

**IMPACT ASSESSMENT  
OF  
AWAG'S INTERVENTIONS  
IN  
STRATEGIZING COMMUNITY LEADERS  
FOR  
SOCIAL EMPOWERMENT**



***“Silence Is Not A Virtue; Break The Silence Of Oppression.”***

*Dr Ila Pathak (1933 – 2014)*

*Founder, Ahmedabad Women's Action Group (AWAG)*

**Acknowledgements:** *This report is published by AWAG with support from Harvard University South Asia Institute - Tata Project*



**Ahmedabad Women's Action Group-AWAG**

'AWAGKUNJ', Bhudarpura, Ambawadi, Ahmedabad-380 015  
Tel: 079-26442466 / 079-26441214; Email: [info@awagindia.org](mailto:info@awagindia.org)  
Website: [www.awagindia.org](http://www.awagindia.org)

# **C**ONTENTS

<b>I. INTRODUCTION</b>	<b>1</b>
<b>II. AWAG AS AN INNOVATIVE ORGANIZATION</b>	<b>3</b>
<b>III. KEY ACTIVITIES: IMPLEMENTATION AND OUTCOMES</b>	<b>5</b>
<b>IV. ASSESSMENT OF IMPACTS</b>	<b>15</b>
<b>V. SUCCESS STORIES</b>	<b>20</b>
<b>VI. LEADERS' VIEWS ON THEIR GROWTH AFTER THE INTERVENTION</b>	<b>24</b>
<b>VII. CHANGES INFLUENCED BY LEADERS, AS STATED BY ALLIED SERVICE PROVIDERS</b>	<b>25</b>
<b>VIII. REFLECTIONS</b>	<b>33</b>
<b>IX. CONCLUSION</b>	<b>34</b>

# INTRODUCTION

## CONTEXT OF THE STUDY

This study is an effort to objectively assess the impact made in the field by a voluntary organization AWAG (Ahmedabad Women's Action Group) that strives for the emancipation and empowerment of deprived women in the given areas of Gujarat viz. Ahmedabad, Rapar (Kutch) and Radhanpur (Patan). The study was undertaken following a workshop on Women's Empowerment Track of the Harvard University South Asia Institute and Tata Trusts Project on Social Entrepreneurship and Livelihood Creation in India, held at Mumbai in January 2016.

In addition to serving as a learning tool for all those directly involved in the said process, we envisage that the document will also serve as a source of vicarious learning to like-minded organizations vis-à-vis the innovative idea of strategizing community leaders for social action and empowerment of women.

• • •  
**The focus of the study is on documenting the impact of the role of community leaders in creating a holistic (social, legal and economic) awareness among women subjected to various forms of violence. It may also be clarified that the given document enumerates the impact study spanning a period between 1985 and 2010 that marked the thrust of AWAG's interventions with community leaders.**

• • •

## RESEARCH OBJECTIVES AND METHODOLOGY

The purpose of the study was to document the impact of interventions undertaken through community leaders so far. More specifically, the objectives covered are:

- Examining the effectiveness of interventions related to building community leaders,
- Examining the roles of community leaders and its impact on women suffering from domestic violence,
- Understanding the effectiveness of community leaders in bringing about community governance and sustaining the same across various groups,
- Examining the comprehensiveness of the project intervention and the extent of its outreach,
- Understanding and analyzing the extent to which AWAG has contributed to empowering women suffering from deprivation and violence.

Data was collected using questionnaire and focus group discussions. Focus group discussions were carried out with community leaders and personal interviews were undertaken with victims as well as allied service providers such as police, lawyers and health personnel involved in the process through community leaders. **From a total of 258 community leaders that fall under the framework of the given study, Focus Group Discussions were conducted with 105 of them; that's equivalent to 40% of the total leaders.**

The methodology also included perusal and analysis of project level data and internal reports.

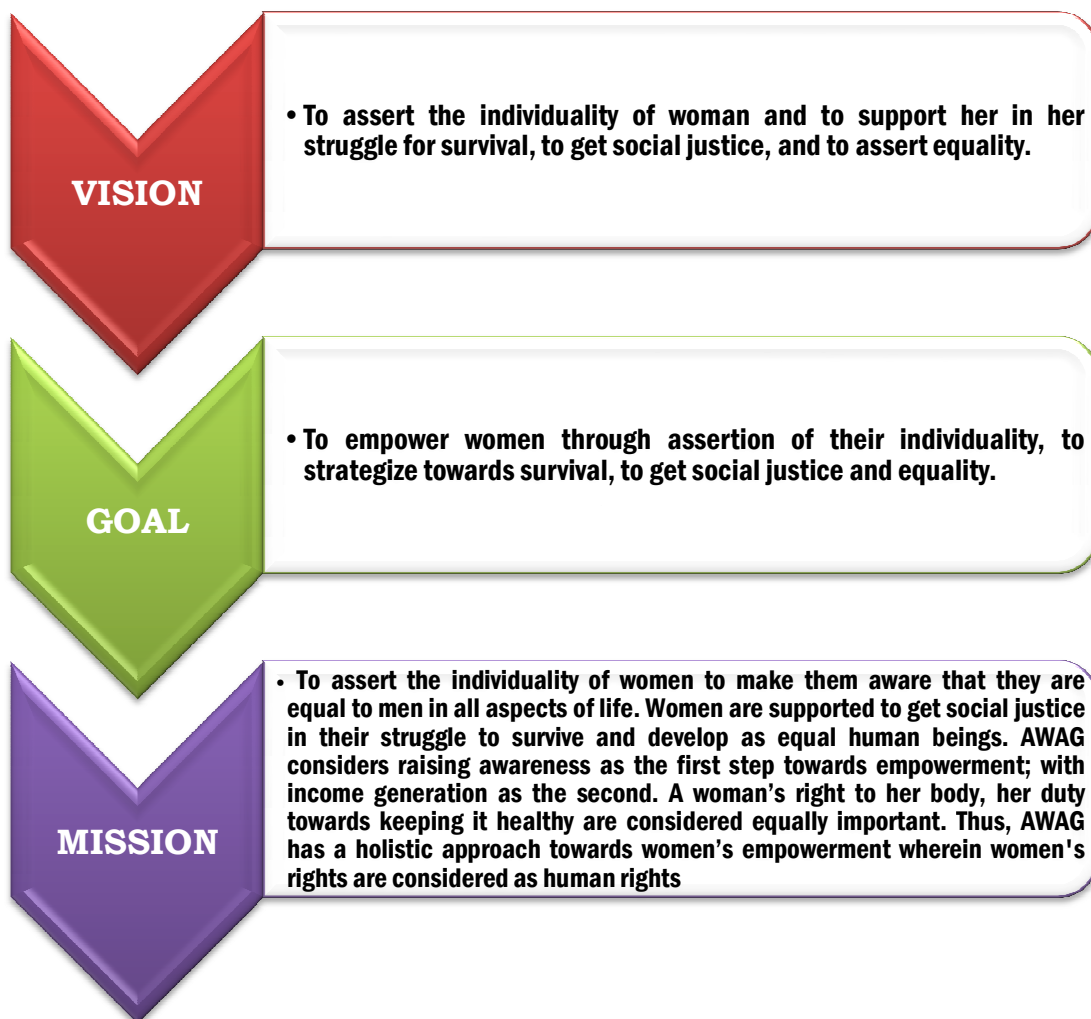


**A Painting depicting Women Empowerment adorns the inner wall of AWAG's head office**



## AWAG AS AN INNOVATIVE ORGANIZATION

AWAG (Ahmedabad Women's Action Group) has been actively involved with the issue of domestic violence inflicted on women in Gujarat, since over two decades. With a strong disagreement towards the ideology of preserving families that prevailed, AWAG developed its own ideology that advocates –**'A family does not make a woman; it is a woman who makes a family'**. Resultantly, with the mission of preserving the individuality of women, AWAG initiated its struggle against domestic violence inflicted on women with a women-centric approach through direct interventions such as awareness raising and community organization, as well through collaborative interventions such as advocacy and networking.



AWAG has chosen to work with women victims belonging to deprived communities which in its present context include Dalits – a scheduled caste and Muslims – a minority community. These communities are spread over rural and slum areas of Gujarat. The rural spread includes 36 villages in the Radhanpur block of the Patan district, wherein work was initiated in 1992; and 60 villages in Rapar block in Kutch district wherein work was initiated in 2004. Since 1985, AWAG also works in 36 areas of the industrial belt of Ahmedabad city.

The selection of these work areas, bear relevance in the given context. Ahmedabad being a communally-sensitive city, AWAG launched a project on ‘communal harmony’ way back in 1986 since it was women who faced a strong setback as a result of the riots that occurred. Similarly, interventions in the Rapar block were commenced upon at the invitation of Oxfam following the earthquake in 2001. Owing to the subordinate status of women, AWAG took the plunge in this area on the fundamental issue of violence against women. Likewise, work in rural areas was commenced upon in the Radhanpur block of Patan district. The region is backward and drought-prone leading to extreme poverty. The Infant Mortality Rate and Maternal Mortality Rate<sup>1</sup> are high in this area. AWAG felt a need to expose the rural women to information related to various health schemes available to them.

The Table below outlines the nature of activities and spread undertaken by the community leaders in the given timeframe of the said study i.e. 1985 to 2010.

**TABLE 1: Details of Work Areas and Activities Undertaken through Community Leaders**  
(NB: Some leaders are active in more than one activity)

Area Covered	Year of Commencement of Work	No. of Community Leaders	Nature & Spread Of Activities through Community Leaders				
			Violence against Women	Health	Communal Harmony	Habitat Development	Kitchen Gardens
Ahmedabad Slums-36 areas	1985	84	36	16	25	8	-
Radhanpur-36 villages	1992	68	9	17	-	-	-
Rapar-60 villages	2004	106	23	9	-	-	50

<sup>1</sup> <https://patandp.gujarat.gov.in/patan/english/shakhao/health-branch/introduction.htm>

## KEY ACTIVITIES: IMPLEMENTATION & OUTCOMES

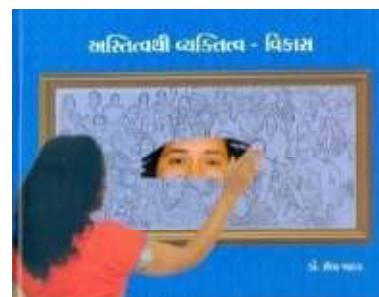
AWAG is involved in multifarious activities, yet the issue of violence against women runs as a common thread through all its interventions. The main thrust lies in devising and strengthening systems that empower women. Activities that have been determinedly undertaken by community leaders under study can be broadly categorized as under:

- Violence against Women
- Health
- Habitat Development

### **Awareness Raising: A Strategic Gateway**

Awareness raising is the cornerstone of all activities undertaken wherein a woman is looked upon as an independent individual. For this, emphasis is laid on workshops the duration of which spans over two to five days and stresses on the key-issue of women's independence, individuality and existence and need for social justice. Following this, a dialogue and discussion on concerns of the particular groups takes place on local issues. The idea is to raise awareness of women about their human rights and individuality for they have to realize the wrong done to them and not sit back and condone it. As a group passes through these workshops, some women emerge as leaders and a committee is organized. Gradually they become active on issues like supporting a woman who is victimized either at home or in society, or helping a woman reach out to get medical help, or lead a demand for removing dung heaps from their villages as well as urging parents to send their daughters to school. The interventions undertaken by community leaders, rest on this fundamental premise.

It would not be out of place to mention that a book named "*Astitva thi Vyaktitva Vikas*", authored by late Dr. Ila Pathak published by AWAG in June 2014, includes a detailed module of Awareness Raising Workshops as one of the core activities of the organization.



### **Profile and Functions of Community Leaders**

As stated above, the leaders belong to the local participating communities that largely belong to Scheduled Castes, Muslims and other deprived communities with a few from the upper caste. Despite this diversity, caste differences do not come in the way of their functioning as a group. The average age of these leaders is 48 years. A

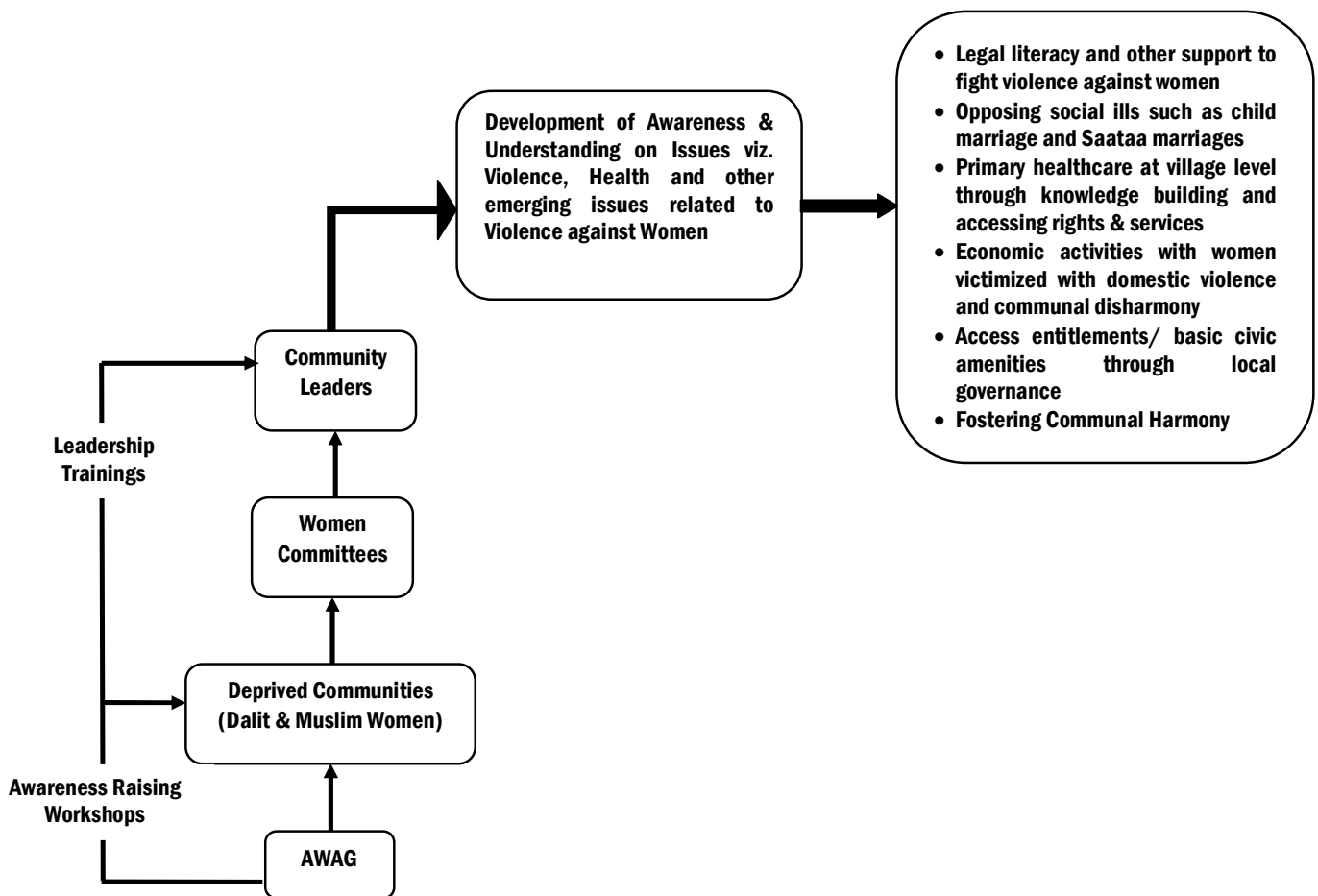


majority of them have attained upto primary education, with a few exceptional cases of attaining education till 8th /10th Std. The rest are illiterate.

In addition to common local tasks these community leaders also undertake women-centred work such as:

- Protesting against domestic violence
- Supporting women issues Mobilize women to partake in AWAG’s ongoing projects
- Preventing women from unnatural deaths through primary counselling
- Bringing distressed women to the supporting organization-AWAG
- Supporting women victims faced with domestic violence, rape and atrocities
- Supporting women in accessing government services related to health or even municipal services like water supply, hygienic surroundings etc
- Procuring primary services such as pension for widows, health schemes etc.

The given diagram illustrates the process of implementation adopted.



A brief understanding about the activities undertaken under the leadership of community leaders is essential so as to comprehend the related impact.

## **VIOLENCE AGAINST WOMEN**

AWAG's key mission is to combat violence against women in a wide perspective. Accordingly, various forms of violence direct or indirect, physical as well as mental that are inflicted on women, have been taken into the fold of the organization's activities through community leaders. Thus, forms of violence such as child and saataa marriages and victims of communal riots that are faced with deprivation, come under the purview of the organization's endeavours of fighting violence against women.

❖ **Primary Counselling:** Women in distress are often engulfed with thoughts about embracing death. For this the Community Leaders are trained in Primary Counselling wherein victims are provided the much needed support and counselled within their homes by leaders. If the counsellee/victim then chooses, she is accompanied by the leader to the organization's Counselling Centre for specialized counselling depending upon the case.

❖ **Protest against the Practice of Child and Saataa Marriages:** Rapar is a socially and economically backward area. Low gender ratio, low education among girls, rigid traditions and social practices, subordinate status of women were some of the salient features initially observed in the area. On delving on the issues related to women, AWAG learnt about the practice of child and saataa marriages wherein marriages are based on the saataa practice that involves the marriage between a brother-sister pair of one family with that of another. If there is no exchange of boys and girls, the offending party has to pay a hefty fine and is also faced with pressure from the community. The choice of the prospective bride and groom gets limited. Since such marriages are arranged at a young age, education is often hindered. More often than not, a woman faced with atrocities is neither able to sever her marriage nor go to her parents home, because by doing so her brother's marriage gets adversely affected. Hence, in real terms, she has little or no choice before her. The issue was addressed by the community leaders through several meetings/gatherings with the local communities, thus bringing about a realization among them to oppose the evil practice.

• • •  
A major turning point was after a get together that was held on 25th October 2004 at the cluster level to show solidarity and support to 'GANGA' who had dared to break the age-old Saataa custom. Around 1500 women and 450 men attended a large meeting that discussed the untoward impact of Saataa custom on women. The long-standing tradition of Saataa was broken by an enterprising brother-sister duo. Heads of Caste Councils that had attended the gathering, publicly acknowledged that Saataa was a heinous custom and had to be discontinued. At the day's end a number of youth resolved to share their learning with their parents. The enthusiasm and confidence of the community leaders to pursue their work also increased.

• • •

❖ **Communal Harmony:** Gujarat, especially Ahmedabad has been a victim of communal riots, the brunt of which is largely borne by poor women. AWAG's main work area falls in the Bapunagar region of Ahmedabad that is home to poor labourers belonging to Muslim and Dalit communities. AWAG has been involved with organizing and awakening of Muslim women from the slums since 1986. The endeavour was initiated with the formation of community leaders and women committees. The work gradually spilled over to the surrounding areas.

After the customary awareness raising meetings were conducted, 60 women (40 Muslim, 20 Hindu) emerged as leaders and took upon the role of change agents for their communities. The main objective was to create a strong group of community leaders so as to guide friends and neighbours towards harmony. The leaders were also responsible for organizing and conducting ventilation meetings, discussion clubs, pluralism workshops and life-skill workshops so as to enable the grassroots women to gain an understanding on unity in diversity and to change their mentality and promote tolerance and harmony between communities.

**TABLE 2: ACTIVITIES UNDERTAKEN BY COMMUNITY LEADERS TOWARDS COMMUNAL HARMONY**

Nature and Spread of Activities	No. of women participants covered	
	Hindus	Muslim
Life skill workshops – 9	158	185
Workshops on Pluralism – 20	388	435
Ventilation meetings – 120	1035	1627
Discussion Clubs – 8	Average 50 women per meeting	
Exposure visit undertaken by 56 leaders to gain learning from like-minded organizations at Khedbrahma, Sabarkantha, Gujarat		

Source: AWAG's Annual Reports 2004-07



**A Discussion meeting with Community Women**

## **HEALTH**

The issue of women's health is linked to the issue of women atrocities. This is so because in the Indian society there is utter disregard towards women's health and wellbeing. Furthermore, women too have internalized their subordinate status as a result of which they are known to ignore their own health. Malnutrition, frequent childbirth and high morbidity depict the poor health status of women. In addition to lack of proper medical care due to poor financial conditions and the apathetic attitude of the family, women have to rely on home cures. **All these are forms of indirect violence inflicted on women.** The organization's health activities are linked to atrocities on women wherein all necessary components are woven in and include physical and mental health.

❖ **Kitchen Gardens:** Women in Rapar like those in many areas faced poverty and deprivation. Owing to their subordinate status, their health was evidently weak. Low haemoglobin levels and diseases related to reproductive health were prevalent. With the mandate of making healthcare available as a human right, AWAG initiated work in the area by undertaking the intervention of setting up kitchen gardens so as to supplement their much required nutrition as well as income. With a general versatility in farming, the women kitchen gardeners were given training with kits based on the technique of drip irrigation. The community leaders led the entire activity with inputs from AWAG's field workers. The haemoglobin level was recorded before and after the intervention to get a concrete picture of the impact created. It was learnt that the produce was consumed at home with the surplus being sold in the market to generate an income.

**TABLE 3: DATA OF THE FIRST 10 PLANTERS WHO REPORTED A RISE IN THEIR HAEMOGLOBIN LEVELS**

Village	Women Planters	Percentage increase in Haemoglobin levels after 6 months of the intervention
Salari	Jivatiben	3.8
	Shugraben	1.0
Trambo	Nanuben	3.5
	Daliben	0.8
Lakhagadh	Kuvarben	2.5
	Raniben	2.2
	Jamnaiben	1.8
	Radhaben	0.8
Taga	Jamaniben	1.6
Ramvav	Gangaba	0.5

Source: AWAG's Annual Report 2008-09

- ❖ **Eye Examination and Vitamin A Supplementation:** Women, especially expectant mothers often complained about night blindness and linked it to local beliefs and blind faith. AWAG addressed the matter through the community leaders whereby around 420 women were administered Vitamin A. Furthermore, eye examination camps were conducted in 7 villages of Rapar covering 1066 children and 280 women. Suitable treatment was advised as per requirement. Spectacles were given through government agencies on behest of AWAG.
- ❖ **Mental Health:** This intervention was initiated in February 2004 with women from low income groups from the industrial areas of Ahmedabad slums. While the project covered counselling and psychiatric support to people suffering from mental illness, it also included strengthening of women who suffered domestic violence to live a better quality of life. Gradually, a large number of women from neighbouring areas took advantage of the services and treatment provided.

**TABLE 4: MENTAL HEALTHCARE ACTIVITIES UNDERTAKEN BY COMMUNITY LEADERS**

Particulars	Mental Health of Women	Mental Health of Adolescents
Total meetings held/No. of participants	411 mtgs, 8720 participants	270 mtgs, 4665 participants
Total cases treated	790	611
Group Therapy Workshops/No. of Participants	7 covering 185 participants	-
School Meetings/No. of Participants	-	25 covering 626 participants

Source: AWAG's Annual Reports 2004-10

- ❖ **Deliverance of Public Healthcare Services:** The Radhanpur block of Patan district was highly neglected and was hence selected for this purpose. A survey that was conducted revealed that health services offered by the State were unutilized as the service providers largely remained absent. The organization was conscious that to raise demands on behalf of rural women was not difficult but if the rural people themselves did not take charge of ensuring that the services continued, the providers would soon slip into inaction. Thus, women community leaders were made functional to address women's rights especially those related to health. Members and office bearers of Village Councils and rural women united to obtain the health services offered by the State.

The positive outcomes observed were:

- **80% of the female health workers started residing in the villages.**
- **The sub-centres became completely functional and so did the three PHCs.**
- **A gynaecologist was appointed whereby pregnant women and young children started receiving timely medical help.**

## **HABITAT DEVELOPMENT**

Through support from CARE India, AWAG's efforts were directed towards making significant impact on the habitat development of vulnerable, poor communities in selected pockets that were located in six *chalis* of Bapunagar and Rakhial wards of Ahmedabad Municipal Corporation (AMC), that faced problems related to drinking water, drainage, and roads.

This project had two specific agendas – capacity building of the community and sensitization of service providers. The central process involved community participation whereby slum dwellers participated in contributing towards operational and maintenance expenses incurred towards setting up of basic amenities provided by the local body.

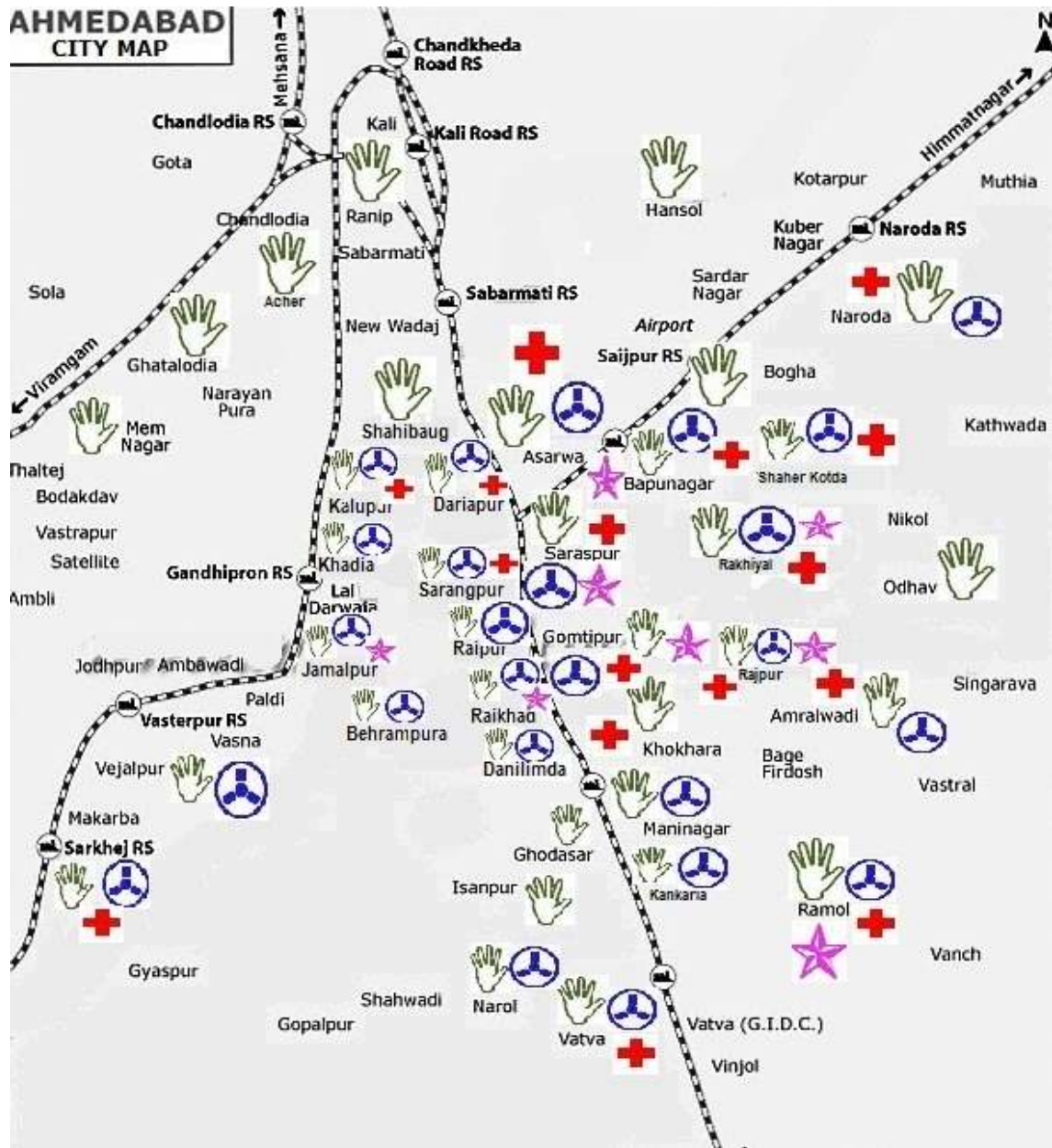
The community leaders' interventions led Ahmedabad Municipal Corporation to pass a budget for activities such as construction of public toilets/drainage chambers, laying water pipeline and paving roads.

Constant co-ordination and collaboration with AMC solved a number of sanitation and cleanliness issues of the target communities in the areas.



**Toilets Constructed by Municipal Corporation through Leaders' Initiatives**

## MAP: WORK AREA AND ACTIVITIES THROUGH COMMUNITY LEADERS (AHMEDABAD CITY)

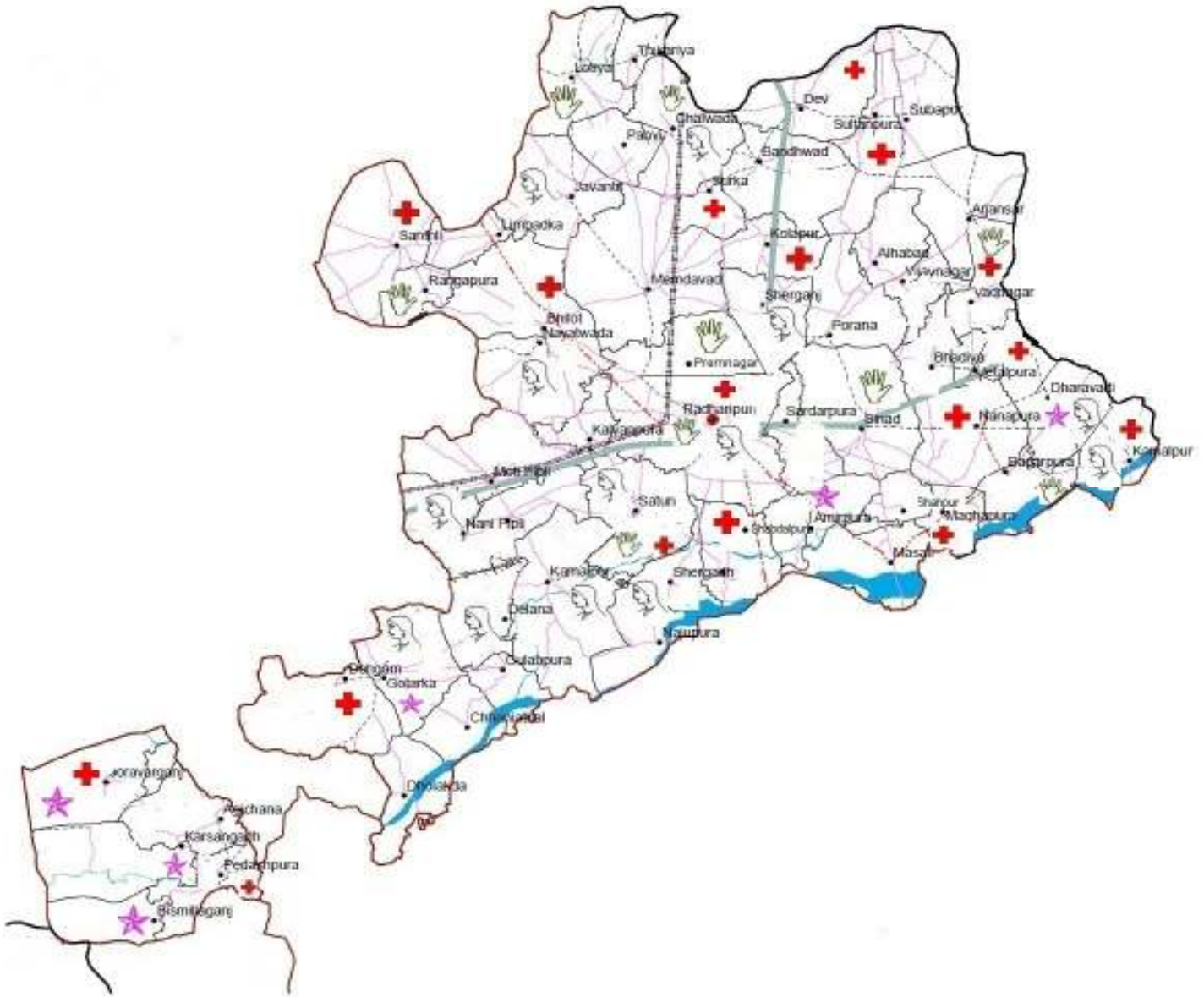


### Key and Spread of Activities

- |   |   |
|---|---|
| <p> Violence - 36 areas</p> <p> Communal Harmony - 25 areas</p> | <p> Health - 16 areas</p> <p> Habitat Development - 8 areas</p> |
|---|---|

**TOTAL AREAS - 36; TOTAL LEADERS - 84**

**MAP: WORK AREA AND ACTIVITIES THROUGH COMMUNITY LEADERS  
(RADHANPUR BLOCK OF PATAN DISTRICT)**



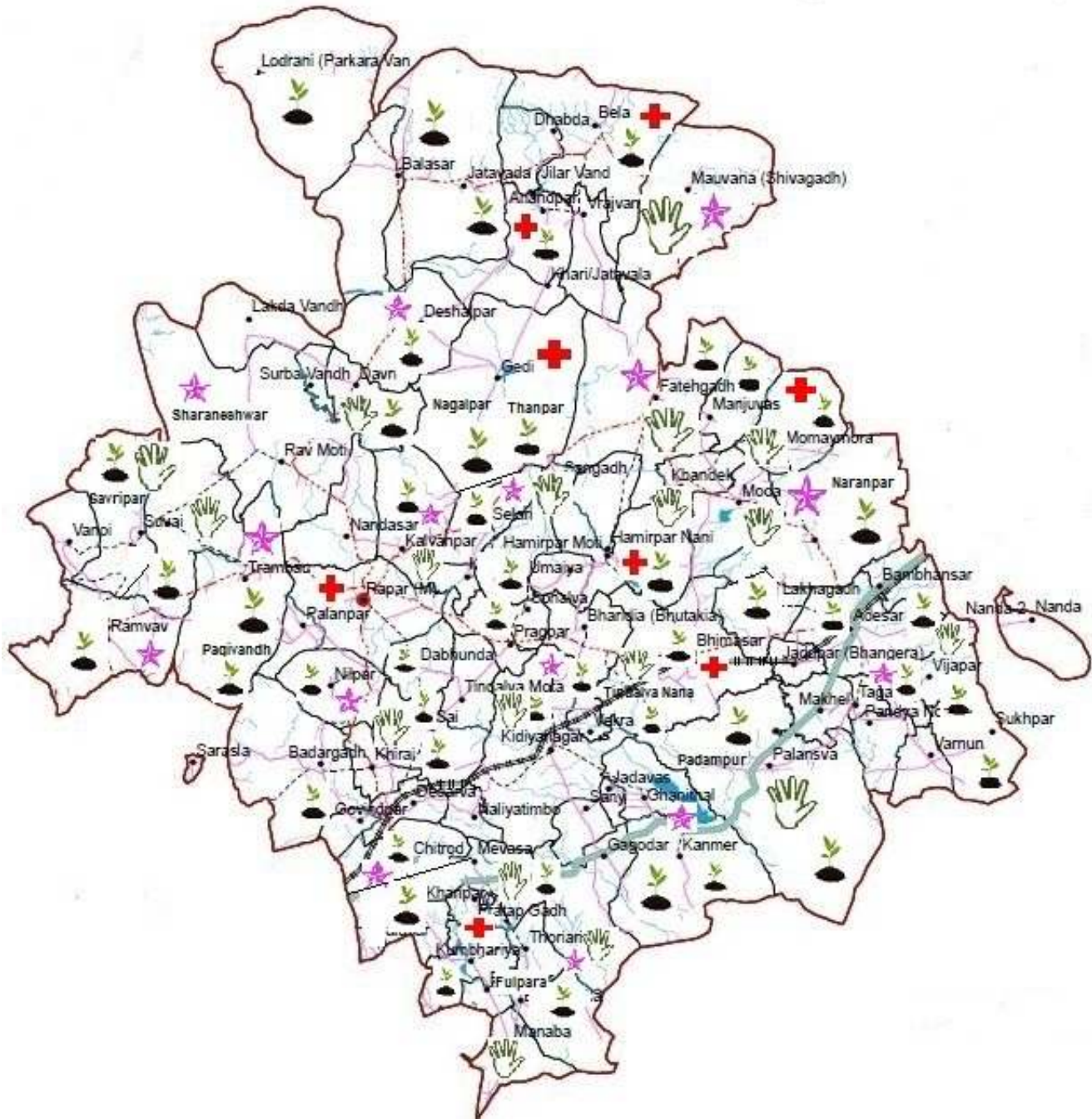
**Key and Spread of Activities**

- +** Health - 17 villages
-  Active Women Committees - 12 villages
-  Violence - 9 villages
-  Govt Services/Civic Amenities - 6 villages

**TOTAL VILLAGES - 36; TOTAL LEADERS - 68**



**MAP: WORK AREA AND ACTIVITIES THROUGH COMMUNITY LEADERS  
(RAPAR BLOCK OF KUTCH DISTRICT)**



**Key and Spread of Activities**

-  Kitchen Garden - 50 Villages
-  Violence - 23 Villages
-  Govt Services/Civic Amenities - 18 Villages
-  Health - 9 Villages

**TOTAL VILLAGES - 60; TOTAL LEADERS - 106**

## ASSESSMENT OF IMPACTS

The various activities taken up by AWAG that fall under the broad sectors of Violence, Health and Habitat Development have created impacts that have occurred at different points on the time scale. Hence some activities such as primary counselling, kitchen gardening, habitat development, eye examination and Vitamin A supplementation have led to immediate impacts, while others like fostering communal harmony, assertion of rights, abolishing social evils such as saataa marriages, making women aware of their individuality and raising a voice against violence, have longer gestation periods and have had impacts only in the medium and long run.

In the same way educational inputs through awareness-raising camps tend to have long term impacts. In this case, action taken by the community leaders to assert their rights and take proactive action along with the respective communities, collectively as well as at the individual level could be seen as indicators of impact. Likewise registering cases of domestic violence and even accessing basic civic amenities for habitat development from local governing bodies can be seen as indicators of impact.

Many of the activities under health have shown impacts in the short run i.e. within a year or two. Reduced mortality during pregnancy due to better health services created through the government health centres that were made functional, are also some of the key indicators of impacts.

Assessment of impacts of interventions through community leaders in the given context has been undertaken on the bases of the outcomes achieved as outlined in the available project data in addition to firsthand information gathered through field visits conducted for the given research study.

Impacts/Changes that have been influenced through the leadership of community leaders have been articulated by respondents such as the participating community, allied service providers and survivors of violence through cases cited.

## VIOLENCE AGAINST WOMEN

By virtue of the intense awareness raising workshops conducted widely, women have become conscious about themselves. They have acquired information about the importance of their existence, their rights, gender equality etc. Their determination of not succumbing to atrocities has been strengthened. In short, with the acquired awareness and growing confidence, women are raising a voice against various forms of violence.



Community Leaders' Workshop in process

Through **Primary Counselling** offered by the leaders, the community women during the focus group discussions conveyed that they were initially very sceptical to talk about their family matter in public. With the growing awareness and confidence, they started overcoming the beliefs and stereotyped thoughts that prevail in the existing system. It was heartening to learn that women soon started registering cases of domestic violence with the police and even contacting the local voluntary organisations instead of succumbing to self destruction/death.

• • •  
**Community women at the focus group discussion expressed that initially they were engulfed by feelings of animosity towards women from the other communities. But after due interactions through workshops, a realization gradually dawned and women from both Hindu as well as Muslim communities live and work in tandem with each other.**

With regard to interventions related to fostering **Communal Harmony**, a total of 3,827 women (1581 Hindu, 2246 Muslim) have taken advantage of the activities undertaken by the community leaders. Through these workshops and meetings many women have become conscious that they share in hardships regardless of their varying backgrounds (religious or otherwise). They have thus learned to leave previous prejudices behind and unite simply as women who seek common goals such as social justice, equality and liberation among others. The women involved have gained a sense of self-awareness and individuality, helping them to see their need for basic human rights and equality. Many women now feel confident in seeking help from their community leaders.

• • •  
In light of the many gains made by the large number of women who participated in the activities that this project had to offer, one can modestly attribute this project as valuable.

Oppressive customs and cultural taboos such as **saataa** are being questioned and opposed. During recent discussions with the target communities, the path breaking

incident of a brother-sister duo-Gangaben and Hirjibhai has served as an inspirational paradigm for people to gain courage and follow.

**At present too, the tradition of saataa has significantly reduced. While there are no breakups of the saataas that have already been committed to, the count of cases of new saataas materializing is relatively low.**

In view of the positive move, children are now permitted to complete their education rather than getting tied down to the compulsion of saataa.



Leaders' Meetings opposing Saataa

## HEALTH

The community leaders were instrumental in mobilizing women in relation to various activities undertaken. In course of **Kitchen Gardening**, the outcomes observed have had a direct impact on the haemoglobin levels of the participating women.



Installing the kit for the Kitchen Garden

While it was of importance that grassroot women started growing vegetables at their household level, the more vital aspect was that they learnt the benefits of consuming it. Such awareness was a result of the trainings conducted by the organization with regular follow-ups by the leaders as well. During interactions it was also realized that the surplus produce of green vegetables was sold in the local market; thereby supplementing the families' income.

**However, the activity that spanned over three years was limited to the project period since beyond a point the kits that were provided ceased to function and as is known the area being arid, procuring water for kitchen gardening posed a major challenge for the kitchen gardeners.**

On account of the **Eye Check-Up Camp** held under the programme, it was found that of the 1066 children from 7 villages examined, 53 suffered from poor eyesight. Out of the 240 women examined at the camp, 202 had poor eyesight while 33 suffered from cataract. Having identified poor eyesight among children, the need for

an ophthalmologist to examine their eyes was voiced. With due support, the leaders and local communities addressed the situation as a result of which the ophthalmology section functions regularly at the Community Health Centre. **More significantly, the blind belief that people had regarding night blindness as considered normal during pregnancy, was broken.**

Thanks to the efforts of the project to **Demand Public Healthcare from the State**, rural women of Radhanpur block gained access to the services of Female Health Workers more easily. Additionally, they even had access to the services of a doctor at the local Primary Health Centre. As articulated in the focus group discussions, the community women on the whole are happy that childbirths are now looked after well and the chances of survival of both, mother and child are higher due to the facility available under *Janani Suraksha Yojana*, but with regard to the sub-centres in the villages that were made functional, at present not all of them necessarily function with the same effectiveness as was observed during the project period. This is mainly due to the varying attitudes and level of commitment among the recent recruits of health personnel.

• • •

As Paluben of village Dharavadi in Radhanpur said, “We started with women of our villages and held meetings with them. Then we had meetings with members of the Panchayat (Paluben is a Sarpanch of Dharavadi). This was followed by meetings with officers’ up to the state level at Gandhinagar. We then finally got what we wanted”.

• • •

The project on **Mental Health** for women and adolescents is still ongoing. The group therapy workshops have been very beneficial in creating an impact by providing openness and acceptance of personal issues and dealing with them more effectively. These have equipped the affected women to...

- Start saying “NO” to violence,
- Learn skills to cope with and reduce the level of stress,
- Gain better health through medical help,
- Seek legal counselling, etc.

The resultant effects of interventions with adolescents are that the affected children, their parents and teachers have gained considerable awareness regarding the prevailing psychological problems. Moreover, they have developed skills to cope effectively with their lives wherein the children experience a warm, secure and a healthy environment.

**The community leaders have played a vital role in bringing about this change. Mental health does not generally elicit the same response and participation as physical/clinical health does. The act of bringing psychological issues to the fore and addressing it among conservative communities steeped in patriarchy implies a significant change.**

## **HABITAT DEVELOPMENT**

The physical gains achieved in interventions related to habitat development in the slums of Ahmedabad city are evidently apparent. But more significantly, the community leaders have established an identity and recognition in their communities. Their contribution has elevated their position in their hamlet and this in turn has boosted their own morale and courage.

The tangible impact of this project lies in the outcomes of having accessed public utility services in these slum areas that faced gross neglect. Having tasted the fruits of these efforts, the community to date access their due rights and services in consultation and co-ordination with the community leader and the local governing body.

In the focus group discussions that were conducted, the leaders concerned with this activity conveyed that most of them are active to this day in making facilities such as electricity, water, drainage etc available to people in their communities/areas. They also confessed that, while they have developed skills, competencies and linkages to work for the betterment and development of their communities, they have also imbibed the tools of the trade – ‘nothing comes free of cost!’ So, if need be they take a token contribution of say 5 to 10 rupees per household in fulfilling a scheme for say building toilets/bathrooms in the areas.



**Drainage Work undertaken by Municipal Corporation through  
Community Pressure**

## SUCCESS STORIES

**D**aniben Parikh is a native of Pedashpur village joined as a leader in 1997 in relation to activities pertaining to savings. Being remotely located from Radhanpur, no government personnel – teacher, nurse or Talati (secretary/bureaucrat) was ready to live in this village. There was no electricity or facilities related to health. Even for minor ailments, people had to go all the way to Radhanpur since the nurse never came to the village. Childbirths were often conducted at home by birth attendants since getting to Radhanpur during such times was risky and a tough proposition. Given this grim situation, Daniben held a meeting with the village people and the sarpanch (village head). After due deliberations and interactions, the nurse started residing in the village and the local sub-centre started functioning regularly whereby people could access health services at their doorstep.

Self-assured with her feat, Daniben embarked upon the issue of procuring electricity. She gathered the local people's confidence and soon she was successful in procuring electricity from the concerned authorities.

Currently, at the age of 52 years, Daniben is functional as a community leader in her village; guiding and helping people access their entitlements. In her words, "I gathered this awareness, understanding and confidence through awareness raising workshops that were conducted in my village by AWAG."



**H**emaben joined as a community leader in 1997. Along with her co-worker Santokben, she was instrumental in organizing 120 women in the SHG formed in her village. These women earned their living through sale of provisions and miscellaneous items in their handcarts in their village. Soon Hemaben became a member of the village education committee. She took up the issue concerning the functioning of the village school. Under her leadership, teachers who were not performing or were dysfunctional, were transferred and new, dedicated teachers were appointed. She also ensured that women's attendance in village/panchayat meetings increased wherein problems such as availability of drinking water were also brought to the fore and resolved collectively. Clearing of dung heaps was also carried out widely under her leadership.

Hemaben was sensitive towards women's issues and helped a number of women subjected to violence from their families and brought them to the organization for further support; thereby saving them from embracing death. Through her efforts, she has built understanding among women to develop their own identity, individuality and confidence in society. Both Hemaben and Santokben also put in immense efforts to ensure that the nurse resides in the village itself and performs her duty towards the people. The duo is still active with the village activities with the same spirit that existed when they joined AWAG.

**S**almaben lived with her husband in a makeshift hut outside the organization's Centre at Bapunagar. She attended a three-day awareness raising workshop in the area and showed readiness to take on the role of a community leader. She soon grasped the realities of the various forms of violence inflicted on women in the communities.

Whenever there were conflicts among families, Salmaben would rush to the spot and resolve the matter amicably. Having gained some legal literacy, in severe cases of violence she would take the victim directly to the police station to lodge her complaint. She also spread awareness among other woman to start opposing violence.

In addition to this, Salmaben helped the local communities to demand and access primary civic amenities such as water, drainage and toilets from the local municipal corporation.

With her rising confidence and influence among the community women, the local political parties would seek favours from her during elections. But Salmaben is not one to fall prey to their needs, easily.

To this day, community women confide in her and approach her for lending them her ear to their problems. After the customary primary counselling, she accompanies them to the organization for further support and action.



**N**adiraben (54 years) has studied upto Std 7 and is associated with AWAG as a leader since the last 12 years. She had initially approached AWAG due to a mental problem she was facing and with regular counselling and medication, she recovered.

Thereafter, she joined AWAG as a leader in relation to the savings and credit activity that was ongoing and gradually roped in other women from her locality. Over time, the participating women expressed a concern about the clogged drainage and damaged roads in their area as a result of which there would be heavy water logging even in their homes during the monsoon season. Nadiraben took up the issue by organizing the women and presenting the matter before the local corporation. The resultant impact was that the road of the locality was paved out and the drainage too was rectified.

Presently too, in addition to the above tasks, Nadiraben is occupied with helping women faced with violence through primary counselling and in severe cases she accompanies them to the organization for further treatment.



**F**rom being a victim of violence, Champaben rose to be a community leader. She was barely married for 3 years and gave birth to a baby girl for which she faced immense harassment from her in-laws and was often overpowered with thoughts of ending her life. Despite ceaseless efforts of the larger family, there was no improvement in the situation. Champaben had lost courage. Just then, she attended AWAG's awareness camp and joined as a community leader and decided to fight for justice. She filed a court case for claiming maintenance. Yet her troubles from her in-laws did not end. They were neither ready to accept her nor relieve her. At this juncture, AWAG helped her fight the case that spanned over 10 long years.

Exasperated with the situation, Champaben went to her maternal village and settled down independently with her daughter. She worked hard to educate her daughter. Soon she was appointed as an Anganwadi worker in the village and busied herself so as to overcome her grief and trauma.

She also realized that it is possible for a woman to live without her husband and served as a role model for other women.

Champaben strives to ensure that no woman in her village succumbs to death due to family atrocities. When the situation gets serious, she accompanies the distressed woman to AWAG for further help and support.

She is grateful to AWAG for creating an opportunity to help her build a sound understanding and confidence.



**M**anjuben has been involved as a community leader in the slum area of Ahmedabad since 2002. This was a period when communal violence had manifested itself in a brutal form across Gujarat. She lived in a communally-sensitive area where Hindus and Muslim communities lived in close proximity. As part of the organization's communal harmony activities, Manjuben was active in gathering women and youth of the local communities and organizing them to attend awareness raising workshops that were aimed at alleviating the misconceptions, prejudices and animosity among the two participating communities.

Alongside, Manjuben was also involved in identifying and helping women who faced trauma due to the outbreak of violence. She would accompany such cases to the police station, court and even hospitals; as per their needs. She also guided and supported women who were victims of domestic violence and brought them over to AWAG for further treatment and action.

**G**angaben Gothi has come a long way from being a young bride with an education upto Std III. She is now a person who can take her own decisions and can handle crisis situations adeptly. Her story reads like this. She was married in the Saataa custom. Her husband Dhanjibhai, who was twice her age brought her to his home in Salari, Rapar, soon after she attained puberty and was pronounced 'fit to live with him'. This was the beginning of her miseries. He would often subject her to torture and severe beating. Gangaben's only road to salvation lay in returning to her maternal home.

She returned home twice begging her family to keep her; but she was reprimanded and sent back with a clear instruction to consider her husband's home as her only home. In yet another attempt, she left her husband's home for she was unable to bear the torment any further. But this time she went to her family friend's home. Her family friend got in touch with AWAG's community leader in the village. The organization offered her warmth, moral support and shelter.

Her parents traced her and pressurized her to return to her husband's home. The Saataa tradition, they argued, meant that she could not break her marriage under any circumstance. They also said that they were not ready to take a stand on her behalf at the caste panchayat. They also warned her that if she returned, her brother's marriage would also break.

At this point Gangaben's brother, Hirjibhai who was married to Gangaben's husbands' niece, came to her rescue. He persuaded Gangaben to stay on at AWAG's shelter-home at Ahmedabad. He then convinced his parents to break the custom and stand by Gangaben in her hour of trial. Hirjibhai also approached the caste panchayat and urged them to allow his sister to return and pay a fine of Rs. 10,000/-. Hirjibhai's marriage was also declared null and void. It was a bold departure from the tradition.

Gangaben agrees that taking control of her own life has brought about a remarkable change in her attitudes and ability to deal with crisis. Now, she says, she has gained courage to say 'no' to a life of servitude and violence.



**P**remilaben a resident of Kanmer village in Rapar block was thrown out of her marital home by her husband at the instigation of his brother and sister-in-law. With the responsibility of three children on her shoulders, she confided in the community leader of the area who in turn helped her approach the organization for further guidance. The team at AWAG helped her restore her confidence and as per her decision filed a case for claiming maintenance. To date, she receives an amount of 5000/- per month from her husband. Having gone through the legal procedures, Premilaben is actively helping other women in her village who are faced with similar problems.

In her words, “While at my marital home, my husband would constantly beat me and would not fulfil even my primary needs. Today he is compelled to pay maintenance for the upkeep of my children. I put in all efforts to ensure that they are well educated and lead a life of respect and confidence.”

## LEADERS' VIEWS ON THEIR GROWTH

The major parameters of their own growth after the intervention as cited by the community leaders are:

- **Breaking away from barriers and stereotypes by stepping out as a leader has brought about a change in attitudes and perspective towards women's issues as well as the system**
- **Reduction in fear and increase in confidence has led them to being more vocal about violence inflicted on them and other women**
- **At the individual level, there's a change in their mindset with regard to violence and gender, that is reflected in their day-to-day dealings in their own families**
- **Realization about their own individuality and purpose of existence**
- **Increase in understanding about police/court procedures and accessing entitlements and services from the system**
- **Recognition of 'Strength in Unity', regardless of caste divides that have been created by the system at large**
- **Establishing of their own identity in their communities and so also among allied service providers through linkages**

For further details on the focus group discussions that were conducted, please follow this link <https://drive.google.com/file/d/0B4x0Bv3lCWv8Z0FHT1JFWWdfalU/view?ts=580b05e8>



Community Leaders at a Focus Group Discussion

## CHANGES INFLUENCED BY LEADERS, AS STATED BY ALLIED SERVICE PROVIDERS

Interviews with allied service providers related to systems pertaining to Health, Police, Law and Local Administration were conducted to gain a third-party view on the impacts created through the intervention of community leaders across all areas.

### **HEALTH PERSONNEL**

#### **❖ Doctor – Hasmukhbhai Soni – Rakhiyal Ahmedabad**

I am serving at Ojas Hospital in Rakhiyal, Ahmedabad and am familiar with the organization's team since a number of years. Women subjected to fatal injuries caused by domestic violence are brought here by the community leaders for treatment. The leaders' presence and sensitivity enables the victim to vent her pain and problem with ease thereby facilitating her treatment. On the other hand, if the woman victim is alone or accompanied by her in-laws/relatives, she is unable to voice her feelings freely due to family pressure/fear and hence tries to conceal the reality behind her injuries.



In fact, I recommend violence victims who approach me for treatment to reach out to the organization for moral support and guidance. In the same vein, I too seek help from the organization's team to lend me a hand in handling the cases at my clinic. The skill with which they guide and counsel the women proves helpful in the course of treatment.

Many a times, even in serious cases wherein women have attempted suicide due to extreme atrocities, the leaders and team members are always present to give the victim the much needed warmth and support.

Such interventions are helpful to the society.

❖ **ASHA Worker – Laxmiben – Village Vadnagar, Radhanpur**

Earlier I used to be confined to the four walls of my house. On attending AWAG's awareness raising workshops I was selected as a leader and that gave me an opportunity to step out of my house. Later, by virtue of my growing knowledge and understanding, I was selected as an ASHA worker in the village.

My work as a community leader increased my confidence manifold. Thus, I have always motivated even my daughters to take on leadership roles. One of them works at the Block Panchayat. Along with my responsibilities as ASHA worker, I am also involved with helping village women who are faced with violence and have directed them towards raising a voice against injustice.

❖ **ASHA Worker – Hajraben – Village Taga, Rapar**

My association with AWAG dates back to many years ago when I was selected as a community leader following my participation in the awareness raising workshops in my village.

During our interventions related to health, it was realized that there was no ASHA worker in the village. In fact, nobody was ready to take on the role because women were generally afraid to step out of their homes. Owing to the need of the situation and my readiness to work, the organization recommended the health authorities to consider me as a potential candidate. I was appointed as an ASHA worker and have been working as one since then.

My confidence grew considerably. Under my leadership, the spread of immunization among children increased over time. Initially, women would resort to superstitious practices during illness, but with the growing awareness that was created, the people now visit the local health centre for treatment. Similarly, deliveries at home that often posed high risks and mortality are now conducted at health centres thereby lowering the maternal/child mortality rates.

Earlier, the oppressive custom of saataa marriages led to a high count of unnatural deaths of girls. While we confess that we still have a long way to go, there has been a gradual decline in this custom through the community leaders' interventions in this regard. Let us not forget the kitchen gardens that brought



**Interview with an ASHA Worker**

about an understanding in relation to growing green leafy vegetables and the importance of consuming it.

The overall awareness among women has increased through workshops that were regularly conducted in the village. Women have learnt to resist violence. Men-folk too have realized that they cannot inflict violence and get away with it. Women's confidence and respect too has increased.

❖ **Nurse – Bhanuben – Village Subapura, Radhanpur**

I am residing and working as a nurse in this village since the last 9 years. In my earlier working years (upto 2003) I stayed in Radhanpur and worked. But during my interactions through meetings organized by community leaders, it was given to understand that we had to mandatorily reside in the villages itself so as to effectively deliver the services due to the people.

Initially, we nurses were annoyed with the organization's interference in our functioning; but from within we understood the motive behind the insistence to do so. Therefore, to this day I still reside in the village itself and fulfil my duties. I have also realized that I should give my services to the community vis-à-vis the high compensation I receive from the government. This change in me has been influenced by AWAG.

❖ **Anganwadi Worker – Vejiben – Village Subapura, Radhanpur**

I have been serving my village since the last 22 years. At one time, gender discrimination was widespread in my village but through constant efforts of the leaders, its extent has significantly reduced.

The regular meetings that were organized by the community leaders in my village motivated me to perform my duty in a sincere manner. This was a turning point in my work life. To date, I ensure that all the children and pregnant women in the village receive timely immunization and supplementary nutrition.

## **POLICE TASKFORCE**

### **❖ Head Constable – Bhagwanbhai – Rapar Circle**



**Interview with a Head Constable in Process**

The community leaders are a medium through which women's cases are resolved easily. We understand that neither are the police forthcoming in their approach with women victims nor is the environment at the police station conducive for them to voice their concerns. On the other hand, the leaders support the victim through primary counselling and link them with police to register their complaints.

Since a long time, a definite change is visible in the area. With the co-ordination of the community leaders our work is also facilitated. Our sensitivity towards women's issues has also increased.

In reality, the police and the community leaders play complementing roles and this eventually helps women victims resolve their problems. I have been serving at this police station for many years, during which I have gained much experience with the community leaders and field workers of the organization who accompany the victims to the police station. These leaders have been able to bring about awareness, understanding and confidence among women who are illiterate, deprived and subdued. Today these women are able to take their own decisions with regard to registering their complaints and even taking legal recourse if need be.

Primary counselling rendered by the community leaders has saved many women from ending their lives. Such initiatives are helpful and essential for society.

### **❖ Police Sub-Inspector – A. B Devdha and Assistant Sub-Inspector – Bharatbhai at Rakhiyal Police Station, Ahmedabad**

The role of the community leaders and the organization's team members is to bring the distressed women affected with domestic violence to the police station. The presence of the leaders' facilitates the process because women victims who are already overpowered with pain and suffering get further intimidated with the language, appearance and mannerisms of the police officials. But the leaders' presence creates an atmosphere of warmth and trust whereby the victim gathers courage to present her case.

On the other hand, when a woman victim approaches the police station alone, communicating with her and lodging her complaint becomes a tough proposition for us.

In a number of instances, we have experienced that in rape cases of minor girls, the police records the victim's statement in the presence of leaders/organization team; because the latter are well equipped with skills by which they can elicit the real information from the victim.

In our opinion such linkages between the police and the leaders/organization team members is essential and helpful.

## **LEGAL WORKFORCE**

### **❖ Advocate – Navinbhai, Radhanpur**

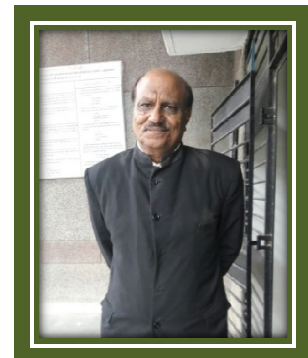
My association with AWAG and its team dates back to 2004. The community leaders are actively involved with women inflicted with various atrocities. These victims are provided primary counselling by the leaders initially, by which the victim's confidence is partially restored. I have observed that earlier women victims would never come to the court; they would be frightened to speak up. Today, the situation has changed. Women have started approaching the court and articulating their grievances to a great extent.

With the co-operation of the organization, my confidence has increased and my outlook towards women victims too has changed. Earlier on the pretext of earning money, I would not let go off my fees under any circumstance; but the organization's goodwill has influenced me and I help poor, distressed women at a negligible or no cost at all.

### **❖ Advocate – Ghanshyam Vyas, Rapar**

I am involved as a legal counsellor in the area since the last few years. The community leaders of the area have worked tirelessly in spreading awareness about rights among women across villages.

Through timely primary counselling by the leaders, a lot of families' have been saved from falling apart. In my opinion, in remote locations like Rapar, such interventions are essential and beneficial as women get a chance to learn, grow and develop awareness about their rights.





❖ **Advocate – Nazmaben Pathan – Bapunagar, Ahmedabad**

I have been associated with AWAG since the last 23 years. Back then, I had approached the organization as a victim of domestic violence. With the guidance and encouragement of AWAG I gathered my courage and pursued higher studies and am practising as a lawyer since 1998.

The community leaders in the area identify women that are inflicted with violence, conduct primary counselling for them and also bring them over to the organization for further support. The organization provides guidance and counsels the women victims to take charge of their lives by exercising laws that are meant for them.



During legal proceedings, the presence of community leaders or other team members along with the woman victim creates a feeling of warmth and security for the latter, wherein she can present her case confidently.

**In my entire tenure with the organization, I have witnessed a number of women who have been victims like me, but have developed and moved ahead with their lives.**

**LOCAL ADMINISTRATION**

❖ **Sarpanch – Laghubhai – Village Pedashpura, Radhanpur**

Following the earthquake that hit Gujarat in 2001, the organization came to our village in relation to rehabilitation. The philosophy and work undertaken by the community leaders influenced me and with the growing knowledge, I was motivated to become the sarpanch of the village. I felt that if an external agency could contribute towards the development of the village/women; as a resident and head of the village, I also could surely do something worthwhile. This has driven me to serve the people since the last 10 years. I earlier believed that a sarpanch had to make money at the cost of the people. But my conscience did not permit me to do so. This is the third term that I have been elected as a sarpanch.

I am grateful to AWAG for leading the way for me.

## **LOCAL CO-OPERATIVE SOCIETY**

### **❖ President of Scheduled Castes Community Agriculture Co-Operative Society – Panchanbhai – Rapar Block**

Initially, the extent of unnatural deaths of women in Rapar was on the rise, since women in distress had no other alternative before them. However, with the intervention of AWAG, initiatives were centred around helping and comforting the women victims. Through the interventions of the community leaders along with the team of field workers, women victim were rendered timely support and guidance by which the count of unnatural deaths gradually began to decline.

Through primary counselling undertaken by the leaders, the women victims gathered awareness, courage and confidence to voice their suffering. Awareness raising camps and gatherings against the practice of Saataa marriages that were organized by the community leaders, has led people to start questioning and protesting against such social ills. Another change that has come about is that the male members of the community have also realized the legal implications of inflicting violence on women.

Such interventions of the organization are necessary to create a multipronged impact on the community at large.



**To encapsulate, the impacts of interventions through community leaders are...**

- ☞ Women have become aware of their individuality and are raising a voice against violence.**
- ☞ There is also a greater awareness of their body and health that earlier rested on blind faith and superstitions.**
- ☞ Women have mobilized themselves in relation to various activities undertaken through the leaders.**
- ☞ Women's attendance and participation in village meetings has increased.**
- ☞ There is a growing realization among women about their due rights which are being demanded by them from the system health, police, law, local governance.**
- ☞ Mobilization of government resources, accessing schemes pertaining to health, water, electricity and housing and also gaining their entitlements in terms of ration cards, job cards, widow pension schemes etc**
- ☞ Oppressive customs and cultural taboos such as *saataa* are being questioned and opposed.**
- ☞ Religious tolerance/communal harmony and acceptance have increased in the work areas due to the leaders' influence. Participation of men and women of all religions is welcomed and a harmonious environment is nurtured.**
- ☞ There is a change in men about gender roles because of the leaders' interactions in the village. Their sensitivity towards women's issues and individuality too has seen some growth.**
- ☞ Leaders' intervention and the collective power of the women communities has pursued people to educate girls**
- ☞ Officers of government of Gujarat in two specific departments, Police and Health have become responsive to women.**
- ☞ The environment in the court room is now becoming forthcoming to a woman litigant and a woman advocate.**
- ☞ The community leaders' intervention on Habitat Development in the slums of Ahmedabad, has led AWAG to be one of the NGOs with which authorities of JNNURM in Ahmedabad Municipal Corporation consult in drafting new plans.**

## REFLECTIONS

- ❖ Violence is deeply embedded in the social system. While awareness raising workshops have created a significant impact, there is a tendency to slip back into patriarchal structures. Future projects could provide scope for a spread to boost their morale and reinforce the woman-centric ideology by grooming women to develop as community leaders/change agents.
- ❖ Over the years the behaviour of the police and other government officials towards women has improved. They are no longer abused or laughed at, instead they are heard and their complaints are lodged. The health providers and the local municipal corporation too are more responsive.
- ❖ The fact that a number of community leaders have secured jobs as ASHA workers, Anganwadi workers, link workers and even establishing linkages with political parties is a sign of their competency and identity that they have established.
- ❖ Whilst tangible activities have led to immediate impacts, it is awareness and understanding developed amongst community leaders and their communities that has led to long-term, sustained effects. However, some interventions could not be sustained with the same intensity after the cessation of the project. This may be attributed to change in political leadership as was witnessed in case of some health centres in Radhanpur that reverted back to their erratic functioning. Another factor to this is that the community leaders too are not as active as they were during the project.

• • •

**“Is it viable to expect voluntarism from poor, deprived communities on a long-term basis?” The interventions so far have served as models of development, but sustaining them at the same strength, does pose a challenge and requires sustained support.**

• • •
- ❖ “One man's loss is another man's gain.” Therefore, attitudinal/ideological changes that led to changes in power equations were naturally opposed by those in power; be it at the family level, or otherwise. Ways and means of trying to break the morale and unity of the participating group were adopted. More often than not, the community leaders and the entire team got together and faced the challenges.

## CONCLUSION

The impacts presented are based on data/responses derived from project level documents as well as those articulated with the various project stakeholders such as community, service providers, victims of violence and of course the community leaders themselves.

By virtue of the intense awareness raising workshops conducted widely, women became conscious about themselves. They acquired information about the importance of their existence, their rights, gender equality etc. Their determination of not succumbing to atrocities was strengthened. They started overcoming the beliefs and stereotypes that prevailed in the existing system. Women started registering cases of domestic violence with the police or contacting the local voluntary organisations. They also grew in awareness regarding their local concerns and rights.

Overall, one can modestly say that the strategy of building community leaders through awareness raising workshops has borne fruits. For any activity to be effective, community participation is imperative. For this, the real thrust and spirit came from the leaders who were instrumental in mobilizing their community members to develop awareness and change their mindset towards issues concerning women's rights and dignity to the extent they could.

**AWAG has played a catalytic role in the entire process.**

• • •  
**These impacts are best examined from a relative perspective vis-à-vis their projects.**

**In areas that were overpowered with patriarchal, conservative views and deprived of basic facilities and understanding, women over the years have stepped out of their homes, have started saying 'No' to violence and even approaching the court if required.**

• • •