

## **Girls Rights in Rajasthan (GirlsRights Ind BMZ 11-14)**

### **Executive Summary**

#### **1. Brief description of the project and framework conditions**

The project "Girls' rights in Rajasthan, India" focuses on women's and girls' rights in 20 villages of the districts Ajmer and Tonk in Rajasthan State. It covers three main results areas: access to (i) education, (ii) health care, and (iii) participation of women and youth in political and social development processes.

The intervention approach is mainly a rights-based approach, i.e. the project aims at empowering rights holders, so that these can demand for the realisation of their rights, and at strengthening the capacities of duty bearers in order to increasingly improve delivery. In education, the project also delivers some services by providing learning support for girls.

The project is targeting practical gender needs (e.g. delivery of social services) as well as strategic gender needs (e.g. women's participation in decision making). The inclusion of men and boys in project interventions makes sure that gender as power relations and the need for men to give up privileges of power is also addressed.

The total budget of the project, which will be implemented during 39 months from the 1 October 2011 to the 31 December 2014, is €373,004. The co-financing agency is the German Ministry for Economic Cooperation and Development. The contribution of terre des homes (tdh) Germany is 25%. The project holders are two Indian NGOs, Social Work and Environment for Rural Advancement (SWERA) for Ajmer district and Grameen Vikas Shodh and Takniki Kendra (GVSTK) for Tonk district.

The rights situation for women and girls in Rajasthan, particularly in the rural areas of the state, is very problematic. For many gender equality indicators, Rajasthan is well below national performance level. The female literacy rate of 38.48% in rural areas is the lowest literacy rate in the entire country. Socio-cultural restrictions tie women to their house, girls and boys are married off extremely young. Rajasthan is the only state in India where the mean age at marriage is lower than the legal age. With the possibilities of the proliferation of ultrasound machines for sex-determination, the child sex ratio has declined from 909 in 2001 to 883 in 2011. There is a tendency to send only boys to school and keep girls at home for household chores and agricultural work. It is considered as a waste of resources to invest in girls' education as these will be married off anyway.

Increasingly government laws, policies and programmes at national and state levels seek to address these issues. Rajasthan was the first state to approve a specific Girl Child Policy in 2013. The Right of Children to Free and Compulsory Education Act makes teachers responsible for convincing parents to enrol their children and send them to school. Incentives are provided for giving birth to a baby girl and get it fully vaccinated. These efforts have resulted in many improvements. However, the rate of change has not been equally distributed across the state and social communities and the implementation of policies has serious shortcomings.

#### **2. Relevance**

The target groups' major concern is to secure their livelihoods. In addition, a lack of access to quality health care and education contribute to a high vulnerability and to the perpetuation of poverty. In the framework of the prevailing social and cultural norms, target groups themselves would not regard women's and girls' rights as their major concern. There is little

awareness that the current situation is depriving women and girls of many of the rights they are entitled to. The creation of awareness is therefore part of the project's strategy. In the course of the project, the target groups have developed awareness for the relevance of the issues for their own lives.

Project objectives are relevant for the project holders, as they correspond well with their visions and missions, relevant for India as they are in line with government objectives and policies and relevant for terre des hommes Germany as they fit well into the organisation's focal themes in the region. Tdh has prioritised this project, because of the extreme gender disparities in the state.

### **3. Effectiveness**

Project preparation was exceptionally thorough with a long preparation period involving several planning workshops and baseline research. As a result, the results chain is convincing and activities are generally well related to the objectives. Overall, the quality of the project planning is good. The planning process also shows how tdh regional office has developed and strengthened the use of results-based planning in the last years. Altogether, the indicators are quite specific and of good quality. However, some indicators are too ambitious (e.g. percentage of boys taking over household chores, 80% of regular girl participation in school), difficult or impossible to measure, impossible to attribute to project intervention (percentage of vaccinated girls and medically supervised births) or not well related to the objective or the context. Not all indicators were well understood in detail by all stakeholders and accordingly not all of the required data has been captured in the baseline survey phase. The baseline data should have been consolidated in a baseline report.

Despite a slow start in the first year of implementation, activities are now well on their way. Until the end of the project period, almost all planned activities will have been carried out to the extent stated in the project proposal. Some activities turned out to be difficult to implement and should be replanned (e.g. teachers' training). With a view to the activities leading to results, more emphasis is needed for the area of women's participation in decision-making processes.

Project management is continuously reflecting experiences to further improve implementation.

Because of the slow project start, changes in exchange rates and the lower than planned expenditures in some budget lines, there is still a considerable underspending of budget from the years 2012 and 2013.

### **4. Efficiency**

With a total budget of €373,004 for a project period of 39 months, 600 women, 780 girls, 200 boys and an unspecified number of other stakeholders are targeted. The evaluator estimates that around 600 households are directly benefiting from project interventions. This equates to an average of €622 per household for the whole project period and about €191 per household per year. This expenditure corresponds to average expenditures in comparable projects with several results areas (women's participation, education, health).

For some measures, a cost/benefit assessment would have to be conducted for the entire village population, as all villagers benefit from improved public service delivery in health and education and facilitated access to government schemes.

The overall cost structure of the project is balanced with about 42% being spent on direct implementation and capacity building of the target groups, 33% for personnel costs, 7% for running costs and 2% for investments into the project holders' infrastructure.

Project monitoring is regularly carried out at different levels: regular review meetings and a regular reporting system form the basis for project monitoring. So far, the target groups have not featured prominently in monitoring. The focus of monitoring is on activities, outputs and numbers of trainings and participants achieved. Even though a lot of data is collected through the baseline survey, through monthly reports and through annual village and household surveys, the project holders have not been able to organise, summarise and analyse it in a way that it reflects and documents changes at outcome level.

It is not surprising that the project holders struggle with their monitoring and evaluation (M&E) system, as it is their first time to work with a results-based approach and there was no previous knowledge on outcome-orientation in planning and monitoring. As grassroots organisations focused on awareness raising and implementation, it is a challenge for partners to develop their M&E systems to outcome level, because skilled and experienced staff could not be contracted.

Tdh regional office has invested substantial effort into the development of awareness and skills regarding results-based management and needs to continue to do so.

## **5. Outcomes and impacts**

An analysis of project outcomes and impacts is difficult for the following reasons:

- As this is a mid-term evaluation, in many instances the implementation of activities has not yet advanced to a degree that outcomes are already measurable.
- Even though the quality of indicators is overall quite good, the baseline data for some results areas has not been consolidated in a way that it could be used as “marker zero” for measuring progress. As monitoring has not focused on outcomes, there is hardly any data available on outcomes.

All stakeholders contacted agreed that the project is showing positive outcomes, mainly in education and the participation of women in decision making. In general, it can be stated that the project outcomes observed are positive and can be expected to further increase until the end of the project.

As the project is working with women, male and female decision makers, boys and girls the different activities lead to synergetic effects.

### ***5.1. Women’s participation in decision making***

Attendance of women in the meetings of the local self-governance institutions (Gram Panchayat – GP) of the village has increased and female GP members have started to contribute more to discussions. However, this development is still at its initial stage and women continue to feel restricted in their participation with the male GP members dominating the scene.

Probably some of the most impressive outcomes of the project are that for the first time ever women have started to organise themselves into self-help groups (SHGs) and that they have constructed women meeting places (“hatais”) in central places of their villages, making the actual meetings visible to the entire community. They have also started to lobby and advocate for their own interests, handing in proposals to the decision-making authorities and contacting responsible government authorities. Many groups report that they have already been successful in achieving some improvements, e.g. regarding drinking water supply. Women are beginning to realise that they can achieve something, if they organise and demand for their rights.

Many girls (and boys as well) are married while they are still children. The SHGs have started to monitor the marriages that are planned in the villages and interfere when they detect that

one of the spouses is still a child. Since this time, child marriages have been substantially reduced, another impressive outcome of the project.

### **5.2. Education**

The most visible outcome of the project in the perception of all stakeholders is that girls increasingly attend school. The project not only conducts enrolment campaigns, but community workers identify those households that do not send their girls to school and tries to convince each family to send their daughters. As a result, more girls are sent to school and more drop-out girls, who had stopped going after a few years in primary school, are now resuming their education.

Each village has a number of examples of girls that have been reintegrated into school. One village reported that for the first time ever three girls from the village are attending class 9.

### **5.3. Health**

The Government of India has introduced a number of schemes and programmes over the last few years to improve the performance of the basic health care services. As a result of these schemes, vaccination of girls and institutional child birth are increasing. It can therefore be expected that the indicators set in the project proposal will be achieved, but mainly because of improved government health service performance and to a lesser extent because of project mobilisation.

It looks as if increased state engagement in rural health care is lessening the need for interventions from NGOs. If village health workers' responsibility is mobilisation and awareness raising – and they increasingly do so – NGOs do not need to duplicate efforts, but could rather concentrate on their watchdog function regarding the performance of health care delivery.

## **6. Sustainability**

Overall, the example of the project highlights the strength of the tdh approach: supporting local grassroots NGOs instead of implementing itself or working through larger city-based NGOs. Sustainability seems much higher, as the project holders have been active in the area already for decades and will likely continue to work there in the future.

Women's SHGs, especially if they include a savings and loan component, are likely to continue. Youth groups will probably depend more on external guidance, so either further supervision would have to be provided or the groups would have to be attached to schools as boys' clubs or girls' clubs, supervised by teachers.

The learning support centres, with their need to be run by a community worker, will phase out at the end of the project. The project holders are working hard to reintegrate most of the girls into government schools before the end of the project. However, for some girls, whose families do not allow them to return to school, it will most probably be the end of their education.

Changes in socio-cultural values and norms take much longer than the lifespan of a project. To increase the acceptance and realisation of women's and girls' rights, the project holders would need to continue to work within these communities.

## **7. Most important recommendations**

### **7.1. To the implementing partners**

- The project should not take up major new activities, but rather consolidate the current activities and strengthen some of them even further, e.g. networking,

strengthening of the existing and newly created village organisational structures, support for women to develop their leadership skills. Priority should also be given to reintegrate as many girls as possible (who are still not attending school) into the government school system.

- Project outcome indicators should be revised.
- In the remaining project period, partners should make an effort to develop their monitoring system to a degree that outcome reporting will substantially improve.
- The project should develop an exit strategy, i.e. discuss what the structures created in the villages still need to be able to continue functioning on their own.

### **7.2. To tdh regional office**

- Tdh regional office should facilitate the budget reallocation and the proposal for a no-cost extension. In the same process, the outcome indicators should be revised.
- For projects implemented with third party funds, partners need even more substantial support on understanding the results-based management approach.
- The reporting formats should be revised.
- Tdh regional office should support a low-cost follow-up programme to the project.

## **8. General conclusions**

The focus on strategic interventions for strengthening women's and girl's participation in decision-making processes and on advocacy for improving government service delivery, complemented by few service delivery interventions, is a well-adapted approach in the Indian context, where there is a legislation for women's and girls' rights, respective government schemes for supporting women's and girls' rights, weaknesses in government service deliveries and an active civil rights movement.