



25 years of Samuha  
In Raichur and Koppal Districts  
An Exploration of Impact

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SAMUHA







25





# Years of Samuha

## In Raichur and Koppal Districts

An Exploration of Impact





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# Contents

<b>Acknowledgements</b>	1
<b>Foreword</b>	2
<b>Executive Summary</b>	4
<b>Chapter 1 :</b>	9
<b>Chapter 2 :</b>	10
<b>Chapter 3 :</b>	17
Findings	17
Women's Empowerment	18
Economic Development	24
Empowerment of People with Disabilities	29
Improvements in Health and Hygiene	33
Reduced Caste Discrimination	37
<b>Chapter 4 :</b>	41
Discussion	41
<b>Chapter 5 :</b>	45
Conclusion	45
<b>Chapter 6 :</b>	47
Limitations and Future Directions	47
<b>References</b>	48
<b>Annexure 1:</b>	49
Profile of Respondents	49
<b>Annexure 2:</b>	50
List of villages and number of people who participated in self assessment	50
<b>Annexure 3 :</b>	51
Self Assessment Tool	51





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*The Samraksha Research Team*







## Foreword

I was taught the ethics of Journalism by Sam Castelino at Dateline Delhi. His take was that a journalist's job was to present the subject to a reader without any of his or her biases and to allow the reader to come to his/her own conclusion. I believe Samuha reflects some of this: between the promise of development, the resources with which we influence people's choices, and the sheer drive we bring to our jobs, it's not easy for people to choose what they want to do rather than what we want them to do.

Often people ask me to enumerate what good we have done. My response has been that while I was sure we had done some good (with the resources we brought into the region, that's a statistical given), I was even more clear that in the 27 years that Samuha has worked in the Raichur-Koppal region of Hyderabad-Karnataka, we have done little harm. And that reflects a pacifist perspective that is part of Samuha's DNA.

I am a member of SCI (Service Civil International). This was started by Pierre Ceresole, Swiss, and the world's first conscientious objector in 1920. In 1975, when I returned as a SCI volunteer from the '75 Earthquake in Kinnaur, Himachal Pradesh, I dropped into a talk by Ethylwyn Best, Pierre's contemporary from the UK, who had just returned from a SCI project near the Vedanthangal Bird Sanctuary in Tamil Nadu. This project was organising agricultural labourers for better wages. In the course of her talk, she asked why, when we spoke about international goodwill, peace and reconciliation on the world's stage, were we not able to find an alternative to organising people against each other at the local level?

In 1987 when I first started to interact with villagers in the Deodurg taluk of Raichur district, I was quickly struck by the realisation that each time I spoke to a group of villagers, it was different from the group I had spoken to earlier. And I asked myself how one could engage in a consistent development conversation in such a fluid environment. The Samuha community organisation model was developed as a response. In this model, all households in a street were organised into gender-based groups as the primary associations. 1+1 representatives from these primary associations were selected by their respective groups to the gram samstha, the village institution, a secondary association which functioned as the representative general body of the whole village. Tertiary associations were then formed at the project or geographical levels.

Each group's formation was based on geography; representatives were selected, never elected, and groups were encouraged to identify and select people who they were willing to listen to rather than be led by, and decisions were consensual. Where there was no consensus, there was no action. Communities sometimes found an act of division frustrating when they were already divided by politics,





caste, class, preferences, and choices. In avoiding acts of institutional 'violence' in decision-making, gram samsthas became a reflection of what Samuha's name (Sanskrit for an organised group or society) epitomised: development was best sustained when undertaken as a group process. We have found this the single-most important factor in strengthening and retaining communities: in building on the best in communities while allowing them to introspect and change the worst, themselves.

The Gram Samsthas became Samuha's community partners. And because 50% of the representatives were women, gender was institutionalised in decision-making. Since all decisions were based on consensus, the gram samsthas reverted to an older form of a village republic where every voice had the opportunity to be heard. Because Samuha was initiated as an ActionAid project, and our sponsors were all British, an old man once said: "these East India Company people are so clever. They take what we have lost respect for, and bring it back to us as a new practice. And we participate because the idea is not foreign: it is part of us".

In the process we were able to go beyond caste to just becoming humans again. It's interesting that in the report one of the members says that in Samuha there were only two castes: men and women. Publicly, we did say that there was only one caste in Samuha and that was Samuha itself, and only one religion, and that was, again, Samuha itself. But I find men and women as expressions of caste intriguing. I believe that in allowing women a voice in a semi-feudal culture where women did not step out of their houses, spoke to no man who was not related to them, and had no public voice, we allowed the practice and belief of non-violence to be articulated at the most basic of human relations.

I believe that the stories people narrate in the study reflect this: Samuha provided people within group processes the space to find themselves as individuals, and to allow their inner best to surface and reinforce the groups that they were part of.

**T. Pradeep**

*Founder and Secretary, Samuha*





# Executive Summary

## Background

Samuha, a developmental organization, recently completed 25 years of working with village communities in Raichur and Koppal districts of North Karnataka. During this period, various sectors of Samuha had engaged in different programmes with these communities. Although these programmes had been periodically reviewed and evaluated, there was no review of the total engagement of Samuha as an organization in the context of its work with these communities.

Samuha was entering a new phase, having handed over many of its interventions to people's institutions and moving into new areas of work like climate change. It was interested in understanding the long term impact of its work in the area on the individuals, families, and communities it had worked with. Hence, it commissioned Samraksha to undertake this impact assessment study.

## Methodologies chosen for the study

Developing an appropriate methodology for this study posed many challenges. There had been a long period of association with the community and the impact had to be measured across this period. Inputs across the different sectors had also been varied in terms of time, intensity, and geographical reach. There was no baseline, or any pre-determined indicators. The change had to emerge from the narratives of the respondents. Keeping in mind these challenges, a methodology that combined two major participatory approaches was evolved: the Most Significant Change (MSC) Technique and the Community Self –Assessment Framework. Individual perspectives of change were collected through the MSC technique and community self-assessment provided the community perspective.

## The Use of these methodologies

### Choice of Domains

Although Samuha had worked in different sectors, certain sectors had to be chosen as the focus of the study. This was done through an iterative process. As a first step, staff was asked to recall and share stories of significant change. These stories were read by a review team which identified its own set of significant changes. Major themes which emerged from these stories were collated and presented to Samuha. From this list, they chose five broad domains for evaluation: (i) women's empowerment (ii) economic development (iii) empowerment of people with disability (iv) improvements in health and hygiene and (v) reduced caste based discrimination.



### Collecting Stories of Change

A total of 241 respondents were chosen through random sampling within a purposively generated list. Selection criteria included the following: (i) the extent and period of involvement with the programme (ii) continued residence in the area. Respondents were visited by a research team which discussed their engagement with Samuha and the changes this had brought about in their lives. They were then asked to identify the most significant change.

### Reviewing Stories of Change

All the stories were reviewed by a panel which comprised two community members (one man and one woman), one representative from Samuha, and one representative from Samraksha. The stories were read to the committee which identified up to two significant changes in the narrative. The significant changes shared by the respondents, and those identified by the review panel became the units for further analysis.

A total of 230 stories were reviewed by the panel in order to give an “outsider” perspective and see if this varied from the self-reported experience of change.

### Community Self Assessments

A self-assessment tool was developed which explored different dimensions of change on each of the five study domains. This tool was used with communities in 24 villages who assessed themselves on where they stood as a community in the different domains.

In order to ensure that diverse voices were represented in this assessment, the process was first carried out within smaller, homogenous groups in the community- men, women, young men and young women. Next, representatives from each group came together for a community level assessment.

This process helped in understanding community perception of change. It also served as a corroboration of the changes reported in the individual narratives.

### Findings

There have been significant changes in the lives of the individuals across all the domains. Changes in certain domains like women’s empowerment were shared more frequently and consistently valued by both respondents and reviewers.







## Women's Empowerment

44 % of the changes identified by respondents, and 39% of changes identified by reviewers, deal with the domain of women's empowerment.

Within this domain, the most valued change for respondents has been their personal development. They have highlighted the increased capacity to cope with their lives, as well as the ability to seize opportunities for growth. Other valued changes include the change in the role of women in the family and society, increasing aspirations of women both for themselves and their children and a desire to give more opportunities to the girl child. The benefits of women's collectivization and their increased ability to solve problems through the collectives also comes through strongly.

In their self-assessment, most communities have rated themselves at Level 4 in this domain. This indicates that a large number of women and girls were empowered in their community, although this had not yet become a part of their lifestyle (for a list of what each level indicates for each domain, see the self assessment framework provided as Annexure 3).

## Economic Development

Changes in the domain of economic development have also been considered significant, although it has been valued more by the reviewers, rather than by the respondents themselves. About 17 % of the self reported changes were in this domain against 23% identified by reviewers. Interestingly, many respondents who have benefited through economic development have chosen to identify personal development as being the more significant change,.

Valued changes in this domain include an increasing ability to generate income (through acquiring business competence or some marketable skill or qualification), development of the saving habit, and easy access to credit.

Communities have largely assessed themselves on Level 4 in this domain. This suggests that a large number of individuals and families had benefited from savings and loans, and had acquired different ways of generating income.

Both the personal narratives and the self-assessments also spoke of the links between economic development and the personal development and empowerment of women. They recognized that the processes of collectivization through the savings and credit groups, which had led women to contribute economically to the family, had enlarged their role in the family and the community. This gave them the confidence and power to make or influence decisions in these spheres.





## Empowerment of People with Disabilities

People with disabilities have benefited significantly from the interventions of Samuha. About 23 % of the self-reported changes and 16 % of the changes identified by the reviewers were in this domain.

Respondents shared that they had been able to overcome their disability and develop the capacity to manage their lives. More importantly, in many instances Samuha had helped them uncover new aspirations and given them the conviction that these could be achieved. Reviewers also identified similar changes. In addition, they identified others such as increased social support for people with disabilities, and increased voluntarism among people with disability.

Most communities also rated themselves on Level 4 in this domain. They shared that the majority of people with disabilities were leading independent lives, were integrated in the society and well-regarded in the community.

## Improvements in Health and Hygiene

The creation of a pool of resource people for health, especially maternal and child health, has been one of the most valued changes that Samuha has brought about in this domain. This has led to improvements in health seeking behavior in these areas. Most communities reported good practices in maternal and child health, and rated themselves at Level 4.

Other valued changes in this domain include the capacity to overcome or live with chronic or serious illness and the discarding of many health related myths and misconceptions.

## Caste

Social intermingling of castes was reported by most respondents. They felt that stark discrimination against Dalits had reduced significantly. According to them, Samuha's visible practices of non-discrimination in all its programmes had influenced them. Gradually, non-discrimination in the social space had led to non-discrimination in personal spaces. Both respondents and communities, however, acknowledged that some level of discrimination continued to exist.





## Discussion

Samuha has adopted a person-centered approach to its work. This has helped in building individuals, each of whom became an agent of change and catalyzed further change in the community. This is perhaps why personal development of people has emerged as the most valued change across different domains, both by respondents themselves and the reviewers.

The focus on personal development has also helped to uncover aspirations and encouraged people to pursue them. This pursuit has helped to bring about a certain transformation, where people are not just coping with a problem or a situation, but actively pushing the envelope on what they can achieve.

A lot of Samuha's development work has been grounded in consensus building. This approach has proved to be effective in bringing about changes on issues of gender and caste equality without challenging or threatening the dominant group. There has been a more gradual process of redistribution of power where the potential of the marginalized group is realized and acknowledged.

## Conclusion

Samuha's engagement with the communities in Raichur and Koppal has made a significant impact on each of the five domains examined in the study. This study is not so much about Samuha as about what people have done with their lives with Samuha accompanying them. Although the changes have been triggered by Samuha's work individuals have actively built on the change themselves, thus ensuring sustainability.

Changes have been brought about not just through programmes, but also through the values of social equality and consensus building, which Samuha strongly believed in and practiced throughout the period of its engagement.

Samuha's approach to development has created seeds of change which have dispersed widely in the community, taking root in different forms across the region. Thus, sustainability has been created through people, not just through systems or structures. In that sense it is a living, evolving change.

The methodology for this study has the potential to be a strengths-based approach to evaluation, which can be used to measure long term impact in similar situations.





## Chapter 1: Introduction

In 2011, Samuha completed 25 years of development work in Raichur and Koppal districts. Many of the sectors of Samuha had either withdrawn or were withdrawing from direct implementation and were handing over programmes to people's institutions, nurtured over the years. Samuha was also gradually moving into new sectors like climate change with new teams. It was felt that this was an appropriate time to understand the impact of its presence and efforts in the region, especially in terms of how it had changed the lives of people. The understanding could help the organization reflect on its work over the years, and consider insights and learnings to carry forward into its new phase.

Different programmes of Samuha had been evaluated at various points of time but the evaluations had been limited largely to project related outputs and outcomes. There was anecdotal evidence of deeper changes in individual lives, and sometimes even changes in community norms and practices shared with Samuha. However, these had not been reviewed systematically. Samuha, therefore, decided on an impact assessment study to evaluate the long term impact of its work in the community. It commissioned Samraksha to undertake the task. ■■■■

## Chapter 2: Methodology

The assignment has had many methodological challenges. The changes that needed to be explored had taken place over a period of 25 years and were a result of both direct interventions by Samuha and Samuha's values and practices in the region. 25 years is a long time and the possible effects of other changes in the environment had to be factored in. Thus, the study had to be cautious about attributing change to any one factor. The time span of two and a half decades was also a challenge since interventions had been varied across this time. In addition, Samuha had withdrawn from active implementation in many areas over the last few years. Even though the study was being undertaken after the organization had spent a significant amount of time with the community, a lack of immediacy of recall within the community was a possibility.

The interventions had also been dispersed. Different projects had evolved as a response to emerging needs in the community and spanned different villages and had taken place at different points in time. Thus, the nature, duration and intensity of inputs were different. An additional and interesting challenge was Samuha's interest in learning if programme linked outcomes had triggered further changes in the communities and the nature of these changes.

Finally, there was no documented baseline data for such an evaluation. The study had to examine change, without any pre-determined indicators. Therefore, the narratives of change had to emerge directly from the individual beneficiaries as well as communities.

With these challenges in mind, two qualitative methodologies were selected: The Most Significant Change Technique (MSC), and the Community Self-assessment Framework (CSF). The methodologies, their suitability for this study, and the manner in which they were adapted and used in study are briefly described in the next two sections.

### The Most Significant Change Technique

The Most Significant Change methodology was developed by Davies and Dart and has been widely used in the development sector. The MSC methodology was first pioneered in the 1990s by Rick Davies in Bangladesh and since then has found wide acceptance in the development sector. It evolved initially as a technique to monitor without pre-set indicators, thus giving project staff useful information during the project implementation period. However, it has also been found to be a very effective evaluation methodology, especially where outcomes varied across beneficiaries, no prior agreements existed on specific outcomes and project implementation was participatory.





The MSC technique is viewed within the “subjective epistemology” of constructivists, i.e it allows for meaning to be generated through shared understanding. When the different stakeholders read, review and select the stories, their understanding of and engagement with the programme deepens (Davies and Dart, 2005).

The chief advantage of the MSC approach is that it can measure changes over a period of time, making it particularly useful for this study. MSC emphasises narratives of change from the beneficiaries’ point of view, and can be used to look beyond immediate outputs to understand intermediate outcomes and long term impact. The technique is also flexible and non-directive with the unique ability to examine and document planned as well as unplanned changes. Hence MSC was preferred over other participatory techniques like key informant interviews or focus group discussions.

### **The Community Self- Assessment Framework**

The second methodology, Community Self- Assessment, consists of capturing the opinions of community members publicly through a community self- review. The community self-assessment process has been used by the Constellation of AIDS Competence (now Constellation of Community Life Competence) in many countries to facilitate communities to assess their position on several domains in the context of the HIV prevention and care.

The community self- assessment is a tool, which draws community engagement with a particular issue and promotes reflection and review. It allows multiple perspectives to emerge, because it initiates discussions and reviews among smaller, more homogenous groups (men, women, young people etc) and then brings the different groups together to engage in a community level review.

Participatory processes of evaluation have themselves sometimes been questioned because they could ignore local power differentials, and push through an externally decided agenda and give it legitimacy by claiming that it has been endorsed by the community (Cook and Kothari, 2001). Therefore, it was felt that a combination of these two methodologies could overcome this problem, as together, they allowed the beneficiaries, both as individuals and as communities, to both define the desired change and assess it.



## THE USE OF THESE METHODOLOGIES IN THIS STUDY

### Identifying key domains

Over the years, Samuha had worked on different aspects of development in the community. The study needed to select some key domains through which to assess impact.

This process began with a two day orientation for Samuha staff on the objectives of this study and the proposed methodology. The staff members were then asked to reflect on their work and share the stories of change they had seen over the course of their work. Individuals were free to share whichever stories they felt were important. The selection of the stories by the staff served as an indication of the kind of changes which they valued and had aspired to bring about. A total of 206 stories were collected through this process.

These stories were then reviewed by a team consisting of Samuha and Samraksha staff in order to identify the most significant changes. The different themes of change, which emerged from this review were:

1. Economic Development
2. Women's Empowerment
3. Development and empowerment of people with disabilities
4. Reduced caste discrimination
5. Improvements in health and hygiene
6. Collectivization
7. Community participation and action
8. Human resource development
9. Individual development

Although Samuha had worked in other sectors like watershed development, livelihoods, supplementary education, technology development, land issues and HIV and AIDS, many of these sectors had become independent or had been phased out a long time earlier and the stories by current staff did not come from these sectors.

Five themes were shortlisted by Samuha as these were broader and covered some of the other themes as well. These were :

1. Women's Empowerment
2. Economic Development
3. Development and empowerment of people with disabilities
4. Improvements in health and hygiene
5. Reduced caste discrimination



## Identifying Respondents

### *Step 1: Listing Potential Respondents*

The first four domains which were identified were specific areas where Samuha had worked and the staff generated a list of people who had been involved and could be interviewed. Purposive sampling was used to create this list. Criteria for inclusion in the list was kept simple.:

1. Potential respondents should have been engaged with Samuha's programmes for at least five years.
2. They should still be living in the village.

A primary list of 1440 potential respondents (360 per domain) was generated. The respondents were equally distributed across the districts of Raichur and Koppal.

### *Step 2. Sampling*

Within this list, random sampling was used to choose the respondents. The list was first classified by domain and then by district. If the chosen respondent was not available, the next person on the list was selected. A total of 60 respondents (30 each from Raichur and Koppal) were chosen under each domain.

## Collecting Stories of Change: The MSC Process

Respondents were visited by a team of three members from the research team: a facilitator, an observer and a documentationist. The team introduced potential participants to the study and sought their consent to participation as well as to audio recording of the interview. Respondents were then asked about the duration of their engagement with Samuha and if the engagement had changed their lives in any way. If they replied in the affirmative, they were asked to share the changes as well as identify those they considered the most significant.

Although the respondents were chosen based on their involvement with programmes under specific domains, the researchers did not divulge this information or probe for changes under the specific domain. Respondents were thus free to narrate any changes in that period without confining themselves to any particular domain.

Caste was an overarching issue. All of Samuha's programmes sought to address caste inequality, not through direct interventions, but by promoting certain policies and practices in all programmes. Therefore, all respondents were specifically asked if they had perceived any changes with regard to caste hierarchies and caste discrimination in their community.





The interviews were audio-recorded as well as documented verbatim in writing. The narratives were written up by the documentationist on the same day as the interview and verified by the facilitator and observer.

A total of 241 stories were recorded during this process.

### Reviewing Stories Of Change

Once the respondents had narrated their stories of change, these were further analysed by a small review team of two community members, one member from Samuha, and one member from the research organization. The objective was to identify up to two changes they perceived as the most significant in the story.

The purpose of this review was to provide an insider-outsider perspective on each story of change. The significant changes identified by the study participants and the changes identified by the review panel were selected as units for further analysis.

A total of 241 stories were reviewed. Eleven stories were excluded from the study because the review team felt that they did not address any change and spoke about other matters instead. Thus a total of 230 stories were included in the assessment.

## THE COMMUNITY SELF-ASSESSMENT

The Most Significant Change Technique captured accounts of personal changes from the perspective of individual respondents. The large sample size and the process followed to select the stories ensured that the findings were not confined to a few anecdotal changes, but these remained individual perspectives. The Community Self-assessment method helped to assess change across cross-sections of the community by capturing community perspectives on the same domains.

### The Development of the Self-assessment tool

The self-assessment tool was built on the findings from the MSC process. The changes under each domain reported by respondents and the review panel were classified and major dimensions identified for each of the five domains included in the study. Communities deliberated on each of these dimensions before scoring themselves on a scale of 1 to 5 regarding where they currently stood.

#### *Levels on the Self-Assessment Tool:*

*Level 1: No significant change*

*Level 2: Change in few individuals*

*Level 3: Change in many individuals*

*Level 4: Change in majority of individuals*

*Level 5: Change in Community Norms*





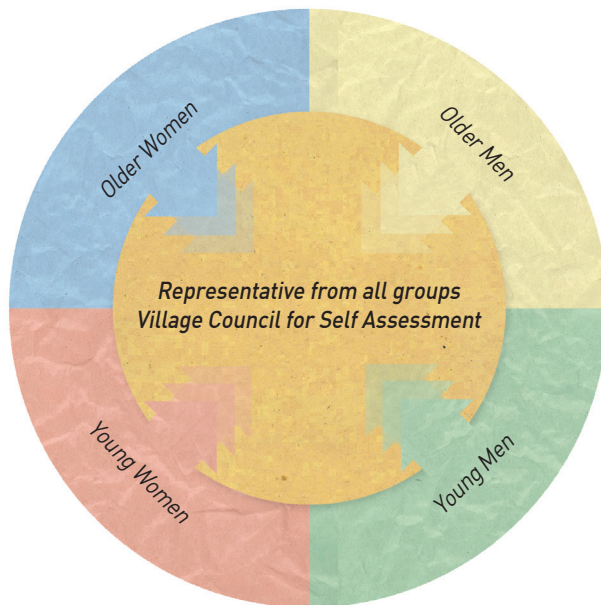
This tool quantifies change through community assessment although it does not provide a pre and post intervention analysis. Community members further cite reasons for their rating with stories and illustrations. These deliberations provide qualitative data which substantiate community assessments.

### Selection of Communities

Purposive sampling was used to select the villages for self-assessment. The basic criteria was that Samuha should have been actively engaged in the village for over five years, and that all the streams of Samuha's interventions should have operated in these villages at some point during this period. This ensured that communities doing the self-assessment had been involved in Samuha's programmes under specific domains long enough and recently enough to enable them to make an assessment.

### The Self-assessment Process

*Community Self-Assessment Process (n=24 Villages)*



*Average of 15 people per group and 25 people per Village council*

To ensure proper community representation and to avoid a bias or skew towards opinions of any dominant group, the self-assessment process was done by 5 groups in each village. Homogeneous groups of men, women, young men and young women did the self-assessment separately. Care was taken to see that different parts of the village were represented in each of the groups. Following this, representatives from each group came together to form a village level group. This group rated the changes in the village as a whole, across all the 5 domains. The two-step process ensured that the perceptions of women and young women, not usually heard in community deliberations, were captured.

The self-assessment process was facilitated by four to five members of the research team. Typically, the process lasted for two days. The small group meetings were held on the first day at times suitable for each group. Following this, representatives from each group came together for a community level meeting.







## DATA ANALYSIS

### MSC Data

As described earlier, the changes identified as most significant by respondents, as well as by the review panel were classified into different domains, and emerging dimensions of change were listed.

In some instances, the significant change comprised multiple themes. For instance, in certain stories, women respondents spoke about their contribution to economic development of the family which had led to greater say in decision-making on many issues. Here the change spanned the two domains of economic development and women's empowerment. These were both counted as separate dimensions.

The personal narratives had identified 238 types of change while the review panel had identified 1341 types. These types were further explored to see what kind of themes were emerging from them.

### Community Self-Assessment Data

Community level deliberations during the self-assessment process were analysed in two different ways: (i) a numerical assessment with respect to a particular domain and the reasons to support the assessment, and (ii) identification of major themes which emerged from the reading of the deliberations. The frequency of occurrence of the major themes was then collated.

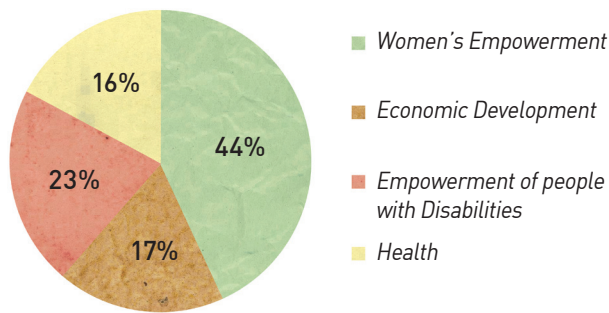


# Chapter 3: Findings

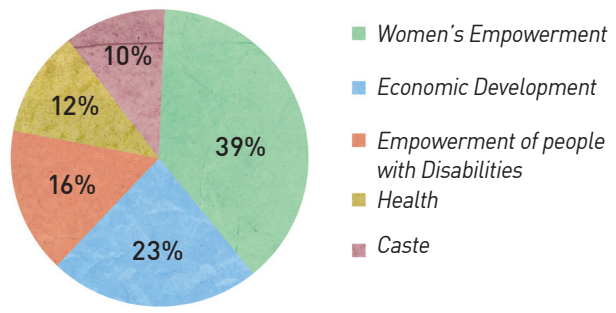
The findings show that changes on the domain of women’s empowerment have been cited more frequently by both the respondents and reviewers as the most significant change.

The following two graphs summarize the distribution of self-reported changes and externally reported ones across the different domains.

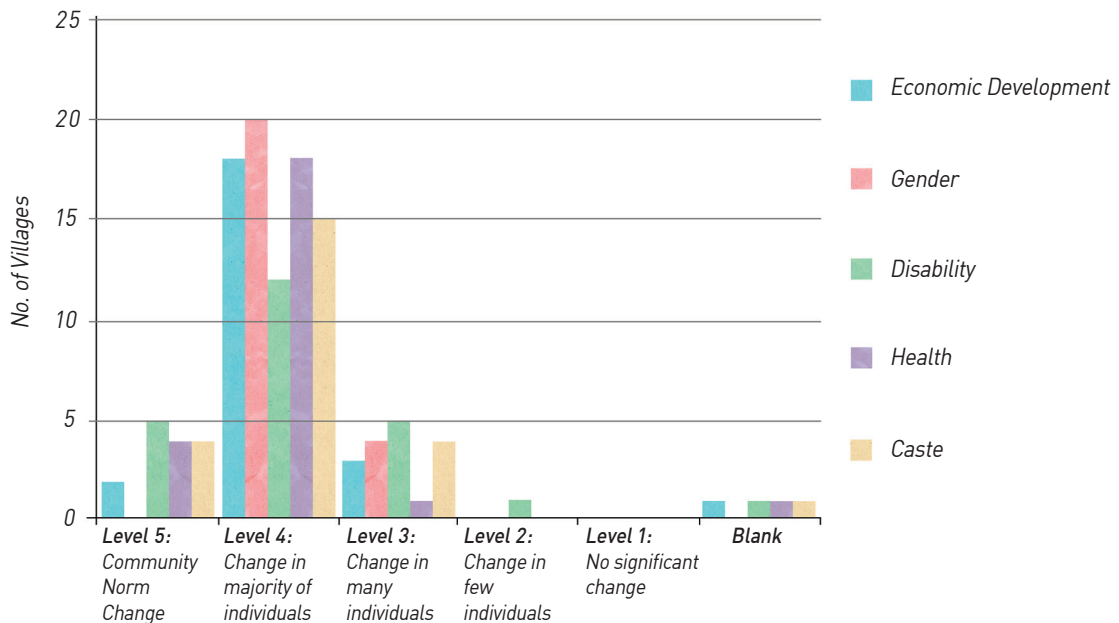
Changes in the domain of caste did not figure in the most significant changes reported by respondents. However, caste was asked as a question to every respondent and it generated responses. However, the review panel spontaneously identified this in some of the stories as a significant change.



Graph 1 : Changes reported across Domains: Respondents (n=238)



Graph 2 : Changes reported across Domains: Reviewers (n=1341)



Graph 3 : Community Self-Assessment Rating Level of Change (n=24)



In community self- assessments, most communities scored themselves on Level 4 across the different domains. This indicates that desired changes in these domains had occurred and influenced most of the community, but the changes had not yet become an irreversible part of the community (community norm change).

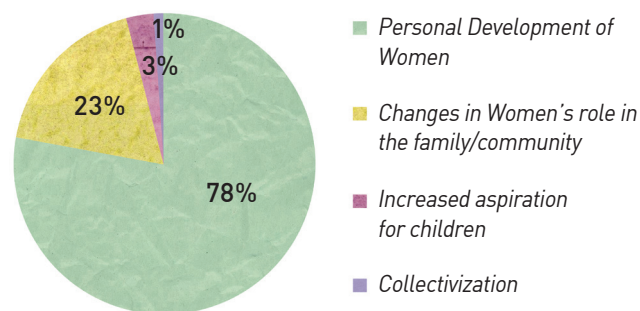
## WOMEN'S EMPOWERMENT

About 44 % of the changes reported by respondents and 39 % reported by the reviewers were related to the domain of women's empowerment. Even respondents who were not involved in specific interventions related to women's empowerment, reported empowerment as the most significant change. However, there is an overlap with the domain of economic development as most of the stories of women's empowerment referred to the economic benefits derived from the interventions related to savings and credit. Yet, it is worth noting that women's empowerment was assessed as more significant and valued by both respondents and reviewers.

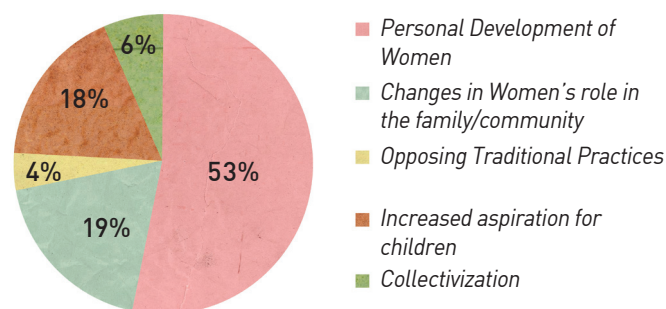
In the community level self-assessment, 83.3 % of the villages felt that they were on level 4 in the context of women's empowerment. The explanation was that most women and girls had aspired to and found opportunities for growth and development. They had started playing a more significant role in the family and the community. Community members also felt that the women's collectives were strong in their communities. In about 16.7 % of the villages, community members felt that they were on level 3. They elaborated that while many girls and women had achieved some empowerment, there were others who were still not there.

### Dimensions of Change on Women's Empowerment

Under the broad domain of women's empowerment, different dimensions of change were identified. These include: personal development of women, change in women's role in the family and the community, change in women's status,



Graph 4 : Women's Empowerment - Dimensions of Change: Respondants (n=109)



Graph 5 : Women's Empowerment - Dimensions of Change: Reviewers (n=518)





increased aspirations for children, rejection of child marriages, collectivization, and social support for women.

### Personal Development of Women

Approximately 78% of the changes reported by respondents under this domain were related to self-development. However reviewers identified only 53% of the changes as related to the dimension of self-development. Thus, the subjective sense of growth and change is apparent.

Self-development is a broad category and it includes different aspects of personal growth. For instance, respondents spoke about exposure to new knowledge, skills, and experiences and new learning out of it all. This increased their confidence and the capacity to overcome adverse situations and manage their lives.

A significant aspect of personal development related to the expansion of aspirations of women and their realization of their own potential.

*"I have gained more confidence. I was a person who never stepped out of the house. Today, I manage the home affairs, bank affairs, group affairs. I have managed to give my children a good education. To tell you the truth, I feel I have more confidence than even men. So many times, on different occasions, I have gone personally to the taluka panchayat and gram panchayat and got my work done". – A 45 year old female respondent.*

*"Ever since I joined the group, I started coming out of the house, I started saving money. I have not studied much, but after I joined the group, I learnt so much. I was able to share these learnings with other people of my community". - A 79 year old dalit woman talking about her involvement with the SHGs.*

*"By joining the group, I did not simply get money. I got knowledge, courage and the ability to talk to others. I am confident today. Though my husband has left me, I know I can look after myself and my children." - A 38 year old female respondent from a scheduled tribe who joined an SHG after her husband had deserted her.*

*"In the beginning when we saw the women staff of Samuha on bikes riding into the villages, we were struck with amazement. Here we were, not even stepping out of the house and they were everywhere in public. Today, we have travelled far and wide and Samuha has given us the world." - A 45 year old female respondent.*

*"I used to think, why was I born as a woman, I should have been born a man. Now I feel that as a woman I have surpassed being a man." - A 40 year old female respondent.*

*"I was like broomstick stacked in a corner, now important people...politicians, come in cars to my house to talk to me." A 35 year old female respondent.*





Interestingly, the respondents who identified this change as significant were not always women. Male respondents- husbands or sons of women who had been involved in the programme- also spoke of how much they valued the changes in the women.

*"My wife would earlier never talk to people. Now, if someone visits us when I am not at home, she talks to them, she even goes to the Parents' Meeting in the school. This change is not just in my house. Throughout the village, now women step out of the house more, they go to different places, earn money." - A 56 year old male respondent talking about the changes in his wife after she became a part of the self-help groups facilitated by Samuha.*

The qualitative data from the community self-assessments also highlights the personal development of women, especially in terms of their aspirations and expansion of their horizons. In 50 % of the communities, the self-assessments noted that women had aspirations for themselves and were working towards them. In 37.5% of the communities, it was felt that more and more women were stepping into the public domain and men were accepting it. In 54% of the communities it was felt that women were taking the lead in most of the community level activities.

*"Women would not go outside earlier. Now, after joining the groups, they have travelled up to Hyderabad and Nizamabad and visited other groups and organisations. They have become inspired by some of these groups and want to become like them. They want to build a big house and have facilities like TV, furniture, moped, They want to marry their children to good families, want to buy gold, want to dress up nicely, want to eat good food, and want to earn more". - Women during the community self-assessment in Karigudda.*

### **Change in Women's status**

Change in women's status within the family and community is another dimension of change which emerged from the narratives. Almost one fifth of the changes identified by respondents and reviewers in this domain have dealt with this theme. The change in the position of women within the family has been attributed to their increased participation in economic activities with the help of the savings groups. Where women have played the pivotal role in dealing with debt (paying off earlier debts, preventing new ones, repaying loans), or in getting credit to set up income generation activities which contributes to family income, their status in the family has changed. Often women have raised the capital for businesses for their spouses or children and this has increased the respect of family members, led to an increased say in decision-making, and more equitable gender power relations.







*"When I started earning money, it was beneficial for the family. Now, because I am also contributing to the family, my husband makes decisions only after consulting me." - A 40 year old woman talks about her changed position within the family.*

*"Now, our husbands are listening to us. If they ask us to take a loan, we question them about the purpose of the loan. My husband used to ask, 'why do you want to go out and build a group. Just stay at home and do your work'. But now, he has changed. If someone comes and asks for me when I am not at home, he tells them with a lot of pride, 'she has gone to build a group'." - A 46 year old female respondent.*

The change in women's status is also strongly corroborated by the community in the self-assessments. In nearly 87.5% of the villages, community members felt that women now have more power within the household. In about 37.5 % of the villages, community members shared that men are actually appreciating the value which women bring into the family. In about 21% of the villages, they felt that men and women were interacting much more in both public and private spaces; and in 12.5 % of the villages, community members said that women were now, increasingly, demanding accountability from men.

*"Earlier, men used to have power over money, and made all decisions in the household and in agricultural activities. We had to ask their permission for doing anything. Now, our husbands understand us a little more. Men are beginning to think that whatever women do, it will be for the welfare of the family. Men have realised that women are intelligent, that they are doing bank transactions and also supporting families, financially." - Community Self-assessment in Hirevadrakal*

*"Once, when women found us playing cards, one of them said, 'you get together in a group to spend money, ruin the family, and waste money, but when we get together in a group, we discuss how to run a home, how to generate income and how to live a meaningful life. These words were like a slap.'" -Community self-assessment in Bankapura.*

Approximately 16.5 % of the villages, communities cited growing intolerance for violence against women as an example of their increased status. With women making significant contributions to the family and community, they had begun to value themselves more and no longer felt that violence was acceptable. They were challenging it.

*"Since they are earning now, they are able to question men saying we are earning and managing the households. Why should we tolerate their harassment." Self-assessment in Bommanahalli.*





## Increased Aspirations for Children

Increased aspirations among the women for their children's education, is another dimension of change in this domain. Women shared many different aspirations for their children. They wanted their children, including their daughters, to be educated, independent, and settled well in their lives.

*"I have been able to get all my three children educated. My elder son who is very good in studies is studying medicine. My daughter and younger son are doing BA. I had to take a loan from the group for my son's fees. I will take another loan, if it is needed. After all, investing in education is even better than investing in gold."* - A 45 year old female respondent shares her dreams for her children.

Community deliberations also endorsed these changes. In 92% of the villages, communities felt that women were encouraging their children to study, particularly their daughters. Even where higher studies were not available within their area, young girls were encouraged to stay away in hostels and study.

*"Compared to earlier, women now have more concern about their daughters' future. They want to educate their daughters. They are spending their savings on their daughters' education. Earlier, they would marry off their daughters very early, now that practice has reduced."* -Community self-assessment in Yaramasal.

*"If they have 5 children, they are sending all the five to school. Earlier, they would send one to school and the other 4 to work. They are allowing their daughters a choice in marriage. Child marriage and the practice of making daughters devadasis has significantly reduced."* -Community self-assessment in Manasgal.

In Karigudda, the community members shared that earlier, women had been confined to the house and never went to school. Now, most girl children attended school whereas sometimes it was the boys who were not regular.

*"When Samuha started 25 years ago, it started a "tent school" and started teaching children in our own village. Those children valued the education so much, they went on to study B.Ed and are now teaching other children in our village."* - A 50 year old man in Devargudda.

## Opposing Practices like Child Marriage

Some of the stories also discussed attempts to oppose practices like child marriage and to set an example in the community. In 33 % of the communities, it was felt that child marriage was actively discouraged and that women were taking a lead in this regard after realizing that it would adversely affect the health of their daughters.





*"I got my first daughter married at 16, because I did not know better at that time. Now, I will not do that with the younger ones. One of my daughters was very good in tailoring, so I helped buy her a machine. The youngest one is very good in music, so I am going to let her continue in that field. Things have changed now. We women need some skills so that we can be independent."* - A 50 year old female respondent discussing her children's future.

*"We came to know about a family marrying off their daughter very early, and as a group we intervened to stop the process. We told them that it is bad for the girl's health if she is married off so early. We even said we will support the family with the marriage, if they agree to get her married after she turns eighteen."* - A 56 year old female respondent who is the SHG leader.

### **Collectivization and its impact on women**

The stories also highlighted the contribution of the collectivisation processes of the SHGs, to women's empowerment. Benefits of collectivization identified by the women include increased self-confidence, bonding, and the creation of a support structure which helped them handle crises and take collective action.

Community self-assessments also corroborated this finding. In around 75 % of the villages, communities felt that because of collectivization, women were now playing a lead role in handling community level problems. They had fought to close down liquor shops, to keep schools open, and had demanded respect for their rights and entitlements from elected representatives. Communities in about 37.5 % of the villages also felt that group formation had helped personal bonding between women and had helped them to form closer relationships with other women.

*"The village has many women's groups and women have now developed an attitude of coming together during problems. This is a small village. So, the education department had closed down the school and the children had problems in continuing their education. With the help of Samuha, the women fought and restarted the school."* - Self-assessment in Chikkavadrakal.

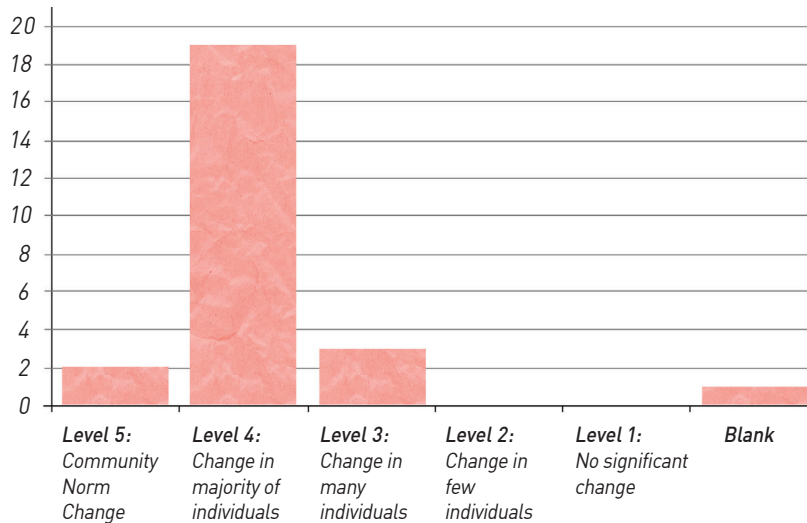
*"Women are united in our village and work together to organize fairs and festivals. They have handled problems of water supply and issues in the school and temple. When a political leader visits our village, they get together and question him on many things. They are even stronger than men. They protest if they are not paid wages. When there was a problem of alcohol, they forced the authorities to address it."* - Self-assessment in Bankapura.

Community members reported that in Hirevadrakal village, women were repeatedly able to get the local liquor shops closed for periods of time, although they could not achieve permanent closure.





In Hasagal village, the community members recalled that the women had wanted to complete the half built local temple. They had raised over one lakh rupees from their membership and given it to the authorities, asking for it to be completed.

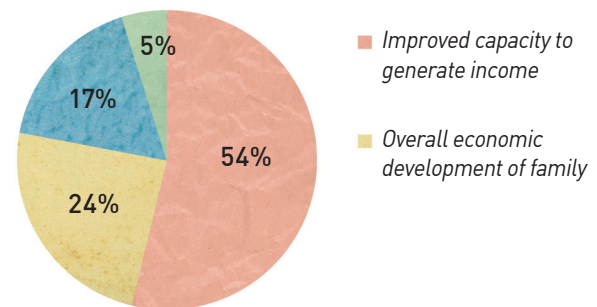


Graph 6 : Community Rating of Economic Development (n=24)

## ECONOMIC DEVELOPMENT

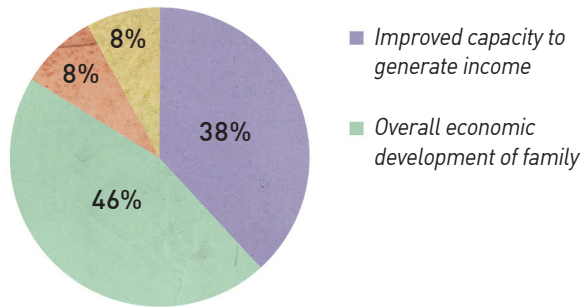
It is extremely interesting to note that although many of the stories of empowerment had their roots in economic development, what the women considered most significant was their personal development and growth. Only 17 % of the most significant changes reported by the respondents related to economic development. Even some of the respondents who were selected based on their involvement with economic development programmes did not identify changes related to economic development as the most significant. However, respondents from the disability sector sometimes valued economic development and an increased capacity to earn as their most significant change. The reviewers recorded a slightly higher percentage. 23 % of the changes were seen as related to economic development.

In the self-assessment process, 75 % of the communities felt that they were on level 4 in this domain, with a majority of the community members being involved in savings and investment and having attained business competence. About 8.3 % of the communities actually felt they were



Graph 7 : Economic Development - Dimensions of Change: Respondents (n=41)





Graph 8 : Economic Development - Dimensions of Change: Reviewers (n=302)

on level 5, with saving, investment and managing businesses becoming a part of their lifestyle.

### Dimensions of Change on Economic Development

Under the domain of economic development, different dimensions of change emerged. Some of these were a consequence of economic development

and income generation; for instance economic development leading to development of a good quality of life for the entire family. Others were associated with the changes that contributed to economic development, such as improved capacity for income generation, development of saving habit, and easier access to loans.

### Improved Capacity to generate income

Although many respondents reported economic developments in their lives, it is their improved capacity to earn that they highlighted as the most significant change. This dimension constituted 54 % of the reported changes. In contrast, reviewers found overall economic development of the family (46% of the total changes identified) as the most significant change.

Increased business competence (vyavaharika jnana) is something which came up frequently in the narratives. The respondents talked about an increased competence that allowed them to take risks. They were now able to take larger loans while earlier, they would be afraid to take even small ones. The confidence to repay loans was also cited as part of their competence. Another feature was the higher initiative and ability to seize opportunities and start new businesses. For some, it was timely education and skill development which gave them the capacity to earn. This also provided economic security in times of crisis due to crop failure or drop in prices for their produce. Their sole dependence on agriculture earlier had created a sense of economic insecurity at such times.

*“My wife and mother who were stuck in the house or our fields, benefited from business knowledge, after joining the groups. This has helped all of us. Otherwise, our lives were limited only to the fields.”* - A 37 year old male respondent, whose family members are part of an SHG.

*“Samuha gave me an opportunity to complete my education upto PUC, even though my family considered stopping my studies because of economic reasons. When I applied for a*





*job at the bank, the other applicants were all more educated than me. But because I had worked as a book writer in Samuha, the interviewers felt that I was the best for the job. They said I would have already learnt how to interact with people, how to manage group accounts and all that, when I worked with Samuha.” - A 24 year old male respondent, currently working in a bank.*

As discussed in the earlier section, the increased capacity, among women, to generate income has contributed significantly to their improved status and role in the family and community. In addition, economic development activities have contributed to the personal development of individuals by helping them to develop self-confidence and has been instrumental in giving them additional exposure and opportunities for interaction.

*“I got business knowledge after getting involved in the group. Without that, I would never have developed courage. Without courage, I would not have set up the business. And if I had not set up this business, I would have always been at home and never stepped out.” - A 28 year old female respondent running a profitable textile business.*

*“Because I joined the group, I got to know my neighbours well. I developed confidence because of this. Apart from working in the fields, I started doing other jobs like ironing and stitching clothes. The money I earned from this has helped us to get by in life. I was not able to ensure a good education for my children, but I will definitely do it for my grandchildren now.” - A 56 year old female respondent.*

During the self-assessment, communities also acknowledged the significant relationship between economic development and women’s status. In nearly 73 % of the villages, communities felt women were now contributing significantly towards the family and therefore had an increased say in decision-making. According to them, this had led to increased self-esteem, better management of their savings, better loan repayments than men and greater willingness of banks to give them loans.

*“Women who never came out of their houses are now able to go to other places for business. They have learnt signing, writing their names, have learnt about banking and how to negotiate with the manager. They are able to calculate the loan amounts and interest rates easily. Now, the women manage huge amounts of money, lakhs together, on their own.” - Self-assessment in Devaragudda.*

*“When Samuha started men’s savings groups, people started having access to a lot of money, and there was a lot of wasteful expenditure. But, when Samuha started women’s groups, the saving habit improved and women took loans and improved their households.” - Self-assessment in Bommanahalli.*





*"Earlier, women were questioned when they went for group meetings, now men are happy seeing their development and willingly send them to attend meetings." - Self-assessment in G Vadaki.*

### **Safety Nets during Crises**

*The community in Manasagal recalled a practice which Samuha initiated almost 20 years ago. During droughts, instead of handing out money to support people, Samuha arranged to give them sacks of Jowar. They also suggested to the people that, in order to avoid such situations, they could collectively mobilize some grains which they could give people to use in emergency. The people who received the grains initially treated it as a loan, which they repaid whenever possible, to form a grain bank.*

*This practice continues in the village to this day. They have over 50 quintals of grains in their bank, which they hand over to families whenever they are in need. They shared that they have helped many families in crises and even prevented migration in some instances*

### **Savings and access to loans**

Development of a saving habit due to the self-help groups and the consequent easy access to loans has been another significant dimension of change under the domain of economic development.

The saving habit and associated benefits have helped women to support the family with regard to critical needs such as education, marriages of children or healthcare.

*"Previously, if there was a wedding in the family, we would take huge loans and sell our land to pay back the loan and interest, but today, our women can generate Rs 50,000 to Rs 1 lakh easily. Since Samuha came to us, no one in the village has sold even one acre of land." - Self-assessment in Bankapura.*

Many respondents spoke about the gradual development of their business acumen. The initial loans were used to pay off debts. Next, they took loans to buy things for the house. Very soon, they started looking at loans as investments which paid for themselves. Then, they started small enterprises, expanding and scaling up these enterprises. For instance, these could start with buying better seed, then drilling a bore well and later, buying some land. Other examples included starting with tailoring and going on to opening a cloth store, starting with hiring out microphones for weddings and going on to do event logistics buying up the shamiana, (the cloth canopy that serves as a large banquet hall), lights, chairs etc. and hiring these out. Later, people gradually started considering investments with longer term returns such as the education of their children. The access to loans has promoted the entrepreneurial spirit including risk-taking among women.

*"My first loan was to help my husband to set up a puncture shop. After repaying that, I took another and set up a dhabha. The next loan was to set up a cement bricks production unit. With the profit from this, I bought two acres of land and planted a mango orchard. With the earnings I was able to give all my children the education they wanted. I am proud to say that my elder son is now doing his M.tech." - A 45 year old woman with primary education.*

The community self-assessment data also shows that the saving habit has been critical in transforming the economic condition of the family. About 75 % of the





communities felt that the saving habit has improved considerably, and 83% felt that SHGs were the foundation of economic development since they gave the women easy access to loans. This access allowed women to overcome a financial crises or gave them opportunities to engage in a variety of income generating activities. This , in turn led them to use the profits to improve the household, or support the education and/or marriage of their children. Communities in around 79% of the villages felt that there were substantial improvements in lifestyle as a result of the saving habit among women.

Some communities pointed out that the access to loans has meant that they could avoid moneylenders with whom they had to negotiate at great cost to their dignity and freedom.

Other communities added that with the savings groups managed by women, women's savings were now safer, and they had more control over their savings and could choose to use them in ways they thought best.

The saving habit has also encouraged a lot of women to invest in asset creation. They were able to invest in assets like gold, or step in and improve family assets (like getting irrigation to dry land). These assets provided security during times of economic crises.

*"We used to earn and spend it away. Most of us did not know about saving. Samuha started with one group. Other women were convinced slowly that this would work and started one in each street. We started saving 10 rupees, now are saving 50 to 100 rupees every week."*  
- Community self-assessment in Chintalakunta.

*"The women have invested the loan amount in agriculture, bought cattle, reared and sold them and used the profits for setting up businesses like flour mill, chilli powder mill, petty shops and so on. The profits from these (enterprises) have been used for buying household things and gold, for health related expenditure and for children's education."*  
- Community self-assessment in Dondambali.

*"Women used to save small amounts in the masala dabba. Someone would take it away or they would not know where it disappeared. Now the money saved is in the group. It is their money and they get to choose how to spend it."*  
- Community self-assessment in Dondambali.

*"Women are not allowing their husbands to waste their earnings or savings."*  
- Community self-assessment in Devaragudda.

It is reported that relationships between mothers-in-law and daughters-in-law have also undergone significant changes because of the easy access to loans. Mothers-in-law were sending their daughters-in-law to SHGs to access loans, and the participation of both in the SHG activities, made their interaction public. It also gave them a space other than the household to interact together.



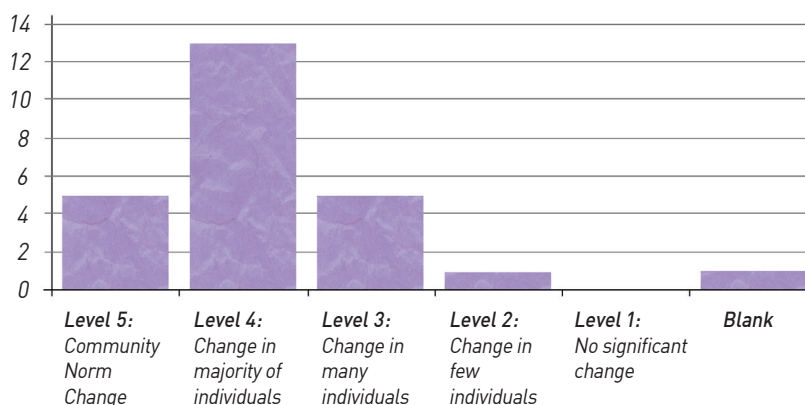


## EMPOWERMENT OF PEOPLE WITH DISABILITIES

Disability has been one of the core sectors of Samuha, and the work has included multiple kinds of physical and mental disabilities as well as mental illness. The primary focus of the work has been the person with the disability and the immediate family, but Samuha has also focused on collectivizing people with disabilities. This has led to ensuring their rights and entitlements and facilitating initiatives for their economic development. The range of interventions have collectively had an impact on the self-perception of people with disabilities, their ability to manage their lives and the way they are regarded in the community.

This domain constitutes 23 % of the changes reported by respondents and 16 % of the changes identified by reviewers.

In nearly 55 % of the villages, communities felt that they were at level 4 in this domain. They shared that people with disabilities largely led independent lives, were accepted and valued in the community and accessed their rights and entitlements. About 20.8 % of the communities actually felt that they were on level 5 in this domain, because of the complete absence of discrimination against people with disabilities, their ability to lead independent lives and their accessing their rights and entitlements.

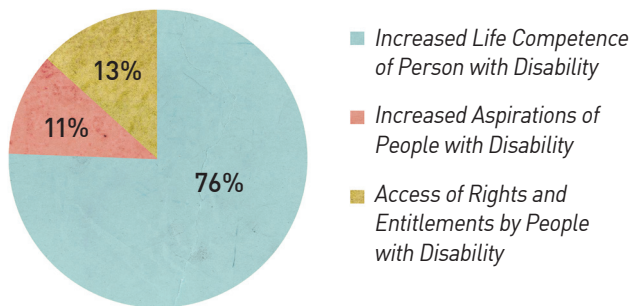


Graph 9 : Community Rating of Empowerment of People with Disabilities (n=24)

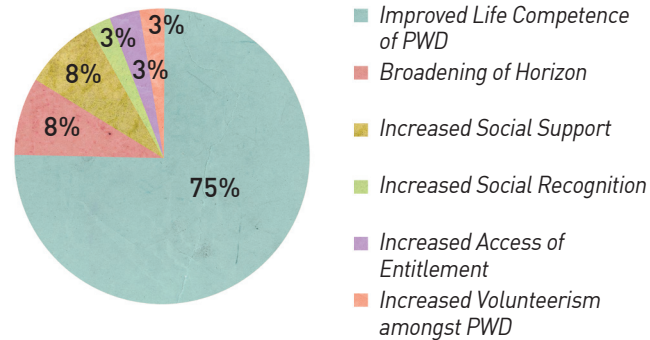
### Dimensions of Change on the domain of Empowerment of People with Disabilities

The different dimensions of change in this domain involve changes within the person with disability, as well as changes in attitudes of carers and community members, and an increasingly supportive social system.





Graph 10 : People with Disability - Dimensions of Change: Respondents (n=54)



Graph 11 : People with Disability - Dimensions of Change: Reviewers (n=190)

### Increased capacity to manage life

Increased capacity of the persons with disability to manage their lives was one of the major dimensions of change which emerged in this domain. This constitutes 76% of the most significant changes reported by the respondents and 75 % of those identified by the review panel.

The increased capacity of people with disabilities to manage their lives has resulted in increased self-confidence. The shift from being dependent on others to first becoming independent and then to a state where they are supporting others, has also improved their self-image considerably.

*"I have developed confidence that even if my family does not support me, I can live on my own."* - A young women respondent who was affected by polio and had limited mobility, but who is now earning money through tailoring and is also supporting the family.

*"I never expected to have this problem (stroke) and I did not know what I could do, but now, I am once again getting back to my life, helping other people. I now have courage and self-confidence."* - A 56 year old man, who was actively supporting his family, who has now been affected by stroke, which has reduced his mobility.

*"I am now able to walk on my own with the calipers and instead of depending on others for money. I am myself able to give others money."* - A 26 year old woman with physical disability, who has established herself as a successful tailor and has also generated money through livestock rearing.

*Babnabi was the second of three daughters. She was affected by polio. She had a great desire to study and although both her sisters were being educated, she was not sent to school. Her parents felt it was a waste to spend on her education, as she would never be able to do anything with it. Her neighbour too was derisive of her wish to go to school. She was called a 'dandapinda' (Useless Person) in her hearing causing her great pain. Samuha got her a wheelchair and persuaded her father to take her to school daily. Today, she is in the Pre University Course and doing extremely well. Her father is really proud of her and the same neighbour requests her to help with the inventory and accounts of her petty shop; her sister asks her to help with her studies. Babnabi feels that besides being able to realise her dream of being able to study, she is able to have a social life with dignity and respect.*



About in 86% of the villages, the communities corroborated these findings in the self-assessment and shared how disabled persons were managing their own lives. Communities in two villages also added that there had actually been instances where families were depending on people with disabilities. In around 25 % of the villages, communities also shared instances where disabled persons had achieved their dreams and were now role models in the community.

*"All people with disability are independent and doing their work. They are not dependent on others. Sometimes, others are dependent on them. Family members are asking them for financial support." - Self-assessment in Gudaduru.*

### **Growing Aspirations**

As with the work with women, Samuha's work with people with disabilities has not merely focused on the disability, but also helped them to aspire to new things in their life and to strive to achieve them. Around 11 % of the respondents who identified disability related changes as significant felt that the most significant change in their life was the fact that they had developed newer aspirations.

*"I gained courage and continued my education. I used to wheel myself to the school every day on my own with no help because I wanted to study so much. Now I am getting good marks in all my classes. I want to continue my studies and become a teacher. I want to pay off the debts incurred by my parents." - An 18 year old male respondent with physical disability.*

Community self-assessments also recognize these increased aspirations of people with disability.

*"Samuha started a school for people with disability and the trainings there have helped them to do their daily activities themselves. Now, some are studying in school and some in college, some are going for computer education. One girl has completed B.Ed and has a dream of doing M.A." - Self-assessment in Medneri.*

### **Increased Voluntarism in the Community**

To many of the people with disabilities, the newer aspirations include an increased spirit of voluntarism and a desire to help other people with disabilities. Development of groups of people with disabilities has also contributed to this spirit. They have also provided a good support structure for people with disabilities. These groups have helped to create a community identity as they support each other, stand up for their rights and demand their entitlements. Almost all people with disabilities who were interviewed spoke of their desire to help others like them. They shared stories of support extended to others with disabilities even if it was just a referral or helping to gain some social entitlements.



*"I have disability, but because of Samuha's encouragement, I joined a group. I discovered that I have a concern for others with disability and want to help them. That is what I am doing now. I have grown as a leader, developed confidence to talk to people. I am now living as an independent person in society."* - A 27 year old female respondent affected by polio.

Increased acceptance of people with disabilities within families and communities is another significant change identified by the review panel. The acceptance and social support is also attributed to the increased life competence among people with disabilities. By demonstrating their potential, these individuals have earned the respect of the community.

*"I gained confidence and set up a shop. After that people respect me in society. Earlier they used to say, why does she need to get educated, now they say one should be smart like me."* - Female respondent with physical disability who completed her education and is now running a successful business.

The data from the community self-assessments also corroborates this change. Around 75 % of the communities shared that their attitude towards people with disabilities had changed from pity or contempt to respect. Earlier people would be addressed by their disability e.g. "lame one", "deaf one", "dumb one" etc, but now they are treated as people and called by their actual names.

*"People used to tease the disabled and called them by names. Now they are seen as one among us, everybody respects them and responds to their problems."* - Community Assessment in Devaragudda

### **People with disabilities accessing rights and entitlements**

People with disabilities are also becoming aware of their rights and entitlements and accessing them. Support from Samuha was seen not only as instrumental in helping them know their entitlements, but also in building their confidence to claim them.

*"I had applied for a job as an anganwadi worker which was reserved for people with disability. Due to political pressure, the job was given to a non-disabled person. I went to court to claim my entitlement. The decision was in my favour."* - A very active 23 year old anganwadi worker.

*Hanumanthi has scoliosis and severe contractures in her lower limbs. She was working as an agricultural labourer, dragging herself to the fields by crawling. Some small weeding work was all that she would get. "I lived because I was born. Otherwise I was just a ball of flesh without any physical, mental or financial strength. I had no support either from my family or people around me. People would say to me, "why don't you stay at home and die instead of coming to the fields and dying". Some 15 years ago, she came into contact with Samuha and attended a training with others like her. She began to see life differently. She decided to learn tailoring at Samuha. She learnt to sew and Samuha facilitated her to get a machine. Initially, she had to try hard to get orders. Now she says, she cannot cope with orders she is getting. She saw two disabled girls near her house whose parents had given up on. She felt that she should give life to others, just as she had received for herself. So she linked them with Samuha, got their corrective surgery done, and is currently paying for their schooling as well as teaching them tailoring.*





*“After a lot of difficulty, we were able to ensure that our daughter goes to school . Now we are confident that she can manage her life.” - Father of a daughter with hearing disability, who was refused admission in school, but later granted admission after her father with Samuha’s support fought for her rights. The girl is now studying in IX standard.*

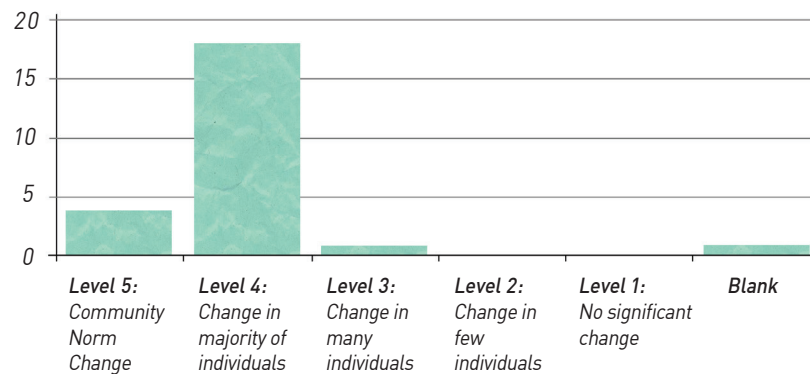
*“The biggest change is courage. That is what I got from Samuha. That is why I was able to protest and get my rights and also fight for the rights of others like me. I have helped them get calipers, wheel-chair etc. When one of my friends was treated badly by the bus driver, I started a protest and made him apologize to her. I have made sure our panchayat spends the reserved funds properly for people like us.” - A 22 year old woman who has been affected by polio.*

Community self-assessments were in agreements with these findings. All communities stated that people with disabilities were now more aware of their rights and entitlements and were claiming them. They were also helping others like them to claim them.

*“They have information about the services and facilities available to them and have accessed them. Some who had problems with their legs or eyes, have got operated and are alright now. Some are getting monthly pension.” - Community assessment in Chintalakunta.*

## IMPROVEMENTS IN HEALTH AND HYGIENE

Samuha’s interventions in the area of health focused largely on improving maternal and child health. There was also a sector which focused specifically on HIV and reproductive sexual health. Apart from this, Samuha also focused on creating resource persons for health, which included traditional birth attendants, indigenous health practitioners etc.



**Graph 12 : Community Self Assessment: Health Rating Levels of Change (n=24)**

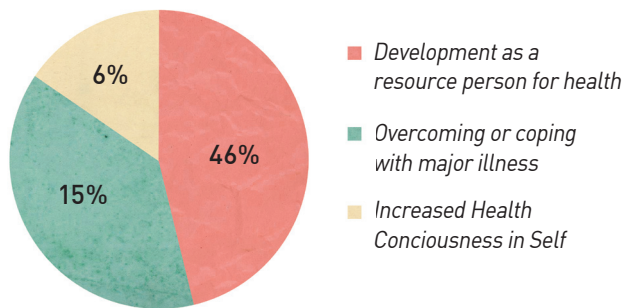


Changes in this domain constituted 16 % of the most significant changes reported by respondents and 12 % of the those identified by the review panel.

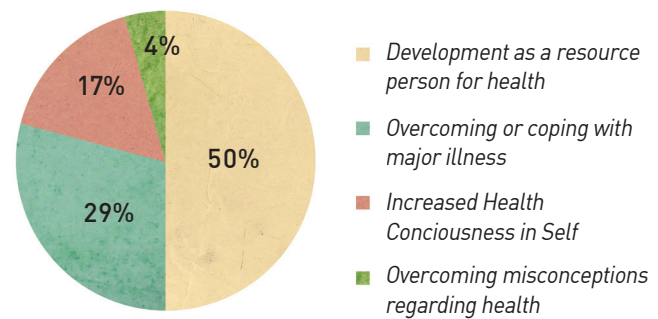
In the self-assessment, in 75% of the villages, communities felt that they were on level 4 on this domain while 17% felt that they were on level 5. Communities felt there was a much greater awareness about maternal and child health, willingness to access services in a timely way and an understanding and adoption of good and hygienic practices in this area.

### Dimensions of Change

Development of human resources for health is one of the most significant changes in this domain emerging from the stories. Other changes include increased capacity to live with or overcome illness, and increased health consciousness.



Graph 13 : Health - Dimensions of Change: Respondents (n=39)



Graph 11 : Health - Dimensions of Change: Reviewers (n=158)

### Development of Resource Persons for Health

In the stories of change, the development of resource persons for health in the community is one of the important changes identified both by the respondents and the review panel. Community resource persons could either be health workers like ANMs, dais, traditional medicine practitioners, or simply, concerned community volunteers. They have gained an understanding on different health issues-maternal health, child rearing, HIV prevention and care etc and are now working in the community to promote better understanding and good practices.

*"I have attended trainings conducted by Samuha and learnt about delivering children, caring for pregnant women and new born babies, and the importance of vaccinations. I have tried to educate other people in the community about it. These days, I have become old so I don't go out so much. There are ASHA workers who do the work. But sometimes, I am still called for a delivery. But generally I advise people to go the hospitals now. There are so many new developments in medicine which they can get in the hospital. When times*



*change, we also need to change.” - A 70 year old birth attendant who describes her work in the community.*

*“As a doctor, I used to treat different diseases but did not know about HIV. After Samuha’s training I understood more. I now realize how important it is for people to be aware of this problem, and I am trying my best to create awareness in the community. I want to ensure that HIV services are easily available at the taluka level itself.” - A 69 year old private medical practitioner.*

Becoming health resource persons in the community provided health workers and health volunteers with opportunities for growth and service. Through the different trainings of health workers, as well as their experiences through constant interactions with communities many respondents felt that they had grown as individuals, gained exposure and experienced respect in their families and communities. This had contributed to their self-esteem. Personal development was reported as a significant gain by many.

*“Even though I am a woman, I am the one who makes all health related decisions in my family. People ask for my advice.” - A 56 year old trained health worker.*

### **Improved Health Consciousness**

Improved health consciousness was another significant change identified by the respondents. Significant improvements were reported particularly in relation to maternal and child health. Samuha’s work with groups at risk of HIV has also promoted higher self-risk perception, early testing and treatment seeking. Respondents report that it has motivated them to adopt safe sex practices.

*“I have helped bring about changes in health behavior. People were scared of hospitals and immunizations. Samuha’s staff came and made us aware through so many programmes, there were no Asha workers then. Now they are more willing to go to hospital for delivery and for immunization. About 75 % of the people have changed now.” - A 50 year old anganwadi worker.*

Community self-assessments confirmed that there is greater awareness about maternal and child health and greater willingness to seek support for care. In all the villages, communities stated that women were more willing and accessed services more frequently, especially during pregnancy. In almost 90 % of the villages, communities stated that there was increased concern about child health and adoption of good child rearing practices. According to most communities, misconceptions regarding vaccinations had reduced and people were willing to take their children for immunization more regularly.





*“There used to be home deliveries, they used to cut the umbilical cord with an unhygienic blade. They would breastfeed the child only after 3 days. Now, they are taking care of both mother and child. Earlier, people would never take the women to hospitals. Now, most of the deliveries are taking place in hospitals. They even take the woman to hospitals in an ambulance.” - Self-assessment in Yaramasal.*

*“Infant mortality in our village was high. We used to pray to God and leave it to Him if anyone falls sick in our homes. Samuha started bringing a doctor for check-ups and taught us about going to clinics. Now, we are taking our children even for small problems, giving them vaccination, bathing them every day, and taking care of hygiene and cleanliness.” - Self-assessment in Chadakalgudda.*

*“Earlier, because of poverty and malnutrition in children, death was high. We were trying home remedies for illness and there was no transport facility to access doctors. We were scared to vaccinate our children. We thought that children will lose their legs if the fever comes. Now we know better after getting information from Samuha. We are taking our children to clinics if they fall sick and giving vaccinations on time. Children with malnutrition are getting eggs and milk from anganwadi workers.” - Self-assessment in Kenchendoni.*

*“Previously, children would look dull. Now due to hospital delivery and appropriate treatment children are active, now even a two-month old baby looks around at people and is active.” - Self-assessment in Medneri.*

## **Managing Critical Illness**

Samuha is reported to have helped individuals to recover from critical illness or to learn to live with chronic illness. The support from Samuhais reported to have helped some individuals get treatment at the right time and saved the family from falling into a debt trap, because of exorbitant health related expenditure.

*“Our family is very poor and we survive as coolies. When I met with an accident and broke my hand, we thought it was the end for all of us. But Samuha helped at the right time and helped me get operated. Thus we were able to overcome the problem and I am able to continue working now.” - A 38 year old male respondent.*

In the case of illnesses like HIV, Samuha’s work has helped respondents regain confidence in life and also learn to value themselves and their good health. They report that they have learnt to live with it and discover that despite the illness, they can lead a productive life.

*“When I first found out about my problem (HIV), I was worried about what will happen to my young children. But Asha Jyoti (HIV Care centre run by Samuha) staff encouraged me and told me not to think so negatively. If I ate well and took my medicines properly, I could live*





for a long time. It is because of their support and the support of the HIV positive network that today, I am confident that I can face any problem.” - A 38 year old HIV positive female respondent with two children, whose husband succumbed to HIV 8 years ago.

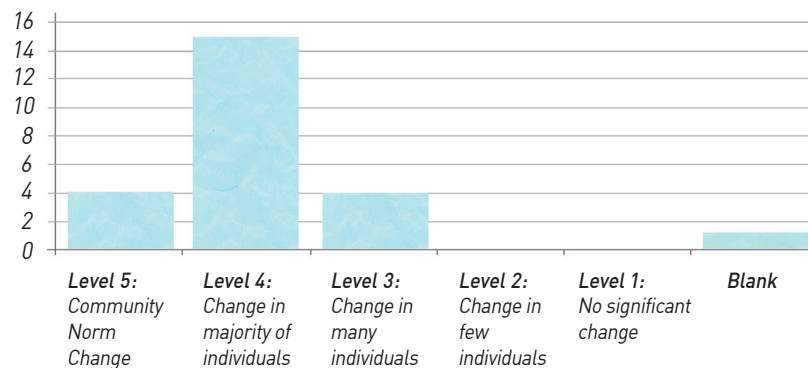
“My sister has become well mentally and physically. She has forgotten that she has a problem. She does her work at home and is able to carry on living as if she has no problem. The family members also treat her well. All this is possible only because of Asha Jyoti.” - A 40 year old male respondent, whose younger sister is HIV positive and is living with her maternal family since her husband’s death.

### REDUCED CASTE DISCRIMINATION

Samuha did not have specific programmes to address discrimination based on caste. However equality was a core belief and an intrinsic part of its staff policy and practice. This spanned religion, ethnicity, caste and gender. Caste equality related positions were cross cutting and adopted by all of Samuha’s programmes.

Changes relating to caste within the community were, therefore, a specific question to all respondents. All of them acknowledged changes related to caste. The movement towards caste equality constituted 10 % of the changes identified in the stories as most significant by the review committee.

In the self-assessment, 62.5 % of the communities felt that they were on level 4 in this domain and caste discrimination had been largely overcome, while 16.5 % felt they were on level 5 with caste equality being a way of life for them. About 17 %, however, felt that while many people did practice caste based non- discrimination, some level of discrimination still persisted.



Community Self Assessment: Rating of Changes in Caste Equality (n=24)





## Dimensions of Change on the Domain of Caste

The respondents reported that openly discriminatory practices like untouchability, keeping separate vessels and separate sources of water for people of different castes, etc. had greatly reduced. Most people also felt that there was now a greater intermingling between castes at a social level. In the self-assessment also, all communities acknowledged that openly discriminatory practices had reduced, 42 % of the communities felt that there was a lot of intermingling between castes, and 62 % felt that people generally ate together in public functions at least, without bothering about the person's caste.

*"In our village, there are Kurubas, people from Valmiki caste and Harijans. But, after Samuha came into our village, they have promoted the idea that there are only two castes in the world: man and woman. Now, discrimination has reduced substantially. When I was young, I was told not to touch the food of Harijans, which they bought to the fields. These days, I spend most of my time with them only. It's not just me, everybody in the village has changed."* - A 22 year old male respondent who is working on his family's fields.

*"There is no casteism in our village, we are all like brothers and no one questions anyone for sitting here or there. People would not touch dalits, would make them stand away from the water tap, would wash the tap if they touched it. But it has all changed now. People call them in if they come to our homes. We go to each other's houses, mingle with everyone in schools, eat together in marriages and other functions. There is entry to everybody on the public Katta."* - Self-assessment in Mangalgudda

One of the reasons attributed to the change was the fact that caste equality was constantly promoted in the different self-help groups formed by Samuha. Within group meetings, the concept of caste equality was strongly reinforced. Group members interacted with each other, visited each other, attended meetings and trainings together and ate together. These practices had helped to overcome many social divisions.

Communities also recognize the role of these egalitarian practices in reducing caste discrimination. Around 30 % attributed the reduced discrimination and intermingling to the SHGs. Some communities also felt that women were far less discriminatory as compared to other groups like elders, because of their involvement with the SHGs and the different trainings organized by Samuha.

*"There are people from different castes in our group. We don't do any discrimination. We go to all trainings together."* - Respondent from Koppal.

*"The very first time I went to a meeting in Samuha, I hesitated to go inside the room because I am from the harijan community. I thought people would object to my entry. But the Samuha staff personally came and called me inside. He told me never to stand out of the room like that again."* - A 40 year old woman SHG member





*"Women do not follow any discrimination in the groups, they eat together when they go for meetings, they are like one family." - Self-assessment in Devargudda*

Other interventions of Samuha, like health training, have also promoted the notion of equality between castes. Respondents who have been involved in these interventions shared their experiences of practicing caste equality within their jobs.

*"I used to go to all houses to deliver babies, I was not bothered by caste. If you have 10 rupees in your hand, can you really know how many hands that note has passed through and what is the caste of the person whose hand it has passed through. I do not practice any caste discrimination." - A 70 year old trained birth attendant.*

However, while caste has been addressed at the social level, not many respondents shared personal practice of non-discrimination or personal experiences where they felt they were not discriminated against. Around 17 % shared personal instances where they had made an effort not to discriminate, while 9 respondents who were from marginalized castes shared personal experiences where they were not discriminated.

*"Earlier, when harijans came to our house, they would sit down. But now they sit up and talk to us." Respondent from Koppal.*

*"We are agasaru (people who wash clothes), but when we go to homes of higher castes, they invite us inside, talk to us and respect us." - Respondent from Koppal.*

*"Earlier there was a lot of discrimination, they wouldn't touch our water pots, they would throw water at us and if we went to the tea shop, we had to take our own cups. Now all this has changed. In the group meetings, we all drink tea and have snacks together. What we all eat is food only, right? They also realize that it is because we do coolie work for them that they are getting good profits. So, they are beginning to respect us." - Respondent from Raichur*

Five respondents acknowledged that although discrimination had reduced substantially, there were still some instances where they felt discriminated against. While caste could be overcome within certain deep personal relationships and friendships, at a general level, they felt that there continued to be an awareness about a person's caste in social interactions and this affected the nature of the interaction.

*"I don't touch the food of the higher castes. I have a friend, who is a lingayat. With her I don't feel anything. We eat together. I go to her house. But generally I hesitate to go to an upper caste house." - Respondent from Koppal.*







*“There is a lot of intermingling now, we go to each others’ houses. But still, when I go to the home of a higher caste person, I feel a bit uncomfortable.”- A 30 year old female respondent from Koppal*

In the self-assessment, 46% of the communities acknowledged that some level of discrimination persisted, particularly in relation to entry into certain public spaces, especially temples.

*“Still dalits hesitate to step on to the panachayat katte. They enter hotels but not temples. They pray from outside only.” - Self-assessment in G Vadaki.*

*“There used to be a lot of caste discrimination, now, this has reduced considerably. From the trainings in the SHGs, we have learnt not to discriminate. We do not discriminate during SHG meetings and whenever go out together. But, still they do not come into the temples”. Self-assessment in Benakal.*

Around 37 % of the communities also pointed out that caste discrimination was far lower among young people as compared to older people in the community.

*“Caste discrimination among young men is less. They mix with everybody when they go out of the village”. - Self-assessment in Devargudda.*

*“We young men eat together, walk around together outside the village, have invited SC friends to our homes.”- Self-assessment in Yaramasal.*





## Chapter 4: Discussion

The study has been able to capture changes in people's life, shaped and triggered by Samuha's different interventions. All development interventions are expected to go beyond the project's narrow outcomes and transform lives. However, not many look back to understand the impact of developmental initiatives on people's lives beyond the project. Samuha's attempt to do this has provided rich rewards. The changes reported by individuals and communities have been pervasive and gone beyond specific domains and have transformed lives.

The narratives indicate that these areas much a result of Samuha's values, beliefs and ways of working as the effectiveness of its interventions.

*"The government has so many schemes and programmes for Dalits. I am not sure what big difference it has made to people. Yet, I can tell you of one thing that Samuha's director, Pradeep, did, that changed lives of many Dalit youth in our area. This was 20 years ago. A Dalit youth was invited to South Korea to share his experiences in dairy. He needed just Rs 15000 for the journey, but was unable to convince anyone to lend it to him. Pradeep mobilised it from his own resources, as he believed in the youth and wanted him to make use of that opportunity. The youth is now in Chicago and is a great role model and inspiration to others in the community. He has helped other youth to dream and believe in their own strength and he also supports them. Change has come through this." - a village elder from Deodurg.*

### Catalysing the potential of individuals

Samuha believed in groups and group processes. Their focus was on groups and communities. Yet, the process was such that it allowed individuals freedom to grow within the group. Its enabling and facilitating processes supported individuals to value "who they were" and "do what they wanted." (Sen, 1999). The efforts to build capabilities in groups also meant that individual capabilities were built. Once these individuals realized their potential, they appear to have become catalysts for change in the community. This comes through very strongly in most of the stories as well as in the community self- assessments.

All Samuha's sectors have given importance to personal development and growth of individuals within the groups. This may have meant overcoming a problem like lack of mobility or crossing a barrier such as lack of resources, but timely support for this has been cited as the tipping point in the individual's life.

Across different geographical communities and communities of identity (women in self-help groups, people with disabilities, health workers, people from marginalized communities), a person's individual development has been recognized as a valued change, both by respondents and by the members of the review panel. What was also seen is that changes in a critical mass of individuals triggered changes in the whole group. Change in the group has drawn in others in the community.





The approach has also increased the self-worth of individuals, who felt acknowledged and valued. In turn, it has led to increased voluntarism within the community. Many of the respondents spoke of their commitment and increased capacity to reach out to and support others. In around 22.5 % of the stories, the review panel identified the increased voluntary spirit following their interaction with Samuha as one of the most significant changes. Even where they were not active volunteers, they were role models who inspired others in their communities.

This belief in human potential appears to have led to mobilisation of human capital for development. This positive, forward looking way of working has brought hope and motivation to communities. In turn, this appears to have steered people from the sole pursuit of self-interest to expressions of altruism.

### **Aspiration building and its impact on human development**

The role of aspirations in human development has been widely discussed (Ray 2003; Appadurai 2004; Bernard, Taffesse and Dercon 2008; Ibrahim 2011). The expansion of aspirations has been seen to directly lift individuals out of the constraints and limitations of their contexts into new possibilities. Aspirations help individuals to work on capabilities that they need to achieve their goals. As Conradie and Robeyns (2014) put it, it “unlocks” agency. Often, what began with individuals in the community seems to have gradually become the aspiration of a whole community. This is seen in the way the individual stories of change find resonance in the narratives of change shared in the community self-assessments. It is interesting that many of the respondents have themselves identified the growth of aspirations as a significant change. Among the women who list their personal development as the most significant change in their life following their interaction with Samuha, more than 61% have reported the significant change to be widening of their horizons. They state that they have stepped out of the house, gained exposure and now want to achieve much more. The review panel also felt that increased aspirations among women was a significant change. Over 30% of the personal development changes they identified related to this aspect.

For people with disabilities, overcoming the disability was the most significant change but increased aspiration to achieve despite their disability, was also a significant change.

Human development moves forward when communities act. Communities act when there is aspiration supported by hope. Samuha’s belief in the potential of individuals and communities, coupled with specific interventions to enhance their experiences and skill sets, has provided hope and a sense of possibility.





*In the early days ,Samuha women staff were from other districts as women and girls in Raichur hardly came out of the house. Sometime, meetings would be late and the women would stay back. The women had made their own rules about their living space and their working space. While their working space was public, no men were allowed inside their living space in the village. If any youth hung around those houses, the elders would call out that those were out of bounds for men. " Don't you see, no male Samuha staff ever goes in. That must be respected."*

### **Challenging Social Inequities through a Consensus-based Approach**

The gradual transformation of a whole society towards greater social equality in areas of gender and caste is what comes through in the individual and community self-assessment narratives. Samuha's deeper commitment to social equity is also seen in these narratives. We can see a trend towards social cohesion rather than division in these communities along the lines of gender and caste. While politically led caste divisions may prevail, tradition led ones appear to be receding. Gender/ caste or religion-based clashes have not been reported during any of the interactions. Samuha's approach has been through

freeing potential and confidence of socially disempowered groups, providing them opportunities and resources for growth and achievement. They have not attempted to confront dominant groups or mobilise people to violently overthrow them.

As an organisation, Samuha has practiced equality and drawn people into the practice of it by integrating these aspects in all its interventions. In fact, the authenticity of the organisation was mentioned by all communities who pointed out how staff would cross all caste boundaries. The genuine respect that existed for women staff within Samuha helped to build trust and inspiration.

On the other hand, Samuha appears to have worked in a focussed way towards the economic and social inclusion of women. It cut across caste and ethnic boundaries and looked into social and economic deprivation as markers to identify beneficiaries. This has created growth in these individuals and groups without building hostility in others.

Samuha has ensured that every village it has worked in, has established a gram samstha (village council), comprising one male and one female representative from each street. The representatives cut across all caste divisions unlike traditional villages which were organised on caste-based residential streets. At many places, community members responded to the caste question saying "there are only two castes: men and women"

The entry point for the development of women was the savings and credit groups, which were non-threatening, as the loans were taken most often for advancement of family needs and aspirations. But these groups also allowed women to collectivize, gain more exposure and greater confidence. Thus, they were gradually able to make a tangible contribution to their families and communities. This led to greater recognition and more freedom. With recognition and freedom, women were ready to claim their rights. They started demanding accountability from men and showed lower tolerance of violence or harassment. What is interesting is that





this level of empowerment has not been perceived as threatening by the men. No violent backlash against women was reported in any community.

Even when this question was asked specifically in the community level self-assessments, women responded that the control exercised by men in the early days – like preventing them from joining SHGs- faded away when the men found other families prospering because of these groups. The change towards increased spaces for women and increased decision making power has happened peacefully and gradually. There was no challenging of patriarchy from outside. It got questioned and challenged from inside, by the women themselves.

A similar strategy is seen related to caste-based discrimination. Samuha chose to tackle the issue, not through a direct attack on the dominant castes, but through a total rejection of discriminatory practices in its own way of working. No caste-based divisions were permitted in any of its programmes. Interaction across castes were a mandatory part of its interventions. It is reported that when the skill development programme for young girls was started, communities in some villages asked Samuha not to include people from all castes. Samuha refused to agree. Most of the villages came around but in the odd village where it was not accepted, the programme was dropped. Thus, youth groups, groups of people with disability, or women's groups interacted with each other as social equals at least in the group. Gradually, this filtered into the personal realm as well. While this may need to go further, it is emerging as a good strategy to promote, consensus-based change.

With people with disability, the approach to empowerment has been to liberate them to achieve their potential. When people with disability have demonstrated their capacity to lead independent lives and even support others, it has helped them to gain respect in the community.





## Chapter 5: Conclusion

Samuha's two and a half decades engagement with the communities of Raichur and Koppal has had a significant impact in the lives of the people across the different domains examined in the study.

The personal narratives have provided vivid images of change. The empowerment of women leaps at us in most of the narratives. This is evident in terms of both the increased self-confidence and self-worth of women and the role they are playing in their families and in the community. It is also evident in their higher status in the community.

There are rising aspirations among different groups of people, both for themselves and for their children. There is a desire to plan for the future and a systematic focus on acquiring assets. Contact with the outside world has expanded this sphere of aspirations. In a region with high school drop-out rates, these have been pockets where education of children, especially girl children, has acquired a value.

People with disabilities have also benefited from many changes in the community. They have been able to significantly overcome the barriers posed by their disability, lead independent lives, and pursue their dreams. They have been integrated into the mainstream to a large extent and have benefited from increased social support.

Communities have also started valuing good maternal and child health, and there is an emphasis on regular access to health services for pregnant women and children.

Samuha has been a significant presence in this journey of change. Interestingly, most of the narratives and community self-assessments talk about how Samuha started the process of change and how it was present at critical points, but how the process is now being taken forward by the individuals and communities themselves. While they value Samuha's interventions for triggering and supporting the initial change, they claim the ownership for building on the change. There is a lack of dependency on the organization, which gives hope that these changes will sustain even after the organization withdraws totally from its engagement with the community.

The strong focus on individual development in all its activities has led to each of the beneficiaries becoming agents of change. This has contributed to the sustainability.

The narratives and community self-assessments also indicate that in addition to the specific interventions, Samuha's presence, values, beliefs and practices have also had a deep impact. This is especially so in relation to values like equality which have been promoted in the communities through Samuha's own practices. This





has led to increased self-respect among disempowered groups like women or people from socially excluded castes. In turn, this has led to increased respect for them in the community.

Methodologically, this study adopted a strengths-based, appreciative approach, and sought to discover changes through the narratives of individuals, rather than look for pre-determined changes. This approach has shown good results in assessing long-term impact, not just of a specific programme, but of long-term engagement with a community.

The multi-pronged methodology of the study has also helped us to understand the interactions between, and the influence of, individual and community level changes on each other. The primary methodology of collecting significant change stories allowed for the changes at individual level to be identified, and community self-assessments corroborated these changes. The process showed that individual changes led to norm changes within the community and these in turn trigger newer changes in individuals.

In a sense this has been a study of individuals and communities whom Samuha accompanied on their developmental journey rather than a study of Samuha.







## Chapter 6: Limitation & Future Directions

The methodology was developed keeping in mind the requirements of the study, and addressed issues such as the long period, varying intensity of inputs and the need to go beyond programme outcomes to look at long-term impact.

However, there were some limitations in its scope. The sectors examined in this study remain only a part of Samuha's development work in the area. The domain selection of sectors emerged from the staff's own recall of stories of change. Due to turnover of some of the older staff as well as the recency effect of recall, certain sectors were not represented in the early selection of stories and hence did not form part of the subsequent study.

Further studies with smaller samples can be undertaken to fully understand different paths to change, causal linkages between different events and the significance of various contributory and supporting factors. These can help draw more nuanced frameworks for understanding how changes occurred.

Some tentative findings such as the Samuha approach which brought changes in power structures without violence or backlash, especially in the area of gender and patriarchy are areas for further study.

There is also scope to use these methodologies in participatory data analysis. Variations like community based reviews of stories of change and iterative reviews using techniques like Delphi can be used to understand the impact of interventions as well as felt needs and valued changes within the community. These can be the basis for planning future interventions. ■■■■■





## References:

Sen, Amartya (1999) **Development as Freedom**, FIRST ANCHOR BOOKS EDITION, AUGUST 2000

Cooke and Kothari (Ed) (2001) **Participation: The New Tyranny**. London. Zed Publications

Ray, D. (2003). **Aspirations, poverty and economic change**. Retrieved March 2013, from New York University and Instituto de An´alisisEcon´omico (CSIC) website: <http://www.econ.nyu.edu/user/debr aj/Papers/povasp01.pdf>

Appadurai, Arjun (2004) '**The capacity to aspire: culture and the terms of recognition**', in: Vijayendra Rao and Michael Walton (Eds.) *Culture and Public Action*, Stanford: Stanford University Press, pp. 59-84

Conradie I and Robeyens I (2014) **Aspirations and Human Development Interventions. Final pre-style-editing version**, 22 February 2014 accessed from [http://www.academia.edu/2939841/Aspirations\\_and\\_Human\\_Development\\_Interventions](http://www.academia.edu/2939841/Aspirations_and_Human_Development_Interventions) on 20 April 2014



# Annexure 1:

## Profile of respondents

<i>Gender</i>	
Male	72
Female	158
<i>Age</i>	
Below 20	8
20 to 40	112
40 to 60	76
Above 60	20
Data Not available	14
<i>District</i>	
Koppal	117
Raichur	113
<i>Profession</i>	
Health Worker	28
Self Employed	62
Service Provider	14
Home maker	25
Student	8
Data Not available	83

## Annexure 2:

### Details of Participants in Community Self-assessments

No.	Village	Small Group Meetings (No. of People)						Community Level Meetings (No. of Representative)				
		District	Men	Women	Young Men	Young Women	Total	Men	Women	Young Men	Young Women	Total
1.	Hasagal	Koppal	36	14	31	21	102	14	4	16	5	39
2.	Nagalpur	Koppal	12	10	14	15	51	4	8	6	12	30
3.	Heresulekeri	Koppal	21	14	32	16	83	6	2	4	6	18
4.	Bankapur	Koppal	18	12	16	23	69	10	9	8	8	35
5.	Chekavadarkall	Koppal	12	10	10	8	40	6	8	5	4	23
6.	Baillaknpur	Koppal	11	18	16	12	57	3	8	2	12	25
7.	Medaneri	Koppal	15	19	17	13	64	6	4	5	4	19
8.	Metagall	Koppal	28	19	18	12	77	6	5	14	2	27
9.	Gudaduru	Koppal	23	17	18	15	73	4	17	3	5	29
10.	Herevadarkall	Koppal	26	16	18	12	72	10	10	8	5	33
11.	G.Vadaki	Koppal	34	12	13	17	76	5	5	6	6	22
12.	Kencandonni	Koppal	18	11	21	12	62	2	13	3	3	21
13.	Benakal	Raichur	22	28	18	24	92	5	4	3	6	18
14.	Devrgudda	Raichur	14	14	12	23	63	9	6	4	8	27
15.	manasgal	Raichur	15	12	22	22	71	7	9	9	7	32
16.	Dondballi	Raichur	15	12	12	10	49	5	11	4	3	23
17.	Yermasal	Raichur	14	10	12	15	51	8	3	3	7	21
18.	Bhumangunda	Raichur	16	28	14	10	68	7	11	8	13	39
19.	Yergudda	Raichur	15	18	13	15	61	12	15	13	13	53
20.	Chithalkunta	Raichur	20	18	19	19	76	6	6	5	5	22
21.	Chedakalgudda	Raichur	14	13	15	14	56	4	3	4	4	15
22.	karigudda	Raichur	28	16	32	17	93	9	4	3	8	24
23.	Mandalgudda	Raichur	18	12	13	14	57	6	7	3	7	23
24.	Bhomangunda	Raichur	12	15	14	13	54	3	5	3	3	14

## Annexure 3: Self Assessment Framework

	Levels	1	2	3	4	5
		<i>We know something has to be done</i>	<i>We begin to act</i>	<i>We act sometimes</i>	<i>We act frequently</i>	<i>It's a Lifestyle</i>
<b>Economic Development</b>	Saving Habit	We know it is important to save and there are savings group in our village	We decide to save and some of have joined the savings group in our village	Many of us have joined the saving group	Most of us have joined the savings group	We are saving all the time and the savings groups are functioning well
	Investing savings	We know we can benefit from loans and savings	Some families have benefited from loans and savings	Many families have benefited from loans and savings	Most families benefited from loans and savings	We have all benefited from loans and savings
	Business Competence (Acquiring and using knowledge and skills)	We know that it is important to have business knowledge and skills for successful business	Some of us have increased our business knowledge and skills	Many of us have increased business knowledge and skills	Most of us have increased business knowledge and skills	All people who have accessed loans and have acquired business competence and developed
<b>Womens Empowerment</b>	Increased aspirations of women	We believe that girls and women should have opportunities for growth (Ex. Education, work, business) and contribution inside and outside the home.	Some girls and women have had opportunities for growth and contribution inside and outside the house	Many girls and women have had opportunities for growth and contribution inside and outside the house	Most girls and women have had opportunities for growth and contribution inside and outside the house	Men and women have equal opportunities and choices for personal and professional growth in our community.
	Increasing role of women	We believe women can have an equal role in all spheres of life.	There has some increase in the role of women in familial, social, economic and political spheres	Many women are taking an increasing role in familial, social, economic and political spheres	Most women in our community are taking an increasing role in familial, social, economic and political spheres	Women have an equal role in all spheres of life. Ex family, social, economic political
	Collectivization	We believe that through collectivization we can achieve economic and social benefits things	Some of the groups are active and have brought changes in economic and social spheres	Many of the groups are active and have brought changes in economic and social spheres	Most of the groups are active and have brought changes in economic and social spheres	Women's groups are strong and active in our community.



	Levels	1	2	3	4	5
		<i>We know something has to be done</i>	<i>We begin to act</i>	<i>We act sometimes</i>	<i>We act frequently</i>	<i>It's a Lifestyle</i>
<b>Empowerment of People with Disability</b>	Perception of people with disability	We know that there should not be discrimination against people with disability	Sometimes, there is no discrimination against people with disability and they are part of all aspects of community life	Often, there is no discrimination against people with disability and they are part of all aspects of community life.	Most of the time, there is no discrimination against people with disability and they are part of all aspects of community life.	There is no discrimination against people with disability and they are a part of all aspects of community life
	Awareness and action on rights and entitlements	We know that there are rights and entitlements for people with disabilities	Some people with disability in our community have accessed rights and entitlements	Often people with disability in our community have accessed rights and entitlements	Most people with disability in our community have accessed rights and entitlements	All people with disability in our community have accessed rights and entitlements
	Self dependence and achievements of People with disability	We believe that people with disability should stand on their feet and achieve their maximum potential.	Some people with disability are independent in activities of daily living and have achieved their maximum potential	Many people with disability are independent in activities of daily living and have achieved their maximum potential	Most people with disability are independent in activities of daily living and have achieved their maximum potential	All people with disability are independent in activities of daily living and have achieved their maximum potential
<b>Improvements in Health</b>	Awareness and action on child health	We know nutrition (including breast milk) and hygiene and cleanliness are important for the care of our children and we want to practice it	Some of us are trying to maintain hygiene, cleanliness and provide good nutrition to our children.	Many of us are trying to maintain hygiene, cleanliness and provide good nutrition to our children	Most of us are maintaining hygiene, cleanliness and provide good nutrition to our children.	All children are healthy in our community. There is no infant mortality
	Awareness and action on maternal health	We know about care during pregnancy and childbirth and want to access quality care	Some women are accessing quality care during pregnancy and childbirth	Many women are accessing quality care during pregnancy and childbirth	Most women are accessing quality care during pregnancy and childbirth	All women are able to access quality care during pregnancy and childbirth and there is no maternal mortality





	Levels	1	2	3	4	5
		<i>We know something has to be done</i>	<i>We begin to act</i>	<i>We act sometimes</i>	<i>We act frequently</i>	<i>It's a Lifestyle</i>
<b>Caste</b>	Increase in social inclusion, Decrease in discrimination	We know that there should not be discrimination based on caste	We want no discrimination and We want inclusion	There is no discrimination and we are inclusive in some situations	We are inclusive in most situations	There is inclusiveness in all aspects of our lives (within the home, workplace, community, school, temple, marriage)
	Increased claiming of rights and entitlements	We know we all have equal rights and entitlements	We want all of us to have equal rights and entitlements	In many areas we have equal rights and entitlements	In most areas, we have equal rights and entitlements	All people are accessing their rights and entitlements equally







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