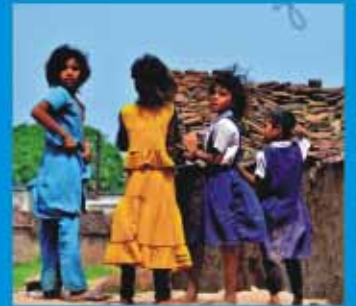




PAHELI REPORT



1
1
0
2



PEOPLES' ASSESSMENT OF HEALTH EDUCATION AND LIVELIHOODS



Disclaimer

The views in the publication are those of author and do not necessarily reflect those of the Government of India or United Nations (UN), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA) and United Nations Children's Fund (UNICEF).

The articles can be reproduced in whole or part with relevant acknowledgement of the source.

Printed by:

ASER Centre,

B-4/54, Safdarjung Enclave,

Near Kamal Cinema,

New Delhi 110029

Phone: 91-11-46023612

PAHELI 2011



Contents

Contents	I to IV
Acknowledgements	V
Foreword	VI
List of Abbreviations	VII
Executive Summary	VIII to XI
Introduction	1 to 13
About PAHELI 2006	3
Adapting the PAHELI 2011 framework:	
Background	4
Broad questions guiding PAHELI 2011	4
Chart 1: Framework for PAHELI 2011	5
Millennium Development Goals	5
Key elements	(6-9)
Design of key simple indicators/measures and methods	6
Creation of tools	6
Common design across all the districts	7
Sampling decisions common across the project	7
Local partners and participants	8
Various levels of assessment, analysis and action	8
Facility level	8
Fund flows	9
Communication and dissemination	9
Use of secondary data and data analysis	9
Beyond the tool kit and report cards	(10-11)
Linking of indicators to schemes and norms	10
Linking to planning in government departments	10
Integrating with existing information and processes	10
Capacity-building possibilities	11
Sample design of PAHELI 2011	12
Section-I: Life and Livelihood	14 to 54
Millennium Development Goals	16
Life and livelihood in PAHELI survey: The approach :	
PAHELI 2011 tool	17

Methods and tool:	
Household-level indicators	17
Links of households to major flagship programmes	17
Facilities	17
Findings:	(19-37)
A. Life:	
Type of house	20
Primary cooking fuel	20
Food	22
Land ownership, livestock and household possessions	26
Transportation	31
B. Livelihoods:	
Work patterns	33
Migration	34
Destination of migration	35
Financial inclusion of rural women	36
Public distribution system	37
Lessons	40
Concluding thoughts: Life and livelihood	41
References	42
Mahatma Gandhi National Rural Employment Guarantee Scheme	(44 to 54)
Millennium Development Goals	44
Conclusion	54
Section-II: Water and Sanitation	55 to 86
Millennium Development Goals	57
Water and sanitation in PAHELI 2011 survey: The approach	58
Methods and tools:	
PAHELI 2011 tools	60
Mapping and activity based assessments	60
Village water and sanitation mapping	60
Water quality testing	61
Findings:	
A. Water:	
Sample description	61
Quality	63
Access	67
Reliability	70

Quantity	71
B. Sanitation	73
C. Village-level questions	77
D. Water and sanitation in schools and anganwadis :	
Water	78
Water quality in schools and anganwadis	81
Sanitation	82
Way forward	84
Sustainability	85
Concluding thoughts : Water and sanitation:	
Water Quality	85
Sanitation	85
Appendix	86

Section-III: Maternal and Child Health 87 to 109

Millennium Development Goals	89
National Rural Health Mission	90
Maternal and child health in PAHELI 2011 survey : The approach	90
Methods and tools	91
Findings:	
A. Maternal health correlates	(92-102)
Care in pregnancy: antenatal and post natal	92
Place of delivery	93
Presence of health worker/skilled person during delivery	95
Post-delivery visit by health worker	97
Mode of transport to institution	98
Monetary benefits under Janani Suraksha Yojana	99
B. Child health correlates	(102-107)
Immunisation	102
Infant and young child feeding	103
Nutritional status of children	106
Iodisation of salt	106
C. Interaction of households with facilities	(107-108)
Contact with anganwadi centre	107
Concluding thoughts: Maternal and child health	109

Section-IV: Education and Literacy 110 to 132

Millennium Development Goals	111
------------------------------------	-----

Methods and tools	112
Findings:	
Household survey sample description	114
School enrollment and out-of-school children	114
Learning levels in basic reading and mathematics	119
Adult female education and literacy	121
Pre-school education	123
Facilities:	
Sample description of facilities	126
RTE infrastructure norms	127
Pupil to teacher ratio	129
Attendance rates	130
Mid-day meal scheme	130
Concluding thoughts: Education and literacy	132
References	132
Section-V: Concluding Thoughts	133 to 146
Background	134
Lessons :	
Balance between simplicity and rigour	136
Activity-based assessment increases engagement and creates opportunities for awareness building and possible action	136
Is rapid assessment possible in all domains?	137
Experiences from facility observations and fund tracking	138
District-specific indicators versus common measures for all districts	139
Multi sector versus single sector	139
Findings:	140
The theory of change using the PAHELI 2011 approach	142
Recommendations and the way forward:	
Sharpening and field testing	145
Frequency of measurement	145
Simultaneous versus slice-at-a-time approach	145
Desire for deeper exploration	145
Replication over geographies	145
Annexure (i)- Names of PAHELI 2011 Partners and Team Members	148
Annexure (ii)- MDG Indicators	149-151
Annexure (iii)- PAHELI 2011 Indicators v/s MDG Goals	153-163

Acknowledgements

Many partners - individuals and institutions have participated and supported the PAHELI effort in 2011 to 2012. It is due to the ideas, inputs, hard work and commitment of all of these people and organizations that has made PAHELI 2011 a success. Participation has extended all through the PAHELI process, from creation of tools, piloting the package, conducting the survey, presenting results at state and district levels and the preparation of the final report. It is not possible to name everyone, but we would like to extend warm congratulations and thanks to everyone who has been involved with PAHELI.

We would, however, like to gratefully acknowledge the support from Government of India-United Nations Joint Programme on Convergence (GoI-UNJPC) in Delhi, state and district levels, along with the Planning Commission, UNDP, UNICEF and UNFPA. The funding for PAHELI 2011 was provided by UNDP and UNICEF.

We would also like to thank Accountability Initiative (<http://www.accountabilityindia.in/>) for providing valuable assistance and inputs to the entire PAHELI design, process and analyses especially with respect to social sector schemes and village facilities and Arghyam (<http://www.arghyam.org/>) for not only their financial contribution but also their inputs and involvement at the design and analyses stages.

Without local district partners, none of this would have been possible. Our heartfelt gratitude is due to Pratham volunteers in Bhilwara (Rajasthan), Sahyog Sansthan, Shiv Arogya Sansthan and Gram Jan Prabandh in Udaipur (Rajasthan), Sarvajanic Grameen Vikas Sansthan in Hardoi (Uttar Pradesh), Prerna Development Foundation in Nalanda (Bihar), Lohardagga Gram Swarajya Sansthan in Gumla (Jharkhand), Youth Assistance for Voluntary Action and Rural Development – YAVARD (lead partner), VISSTAR, Sundergarh Education Society, YOUTH and UDYOG in Sundergarh (Odisha), SROUT in Korba (Chattisgarh) and MP Paryavaran Sudhar Sangathan in Rajgarh (MP).

Last but not the least the PAHELI 2011 core team, both at the central, state and district levels deserve special thanks for their commitment and hard work as well as the local Pratham teams in each state.



Foreword

The Government of India, supported by the United Nations Joint Programme on Convergence, has developed the *Peoples' Assessment for Health, Education and Livelihood (PAHELI)* to help communities directly assess the impact of health, education, livelihoods, water and sanitation services on their daily lives. Used effectively, *PAHELI* is a powerful, replicable and flexible tool for incorporating the views of excluded and marginalized communities, especially women, into the district planning process.

Aim of this publication is to inform policy makers and planners about the gaps in service delivery in key national programmes. Based on *PAHELI* assessments, the document summarizes the perceptions of people about service delivery in eight districts across seven states. The document points to a number of problems including quality of services and lack of information about entitlements.

Together with the *PAHELI tool-kit* and *District Report Card*, this publication is intended as a tool for training institutions and partners working to strengthen inclusive bottom-up planning. We would like to thank PRATHAM and their local partners for developing, testing, disseminating and finalising the tool kit and report cards.

The hope is that the *PAHELI* approach will be used across sectors at all levels to promote participatory decision-making and accountability at the grassroots level where service providers meet beneficiaries.



Mihir Shah
Member, Planning Commission
Government of India



Lise Grande
UN Resident Coordinator and
UNDP Resident Representative

List of abbreviations

- ✂ **AWW:** Anganwadi worker
- ✂ **ANM:** Auxiliary Nurse Midwife
- ✂ **ANC:** Antenatal care
- ✂ **ASHA:** Accredited Social Health Activist
- ✂ **BIS:** Bureau of Indian Standards
- ✂ **CGWB:** Central Ground Water Board
- ✂ **CDPO:** Child Development Project Officer
- ✂ **GOI :** Government of India
- ✂ **ICDS:** Integrated Child Development Services
- ✂ **IEC:** Information, Education and Communication
- ✂ **IMIS:** Integrated Management Information System
- ✂ **JMP:** Joint Monitoring Program
- ✂ **LPCD:** Litres Per Capita Per Day
- ✂ **MDM:** Mid-Day Meal Scheme
- ✂ **MGNREGS:** Mahatma Gandhi National Rural Employment Guarantee Scheme
- ✂ **MoWR:** Ministry of Water Resources
- ✂ **NRHM:** National Rural Health Mission
- ✂ **NLM:** National Literacy Mission
- ✂ **NRDWP:** National Rural Drinking Water Programme
- ✂ **PTR:** Pupil to Teacher Ratio
- ✂ **RGNDWM:** Rajiv Gandhi National Rural Drinking Water Mission
- ✂ **RTE:** Right of Children to Free and Compulsory Education Act
- ✂ **SSA :** Sarva Shiksha Abhiyan
- ✂ **TSC:** Total Sanitation Campaign
- ✂ **TT:** Tetanus Toxoid
- ✂ **TLM:** Total Literacy Campaigns

EXECUTIVE SUMMARY

PAHELI 2011 was a rapid assessment of the prevailing status of human development in a district and covers four major sectors: Life and Livelihood (correlates of poverty); Water and Sanitation; Maternal and Child Health; and Education and Literacy.

The broad objective of PAHELI 2011 was to create a set of simple to use tools that can be implemented by ordinary people to understand different dimensions of human development and track progress of social sector programmes initiated by the government in relation to its commitment towards international MDGs.

Life and Livelihood

Poverty is widely seen as inability to ensure basic needs. PAHELI 2011 used correlates of poverty based on observable characteristics of people's lives to measure levels of poverty.

Most surveyed households across all castes owned some land. Households with no land were very likely to have no livestock as well.

Observable characteristics of household such as household possessions reflect a family's economic standing. Cots, clocks/watches, cell phones, table/chairs, electric fans, televisions were the items that PAHELI enumerated.

Employment or work is critical for poverty reduction. It is empowering and liberating only when it provides people opportunities to improve their well-being. . Cultivating their own land is the major work activity for men, for women it is household work.

Internal migration is an important factor in influencing social and economic development. In the surveyed districts, compared to women, more men migrated for more number of days. The landless were less likely to migrate.

About 38% of the surveyed women had an active account in a bank, post office or SHG, in that order.

67% of the surveyed households had ration cards and more than 85% had received the quantities they were entitled to. However there are variations across districts in terms of entitlements of food grain and other items that were received.

MAHATMA GANDHI NATIONAL RURAL EMPLOYMENT GUARANTEE SCHEME(MGNREGS)

MGNREGS, considered one of the largest safety net programmes in the world, has two main objectives: to provide wage work to unskilled members of rural households and to create durable assets in the process.

PAHELI 2011 was undertaken during the monsoon which is slack time for construction related activities. The data in this section, are based on interviews of and discussions with adult women of surveyed households (men were asked questions only when the woman was unable to answer queries).

A little more than 28% of the respondents were aware of MGNREGS and even fewer of its provisions in the PAHELI 2011 districts.

On an average, 86% of those who applied received job cards and most received them within 15 days; 72.7% applicants got work; 55% applicants found work for 0-15 days and 21.2% between 15-30 days.

Except for Sundargarh, all districts met with the stipulation that work-site be within 5 K.M. from the workers village. Minimum wages were paid in Gumla, Hardoi, Nalanda and Korba.

On an average, 75.8% beneficiaries had their job cards with them; 79.7% had passbooks and of them 88.1% had physical possession of them.

Water and Sanitation

Clean drinking water is a fundamental and essential element of life. The United Nations, in 2010, recognised universal access to clean water as a basic human right as well as a vital step towards improving living standards.

The lack of sanitation is a major cause of disease around the world. Improving sanitation is known to have a considerable positive impact on health in households and across communities.

In India, both water and sanitation continue to be inadequate, despite longstanding efforts by various levels of government and communities. PAHELI 2011 attempted to capture the source, availability, quality, as well as satisfaction level of drinking water at household level. Sanitation practices of households were also noted.

Hand-pumps (56.7%) are the primary source of water followed by wells (22.8%). Only 14.5% households reported having a tap in or around their house.

81.7% respondents had their water source within 250 meters, 61% spent < 15 minutes to collect water. 87.3% of the surveyed households had access to water all the time.

Close to 80% of all schools visited had drinking water available.

Almost 72% of household drinking water samples were found to be contaminated with bacteria (faecal coliform test) yet 72% respondents expressed satisfaction with water quality. Water samples from anganwadis (67%) and schools (72%) were contaminated as well.

Fluoride contamination above permissible limits was found in 7.5% water samples across the seven districts.

Only in 27.8% cases was waste water disposed through drainage.

Despite a decade of the Total Sanitation Campaign almost 80% of the surveyed households have no latrines and almost 88% persons said they defecate in the open. Of the households that have toilets, only 49% were using them. 85.3% of the toilets had been constructed under the TLC or other government schemes.

Only 38.8% of the surveyed schools had usable toilet facilities, only 30.4% had usable girls' toilets, only 14.4% anganwadi centres had usable toilets.

Maternal and Child Health

In the last six decades India has made considerable progress in improving health indicators such as life expectancy, infant mortality and maternal mortality. Nevertheless, a lot remains to be done. Food and nutrition security issues are a grave concern, given insufficient diets and poor household nutrition security. A large proportion of children and women are malnourished. Complications related to pregnancy and childbirth pose a significant threat to the health of women.

Given the wide range of indicators that could be included, PAHELI 2011's attempt was only to track indicators that can easily be captured by ordinary citizens.

About 80% of the surveyed women received ante-natal care at a government facility. 70% of them had at least one ante-natal check-up, 87.4% had at least one TT injection and 65.3% took IFA tablets.

Almost 58% deliveries took place in an institution. Of them 82.8% were at a government facility and 65.9% were attended by a health worker, 64.1% had an ASHA staying with them in the hospital. Of the women who delivered at home 61.8% were attended by a skilled person.

64% women reached the health facility in a car or taxi which in 80.5% cases was arranged by the households.

82.4% of the respondents received money (average Rs. 1437) under the JSY and 82.8% of them did not have to pay a fee to receive their dues.

Nearly 50% children received a full course of immunization but the sample size was really small.

98% women breastfed their infants, 60% did so within half an hour of delivery, 75% started complementary feeding at six months.

47% of the surveyed children < 72 months in age were underweight with 32% severely underweight. 53% children between 36-72 months were undernourished, of them 33% were severely undernourished.

67.6% of the surveyed households were using optimally iodised salt.

96% women were aware of the existence of the anganwadi and 60.5% knew it provides food to children. Less than 40% were aware of other facilities like food for pregnant and lactating mothers and ANC.

Education and Literacy

The Government of India in the last 2 decades has initiated many programmes to improve upon the primary school system as well as adult literacy. While there has been a marked improvement in bringing children within the education network, with primary school enrollment being almost universal, but the

learning levels of these children continue to be a cause of worry. Similarly, though, adult literacy has improved rapidly since independence, still much needs to be done.

PAHELI 2011 tried to assess the learning level of both the mother and child. The rationale of including the mothers was because of their direct influence upon the children during their formative years. Information on enrollment of children in primary school was also undertaken, together with schools they went to.

Of all enrolled children, 69% are enrolled in government schools. Boys are more likely to be sent to private schools. Girls are more likely than boys to be enrolled in government schools. They are also more likely to not be in school. , The percentage of out-of-school children (6.8%) in the surveyed districts is higher than the national average.

About 32% of Std. III children and a little more than 50% of Std. V children could read a Std. I level paragraph. A little under 19% of Std. III children and about 37% of Std. V children could do two digit subtractions. In general, individual districts showed lower levels of achievement than their respective states.

37.3% of the women had attended school; only 26.2% could read a Std. I level paragraph.

53.7% children in the age group 3-4 are enrolled in some kind of pre-school facility, 47.1 % of them in anganwadis / balwadis. 29.9 % children are not enrolled anywhere. At this level there is no disparity between the genders.

In age group 5-6, 14% children are not enrolled anywhere. Surprisingly, boys outnumber girls here.

Of the schools that were surveyed, more than 70% of schools surveyed had an office/store room/ office-cum-store; almost 55% had a boundary wall; almost 40% had a playground; almost 74% had a kitchen for cooking mid-day meals and 64% had a library.

90% classrooms had a blackboard. Only 28% schools met the PTR norms of RTE.

The student attendance rate is 61% while teacher attendance rate is 81%. Both are lower than the average for rural India.

INTRODUCTION



Introduction

In the past decade, 21 Indian states have prepared human development reports (HDRs)¹, moving the HDR process from the national to the state level. The aim of these HDRs has been to highlight the status of human development across and within states, and ensure adequate planning and resources for basic sectors such as adult literacy, children's education, health, livelihoods and poverty reduction. The broad objective underlying these efforts has been to track the internationally accepted Millennium Development Goals (MDGs) as well as assess progress towards the national objectives of social protection and building of human capabilities.

The preparation of HDRs has moved further to the district level since 2004. The district is increasingly becoming an important unit in development for planning, budgeting, decision-making and implementation purpose. Several states are preparing district level HDRs, which by and large depend on secondary data from different government departments and other sources.

In addition, for seven states across India and 35 districts, there is a programme called the Government of India – UN Joint Programme on Convergence (GoI-UNJPC). This programme is implemented by the Planning Commission (PC) in partnership with state governments and national-level resource institutions. One of the key focal areas of the programme is supporting the Government of India's objective (emphasised in the Eleventh Five-Year Plan) of ensuring outcome-based, inclusive and decentralised district planning.

For decentralised planning to be effective, it is important that people have a strong capacity for assessing the status of key indicators on human development in their locality. The generation of a status report requires a set of indicators and processes (or a tool kit) that are simple enough to enable participation and decision-making by all sections of the community, including women and the marginalised. The process should be easy to conduct, to analyse and to understand. Such tools and processes help citizens to understand and address human development. Indicators need to be conducive to simple measurement and linked to observable and measurable MDGs at the local and district level. These status reports can help stakeholders and service providers identify gaps in service delivery and prioritise needs. The availability of a tool kit (which includes indicators and processes) for assessing the status of key indicators can be a very useful input for strengthening the bottom-up process of planning by demonstrating inclusive and participatory methods.

¹“Human Development is about people, about expanding their choices to live full, creative lives with freedom and dignity. Fundamental to expanding human choices is building human capabilities: the range of things that people can be. The most basic capabilities for human development are living a long and healthy life, being educated, having a decent standard of living and enjoying political and civil freedoms to participate in the life of one's community” (UNDP 2003. Human Development 2003 – Millennium Development Goals: A Compact among Nations to End Human Poverty, OUP, New York).

About PAHELI 2006

PAHELI—People's Assessment of Health, Education and Livelihoods—was first conducted by Pratham and district partners in 11 districts across the country in 2006. That effort was an attempt to see if the rapid assessment and participatory approach of ASER (Annual Status of Education Report) in education could be applied to other social sectors². UNDP supported this effort and Pratham received further support from UNICEF. For PAHELI 2011, four broad domains were identified and a set of simple indicators were developed into a "tool kit"³. The sectors were:

- Life and Livelihoods
- Water and Sanitation
- Mother and Child Health
- Education and Literacy

The PAHELI 2006 exercise was based on experiences and learning from ASER, which has been facilitated by Pratham in more than 570 rural districts since 2005⁴. ASER's participatory approach and use of simple tools led to widespread engagement in issues of elementary education during data collection and to a variety of actions by government and non-government organization using the data and information collected⁵.

The ASER initiative and the previous PAHELI effort are said to have influenced several other efforts in different social sectors using a similar "people's participation" approach. The current PAHELI 2011 was based on the past track record of such efforts and includes additional components described below⁶.

²ASER (Annual Status of Education Report) is the largest household survey done of children every year. Facilitated by Pratham, ASER reaches a representative sample of children in each rural district in the country. The focus of the survey is to assess the status of schooling and basic learning (reading and arithmetic) for children in the age group 5 to 16. 2011 is the seventh year of this initiative.

³The PAHELI indicators were developed after consultations with sector experts and representatives of different organisations. From the design stage onwards, key staff of UNDP was also part of the exercise. The design aimed for simplicity so that ordinary citizens with a reasonable amount of training, could carry out the assessment exercise, understand the results and be able to disseminate the findings.

⁴The 2006 version of PAHELI was carried out in 11 selected districts. These districts were among the poorest in their state and were listed in various "backward" district lists. The designing of tools and sampling, training and monitoring was conducted by Pratham but the actual survey was carried out by a local citizen's group, non-government institution or college in each district. In each district, 30 randomly sampled villages were selected using the 2001 Census village lists. In each selected village, 20 randomly sampled households were surveyed. In each household, information was collected on a set of specified indicators. The aim was to generate basic information based on a representative sample of households for the district.

⁵See www.asercentre.org for details of all ASER reports from 2005 to 2010, tools and processes.

⁶See ASHWAS, a water and sanitation survey done in Karnataka in 2008 by Arghyam (www.arghyam.org), and HUNGAMA, a survey of 100 districts for assessing child malnutrition. This survey was conducted by Naandi Foundation (see www.naandi.org).

Adapting the PAHELI 2011 framework

Background

During 2010-11, Pratham/ASER Centre and various UN agencies reviewed the previous PAHELI experience and learnings⁷ and there was broad consensus that PAHELI should be repeated in 2011. While based on the previous effort, PAHELI 2011 was also shaped by new inputs and perspectives emerging over the past two years in interactions between the Pratham/ASER Centre team and the Government of India-UN Joint Programme on Convergence group that included UNICEF, UNDP and UNFPA. These discussions have been very useful in developing the proposed framework for PAHELI. Chart 1 outlines some of the elements that serve as important guiding principles.

Broad questions guiding PAHELI 2011

Through the PAHELI effort, we attempted to explore the following questions⁸:

- Can a simple tool kit (set of indicators) be developed that ordinary people can use to understand the status of basic human development in their local area? This could be a village, a panchayat, a block or a district.
- Can a simple set of processes be developed that can be used by citizens and local groups to generate their own information on the prevailing state of human development in their area?

In taking the PAHELI experience forward and thinking beyond the immediate exercise, it would also be useful to explore the following questions:

- Can a set of local-level institutions and individuals be equipped to independently carry out such exercise independently in the future?
- Can effective mechanisms be set up in a way that the information generated from the use of the tool kit and processes is translated into appropriate action regarding allocations, expenditures and outcomes in service delivery?

⁷Established in 2008, ASER Centre (www.asercentre.org) is an autonomous unit of Pratham (www.pratham.org). It carries out a variety of assessment, survey, evaluation, research and communication activities in education and other sectors. ASER Centre also leads the annual ASER survey each year.

⁸These issues can be applied to any geographical area. Here, the focus is on the district but the same could apply to a block, to a set of villages or even to a single village.

Chart 1: Framework for PAHELI 2011

DEVELOPING A FRAMEWORK FOR PAHELI				
	INDICATORS / MEASURES	METHODS	DISSEMINATION / COMMUNICATION	RELATED GOVERNMENT SCHEMES AND NORMS
BASIC APPROACH	Start with MDGs. Identify no more than 10 indicators in a sector. Simple, easy to understand by ordinary people.	Data collection methods that are easy to use and replicable at district, block or village level.	Simple analysis that is easy to do, understand and explain.	Key norms of government schemes to be kept in mind when designing tools and also in dissemination.
EXPLORE WITH HOUSEHOLDS	In household: current status, access to provision, "quality".	Methods include a combination of survey, activities and observations. Data collection activity should be such that in the process of collecting data people become engaged and aware about the sector/issue.	Design and layout of documents, whether tools, methods or findings, should be simple and easy to understand so that communication at different levels is easy.	Understanding the process of fund flows, decision-making and implementation of the scheme to be linked to the tool kit.
ASSESS VILLAGE LEVEL FACILITIES	In facility: current functioning, participation, fund flow, expenditures.	Data collection is also a communication activity.		The process by which assessment can lead to action to be outlined in advance. Think through what households can do and what the government can do.
TOOL KIT: KEY MEASURES/ OUTCOMES INDICATORS / TOOLS	TOOL KIT: KEY MEASURES/ OUTCOMES INDICATORS/ TOOLS	TOOL KIT: SIMPLE METHODS FOR DATA COLLECTION AND ENGAGEMENT	REPORT CARDS THAT ARE EASY TO GENERATE, COMMUNICATE AND UNDERSTAND	ASSESSMENT TO ACTION TO BE PLANNED BOTH BY THE PEOPLE AND BY THE GOVT.

Millennium Development Goals

The Millennium Development Goals (MDGs) are eight goals to be achieved by 2015 that respond to the world's main development challenges. The MDGs are based on the **Millennium Declaration** that was adopted by 189 nations and signed by 147 heads of state and governments during the UN **Millennium Summit** in September 2000.

The internationally agreed upon framework of eight goals and 21 targets was complemented by 60 technical indicators to measure progress towards the MDGs. These indicators have been adopted by a consensus of experts from the United Nations, the International Monetary Fund (IMF), the Organisation for Economic Co-operation and Development (OECD) and the World Bank.

The Millennium Development Goals and targets come from the Millennium Declaration, signed by 189 countries, including 147 heads of State and Government, in September 2000 and from further agreement by member states at the 2005 World Summit. The goals and targets are interrelated and should be seen as a whole. They represent a partnership between the developed countries and the developing countries "to create an environment – at the national and global levels alike – which is conducive to development and the elimination of poverty" as stated in the Millennium Declaration.

[Detailed table of MDG given in annexure -(ii)]

Key Elements of PAHELI 2011

This and subsequent sections outline some of the key elements that were central to designing the framework for PAHELI 2011 and to the project in a general manner.

Design of key simple indicators/measures and methods

PAHELI 2011 aimed to design indicators that both directly affect the day-to-day lives of people, and are linked to national goals and MDGs. Wherever possible, PAHELI 2011 explored issues of service delivery, financial norms (what money is supposed to reach where and when) and fund flows.

The balance between simplicity and rigour is often hard to achieve. In a traditional research study, data collection is often extensive, comprehensive, costly and time consuming with a long lag between data collection and public dissemination. But for PAHELI 2011 to meet its objectives, it was critical to define a limited number of key measures for each sector. PAHELI 2011 employed the following features to help determine which indicators should be included in the tool kit:

- Focus on characteristics of households or facilities that can be observed or measured easily and used by common people at the village, block or district level;
- Collect data on a particular key indicator, either because it is not usually collected or because it is not usually collected at the household or village level.

The biggest challenge was to keep indicators aligned with measurable MDGs on the one hand and linked to key social sector programs on the other. Simultaneously, we had to ensure that ordinary people could undertake the actual measurement and analysis. Maintaining the delicate balance between rigor and simplicity is essential for PAHELI 2011 to be successful⁹.

Creation of tools

Given the nature and objectives of PAHELI 2011, developing a set of tools that were easy to understand, administer and analyse was the most important part of the exercise. Two major strategies guided the development of the tools. *First*, the indicators had to be easily observable and measurable. *Second*, our past experiences with ASER and other participatory assessment work taught us that such efforts are not only about data collection—it is also important to engender community engagement and participation so that during and after the assessment activity they continue to discuss important issues, search for solutions and demand better services. Tools need to engage people in the community and appropriate methods should be employed to increase people's involvement during the data collection effort.

Our experience suggests that activity-based assessment is a useful mechanism for engaging

⁹ For example, given time and budget constraints, the entire data collection at the village level could not take more than three days. Therefore the tool kit was designed with these constraints in mind.

people. For example, the act of asking children to read or to do arithmetic is a much more engaging device than simply asking parents to evaluate the quality of education. Three things happen during such activity-based assessments. *First*, this approach generates information that the respondent himself or herself may not have known (for example, can my child read, is my water clean), *second*, it leads to a concrete understanding of specific elements or outcomes (for example, by Std 2 a child should be able to read a paragraph like this, or if water quality is good and water is clean, it should look like this at the end of the test; and *third*, community members continue discussing these issues well after the data collection is completed.

PAHELI 2011 uses a number of different methods for increasing people's engagement. These are :

- 'activities' like asking children or adults to read or do arithmetic.
- 'tests' and 'experiments' like water quality testing and salt testing for iodisation.
- use of *pictorial survey instruments* wherever possible¹⁰.

The tools for the current version of PAHELI 2011 benefited greatly from detailed feedback and discussions over several months from core members of the UN agencies that were supporting the project both in Delhi and in the states. Comments received from experts individually and consultations with the UN group and the Planning Commission also informed the process. With inputs from all sectors, PAHELI 2011 team members and representatives from the GOI-UN Joint Programme on Convergence field tested the tools extensively before finalisation for use. Within the PAHELI 2011 exercise, we attempted to develop tools for tracking fund flows and decision-making, in order to understand better how to strengthen accountability frameworks through participatory tracking of fund flows and expenditures.

Common design across all the districts

Our idea was to adopt a simple design that would enable comparisons of key indicators across districts. At a later stage, if other stakeholders use the PAHELI 2011 tool kit additional state or district-specific indicators can be added, keeping in mind however, that the entire tool kit cannot become too heavy or time consuming.

Sampling decisions common across the project

One district from each of the selected states was identified for piloting this version of PAHELI 2011. *These districts were purposively selected because they were focus districts of the GOI-UN Joint Programme on Convergence.* In each district, 60 villages were selected using 'probability proportional to size' (PPS) sampling techniques. Within each selected village, 20 households were chosen randomly using the same sampling technique. According to this process approximately 1,175 households were surveyed per district; these households and villages form the basis of the "district report cards". Thus, a total of 9,405 households in 471 villages in eight districts were surveyed in this exercise.

¹⁰Credit for the pictorial tool goes to a pictorial BPL survey format that was designed almost 10 years ago for Karnataka BPL surveys but perhaps never actually used in the field. The PAHELI 2011 tools are inspired by that instrument.

Sampling decisions regarding villages were made by an expert group of statisticians from the UN agencies and Pratham/ASER Centre. The only exception was Bhilwara district in Rajasthan. Bhilwara was included as part of this project as there was ongoing work related to MNREGS in the district that was being carried out by Pratham with UNDP support. This work was focused on 50 villages and 20 more villages were to be included at a later stage. The Bhilwara sample is purposive and includes these target villages. In all tables, Bhilwara is reported but not counted in the total.

Local partners and participants

Although facilitated by Pratham/ASER Centre, PAHELI 2011 was carried out by one or more local organisations at the district level. The aim was to build capacity in a local group that would be able to carry out or support such initiatives in their districts in the future. We did so during the training and implementation of the survey.

Various levels of assessment, analysis and action

PAHELI 2011 envisaged assessment and action at several levels. The primary data collection activity was centered on the process of collecting key information about different outcomes and processes at the village level. The different levels of assessment, analysis, awareness and action included. Indicators and measures that focus on:

- Understanding the status at the household level. Analysis of household status can lead to possible suggestions on action that households can undertake by themselves (for example, more effective nutrition for children, methods of keeping water clean, better health practices at home);
- Work that needs to be undertaken by government functionaries and community-level workers to link households to government social sector schemes;
- Actions that households can undertake to demand better services (for example, better learning in schools, better service in health centres, demanding that school grants arrive on time and are spent effectively, etc.) The PAHELI 2011 data is designed to provide district level estimates .

Facility level

PAHELI 2011 assessed the current status of the functioning of various facilities. This information can be sent back to the village community and also to the relevant government departments at different levels. These include schools, anganwadis, health centres, PDS centers, MGNREGS work-sites, and so on.

Fund flows

The primary focus of PAHELI 2011 has been to understand how fund flows work at the ground level and how decisions are made and services are delivered. Funds are critical to the functioning of any service delivery mechanism. Do the funds reach the village-level facility? If funds reach beneficiaries, do they reach on time? Are people aware of the different provisions of schemes? In PAHELI 2011, we attempted to explore household level outcomes, views and perceptions for different domains as well as to investigate different dimensions of the facilities and services related to that sector at the village level. This part of the PAHELI 2011 work was called PAISA. *Planning, Allocations and Expenditures, Institutions: Studies in Accountability*. (The overall partner for this part of the survey was Accountability Initiative which has done similar tracking of fund flows in schools in collaboration with ASER as well as independently).

The fund tracking exercise was quite effective in health in the case of Janani Suraksha Yojana but not as productive in the case of PDS or health centres or MGNREGS work-sites. The sample of health centres covered was small and due to PAHELI 2011 being in the field during the monsoon season, the survey teams did not find too many active MGNREGS work-sites. This is the first time in PAHELI 2011 that such key questions are being explored and this pilot will indicate to what extent such efforts can yield results given the basic approach adopted in PAHELI 2011.

Communication and dissemination

A major objective of the current PAHELI 2011 effort is to create presentations/materials of the major findings in formats that are simple to understand, disseminate and can lead to informed action by people at the local or state level. Once the overall report was discussed and finalised by the UN agencies and the Pratham / ASER teams, two products were created for dissemination:

- A final set of tools that can be used by other institutions, agencies or individuals in these and other districts.
- Sample report cards that share the findings and information collected in PAHELI 2011 in a simple, straightforward way to facilitate further discussions at the ground level.

Use of secondary data and data analysis

The objective of this PAHELI 2011 exercise is primarily to design, pilot and use a tool kit that can enable ordinary citizens to be engaged in the process of tracking human development indicators at the community level. The tool kit comprises indicators or measures and methods for carrying out the data collection. Based on the data collection exercise in the sampled districts, a set of simple to understand and to explain report cards will also be produced. The overall aim of the PAHELI 2011 effort is to develop this approach. In this regard, PAHELI 2011 differs from the usual socio-demographic-economic surveys and research. The analysis of data

is deliberately kept at a basic level. Again, the main reason behind this is to enable widespread engagement in trying to understand the socio-economic-demographic status and to plan forward.

The PAHELI 2011 raw data will be made public such that more detailed and sophisticated analysis can be done subsequently. This data can be then merged with other existing data to carry out more in-depth research.

As background material, the attempt here is also to look at existing district level data from other sources for the sectors covered. However, a few things need to be kept in mind. Often data on key social sector outcomes is not available at the district level. The data that exists may not be current or easily available in the public domain. Finally and most importantly, measures and indicators closely comparable and similar to PAHELI 2011 may not be available.

Beyond the tool kit and report cards

The advantage of carrying out PAHELI 2011 under the umbrella of the Planning Commission-UN Joint Programme on Convergence is that it goes beyond the ambit of the current project and yet may be facilitated by it.

Linking of indicators to schemes and norms

In each sector, there has been an attempt to link PAHELI 2011 indicators to the objectives of important national development schemes. It is hoped that the assessment process and the findings at the district level can serve as inputs for improving the uptake of national programmes at the local level.

Linking to planning in government departments

The PAHELI 2011 tool kit and findings can be actively shared with relevant government departments and associated district and block level officials. Such dissemination may lead to the possibility of carrying out this set of activities periodically both in these and other districts. Involving government departments will facilitate integration of the evidence emerging from participatory assessment into their normal functioning. The tool will play an important role in empowering members of the local communities, especially women, by assessing the implementation of district plans. It will help communities not just in making informed district plans, but also in systematically and periodically re-adjusting or revisiting their village/ block and district plans.

Integrating with existing information and processes:

District situation analyses and visioning are important steps for the development of integrated district plans. The PAHELI 2011 process is an innovative community monitoring tool that helps the communities voice their perceptions for inclusion in planning, thereby strengthening the

process through the reflection of local needs in the plans. The significance of this activity is the correlation between planning objectives and community needs, especially in terms of meeting the MDGs at the local level for the benefit of the poorest.

PAHELI 2011 tool kits and findings can be important inputs (along with indicators from other national/scheme monitoring systems) for these processes. For village planning as well, a situation analysis with problem identification is a key activity. If used widely, PAHELI 2011 can help do this (substituting for or in addition to other participatory rural appraisal exercises) better, informing the planning and prioritising process. PAHELI 2011 can inform state and district governments about corrective measures in policy and implementation. This process can be iterated and later inform the block/district level visioning process. It can also become a way of mobilising communities; measuring change over time on key indicators; and helping create a performance management system for service providers and office holders.

Capacity-building possibilities

These can be explored at different levels around an awareness and understanding of MDGs, the core elements of human development and the functioning of important social protection schemes. The experience of PAHELI 2011 suggests that a wide variety of capacity-building exercises can be built from this effort. However, indicators and questions need to be further sharpened and field tested before upscaling the process.

The current PAHELI 2011 effort aims to scale up a process that *“puts people at the centre of development, by emphasising that development is of the people and for the people”*. In this context, the linkages between ongoing capacity building and an actual set of activities is of key importance. While the immediate outcome of this initiative is a tool kit and a process, as well as a set of report cards, the long-term aim is to mainstream PAHELI 2011 as a regular tool for community monitoring.

The PAHELI 2011 tool kit can help communities not only by providing informed inputs into local plans, but also by systematically and periodically revisiting the status of human development at village/ block level and demanding readjustments or additions at the district level.

Sample design of PAHELI 2011

PAHELI 2011 employs the two-stage sample design, which is also used by ASER and other nationally representative surveys like NSS and NFHS. In the first stage, 60 villages were selected randomly using the village directory of the 2001 census as the sample frame. In the second stage twenty households were randomly selected in each of the 60 selected villages in the first stage. This yields a sample size of 1200 households and 60 villages per district¹².

Villages are sampled using the probability proportional to size (PPS) sampling method¹³. This method allows villages with larger populations to have a higher chance of being selected in the sample. It is most useful when the sampling units vary considerably in size because it assures that those in larger sites have the same probability of being a part of the sample as those in smaller sites, and vice versa. In the selected villages, 20 households are surveyed. Ideally, a complete house-list of the selected village should have been made and 20 households selected randomly from it. However, given the time and resource constraints we adopted a procedure for selecting households that preserved randomness as much as possible. The field investigators were asked to divide the village into four parts. This was done because villages often consist of hamlets and a procedure that randomly selects households from some central location may miss out households on the periphery of the village. In each of the four parts, investigators were asked to start at a central location and pick every fifth household in a circular fashion till 5 households were selected.

The survey provides estimates at the district level. In order to aggregate estimates up from the district level households have to be assigned weights - also called inflation factors. The inflation factor corresponding to a particular household denotes the number of households that the sampled household represents in the population. Given that 1200 households are sampled in each district regardless of the size of the district, a household in a larger district will represent many more households and, therefore, have a larger weight associated with it than one in a sparsely populated district.

The advantage of using PPS sampling¹⁴ is that the sample is self-weighting at the district level. In other words, in each district the weight assigned to each of the sampled household turns out to be the same.

¹²The sample size was decided in consultation with a research committee comprising of members from UNICEF, UNDP and Indian Statistical Institute, Delhi.

¹³Probability proportional to size (PPS) is a sampling technique in which the probability of selecting a sampling unit (village, in our case) is proportional to the size of its population. The method works as follows: First, the cumulative population by village calculated. Second, the total household population of the district is divided by the number of sampling units (villages) to get the sampling interval (SI). Third, a random number between 1 and the SI is chosen. This is referred to as the random start (RS). The RS denotes the site of the first village to be selected from the cumulated population. Fourth, the following series of numbers is formed: RS; RS+SI; RS+2SI; RS+3SI; The villages selected are those for which the cumulative population contains the numbers in the series.

¹⁴Most large household surveys in India, like the National Sample Survey and the National Family Health Survey also use this two stage design and use PPS to select villages in the first stage.

This is because the inflation factor associated with a household is simply the inverse of the probability of it being selected into the sample times the number of households in the sample. Since PPS sampling ensures that all households have an equal chance of being selected at the district level, the weights associated with households in the same district are the same. Therefore, weighted estimates are exactly the same as the un-weighted estimates at the district level. Where district estimates had to be aggregated, we decided not to use weights. *This was because the districts are not representative of the state and it is not clear what a weighted estimate would represent.*

Often household surveys are stratified on various parameters of interest in order to obtain enough observations on entities that have the characteristic that is being studied. The PAHELI 2011 survey stratifies the sample by population in the first stage. No stratification was done at the second stage. This was mainly due to budgetary and time constraints, since stratification in the second stage requires house-listing in the village which is extremely costly in terms of time, human resources and money.

Despite the fact that according to the plan, in each district 60 randomly selected villages were to be visited, there were delays and difficulties in some cases. Shortage of time, other difficulties and unforeseen delays meant that the actual villages and households that were surveyed are less than what was planned.

