even illiterate women—have been behind these initiatives has sent a clear message that even the powerless in the poorest communities can take action to better their lives.

Innovative Schemes

"We watched a film about a young girl and saw her deliver her child. We saw the tests that doctors do when you are pregnant. Now that I have seen everything, I am learning little by little, and I am not scared of the hospital or the doctor. I told my husband that the doctor said that because I am young, I shouldn't have another baby for five or six years. I learned about sprouting lentils for vitamins. I told my mother, and she said she would give them to me every day!"

—Asha, 16 years old, after attending the Primi Mothers' Workshop for first-time mothers. She was six months pregnant but before the workshop had not seen a doctor for pre-natal care because she was afraid of injections.

To generate community involvement in the project and build demand for health services, IPP VIII has started numerous innovative schemes for the slum communities of Hyderabad. NGOs, Link Volunteers, and WHGs helped to identify, plan, and manage these activities, as well as to mobilize community involvement. Many of these activities go well beyond family planning and focus on broader concerns that affect family health, such as women's empowerment and education. Because of the high rate of teenage pregnancies in Hyderabad, several project activities focus on adolescents as a key target group. The main project activities are described below.

Adolescent Girls' Workshop

A program for adolescent girls aims to reach girls at a critical age to influence their reproductive health behavior during womanhood. The three-day program teaches girls about their health and reproductive systems. The workshop goes beyond a purely biological focus to discuss such issues as women's status and the importance of female education. Interactive methods, such as games and opening warm-up exercises, help break through initial shyness. Girls are encouraged to discuss their own experi-

ences and are given a chance to make friends and have fun. They are also given an informative booklet about their reproductive health.

Promoting open discussion of sexuality among young girls from the conservative Muslim population of Hyderabad was a challenge. NGOs and Link Volunteers went door to door in the communities to explain the purpose of the program and reassure parents. Mothers were also invited to the first day of the program, so they could see for themselves how the program was conducted. The community response to the program has far exceeded expectations. To date, about 9,000 girls from 150 slums have participated.

Thrift Program

One of the largest schemes is the Thrift Program, which NGOs have begun in 153 slums. The program encourages community women to save money and provides them with access to low-interest loans. Each member of the program is asked to contribute one rupee per day. The money is used to provide loans to the members at an interest rate of 2 percent per month, instead of the usual rate of 10 percent per month. A total of 4,311 women from the slums of Hyderabad have

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now joined this program and have together saved Rs. 2,469,263.

Primi Mothers' Workshops

IPP VIII has held 123 one-day workshops for first-time mothers to help them deliver their babies safely. During the workshops, mothers are given a prenatal care checkup and information on breast feeding, care of the newborn, and how to keep healthy during pregnancy. The workshops emphasize the importance of delivering in a health care facility and raise awareness about safe delivery practices, high-risk symptoms, and family planning. They give young women a chance to ask questions about their concerns and have an open discussion with health professionals.

Play Schools

Because of the high rate of illiteracy in Hyderabad, IPP VIII has established 65 child care centers for children aged three to five to encourage a habit of going to school. These play schools also create a link to the health system for young children. The Medical Officer of the Urban Health Post comes to the Play Schools each month to provide health checkups and immunization to the children. IPP VIII has hired local artists to paint bright animal motifs on the schools, making them a highlight of the neighborhoods. About 2,000 children have been enrolled in the Play Schools.

Nutrition Education Program

The adolescent girl is the future mother. To ameliorate nutrition deficiencies among the populations of the slums, this project is collaborating with the College of Home Sciences in Hyderabad to teach girls how to cook nutritious, economical meals for themselves and their families. To encourage participation, the girls' mothers are also invited to attend the program. To date, about 3,060 girls from 102 slums have taken part in the program.

Open Schools

Research in India and elsewhere has shown that raising female literacy and school enrollment rates has a positive effect on lowering population growth and infant mortality and on improving family health, and translates into higher economic productivity and income-earning potential for households. To bring female school dropouts back into the mainstream of the educational system, IPP VIII has introduced 30 Open Schools in the slum communities. The schools, which are managed by NGOs, have flexible hours and are taught in both Telugu and Urdu to suit both Hindu and Muslim girls. Girls who complete the course of study are eligible to take the government's seventh grade exam. About 900 girls have been enrolled in the schools.

Sanitary Facilities for Girls' Schools

In the slums of Hyderabad, government schools often have no working toilet facilities for girls. The girls, who have fought against long odds to attend school, are forced to endure the discomfort and embarrassment of having no place to use the toilet. To reduce the school dropout rate among girls, IPP VIII is providing sanitary facilities to 10 government schools for girls located near the slums.

Health Box Scheme

Link Volunteers in some communities carry Health Boxes containing oral rehydration salts, condoms, and contraceptive pills. These boxes have been provided to 100 Link Volunteers, who circulate them among married couples to popularize the use of spacing methods and oral rehydration salts. The Link Volunteers explain how and why to use each product and report to the Auxiliary Nurse-Midwives on which community members have accepted the supplies. Birth control



pills are provided only to continuing users, and the Link Volunteers refer women who show an interest in taking them to a doctor for first-time prescriptions. IPP VIII provides supplies for the boxes and received some support from private companies for this project.

School Painting Competitions

To raise awareness of health issues among school-age children, IPP VIII organized a painting competition on health themes in 17 government schools. Each competition began with a health talk and a discussion about health issues and the rights of the child. This was followed by a painting session in which the children illustrated the issues discussed. The winning paintings were reproduced in a calendar. IPP VIII organized the competition and supplied two tetanus toxoid injections to each participant. UNICEF funded the calendar.

Street Beautifying Programs

A sanitation program to keep streets and alleyways clean has been organized in 12 slums involved in IPP VIII. "Street

beautifiers" go door to door in each slum to collect garbage in a flatbed rickshaw. IPP VIII project staff asked the Reddy Foundation, which originated this program, to bring the scheme to IPP VIII slums. Support for the program and the training of street beautifiers is jointly provided by the Reddy Foundation, the Municipal Corporation of Hyderabad, and IPP VIII.

Urban Health Post Management

Four NGOs have taken over responsibility for managing one IPP VIII Urban Health Post each. The NGOs have appointed their own staff and are providing health and family planning services and supplies in accordance with the government's Family Welfare Program. The NGOs retain administrative control over their own staff and are free to take up other health issues in addition to health and family planning. Some NGOs have started specialized health programs in their Urban Health Posts for diseases such as tuberculosis and leprosy.



Measuring Success

Community and NGO involvement in Hyderabad has had widespread effects on the lives of the people in the slums of Hyderabad. Although the effects of these participatory approaches are difficult to evaluate and quantify, a range of different indicators can help assess their impact. These indicators include numeric achievements in personnel trained and activities initiated, project outcomes, and fulfillment of social development objectives.

Table 2 summarizes the numeric achievements of community and NGO involvement in the project. The involvement of communities and NGOs has expanded the outreach of IPP VIII both by creating new cadres of workers for the project—NGO coordinators, Link Volunteers, and WHG members—and by reaching additional community members

through innovative schemes. These innovative schemes have also addressed other project aims: improving women's status, reaching key target groups, and establishing innovative health initiatives to complement government services.

Appendix B lists the other activities that have been indirectly started by IPP VIII through community revolving funds and NGO collaboration with the project. A total of 76 activities have been planned and financed by community women through the project's revolving fund scheme. Community members have also benefited from the activities started and financed by the NGOs working with IPP VIII. Adolescent girls in 150 slums have begun their own adolescent girls' groups, and 25 slums have income generation schemes for adolescent girls. Legal literacy programs help people in

Table 2. Achievements of IPP VIII Innovative Schemes

Objective	Achievement
Expanding outreach	22 NGOs 5,581 Link Volunteers 586 WHGs
Improving women's status	376 revolving funds 173 Thrift Programs
Reaching key target groups	123 Primi Mothers Workshops Adolescent girls' training in 150 slums Nutrition education for girls in 102 slums 65 Play Schools 30 Open Schools
Establishing innovative health initiatives	Sanitary facilities in 10 girls' schools 100 Health Boxes 17 school painting competitions Street beautifying programs in 12 slums 4 NGO-managed Urban Health Posts

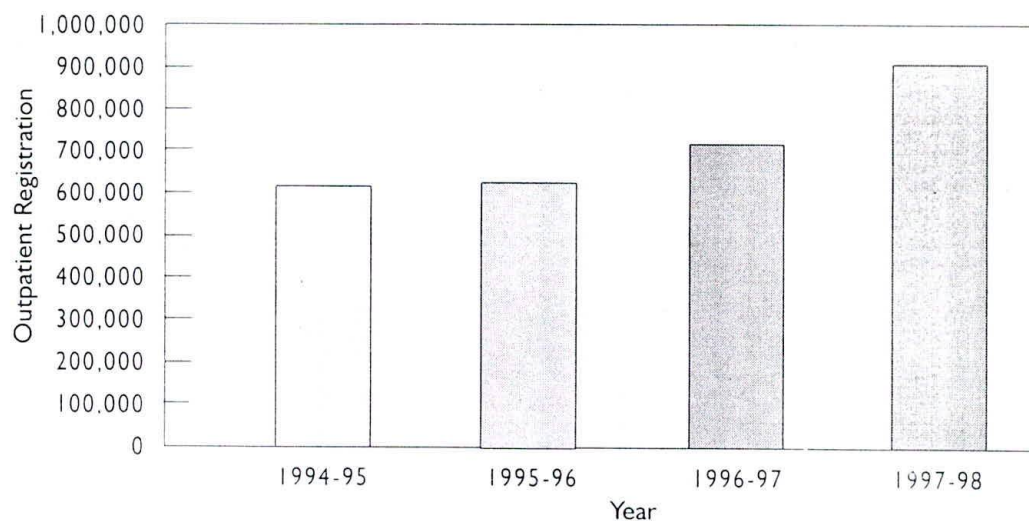
98 slums, while 23 slums have education programs and 6 have Urban Forestry Nursery Programs.

IPP VIII's participatory approaches have also increased the impact of the project by raising demand for services. Link Volunteers and NGOs helped the slum communities to learn what services were being provided, where to get them, and why they are important. Use of health facilities and coverage in the project areas has expanded by almost 50 percent since the start of the project. Outpatient registration increased from 614,888 in 1994-95 to 907,728 in 1997-98 (Municipal Corporation of Hyderabad 1998). Other coverage indicators are also showing signs of improvements. Prenatal care coverage has increased from 91 percent

before the start of the project to 95 percent in 1998. The rate of institutional deliveries, one of the key concerns of the project, increased from 70 percent to 84 percent during the same period (PRC and IIPS 1995, P. P. Rao et al. 1998).

These preliminary outcomes, however, are also due to other supply-side project interventions, such as training of health staff, provision of medical equipment and supplies, and construction of health facilities. Although NGOs and Link Volunteers have played a critical role on the demand side, because all project interventions were begun at about the same time, it is not possible to measure the effects of NGO and community participation separately from those of other interventions.¹

Figure 2. Utilization of Services: Outpatient Registration of IPP VIII Facilities in Hyderabad



¹ In the initial years of the project, NGO and Link Volunteer involvement was implemented in only some project areas, offering an opportunity to compare project results in these areas with those in areas without NGO or community involvement. Preliminary analyses, however, showed no difference in the results in these two areas. The lack of findings can be primarily attributed to the short, two-year period for which comparable results were available, which provided little time for the interventions to show an effect.

Table 3. Primary Stakeholders Participation in IPP VII

Stakeholder	Level of Participation			
	Info. sharing	Consultation	Collaboration	Empowerment
<i>Beneficiaries</i>				
Link Volunteers and WHGs	***	***	***	**
Adolescent girls	***	***	*	
NGOs	***	***	***	**
Implementing officials	***	***	**	*
Local leaders and private medical practitioners	***	***	*	
Other government departments	**	**	*	

*** High. ** Medium. * Low.

Social development objectives also benefit from a participatory process. Traditional health and family planning indicators do not capture the broader development gains achieved by increasing individual skills and building local capacity. For example, reproductive health indicators tell us only a small part of how revolving funds and adolescent girls' workshops affect people's lives and well-being. IPP VIII's innovative approaches have made qualitative changes in people's lives that are better described by nontraditional indicators. Outreach through NGOs and communities in Hyderabad has affected such social values as self-reliance and empowerment. These values are, in themselves, important development objectives and provide a worthwhile rationale for a participatory approach. (For a discussion of differing aims of participation, see Mayoux 1995.)

More important than the numbers of people involved in IPP VIII is the way they have been involved—the level of their participation. The World Bank divides the participatory process into four levels: information sharing, a one-way flow of

information; consultation, a two-way flow of information; collaboration, shared control over decisionmaking; and empowerment, transfer of control over decisions and resources. (For other qualitative frameworks for assessing participation, see Lineberry 1989, Schmidt and Rifkin 1996, Schneider and Libercier 1995.) Information sharing and consultation are common processes of development initiatives, but achieving collaboration or empowerment is more difficult. From a qualitative perspective, IPP VIII's accomplishments in Hyderabad have taken two forms. First, a wide range of stakeholders have been involved in carrying out the project, and divergent groups have been active in determining its direction. These stakeholders include key target groups, such as adolescent girls and first-time mothers, as well as influential resource groups, such as local leaders, other government departments, and private medical practitioners. Second, IPP VIII has raised the level of participation by each group of stakeholders. Rather than focusing on exchange of information, IPP VIII has enabled stakeholders to have an active role in project decisionmaking.

In the case of Link Volunteers and WHGs, NGOs, and implementing officials, the project has transferred control over decisions and resources to the stakeholders, thus empowering them. Through the revolving funds, Link Volunteers and WHGs identify, plan, and finance their own improvement schemes. NGOs are empowered through their key role in identifying, planning, and managing IPP VIII innovative activities, as well as in initiating and financing additional community development activities. Implementing officials of the project, such as Medical Officers and other health staff, help to decide what IPP VIII activities should be established and how revolving funds should be used. However, these stakeholders have limited control over other project resources.

Other stakeholders have also benefited from the participatory process. Adolescent girls have been involved in planning additional project activities, such as adolescent girls' groups. Local leaders and private medical practitioners exchanged information with the project staff and collaborated on planning additional IPP VIII activities in the slum neighborhoods. Other government departments also collaborated in carrying out some new schemes in IPP VIII slum neighborhoods, such as the Urban Forestry Nursery Scheme.

There are still many other things, however, that could increase participation in

the project. Although NGOs, Link Volunteers, WHGs, and implementing officials have some control over decisionmaking and resources related to their own activities, their sphere of influence does not extend to overall project planning and budgeting. The project could benefit from greater input from these stakeholders on the planning, management, and financing of the project as a whole. In particular, NGOs and Link Volunteers could be particularly useful in monitoring and evaluating the progress of the project. A strong, participatory monitoring system would increase project effectiveness, as well as increase the stakeholders' sense of ownership and accountability.

Greater involvement of all the stakeholders in the project may not be possible or desirable, however. This is particularly true in a project such as IPP VIII Hyderabad, which involves a wide range of stakeholders. Transferring control over decisionmaking and resources to some groups may not be in the best interests of the project. For example, it may not be necessary or helpful to have other government departments control the resources of a health project. Similarly, private medical practitioners may have a conflict of interest with the project, since improving inexpensive government services might decrease demand for their own services. Therefore, some collaboration, rather than empowerment, is adequate for such stakeholders.

Learning Lessons

"We call this a program of trust. We knew we needed help to really reach the women and children in the slums. But to get help, we had to trust others and give them room to work as they wanted, to allow them to be creative. NGOs have an incredible ability to adapt and respond to the needs of a particular situation—that flexibility is the 'great wonder' of NGOs. But it can only flourish if you give it a chance."

—Kulsum Abbas, IPP VIII Project Officer for Women's Development

The project's active NGO and community involvement in Hyderabad is exceptional, but what explains this success? What factors led to such an unusually high level of both NGO and community participation in the project? This section discusses some of the aspects of the project, in order of their priority, that have contributed to its success and that offer relevant lessons for other development projects.

NGO Authority

NGOs in Hyderabad carry out all community-based activities within specific geographic areas, enabling them to become integrally involved in all project activities. In these areas, NGOs have the flexibility to make decisions, innovate, and pilot new initiatives. This freedom allows NGOs the creativity to use their individual strengths to complement IPP VIII project interventions. By delegating authority to NGOs, the project gained another cadre of staff to help supervise and administer project activities in the slum communities. This freed health staff from the additional burden of managing community health volunteers and WHGs. In fact, because of the small population per community health volunteer in Hyderabad, the management of the large number of Link Volunteers might not have been possible without the assis-

tance of NGOs. The slum communities also benefited from the additional community development schemes started by NGOs. Providing this degree of flexibility to NGOs required project staff to give up some of their own power and to have confidence in the abilities of the NGOs. However, confidence and trust was shown only after careful procedures were followed to ensure that the NGOs selected would be able to carry out their responsibilities. Selection procedures, extensive training, and standard reporting and monitoring procedures were developed to secure successful NGO participation.

Intensity of Participation

The multiple levels of participation open to communities and NGOs in IPP VIII Hyderabad has encouraged their involvement in the project. Participation has been increased and intensified by involving community women and NGOs in numerous roles, as well as in decisionmaking and control over resources. The project's community revolving fund has catalyzed health volunteers and WHGs and started numerous new schemes by enabling women to plan and fund improvements in their communities. NGOs and Link Volunteers worked with project staff to identify, plan, and monitor IPP VIII innovative schemes and

complementary community development schemes. The intensity of engagement in the project has enabled NGOs and communities to have a meaningful role in how the project has taken shape. Given the power and resources to make important decisions—and see the results—NGOs and women in the communities have been encouraged to get more involved in the project.

The Self-Reliance Approach

The project management team in Hyderabad consciously avoided a focus on monetary gains in encouraging participation, and instead focused on building self-reliance through increasing knowledge, skills, and experience. Community members were encouraged to become Link Volunteers, not for money or any other immediate benefits, but to join in a process of learning, partnership, and gaining greater opportunities. A smaller population per Link Volunteer also helped ensure that the Link Volunteers could be more effective in carrying out their responsibilities. Project staff emphasized that IPP VIII would not provide handouts. Rather, the project would increase women's self-esteem and status by enabling communities to better their lives through providing health and family planning services, increasing skills and awareness, supplying seed funds, and providing guidance. To increase the value of the community revolving funds and build a sense of ownership, the project requires the community to contribute to the fund every month (one rupee per member) or to provide 30 percent of the financing for any specific initiative. Similarly, NGOs are also required to contribute staff and resources to the project. The emphasis on self-reliance has also strengthened the sustainability of the project.

Field-Based Management

The importance given to community-based activities in Hyderabad started

with the foundation of the project's staff. The project has a three-tier management structure for NGO and community activities: one Program Officer, three Assistant Program Officers, and Coordinators from the 22 NGOs. From the beginning of the project, IPP VIII Hyderabad ensured that there was adequate staff specifically for women's development and NGO and community activities. The project initially hired one Program Officer and then, as activities expanded, it hired the Assistant Program Officers, all of whom are female. These positions emphasize field-level involvement and commitment to building a close partnership with the community. Each women's development staff member is responsible for a specific number of NGOs and attends all the NGO's monthly meetings and community-based functions. The officers spend at least half their time in the field working with community members and NGOs. Collaboration with NGOs also aids the management and coordination of community networks and activities. The NGOs work closely with project staff and Urban Health Post staff and help administer community-based activities.

Integrated Development and the Women's Empowerment Approach

Although IPP VIII objectives focus on health and family planning, the project staff and activities also concentrate on other development issues of importance to slum communities. During WHG meetings, members of communities are encouraged to raise any issues they would like to discuss. NGO representatives do not restrict the discussion to health or family planning issues. In addition, working with NGOs enables the project to address the slum communities' development needs beyond health and family planning. NGOs' broad involvement complements and strengthens the role of health staff. The project

also places its maternal and child health and family planning goals within the context of women's empowerment and development. Recognition of the critical effect of female education and the status of women on the behavior and health of women and girls underlies many of the project activities. This broad approach has demonstrated to the slum communities that the project aims to serve the communities' needs—and allow the communities to take part in defining what those needs are.

Flexible Structures and Procedures

As the project developed, project management staff established numerous structures and procedures to guide NGO and community involvement and make it easier. To select capable NGOs, the project team developed a systematic process for collaboration with NGOs, including guidelines and selection criteria for NGO participation, a comprehensive profile of NGOs in Hyderabad, and a

meeting with NGOs. To save time, encourage more involvement and aid review of participatory activities, IPP VIII also developed standardized procedures that use model contracts and forms. It also continually developed new procedures and refined old ones as the project grew. Use of a standard, flexible contract for NGOs, consistent with World Bank guidelines, meant the project staff did not have to spend time developing an individualized contract for each NGO. An annual action plan allowed all activities for the year to be cleared in advance, which promoted government review and a regular flow of funds. Standard reporting requirements and monthly reporting forms for NGOs allowed progress to be efficiently assessed. This “fluid institutional environment” helped foster partnerships between the government, NGOs, and communities (Mansfield 1997).

Institutionalized Dialogue

The project team institutionalized a process for regular and open dialogue



through a series of meetings at several different levels: in the slums (Link Volunteers, WHGs, and NGOs), in the Urban Health Posts (Link Volunteers, NGOs, health staff, and project staff), and in the project office (one meeting for NGOs and project staff, and one meeting for Medical Officers and project staff). Such meetings ensure accountability and facilitate monitoring of progress and troubleshooting. This process of dialogue gives all partners an opportunity to discuss progress and problems and obtain guidance. Through monthly meetings, Link Volunteers, NGOs, and health staff have access to IPP VIII project management staff; therefore, significant problems can be identified and resolved quickly (Mansfield 1997). Link Volunteers and WHG members also have access to project staff through regular field visits. This institutionalized process of dialogue establishes a close working relationship between all the partners in the project, thus building trust and strengthening partnership (Kelly and van Vlaenderen 1996).

Complementary Roles

The role of NGOs in Hyderabad complements government services by using the comparative advantages of NGOs. The intermediary role of NGOs in Hyderabad builds on their community-based approach and their skills and experience in community mobilization. Complementing the government's role in providing health infrastructure and services avoids a sense of competition between government health staff and NGOs (Mansfield 1997). In addition, the project approach builds on the strengths of NGOs in reaching such previously neglected target groups as adolescents. Hyderabad's high incidence of teenage pregnancy and low level of female education called for interventions focusing on adolescent girls. Working in collaboration with NGOs, the project began several activities to address both adolescent education and health: adolescent

girls' workshops to raise awareness of reproductive health and gender concerns, nutrition education programs to improve health, and sanitary facilities for girls' schools to remove barriers that discourage female education.

Emphasis on Capacity Building

To prepare communities and NGOs to participate in the project, IPP VIII helped them build their capacity for partnership. Project management staff recognized that partnership requires capacity building to enable all parties to influence the development of a project (Kelly and van Vlaenderen 1996). Capacity building is particularly critical for helping marginalized groups, such as women in slum communities, to achieve meaningful participation. IPP VIII in Hyderabad put extensive efforts into building the capacity of NGOs and community members, including a 10-day training program for NGOs, a 4-day initial training for Link Volunteers, and 2 days of refresher training for Link Volunteers every 6 months. Monthly meetings in the project office, the Urban Health Post, and the slum also helped reinforce these training programs and build networks among NGOs and Link Volunteers. In addition, health staff also received training and reorientation to help them understand and support the participatory process of working with NGOs and communities.

Committed Leadership and History

Committed individuals and history have both played an important role in the success of participatory approaches in Hyderabad. Several members of the IPP VIII administration have demonstrated a personal commitment to the ideals of participation that has gone well beyond their project duties. The leadership of these individuals has inspired and catalyzed the partnership with NGOs and

women in the slum communities. Such individual factors are hard to measure and even harder to replicate.

In addition, there is not a sharp division between the government and the NGO sector in Hyderabad. Key IPP VIII management officers have had extensive experience working in and with NGOs. NGO officials collaborating with the project have also had experience working in or with the government. There is also a

history of attempts at NGO-government collaboration in community development initiatives in Hyderabad. Both the successes and failures of these attempts have been an important part of the learning process in Hyderabad. Difficulties experienced in past projects, such as problems sustaining networks of community health volunteers beyond the project period, provided guidance for what would be needed—or should be avoided—in future attempts.



The Emerging Path

Monitoring

Despite considerable progress in engaging NGOs and communities, IPP VIII in Hyderabad still has important issues to resolve. Project monitoring and sustainability—both critical issues—have not received adequate attention. Although the project supports the strengthening of a management information system, the monitoring of community-based activities has been weak and appropriate indicators have not been developed. Auxiliary Nurse-Midwives, NGOs, and Link Volunteers collect information on process and outcome indicators related to health and family planning, but there are no indicators to ensure accountability or evaluate the effect of the participatory structures of the project. Such indicators are needed to measure the contribution of the NGOs, Link Volunteers, and WHGs separately from the contribution of traditional health program interventions, such as upgrading training, building health centers, and supplying medicines. In addition, there are no measures to assess the benefits of the broader development activities of the project, such as the nutrition education programs and Open Schools.

Furthermore, community and NGO involvement in monitoring needs to be strengthened. Although NGOs and WHGs monitor the activities of the Link Volunteers and the progress of the project as a whole, the monitoring process is not systematic. To tap the potential of NGOs and community members to contribute to the project, a system for input from communities and NGOs needs to be established, along with meaningful—and preferably community-defined—indicators.

Project staff attempted to strengthen the monitoring role of NGOs in the project

by introducing a detailed monthly reporting format for them. The idea was for NGOs to collect statistics on numerous health and family planning indicators from Link Volunteers and then pass them on to health staff at monthly meetings. NGOs found the format too long and burdensome and failed to complete it. The project officials are now exploring other ways for NGOs and WHGs to have a more systematic role in monitoring the progress of the project.

To capture the contribution of networks of Link Volunteers and WHGs, the project has begun using an indicator on the number of case referrals to health centers made by Link Volunteers and WHG members. The addition of such indicators is simple, requiring only an additional column in an Urban Health Post register with the heading "Referred by" and options that can be ticked off, such as Auxiliary Nurse-Midwife and Link Volunteer. These indicators clearly indicate the extent to which community participation is contributing to project outreach. Although they are process indicators and do not provide a measure of impact, they can be easily evaluated, converted to bar charts, and shared with the community. Members of the community can then see for themselves the contribution they have made and the change in that contribution from month to month, which fosters a sense of achievement. Through further discussions with NGOs and communities, the project staff also plan to explore other ways to strengthen project monitoring and evaluation.

Sustainability

Sustainability is a problem of growing concern to the project. Now that IPP VIII has established wide networks of Link Volunteers and WHGs, how will it ensure

that these are maintained after the project period ends? How will the role of NGOs be sustained? A prior urban slums project in Hyderabad was able to develop extensive networks of community health volunteers, but these networks collapsed after the project period ended because the government had no funds to support continuing the project and there was no institutional structure to pay the monthly stipends of the volunteers. IPP VIII Hyderabad sought to avoid one part of this problem by making the Link Volunteer position purely voluntary, with no monthly stipend. The project achieved this by reducing the workload of each volunteer and recruiting many more volunteers to assure coverage of the project area. As a result, the costs of maintaining the networks are minimal. In addition, because individual workloads are reduced, Link Volunteers may be more effective in reaching each household, leading to greater project achievement.

Nevertheless, the networks of Link Volunteers and WHGs are encouraged by the monetary incentive of the revolving fund and the guidance of NGOs. The fund requires a relatively small financial input to maintain, but will still require some source of future support. The role of the NGOs in the supervision of the Link Volunteers and WHGs, project monitoring, and identification of new community initiatives also depends on future sources of funding.

Project management staff have been exploring options for funding these networks after the end of the project period. To sustain the Link Volunteers and WHGs, they are investigating ways that the revolving fund could become entirely community supported. They are also seeking sources of support for the fund in each slum from other government departments. One such department has offered to give each IPP VIII slum with a lump sum, which may provide some additional financing for the community

revolving funds to be continued in the future. Money added to the fund and placed in a interest-earning bank account could help keep it going. A financial assessment is needed to determine the feasibility of these options.

Maintaining the role of the NGOs in the project also will be difficult. Some NGOs have the skills to seek their own sources of support and funding. To keep NGOs working in IPP VIII slums, the project is exploring how to build the capacity of all the NGOs to write proposals and obtain funding to continue their IPP VIII activities in the future. Such capacity building would also require the strengthening of management and monitoring skills so the NGOs would be able to effectively run the community-based activities without the help of IPP VIII project officials.

Replicability

Finally, looking beyond the reach of IPP VIII, the replicability of the project will determine whether it is judged a success. Can the project's strategies be replicated outside Hyderabad? Is it the unique experience of Hyderabad and the rare combination of a few committed individuals that has made the project's participatory approaches possible, or can these approaches be applied more broadly? Efforts to understand the project's strategies and identify underlying patterns and structures will therefore be crucial. Transference of the Hyderabad experience could mean not just duplication of the model, but also changes in policy, such as the greater participation of community volunteers and NGOs in policy debates and research committees (Chen 1994). Documentation of the process of building participatory structures and evaluation of its impact will be the legacy that this project will leave to future initiatives. It is how these lessons are understood and translated to other projects that will define the ultimate achievement of IPP VIII.

Appendix A: NGOs Collaborating with IPP VIII in Hyderabad

Ankuram
 Care of Widows (COW)
 Centre for Operational Research and Rural Development (CORRD)
 Centre for Holistic Advancement and Integrated Network (CHAIN)
 Confederation of Voluntary Agencies (COVA)
 Grama Nava Nirmana Samiti (GNNS)
 International Union for Health Promotion and Education (IUHPE)
 Leprosy Tuberculosis Eradication Society (LTES)
 Mahila Sahyog Society (MSS)
 Mahita
 People's Initiative Network (PIN)
 Pratyamnaya
 Red Cross
 Research and Development Society (RDS)
 St. Theresa
 Sampurna
 Shivananda
 Shivananjani Educational Society (SES)
 Social Awareness for Integrated Development (SAID)
 Tejesvi
 Upacor
 Vijay Marie

Appendix B: Achievements of Hyderabad's Participatory Approach

Activities Financed by Revolving Funds

Type of activity	No. of slums
Rental of wedding equipment	29
Tailoring center	10
Drainage repair	7
Community hall renovation	5
Embroidery center	4
Borewell repair	3
Tap repair	3
New tap connection	3
Sari sales	3
Public toilet construction or repair	2

New borewell	
Road repair	
Literary center	
Canteen	
Woolen and lace works	
Small general store	
Tenth-class school fee paid for girls	

Additional Innovative Activities

Adolescent Girls' Groups	150
Legal literacy program	98
Urban Forestry Nursery Scheme	6
Income generation schemes for adolescent girls	25
Adult education program	17
Schools for child laborers	11
Play Schools run by NGOs	5

References

- Chen, Lincoln. 1994. "Comments on the Impact of NGO Action: Defining and Measuring Success." In Saroj Pachauri, ed., *Reaching India's Poor: Non-governmental Approaches to Community Health*. New Delhi: Sage Publications.
- International Institute for Population Sciences (IIPS). 1995. *National Family Health Survey, India, 1992-93*. Bombay.
- Kelly, K. J., and H. van Vlaenderen. 1996. "Dynamics of Participation in a Community Health Project." *Social Science and Medicine* 42(9):1235-46.
- Lineberry, William, ed. 1989. *Assessing Participatory Development: Rhetoric versus Reality*. Boulder, Colo.: Westview Press.
- Malena, Carmen. 1995. *Working with NGOs: A Practical Guide to Operational Collaboration between the World Bank and Non-Governmental Organizations*. Washington, D.C.: World Bank.
- Mansfield, David. 1997. *The Contribution of NGOs to the Effectiveness of the Fifth and Eighth Indian Population Projects*. A Report for the World Bank NGO Study on India. Washington, D.C.: Operation Evaluations Department, World Bank.
- Mayoux, Linda. 1995. "Beyond Naïvety: Women, Gender Inequality and Participatory Development." *Development and Change* 26: 235-58.
- Municipal Corporation of Hyderabad. 1998. *India Population Project VIII*. Hyderabad.
- Population Research Centre, Andhra University, Visakhapatnam (PRC) and International Institute for Population Sciences (IIPS). 1995. *National Family Health Survey Maternal and Child Health and Family Planning, Andhra Pradesh 1992*. Bombay.
- Professional Assistance for Development Action (PRADAN). 1996. *Towards a Relationship of Significance: Interim Report on the Study of Relationships between Government and NGOs in Rajasthan*. New Delhi.
- Rao, D. Vasudeva. 1992. *Preliminary Findings and Observations of Baseline Survey and Beneficiary Needs Assessment Survey-IPP VIII*. Hyderabad: Council for Social Development, Southern Regional Office.
- Rao, P. P., K. S. Babu, and K. S. James. 1998. *India Population Project (IPP-VIII) Andhra Pradesh: Report on Mid-Term Review*. Begumpet, Hyderabad: Centre for Economic and Social Studies.
- Schmidt, Detlef, and Susan Rifkin. 1996. "Measuring Participation: Its Use as a Managerial Tool for District Health Planners Based on a Case Study in Tanzania." *International Journal of Health Planning and Management* 11: 345-58.
- Schneider, Hartmut and Marie- Hélène Libercier, eds. 1995. *Participatory Development: From Advocacy to Action. Development Centre Seminars*. Paris: Organization for Economic Co-operation and Development.

Sundar, Pushpa. 1994. "NGO Experience in Health: An Overview." In Saroj Pachauri, ed. *Reaching India's Poor: Non-governmental Approaches to Community Health*. New Delhi: Sage Publications.

Further Reading

Bamberger, Michael. 1998. *The Role of Community Participation in Development Planning and Project Management*. Economic Development Institute. Washington, D.C.: World Bank.

Bhatnagar, Bhuvan and Aubrey Williams. 1992. *Participatory Development and the World Bank*. Discussion Paper 183. Washington, D.C.: World Bank.

Cernea, Michael M. 1985. *Putting People First: Sociological Variables in Rural Development*. Oxford: Oxford University Press.

Chaubey, Selina. 1995. *Reaching Out: A Campaign to Take Family Welfare Services to the Slums of Bombay and Madras*. Mumbai: IPP V Directorate, MCGM.

Clark, Maria Donoso, and Elizabeth Miller. 1994. *Multilevel Participation: An Operational Model for Task Managers*. Washington, D.C.: World Bank, Population and Human Resources Division, India Department.

Marsden, David, Perter Oakley, and Brian Pratt. 1994. *Measuring the Process: Guidelines for Evaluating Social Development*. Oxford: INTRAC.

Municipal Corporation of Hyderabad. 1992. *Municipal Corporation of Hyderabad India Population Project VIII-Final Proposals*. Hyderabad.

Narayan, Deepa. 1995a. *The Contribution of People's Participation: Evidence from 121 Rural Water Supply Projects*. ESD Occasional Papers Series 1, Washington, D.C.: World Bank.

———. 1997. *Design of Social Funds: Participation, Demand Orientation, and Local Capacity Organization*. World Bank Discussion Paper No. 375, Washington, D.C.: World Bank.

Paul, Samuel. 1987. *Community Participation in Development Projects: The World Bank Experience*. Washington, D.C.: World Bank.

Professional Assistance for Development Action. (PRADAN). 1996. *Towards a Relationship of Significance: Interim Report on the Study of Relationships between Government and NGOs in Rajasthan*. New Delhi: PRADAN.

Purdey, Alice, Gyan Bahadur Adhikari, Shelia Robinson, Philip Cox. 1994. "Participatory Health Development in Rural Nepal: Clarifying the Process of Community Empowerment." *Health Education Quarterly* 21(3): 329-343.

Rietbergen-McCracken, Jennifer, ed. 1996. *Participation in Practice: The Experience of the World Bank and Other Stakeholders*. World Bank Discussion Paper No. 333. Washington, D.C.: World Bank.