

Improving Women's Leadership for Strengthening Health and Nutrition Outcomes in Nagaland, India

Lessons from a Process Evaluation of Community Action for Health and Nutrition



While reserving the co-chair position for women in health committees provided some benefit in terms of improving women's participation in decision-making, other interventions such as better definition of roles and responsibilities, additional leadership training, and support groups for co-chairs, are needed to further reinforce this important first step.

Introduction

Under the term “communitization,” in 2002 the state government of Nagaland transferred responsibility for local services to Village Councils and sector-specific Committees. In the health sector, Village Health Committees were made responsible for management of local health services, including salary payment as well as use of small funds transferred by the state government. Some 1,300 Village Health Committees have been constituted and their level of functionality varies widely, with many hardly active. In 2016, the World Bank-financed Nagaland Health Project included a US\$15 million component to provide technical and financial support to strengthen implementation of the communitization strategy.¹ With the objective of improving participation and leadership of women for planning and managing health and nutrition services in the community, the project mandates that all committees appoint a woman Co-chair, in addition to a Chair (who could be a man or woman). The project was initially piloted in 30 villages across two districts, and has been scaled-up in a phased manner since late 2017 to about 450 sites in all 11 districts of the state.

Methods

This process evaluation of project implementation was based on a mix of primary and secondary data sources. These included a survey of Health Committee Chairs and Co-chairs, facility-based health providers and frontline workers, namely ASHAs and Anganwadi Workers, from purposively selected committees (n=35) implementing the project² across 11 districts. In addition, a qualitative study included in-depth interviews with Chairs and Co-chairs of ten committees³ and key informant interviews with project staff and Chief Medical Officers in five districts.² Ethnographic observations of the functioning of four committees in two districts were done. Project documents and reports were reviewed.

Findings

This brief focuses on the findings of the process evaluation with respect to the project's efforts to improve the participation and leadership roles of women. The brief describes the evaluation's findings on the extent to which the mandate of appointing



a woman Co-chair was implemented by the health committees, the challenges associated with creating this position, and the experiences of the female Co-chairs participating in this initiative.

Appointment and training of Co-chairs

Although all sampled committees (n=35) had named a woman Co-chair, committees reportedly struggled to fulfil this mandate effectively. In many instances, this was due to low and aging village populations, as well as low literacy levels among women, resulting in lack of suitable candidates. In the absence of a well-defined appointment process for the Co-chair, often non-transparent processes were followed. As a result, many women Co-chairs were appointed to committees without their knowledge. In many other cases, the appointment was either made during project training sessions or shortly after. Thus, only about 60 percent of Co-chairs received training (as compared to 77 percent of male Chairs) and did not engage with some of the initial decision-making for the project, namely the development of the first action plan.

Responsibilities and Perceived Autonomy

As per project guidelines, there are no differences in responsibilities between the Chair and the Co-chair. In practice however, Co-chairs were found to be assigned tasks that were secretarial in nature, such as maintaining records and taking meeting notes, while decision-making power rested with the Chair, who was responsible for conducting the committee meetings and managing the bank account. In addition, there were stark differences in self-perceived autonomy between the male Chairs and female Co-chairs, with 85 percent of the Chairs

feeling the sense of authority to assign tasks to members of the committee, a sense of agency not shared by 45 percent of the Co-chairs. Although women in Nagaland have historically enjoyed a high social position,⁴ women conform to traditional gender roles, and are expected to perform a range of household tasks including meal preparation, household cleaning and maintenance, and child care. As a result, in some instances the Co-chairs were unable to participate in committee activities due to their existing household commitments.

Perceptions About the Role of the Co-chair

The female Co-chairs reported to value their role and experience in the committee, saw themselves as agents of change and believed that their role directly benefitted women, in particular by bringing to the table perspectives, needs and concerns of mothers. Many reported gaining experience and confidence from their appointment. On the other hand, the male Chairs presented a range of opinions on the requirement for female Co-chairs, perhaps reflecting debates around the reservation of political positions for women in the state. Some argued that a woman Co-chair was necessary to raise awareness for improving maternal and child health and nutrition, while some stated that the most capable individuals for the job should be appointed as Chair and Co-chair, regardless of their gender.

Conclusion

The evaluation found that while reserving the Co-Chair position for women provided some benefit in terms of improving women's participation in decision-making, it is clear that other interventions are needed in order to build on this first step.



Clear and Equal set of Responsibilities

The evaluation recommends appointing two chairs, rather than one Chair and Co-chair, with clearly defined roles and responsibilities to ensure that both men and women have equal responsibilities.

Leadership Training for Co-chairs

To ensure that the reservation of the post of Co-chair is not just notional, the project should aim to strengthen the capacity of the Co-chairs as well as build an enabling environment for them to function in. For example, the project could design and organize additional training and leadership programs, including competency-based workshops for Co-chairs. District-level project staff could also provide additional mentoring to Co-chairs for planning activities based on needs of the community and their implementation.

Support Groups for Co-chairs

While additional skills and leadership can be imparted through trainings and workshops, creating a truly enabling environment would be far more complex. However, the project can initiate the formation of support groups of Co-chairs from neighboring committees, such that they could discuss their problems with their peers, collectively brainstorm solutions and generally support each other.

The Nagaland Health Project is dedicated to strengthening leadership of women for improving health and nutrition outcomes and has taken the above-mentioned recommendations under advisement for inclusion in implementation of the project. To begin with, it has committed to work with the State chapter of the National Health Mission to write a clear set of roles and responsibilities for the committee chairs.

Footnotes

- 1 World Bank. 2016. Project Appraisal Document on a Proposed Credit in the Amount of US\$48 Million to the Republic of India for a Nagaland Health Project. November 28. <http://documents.worldbank.org/curated/en/719521482375675651/pdf/INDIA-NAGALAND-PAD-11302016.pdf>
- 2 Committees were selected from villages and facilities that had completed at least one project-supported planning and financing cycle and were also included in the sample frame of the 2014 project baseline survey.
- 3 Ten committees across five districts, including six at the facility level and four at the village level, were purposively selected based on their recent performance (timely reporting, strong leadership, innovative action plans) in the project.
- 4 Shimray, U. A. (2004). Women's work in Naga society: Household work, workforce participation and division of labour. *Economic and Political Weekly*, 1698-1711.



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